

2009 PATH ANNUAL REPORT PROVIDER GUIDE



Prepared for:

Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Homeless Programs Branch

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Prepared by:

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Introduction

To comply with Federal requirements, community provider organizations that receive funds under the Projects for Assistance in Transition from Homelessness (PATH) program must report data that relates to the implementation of the program (see *Reporting Burden*, page 14 for statutory requirements). Please read the following instructions carefully. **There are changes to the 2009 report instructions. These changes are noted on page 3.** Local PATH-funded providers (“PATH Providers”) are requested to report PATH program data using the web-based form. PATH Providers that cannot access the web should inform the State PATH Contact and request assistance in entering the data.

The web-based software allows for built-in validation error checking to reduce errors and increase accuracy. Data may be saved at any time, all data items do not need be entered all at once.

PATH-funded providers can access the web form via a link on the PATH website www.pathprogram.samhsa.gov. The report requires an ID and password, which are distributed to providers by their State PATH Contacts.

The reporting website will open on October XX, 2009 and close on December XX, 2009.

Changes in the 2009 PATH Annual Report Provider Guide

The structure of this Instruction Guide has changed. All definitions of services are compiled at the end of this document under “Additional Information” for ease of reference.

Process for Obtaining and Submitting Data

The State PATH Contact is the primary contact person for guidance regarding PATH data and the process for submitting the annual report. This process is described below:

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1. Obtain an ID and password from the State PATH Contact.
2. Enter data into the web-based form found on the PATH website (<http://www.pathprogram.samhsa.gov>), validate the data, and print a copy of the report for the program’s files. If a provider cannot access the web The State PATH Contact enters the data into the web form for them.
3. The State PATH Contact reviews the completed report on the web and confers with local providers to clarify any issues. If there are changes to the data after the report is validated the State PATH Contact reopens the report for providers to make the necessary changes.
4. The State PATH Contact verifies that the provider report is accurate.

Changes to the 2009 Report

In fall 2009, SAMHSA began a process to update PATH reporting. The intent of these changes is to:

- Reduce unnecessary reporting burden,
- More accurately capture the effect of the PATH program,
- Capture outcomes, and
- Learn from technical and policy processes already vetted by other federal programs.

The changes below are just a starting point to refining the reporting of the PATH program. Additional changes will be implemented in the coming years.

The changes for 2009 are:

Reporting on all Persons Served. In prior years, Providers separated their reporting by funding streams. PATH reports required Providers to calculate the percentage of program funding that was made up of federal dollars and multiply all questions in the report starting with B2a by this percentage. The purpose of this calculation was to represent effect of federal funds. **Starting with the 2009 report, PATH providers report on the total number of persons served, regardless of whether the services were provided by federal or match funds.** This change will capture the full effect of the PATH program and reduce reporting burden. If information about the percentage of persons served is requested it can be extrapolated from the report.

Estimated Reporting Guidelines. PATH providers are allowed to report either actual or estimated counts of persons served. This year, providers that indicate estimated counts are asked to provide a narrative on the mathematical methodology used to determine the estimates in the “warning explanation” box located in Table B under item B4. The purpose of this change is to encourage Providers to submit actual numbers as opposed to estimates.

Voluntary Outcome Measures. To support better understanding of the impact of the PATH program and respond to a performance based Congressional reporting environment, five optional outcome measures are added to Table C of the PATH report. While PATH providers are encouraged to report these optional outcome measures, they are not required for compliant completion of the PATH report. See page 12 for more information.

Reminders

1. Table C, Community Mental Health Services (Table C, item Cd). The number of clients reported as receiving community mental health services should include the number of clients who were **successfully linked to mental health services** as a result of the PATH program, even if the mental health services are not PATH funded. This does not apply to any other service specification such as Alcohol or Drug Treatment services, Housing Services, Habilitation and Rehabilitation service, Screening and Diagnostic Treatment service, etc. because these are reported in Table C, item Cj “Referrals for primary health services, job

training, educational services, and relevant housing services.” See page 11 for more information.

