

PATH Data Collection

Projects for Assistance in the Transition From Homelessness (PATH) Supporting Statement

A.1. Circumstances of Information Collection

Projects for Assistance in Transition from Homelessness (PATH) program was created by Congress to help states and territories provide flexible community-based services for individuals experiencing serious mental illnesses and homelessness or imminent risk homelessness. The goal of the program is to link persons who are homeless and have serious mental illness, or co-occurring serious mental illness and substance use, to services that facilitate access to treatment to improve their mental health functioning and to other services that support the ongoing stability of the consumer. Public Law 101-645, 42 USC 290cc-21 et seq., the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (section 521 et seq. of the PHS Act, hereafter referred to as “the Act”) established the PATH program and assigned The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS) responsibility for making monetary allotments. Every fiscal year, CMHS awards grants to each of the states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

CMHS is requesting from the Office of Management and Budget (OMB) a revision to the current approval (OMB No. 0930-0205) which expires on July 31, 2009.

Section 522 of the Act specifies that grantee states and territories must expend their payments solely for making grants to political subdivisions of the State and to non-profit private entities (including community-based veterans’ organizations and other community organizations) for the purpose of providing services specified in the Act. A wide range of eligible services are identified in the legislation, including: outreach services; screening and diagnostic treatment services; habilitation and rehabilitation services; community mental health services; alcohol and drug treatment services; staff training; case management services; supportive and supervisory services in residential settings; referrals for services; and housing services.

Section 528 of the Act specifies that not later than January 31 of each fiscal year, a funded entity will “prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines to be necessary for: (1) securing a record and a description of the purposes for which amounts received under Section 521 were expended during the preceding fiscal year and of the recipients of such amounts; and (2) determining whether such amounts were expended in accordance with the provisions of this part.”

In order to fulfill this statutory requirement, the PATH program requires states to provide annual data in four main areas: budget and organizational context; numbers of persons served by the PATH program; the types of services provided with program funds; and basic demographic and clinical

characteristics of program consumers.

The annual report forms are included as Attachment A (PATH Provider Annual Report Form). These are the forms for which OMB approval is requested. The PATH Annual Report Instructions are included as Attachment B.

All local entities receiving PATH funds report annual data using the PATH Online Provider Report (Survey). The report form is located on the PATH website, www.pathprogam.samhsa.gov, and is password protected. The state PATH representative verifies the data provided by local providers and the State Report, which is generated electronically from the local provider report(s). The content of the Provider Report and the State Report is the same. The State Reports are aggregated into data tables and individual state reports, which are posted on the PATH website.

A.2. Use of the Information

The primary users of the data from the annual reports are staff in the Homeless Programs Branch, CMHS. The information to be collected is used for several purposes:

Responding to Congressional and HHS Departmental reporting requirements. This data collection effort is the means through which CMHS will ensure that the information required by the Secretary on an annual basis, as specified in Section 528 of the authorizing legislation, is furnished in a satisfactory manner. All data items that appear on the annual report forms have been selected for inclusion because they fulfill this fundamental purpose.

Program Planning. Program managers within CMHS use data obtained through the annual reports to describe the PATH program on a national basis and incorporate this information into ongoing program planning efforts. Through analysis of the data, staff are able to answer questions about features of the program, such as: What is the contribution of PATH funds toward the support of services provided to persons who are homeless and have serious mental illnesses? What are the numbers and characteristics of the persons receiving services from PATH providers? What types of services are offered by PATH providers? Answers to such questions have implications for the continued planning and implementation of effective approaches to serving individuals who are homeless and have a serious mental illness.

Monitoring progress toward Government Performance and Results Act (GPRA) measures. Interest in performance measurement and evaluation of policies, programs, and individual services increased dramatically with the passage of the Government Performance and Results Act (GPRA) in 1993 and the need to display outcome data continues to grow. Under GPRA, the Department of Health and Human Services is required to develop performance measures for its agencies and for programs within the agencies. Four GPRA measures have been developed for the PATH program:

1. Increase the number of homeless persons contacted.
2. Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in services.
3. Increase the percentage of enrolled homeless persons who receive community mental health services.

4. Maintain the average Federal cost of enrolling a homeless person with serious mental illness in services.

The information requested by the forms as well as the uses of the information are described in Table 1.