2. Table C, *Services Provided*, If a service is 100% or partially PATH funded, enter the number of enrolled PATH clients served in the box for number of persons served. This number cannot be larger than the number entered in Table B, item B3. If a service is not PATH-funded or is not provided, enter zero in the number of clients served. The service is *provided but not PATH funded* or *not provided* a zero (0) must be entered in the persons served box. See page 11 for more information.
3. Table D, *Demographics*. Demographic data is reported only on enrolled PATH clients, than all persons contacted or served. Therefore, the sum of persons reported for any category of Table D, *Demographic Data*, (e.g. age, gender, race/ethnicity) must be equal to the number of persons reported in Table B, item B3.

There is one exception. For item D8 (Length of time living outdoors or in short term shelter at first contact), the sum of all the entries must equal D7a (housing status at first contact outdoors) + D7b (housing status at first contact short term shelter), because this question only asks about individuals who are literally homeless.

4. Insure the accuracy of the agency’s name. The name of the provider agency cannot be changed on the online report. If the provider name needs to be changed, please contact Katy Hanlon at 617-467-6014 or khanlon@center4si.com.

Due Date

The FY 2009 reports may be submitted between October xx, 2009 and December xx, 2009. Providers who cannot submit their report before December xx, 2009 should immediately contact their State PATH Contact

Guide to the PATH Online Report

Entering Data and Navigating the Report Form

- Do not leave fields blank. Enter a zero (0) when necessary.
- In Table A, round figures to the nearest dollar.
- Dollar signs and commas are not allowed when entering numeric values.
- After answering each question, press the [TAB] key or use the mouse to move to the next question. Do not press [ENTER] to move around the form. Pressing [ENTER] causes the program to save the data and move to the next table.
- To go back to a previous answer on the same table, use the mouse to click on the answer. To move to the next question press the [TAB] key or use the mouse. Do not press [ENTER].
- To scroll up and down the form, use the mouse to click on the up and down arrows on the right side of the computer screen or use the [PAGE UP] or [PAGE DOWN] keys. Click the icons at the top right of the form to navigate to Provider Information, Tables A, B, C, or D. In addition, this guide is available by clicking on “Instructions.”
- To correct errors, place the cursor on the item for correction and make the changes.
- To save entered data and/or at the end of each Table, click “Save/Update Data and Move to the Next Table.” Data can be partially entered into the report and the report can be exited and reentered later for completion as long as the data is saved.
- Data MUST be validated in order to complete the Annual Report. See “Understanding and Correcting Data Errors” on page 6 for more information about validation errors.
- Once the Annual Report is validated, it can no longer be accessed for viewing or updating. The State PATH Contact must be notified to re-open the report. Once re-opened the report must be validated again regardless of whether any changes are made.

Printing The Annual Report Form

- Enter all requested data.
- Complete the validation process by clicking on “I’m done. Validate My Entries.” Correct any validation errors and then repeat the validation process (see “Understanding and Correcting Data Errors” for more information).
- If there are no errors, a “Validation Confirmation” screen will appear. Click on “Save and Continue” to move to the next screen. Print the Summary Report by selecting “File” and then “Print” on the browser screen menu or click on the “print” icon from the browser.
Hints on printing problems:
 1. Make sure the printer is ONLINE.
 2. If the printer is online and not printing, reset the printer.

3. If the printer is on a network, check with the network administrator to make sure the computer has access to print to that printer.
- After the report is printed, close the window by clicking on the little “x” in the right hand corner of the screen. This will return to the “Validate Entries” screen. Comments can be entered here before logging off.

Understanding and Correcting Data Errors

The online report will not validate if there are mathematical errors or missing answers. For each validation error, the rule number followed by a numeric explanation of the error will appear in a pop-up box. The letter in the equation indicates the table where the error is, followed by the item number. Click on the appropriate table on the form and make the necessary corrections. Print the Error Check window for easy reference. Changes **must be saved** before proceeding to validate the entries again or the errors will remain.

Use the “Description of Possible Errors” document to assist in identifying errors and making appropriate revisions. This document is available while filling out the report by clicking “Instructions” at the top of the page. Questions regarding the data and/or revisions should be directed to the State PATH Contact.

On certain items in the B table, if there is a significant change in the data from FY 2008 to FY 2009, a pop-up window will appear for that item. The system will ask for verification of the entry to be sure it is accurate. If it is accurate, enter an explanation in the comments box at the end of the table. For example, if the number of persons enrolled in FY 2009 (item B2b) is 50% less than the number reported in FY 2008, a message will appear asking for verification of the entry for B2b. If the entry is accurate, enter the explanation of the difference between FY 2008 and FY 2009 in the text box at the bottom of the page. If the entry is inaccurate, correct the entry before saving.

Editing/Adding Data after Completing The Annual Report Form

It is important that data are accurate and final before submission. Revisions to the data on the web can be made until the data is validated. After the data is validated, the Provider is locked out of the survey and **no** additional changes can be made. If changes are needed, contact the State PATH Contact and request that the report be re-opened. Validate the report again once the changes are made.

Where to Go With Questions?

- HELP buttons for each of the items in Tables A, B, and C can be accessed by clicking on the button. If the pop-up HELP window is not visible, either click on the minimize button (middle button) on the top right hand corner of the window, or look at the bottom of the screen for another bar on the task bar that says PATH. This will bring the HELP window forward.
- Call the State PATH Contact for questions concerning PATH report guidelines.
- Problems with using the online report that can not be resolved by the State PATH contact should be directed to Katy Hanlon 617-467-6014 or khanlon@center4si.com.

General Instructions

General Definitions and Clarifications

Uniformity of definitions is essential in developing reliable service system information. Definitions for PATH-funded services are listed in the Definitions of Services Section located in the “Additional Information” section of this instruction guide. These definitions should be referenced in completing the reporting for Table C. Additional questions regarding the use of these definitions should be forwarded to the State PATH Contact.

Tables B, C, and D: Persons To Be Included in Unduplicated Counts:

1. Individuals eligible for inclusion in the report are those who have a service date that falls on or between the first date of the reporting period and the last date of the reporting period. These criteria allow for the inclusion of clients who received PATH services during the reporting period and who may no longer be receiving services from the provider or may have been included in previous reports.
2. For providers working with homeless or at-risk families, there may only be one or a few family members who receive intensive PATH services although each family member may receive some level of service. Count only those family members who receive services related to their own serious mental illness as persons served.
3. In some instances, a provider may only be able to provide an estimate of these numbers. Estimates should be noted; explanations of estimation methodology of the reported data are encouraged and may be added in the comments box or the comments section after the report is validated.

Reporting by Local Provider Organizations

In some instances, States provide funds to political subdivisions, such as counties, or other local entities that, in turn, contract with other local agencies to provide services. For this report, the State may elect to report data from either the local direct recipient of PATH funds or its contractors, but not from both to avoid duplicate reporting.

Table by Table Instructions

Contact Information

The opening table of the PATH report gathers the necessary information should any follow-up questions arise.

For FY Beginning: Enter the first date of the reporting period. If the provider submitted a PATH report in the previous year, this field automatically populates with the date used in the last report. Ensure that the date is the start date for the 2009 report data. The State PATH Contact must be notified if there is a change in reporting dates.

For FY Ending: This is the last date of the reporting period. If the provider submitted a PATH report in the previous year, this field automatically populates with the date used in the last report. Ensure that the date is the end date for the 2009 report data. The State PATH Contact must be notified if there is a change in reporting dates.

Contact Person: Enter the individual that can be contacted if there are any questions regarding the reported PATH data. They may or may not be the principal PATH contact for the provider agency or local entity.

Email/Phone/Fax: Enter the information for the contact person.

Table A: Budget Information

This table collects all of the required budget and staffing information for the PATH report. Providers are requested to report actual budget values, not estimates, if at all possible. Contact the State PATH Contact for help determining how to report the budget.

A1. Total annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses (includes PATH, matching, and non-PATH funds): Enter total dollar amount for services dedicated **only to persons who are homeless and have serious mental illness** in the fiscal year being reported. This amount should be the sum of federal PATH funds (Item A2), matching PATH funds (Item A3) and any other non-PATH funds. This amount must be greater than zero. **Round to the nearest dollar.**

A2. Federal PATH funds received from state: Enter amount of federal PATH funds received from the State. Be sure to enter only the funds received during the fiscal year being reported. Do not include matching funds, non-PATH funds, or PATH funds carried over from a previous reporting year. If the correct amount is unknown, please consult the State PATH Contact. Please consult the State PATH Contact before reporting an estimate. This amount must be greater than zero. **Round to the nearest dollar.**

A3. Matching funds from State, local, or other resources to support the provision of PATH services. Enter amount of matching PATH funds received or provided during the reporting fiscal year. If the correct amount is unknown, please consult the State PATH Contact.