Table 1: Description of PATH Annual Report Forms

Section of Report	Uses of Data	Data Items
Budget Information	Assess the contribution of PATH funds toward the support of services provided to persons who are homeless and have serious mental illnesses	Total dollar amount for services dedicated to persons who are experiencing homelessness or risk of homelessness AND serious mental illness (includes PATH federal, matching, and non-PATH funds)
		Federal PATH funds received from the state
		Matching funds from state, local, or other resources to support the provision of PATH services
		Number of staff supported by federal and match funds
		The full time equivalent (FTE) of staff supported by PATH federal and match funds
		Type of organization in which the PATH program operates
Persons Served	Identify the number of persons receiving services from PATH providers	Persons who are homeless and have a serious mental illness served by PATH and other sources
		Persons served by PATH federal and match funds: outreach
		Number of outreach contacts who became enrolled during the year as PATH consumers
		Number of outreach contacts who did not become enrolled during the year as PATH consumers
		Number of outreach consumers who did not become enrolled because they were found to be ineligible
		Persons served by PATH: enrolled consumers
		Total number of persons receiving any PATH-supported services during the year

PATH-Eligible Services Offered	Describe the types of services offered by PATH providers	Specify which of the following eligible services are provided:
		(a) outreach services;
		(b) screening and diagnostic treatment services;
		(c) habilitation and rehabilitation services;
		(d) community mental health services;
		(e) alcohol and drug treatment services;
		(f) staff training;
		(g) case management services;
		(h) supportive and supervisory services in residential settings;
		(i) referrals services;
		(j) housing services
(k) voluntary outcome measures		
Demographics	Describe characteristics of persons receiving services from PATH providers	Age
		Gender
		Race/Ethnicity
		Principal Mental Illness Diagnosis
		Co-Occurring Substance Use Disorders
		Veteran Status
		Housing Status (at first contact)
		Length of time living outdoors or in short term shelter at first contact

Information used to assess progress toward achieving all four GPRA measures is available through PATH annual report forms. Data on the number of persons contacted (Measure 1) and data on the proportion of persons contacted who become enrolled consumers (Measure 2) are found in the section of the annual report forms focusing on persons served. Data on the proportion of participating agencies that offer community mental health services (Measure 3) is found in the section of the annual report forms focusing on PATH-eligible services offered. Data on maintaining costs of enrolling persons in services (Measure 4) is found in the section of the annual report focusing on persons served and dividing it by the total federal appropriation.

Changes:

Reporting on All Persons Served: In previous PATH reports providers were required to calculate the percentage of PATH program funding that is federal funding and report only that percentage of persons in the report. Programs that met the minimum match requirement of \$1 for every \$3 of federal funds reported on 75% of persons served; if the program served 100 consumers they only reported 75 consumers. If the program matched \$1 for every \$1 of federal funds and served 100 consumers they reported 50 consumers.

Beginning in 2009 PATH providers will report on all persons served by PATH federal and matching funds. This change eliminates the additional calculation. If information on persons served by federal funds only is required this can be calculated using information reported in the section of the annual report that focuses on budget information.

Reporting on Optional Outcome Measures: Five optional outcome measures are added to the survey. These measures are in response to the stress that the new administration has put on providing outcome data. The optional outcome measures are:

1. Housing (transitional, supportive, or permanent);
2. Income benefits (SSI, SSDI, VA, etc);
3. Earned income (employment);
4. Medical insurance coverage plans (Medicaid, Medicare, and/or state/local plans);
5. Primary medical care.

For each measure providers may opt to report on the number of enrolled consumers who received an assisted referral, the numbers of enrolled consumers who received the service, both assisted referrals and receipt of service, or neither. Additional guidance is provided in the Report Instructions (Attachment B). The intention of the optional outcome measures is to make providers aware that PATH is moving towards more comprehensive reporting. Over the next several years, further revisions to the PATH report will be submitted to OMB; mandating these outcome measures is one of the proposed revisions.

A.3. Use of Information Technology

For 2009, PATH annual report data will continue to be collected exclusively online. A link to the PATH Online Provider Report (Survey) is located on the PATH website, www.pathprogram.samhsa.gov. Providers need a computer with Internet access, either Internet Explorer version 6.0 or above or Firefox version 2.0 or above or another modern web browser.

Providers log on to the PATH Online Provider Report using a four-digit ID number and a five-digit password. This ensures that only the provider and his/her State PATH contact have access to the data. After their data have been entered and validated, providers may print a hard copy of their Annual Report.

State PATH Contacts access their providers' data online by logging onto a password-protected State Contact Resource Center, which is accessed from the PATH website. State summary reports are generated automatically online, as providers enter their data. State PATH Contacts can view and verify their state summaries on line, along with their providers' data. Additionally, State PATH Contacts can indicate which providers are required to report, reopen surveys, and update provider contact information via this website.

A.4. Efforts to Identify Duplication

The information is collected only for the purposes of this program and is not available elsewhere. State and local PATH contacts have been consulted on the question of whether the information

collected is available elsewhere, and they have confirmed that the data are in fact unique.

A.5. Involvement of Small Entities

This data collection effort does not have a significant economic impact on a substantial number of small entities. The information collected is the minimum needed in order to fulfill the statutory requirement.

A.6. Consequences If Information Collected Less Frequently

State and provider data are reported annually. If data were collected less frequently, CMHS would not be in compliance with Section 528 of the authorizing legislation, which calls for annual reporting data to be submitted “not later than January 31 of each fiscal year.”