Please consult the State PATH Contact before reporting an estimate. **Round to the nearest dollar.**

A4. *Indicate the number of **staff** persons supported by PATH federal and matching funds. Enter the number of staff supported by federal PATH funds only. **This must be a whole number.***

A5. *Indicate the full time equivalent (FTE) of staff positions supported by PATH and matching funds*

Calculate the Full Time Equivalent (FTE) for each of the PATH-supported staff reported in Item A4. **The total number of FTEs should not exceed the number of staff reported in Item A4 and may be a whole number or a decimal (please round to the nearest 10th 0.1).** The number of FTEs cannot be zero if the number of PATH-supported staff is greater than zero. To check for accuracy, multiply these FTEs by the average annual wage of the federally supported positions and ensure that it is not more than the federal award.

The term FTE in the context of the PATH annual report represents the staff time required to provide and document services funded by PATH federal and matching funds. One (1) FTE represents 40 hours of work per week for one year. One half (½) FTE represents 20 hours of work per week for one year. Include both positions fully funded by PATH federal and matching funds and the PATH funded fraction(s) of any position(s) partially funded by PATH federal and matching funds in the count of total FTEs. Include positions that are currently occupied as well as those that are vacant. Determining the answer to Item A5 is a two-step process:

Step One: Determine the FTE for each PATH-funded staff member as follows:

- Ascertain the number of hours per week performing PATH-funded work;
- Divide the number of hours per week performing PATH-funded work by 40, and round to the nearest 10th.

Example A: a staff member works eight (8) hours per week on PATH-funded tasks. Eight divided by 40 is .2. This staff member's FTE is .2.

Example B: a staff member works 12.5 hours per week on PATH-funded tasks. 12.5 divided by 40 is .3125. This staff member's FTE (rounded) is .3.

Step Two: Once the FTE for each staff member is determined, add up all the FTEs and enter the total in response to Item A5.

Example A: the two staff members in the two examples of Step One who perform PATH-funded tasks have FTEs of .2 and .3, respectively. Adding .2 and .3 = .5. Record .5 for Item A5.

Example B: an organization supports 10 staff members with PATH funds. The 10 staff members have FTEs of .5, .2, .7, 1.0, 1.0, .3, .5, .6, 1.0, and .1, or a combined total of 5.9 FTEs. Record 5.9 for Item A5.

A6. Indicate the **type of organization** in which the PATH program operates. The question is asking about the primary purpose of the organization, not the program. For example, if an organization primarily provides community mental health services, they are probably a community mental health center. If “other,” enter an explanation as to the function of the organization. Please be sure that the PATH funded organization does not fit into any of the categories listed in a-h before selecting “other.”

Table B: Persons Served

It is essential that service providers include accurate information on the number of persons receiving services. The annual reporting information should be an **unduplicated counts** of persons served within each reporting category. A person may be counted in more than one category. It is recognized that some duplication may occur, especially in services such as outreach where clear client identification may not be achieved or when individuals receive services from more than one provider or when individuals relocate from one geographic area to another.

In prior years, Providers separated their reporting by funding streams. PATH reports required Providers to calculate the percentage of program funding that was made up of federal dollars and multiply all questions in the report starting with B2a by this percentage. The purpose of this calculation was to represent effect of federal funds. **Starting with the 2009 report, PATH providers report on the total number of persons served, regardless of whether the services were provided by federal or match funds.** This change will capture the full effect of the PATH program and reduce reporting burden. If information about the percentage of persons served is requested it can be extrapolated from the report.

B1. *Persons who are experiencing homelessness and serious mental illness served by **Federal and Matching** PATH funds **and Other Sources**: Enter the total number of clients who are experiencing homelessness and serious mental illnesses that were served by the program, regardless of funding source. Note: Clients eligible for reporting in this category must be experiencing homelessness and mental illness simultaneously, and is not a sum total of all persons experiencing homelessness added to all person experiencing mental illness.*

B2a. *Persons Served by PATH Federal and Matching Funds—Outreach* Enter the total number of persons contacted through outreach. This figure should includes all persons contacted through outreach, regardless of enrollment, eligibility, relocation or services refusal status.