A.7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with 5 CFR.1320.5(d)(2).

A.8. Consultation outside the Agency

In accordance with 5CFR 1320.8(d), a 60-day notice for public comment was published in the *Federal Register* on February 17, 2009 (Volume 74, No. 30, p. 7455). Ten comments were received from this notice. See attachment C for all comments on the 60-Day Federal Register Notice. See attachment C for SAMHSA’s response to the comments. Two workgroups of PATH State Contacts, the Administrative Workgroup and Data Advisory Committee, were consulted in the development of the 60-day Federal Register Notice (see attachment D)

The PATH annual report forms are based largely on guidelines developed for a predecessor program, the Mental Health Services for the Homeless (MHSH) block grant program. Individuals with expertise in the areas of homelessness and mental illness were consulted during the process of modifying the MHSH guidelines for use by the PATH program.

A.9. Payment to Respondents

Respondents will not receive any type of payment for completing the annual report forms.

A.10. Assurance of Confidentiality

PATH reports are program-level reports and identifying information is not submitted to SAMHSA.

A.11. Questions of a Sensitive Nature

No information of a sensitive nature will be collected.

A.12. Estimates of Annualized Hour Burden

Representatives of PATH funded entities at local level must collect data throughout the year, the review annual report instruction, complete a web-based annual report, and respond to follow-up questions regarding reported data. Local respondents use the web form to enter their data. The estimated burden for respondents at the state and local levels has been calculated (Table 2).

The total annual burden is 15,328 hours, with an associated cost to respondents of \$430,080. Both the burden estimates and hourly wage rates of respondents are based on consultations with potential respondents regarding the time, burden, and cost entailed in providing annual PATH data.

Table 2: Annual Burden

Respondents	Number of Respondents	Responses/ Respondent	Hours/ Response	Total Burden	Hourly Wage Rate	Total Cost
States	56	1	8	448	\$30.00	\$13,440
Local providers	480	1	31	14,880	\$28.00	\$416,640
TOTAL	536			15,328		\$430,080

For states the burden estimates include the time for reviewing the local providers' data for accuracy and revising the data in response to federal review. For local provider agencies the estimate includes time for becoming familiar with reporting requirements, obtaining consumer and activity data, aggregating the data, recording the data onto online survey, printing the data and reviewing it for accuracy, submitting the data, and revising the data in response to state review. It is expected that local PATH providers will have sufficient resources, including assessable electronic records, to complete this assessment in the estimated time frame. In Summer 2009, the PATH Government Project Officers asked PATH providers a series of application follow-up questions related to data collection. Of the 326 providers that responded, 46% stated that they use HMIS for electronic record keeping. Three providers only keep paper files, and one provider does not keep client-level records. The remaining providers use a variety of electronic spreadsheet and database programs.

A.13. Estimates of Annualized Cost Burden to Respondents

There are no costs to respondents associated with either (a) capital or start up efforts or (b) operation and maintenance of services.

A.14. Estimates of Annualized Cost to the Government

The cost to the federal government for this information collection effort includes personnel time, contract costs, and printing and distribution costs. CMHS personnel spend 120 hours annually on activities related to annual reporting, at \$40/hour. This results in an estimated \$4,800 in personnel time incurred by the government.

A contract is awarded annually to a contractor who collects and analyzes the data. The same

contractor is also responsible for preparing and printing a final report summarizing the data. The annual value of this contract is \$35,226. The total annualized cost to the government is \$40,026.

A.15. Changes in Burden

Currently, there are 14,398 hours in the OMB inventory. CMHS is requesting 15,328 hours. The increase of 930 hours is due to an increased number of providers. This burden estimate is based on past program experience and reports from providers and State PATH Contacts.

A.16. Time Schedule, Publication and Analysis Plans

By statute grantees must submit annual reporting data to CMHS by January 31 of each fiscal year. State contacts submit the data directly to a contractor that is responsible for collecting and analyzing the data. Contractor staff clean the data and submit it to CMHS for review. CMHS staff reviews the data for accuracy and contact the states for clarification as needed. The contractor develops tables that summarize the annual reporting data. No complex analytical techniques are used. The tables are disseminated to states and are used for GPRA related activities. It is anticipated that each year the annual tables will be published within 12 months from the date that the contractor receives the data from the states.

A.17. Display of Expiration Date

PATH materials will display the OMB approval and expiration date.

A.18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. Collections of Information Employing Statistical Methods

The PATH annual report forms do not use statistical methods.

List of Attachments

Attachment A: PATH Online Provider Report (Survey)

Attachment B: PATH Annual Report Instructions (Web Guide)

Attachment C: Comments on 60-Day Federal Register Notice

Attachment D: SAMHSA's response to Comments on 60-Day Federal Register Notice

Attachment E: List of State PATH Contacts Consulted