B2b. *Number of **Outreach** contacts who became enrolled during the year as PATH clients:* Enter the number of persons contacted through outreach who became enrolled as PATH clients.

B2c. *Number of **outreach** contacts who **did not** become enrolled during the year as PATH clients* Enter the number of persons contacted through outreach who did not become enrolled as PATH clients. Item B2c (persons not enrolled)=Item B2a (person served) – Item B2b (persons enrolled).

B2d. *Number of outreach clients (in item B2c above) not enrolled* because they have been found to be **ineligible**: Enter the number of outreach clients from Item B2c who were contacted but not enrolled due to ineligibility. Reasons for ineligibility may include no serious mental illness or not homeless or at risk of homelessness. Item B2d must be less than or equal to Item B2c.

B3. *Persons served by PATH Federal and Matching Funds —Enrolled PATH Clients*: Enter the number of persons enrolled in PATH during the program year. Item B3 includes the number of PATH clients enrolled through outreach (B2b), clients enrolled in ways other than outreach (such as walk-ins and referrals), and clients enrolled in a previous year and still receiving services in FY 2009. Item B3 is the control number for Tables C and D. (see Definitions of Service in the “Additional Information” section for the definition of “PATH Enrolled”)

B4. Total Number of persons receiving any PATH Federal or Matching-supported services during the year: Enter the total number of persons served by the program. Item B4 (total number of persons receiving any services) = Item B2c (outreach contacts not enrolled) + Item B3 (enrolled clients).

Table C: Services Provided

Table C, *Services Provided*, collects information on the funding of services and the number of persons who receive the service. Definitions of services are available in the Service Definitions section of this document beginning on page 16.

Funding: Indicate whether the service is 100% PATH funded, partially PATH funded, service provided but not PATH funded, or service not provided. Consult the State PATH Contact with questions about how to report the funding of services.

Number of Enrolled PATH Clients: If the service is *100% PATH funded or partially PATH funded* enter the number of PATH clients that received the service. This section reports on enrolled PATH clients only so the number indicated cannot exceed the number reported in item B3. If the service is *provided but not PATH-funded or not provided*, enter **zero “0”** for clients served (see reminder 2 on page 4 for more information).

Notes:

Item Cd Community Mental Health Services: The number of clients reported as receiving community mental health services should include the number of clients who were **successfully linked to mental health services** as a result of the PATH program, even if the mental health services are not PATH funded. This does not apply to any other service specification such as Alcohol or Drug Treatment services, Housing Services, Habilitation and Rehabilitation service, Screening and Diagnostic Treatment service, etc. because these are reported in Table C, item Cj “Referrals for primary health services, job training, educational services, and relevant housing services.”

When deciding whether to report Community Mental Health Services as 100% PATH funded or partially PATH funded, examine the funding of that PATH worker. If the PATH worker's time on this activity is 100% PATH funded then the service is 100% PATH funded. If the PATH worker's time on this activity is not 100% PATH funded then it is partially PATH funded

When determining the number of clients to report as receiving community mental health services please refer to the following guidance:

- **Active Assistance & Confirmation:** A PATH worker helps a PATH Enrolled client identify a mental health provider, coordinates an intake appointment, and is involved in assuring that the intake results in successful acceptance into mental health services. The PATH worker may confirm successful acceptance by attending the intake in person or following up with the client after the intake. In this instance, this consumer WOULD be counted in Table C, item Cd. Providers must insure that documentation is placed in the case file notes. It is expected that this information would be obtained directly from the consumer through the worker's follow-up contacts with them. Formal documentation from the mental health service provider is NOT required.
- **Unsuccessful Active Assistance & Coordination:** Regardless of the level of involvement of the PATH provider, unsuccessful referrals or attempts to engage a consumer in mental health services are NOT counted under Table C, item Cd.
- **Simple Referral:** A PATH worker informs a PATH Enrolled consumer of the availability of a mental health service but is not actively involved in ensuring that the consumer is seen by the service. This would NOT be counted under Table C, item Cd.

Item Cf, Staff Training does not require a number of persons served, only an answer of whether or not this is provided fully or partially with PATH funds. If the PATH staff is providing the training and their salary is fully or partially PATH funded, their time on this activity counts, even if the training costs were not.

Item Ck1-Ck5 Voluntary Outcome Measures: The 2009 PATH report includes five voluntary outcome measures. These measures were developed in collaboration with a workgroup of State PATH Contacts and are in response to a Congressional reporting environment that holds programs to a higher standard of outcome collection and reporting. Reporting on these outcomes in 2009 is voluntary. Providers that opt not to report these outcomes are still in full compliance of the PATH data reporting requirement. Providers that collect this information are highly encouraged to enter it in the 2009 report.

The voluntary outcome measures are:

1. Housing (transitional, supportive, or permanent);
2. Income Benefits;
3. Earned Income (employment);
4. Medical Insurance Program (Medicaid, Medicare, and/or state/local plans);
5. Primary Medical Care.

The voluntary measures are split into two reporting categories: those unduplicated clients who received an assisted referral for the service and those unduplicated clients who are

known to have attained the service. Clients may be counted both as an assisted referral and attainment if the criteria for both are met. Outcome percentages are automatically calculated using the total number of enrolled clients (Table B, item B3) as the denominator.

The definition of Assisted Referral is: *A referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities being conducted by the program on behalf of or in conjunction with the consumer:*

- *Assisting the consumer in obtaining the application*
- *Assisting the consumer in obtaining the appropriate supporting documentation*
- *Assisting the consumer with completion of the application,*
- *Assisting the consumer in filing the application with the appropriate agency or organization (business if employment)*
- ***OR*** *Referral to a program that specializes in assisting consumers with an application process and who can provide certification that the application has been successfully filed by the consumer.*

The definition of Attainment is: The PATH provider confirms that the client attained the indicated service through client self report or confirmation by other providers. A client is counted as attaining a service when they begin receiving the service. The client is not counted as attaining a service when the application process for a service is complete. PATH providers are not required to obtain written documentation from another provider to confirm attainment.

Table D: Demographics

Table D collects demographic information for enrolled PATH clients. Therefore, the sum of clients reported in items D 1 - 7 should be the same as the number recorded in Item B3, which is displayed at the top of "Table D".

There is one exception. Item D8 requests information only about those clients who are literally homeless, which includes only those who were living outdoors (Item D7a) or in short term shelter (Item D7b) at first contact. Therefore, $\text{Item D8} = \text{Item D7a} + \text{Item D7b}$.

Providers should include all demographic information available on each enrolled client. Some demographic information, (for example, age) may change during the year. When available, information should reflect the status of individual at first contact. For clients who leave and re-enter the service system, use their demographic data upon re-entry and only count them one time.

It is important to not have a significant number of unknowns in this section. Carefully evaluate any "unknown" entries in this section before submitting the data. Additionally, it is requested that the actual number of persons, not estimates, be reported in this table if at all possible.

The definitions of some of the demographic questions, such as what the different housing status categories mean, are defined by each state. Contact the State PATH Contact with any questions about these items.

Additional Information

Reporting Burden

For States: 26 hours per annual response, including the time for becoming familiar with the form and reporting requirements, sending ID numbers and passwords to local providers, obtaining data from local providers, reviewing the data for accuracy, and revising the data in response to federal review.

For Local Providers using the Web Report: 31 hours per annual response, including time for becoming familiar with the form and reporting requirements, obtaining client and activity data, aggregating the data, recording the data onto preliminary forms, recording the data onto the official form, reviewing the data for accuracy, submitting the data, and revising the data in response to state review.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

SAMHSA Reports Clearance Officer
Paperwork Reduction Project (0930-0205)
7th Floor, 1 Choke Cherry Road
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is (0930-0205).

Background

The Projects for Assistance in Transition from Homelessness (PATH) program provides funds to each State, the District of Columbia, Puerto Rico, and the U.S. Territories to support services to individuals with serious mental illnesses, as well as individuals with serious mental illnesses and substance use disorders, who are homeless or at risk of becoming homeless. The PATH program is authorized by Public Law 101-645, 42 U.S.C. 290cc-21, section 521 et seq. of the Public Health Service Act.

Among the statutory requirements for State participation in the PATH program is the provision of annual reports. Section 528(a) of the Public Health Service Act specifies that the Secretary may not make payments to States under the program unless each State agrees that it will provide, on an annual basis, a report containing information to be necessary for:

- 1
- 2 (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

- 1 (2) determining whether such amounts were expended in accordance with the provisions of this part.”

Use of Reporting Information

The reporting of this information is a crucial component of the implementation and operation of the PATH program. The data are utilized by program managers within the Center for Mental Health Services (CMHS) to describe and evaluate the PATH program on a national basis and will be used for essential program planning purposes. Further, the data are critical to maintain program accountability and assist in program monitoring.

The analysis of PATH data can help identify many features of the program. Among these items are the following:

- the types of services being offered by PATH providers
- the number and characteristics of the persons receiving services from PATH providers
- the contribution of PATH funds toward the support of services provided to persons who are homeless and have serious mental illnesses.

Contact Information for Assistance:

Katy Hanlon
Project Assistant
617-467-6014
khanlon@center4si.com

Rachael Kenney
Deputy Director of the PATH Technical Assistance Center
617-467-6014
rkenney@center4si.com

Service Definitions

Alcohol or drug treatment services: Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

Assisted Referral: A referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities being conducted by the program on behalf of or in conjunction with the consumer:

- Assisting the consumer in obtaining the application
- Assisting the consumer in obtaining the appropriate supporting documentation
- Assisting the consumer with completion of the application,
- Assisting the consumer in filing the application with the appropriate agency or organization (business if employment)
- **OR** Referral to a program that specializes in assisting consumers with an application process and who can provide certification that the application has been successfully filed by the consumer.

Attainment: The PATH provider confirms that the client attained the indicated service through client self report or confirmation by other providers. A client is counted as attaining a service when they begin receiving the service. The client is not counted as attaining a service when the application process for a service is complete. PATH providers are not required to obtain written documentation from another provider to confirm attainment.

Case management services: Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing and/or care of individuals, tailored to individual needs and preferences. Case Managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.

Community mental health services: Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category **does not include** case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document. Individuals who are successfully linked to mental health services as a result of the PATH program should be included in this measure (see reminder 1 on page 3 for more information).

Costs associated with matching eligible homeless individuals with appropriate housing situations: Expenditures made on behalf of PATH-enrolled individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified

in rental application credit checks that otherwise preclude successfully securing immediately available housing.

Earned Income: See *employment*

Employment: Employment is any instance where services are performed that is subject to the will and control of an employer and for which wages are received by the worker. This definition of employment is not limited to full, part or seasonal employment, a minimum number of hours worked per week, or the availability of benefits.

Employment Services: Services designed to assist consumers with obtaining employment. Services may include, but are not limited to, application completion, resume development, interview training, and providing access to job listings.

Habilitation and rehabilitation services: Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorder.

Housing Services: Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. For each enter the number of PATH Enrolled consumers who benefited from or received the service. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.

Improving the coordination of housing services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.

Income Benefits: Income supports that are not earned income (wages), non-cash benefits (food stamps, etc), or temporary financial assistance (security deposits, rental assistance, utility or energy assistance). Income supports are financial supports that can be used at the consumer's discretion and are not limited to specific uses. Examples include SSI, SSDI, TANF, and pensions.

Medical Insurance Program: A program designed to provide medical insurance and/or medical co-pay assistance.

Minor renovation, expansion, and repair of housing: Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

One-time rental payments to prevent eviction: One-time rental payments are made for PATH-enrolled individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance and who qualify for this service on the basis of income or need.

Outreach Services: The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.

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- Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
- Outreach may also include “inreach,” defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

PATH Enrolled: A PATH enrolled client is defined as a person (1) who is homeless or at imminent risk of becoming homeless and has a serious mental illness and/or a co-occurring substance use disorder; (2) who receives services supported in some measure with federal PATH funds, and (3) for whom a clinical or other formal record has been prepared, indicating formal PATH enrollment.

Planning of housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

Primary Medical Care: Medical care that is overseen by a licensed medical primary care provider.

Referrals for primary health services, job training, educational services and relevant housing services: Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

Screening and diagnostic treatment services: A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

Security deposits: Provision of funds for PATH-enrolled individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.

Staff training: Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices. Sites are not required to report the number of staff receiving this service.

Supportive and supervisory services in residential settings: Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

Technical assistance in applying for housing assistance: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.