

Reporting Burden For Local Providers using the Web Survey: 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, validating the data, and revising the data in response to state review.

OMB No. 0930-0205
Exp. Date: TBD

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 OMB control number. The OMB control number for this project is (0930-0205).

The PATH Program ID# 9000

Help can be found by going to the instructions section [here](#).

For FY Beginning: (mm/dd/yy)

For FY Ending: (mm/dd/yy)

* Contact Person:

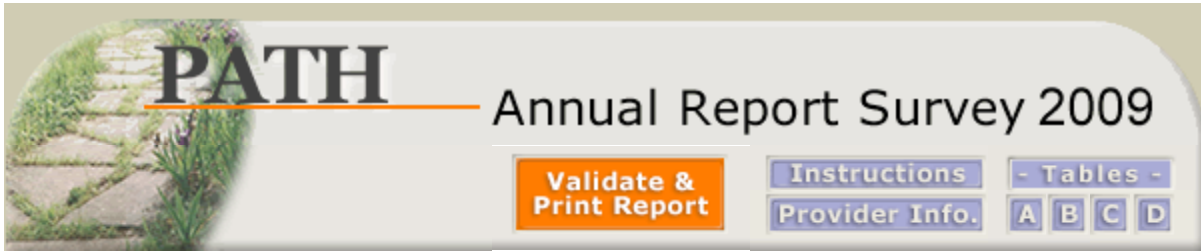
E-mail:

Phone:

Fax:

* The **Contact Person** should be the person to be contacted to answer any questions about the data. Please provide their email address, phone, and fax. They **may or may not** be the principal PATH contact for the PATH provider.

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Survey Information for: **The PATH Program - ID# 9000**

If not readily available, please contact your fiscal department or state PATH contact for this information

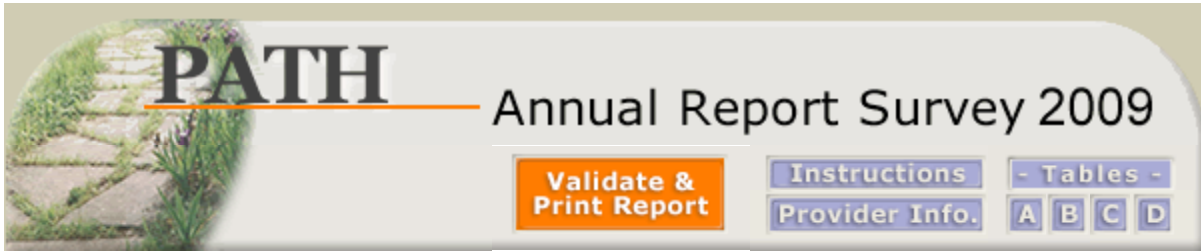
Table A: Budget Information

- A1. Total** annual dollar amount for services dedicated to persons who are experiencing homelessless or risk of homelessnes AND serious mental illness: (includes PATH federal funds, match funds, and non-PATH funds)
-
- Estimated
 Actual
- [Help](#)
- A2. PATH Federal** funds received from the State:
-
- Estimated
 Actual
- [Help](#)
- A3. Match** funds from State, local, or other resources to support the provision of PATH services:
-
- Estimated
 Actual
- [Help](#)
- A4.** The number of **staff** supported by PATH federal funds and match funds:
-
- Estimated
 Actual
- [Help](#)
- A5.** The full time equivalent (**FTE**) of staff positions supported by PATH federal funds and match funds: *(Please see the definition of FTE in the PATH Annual Report Provider Guide)*
-
- Estimated
 Actual
- [Help](#)
- A6.** Indicate the **type of organization** in which the PATH program operates:
- [Help](#)
- a. community mental health center
 - b. consumer-run mental health agency
 - c. other mental health agency

- d. other social service agency
- e. health care for homeless/other health agency
- f. substance abuse treatment agency
- g. shelter or other temporary housing resource
- h. other housing agency
- i. other

If other please specify:

Save / Update Data and Move to Next Page



Survey Information for: **The PATH Program - ID# 9000**

Table B: Persons Served

The annual reporting information should include **unduplicated counts** of persons during the fiscal year. Table B is used to report the number of persons served by the PATH program. Please see the "PATH Annual Report Provider Guide" for clarification on definitions.

- | | | |
|--|-----------------------------|---|
| <p>B1. Persons who are homeless and have serious mental illnesses served by PATH funds <u>and</u> other sources.</p> | <p>Help</p> | <input type="text"/>
<input type="radio"/> Estimated
<input type="radio"/> Actual |
| <p>B2a. Persons served by PATH federal and match funds-- outreach.</p> | <p>Help</p> | <input type="text"/>
<input type="radio"/> Estimated
<input type="radio"/> Actual |
| <p>B2b. Number of outreach contacts who became enrolled during the year as PATH clients.</p> | <p>Help</p> | <input type="text"/>
<input type="radio"/> Estimated
<input type="radio"/> Actual |
| <p>B2c. Number of outreach contacts who did not become enrolled during the year as PATH clients <i>(Note: Item B2c = Item B2a - Item B2b)</i></p> | <p>Help</p> | <input type="text"/>
<input type="radio"/> Estimated
<input type="radio"/> Actual |
| <p>B2d. Number of outreach clients (in Item B2c above) not enrolled because they have been found to be ineligible.</p> | <p>Help</p> | <input type="text"/>
<input type="radio"/> Estimated
<input type="radio"/> Actual |
| <p>B3. Persons served by PATH-- enrolled PATH clients.
<i>(Table B, Item B3)</i></p> | <p>Help</p> | <input type="text"/>
<input type="radio"/> Estimated
<input type="radio"/> Actual |
| <p>B4. Total number of persons receiving any PATH-supported services during the year.</p> | | <input type="text"/> |

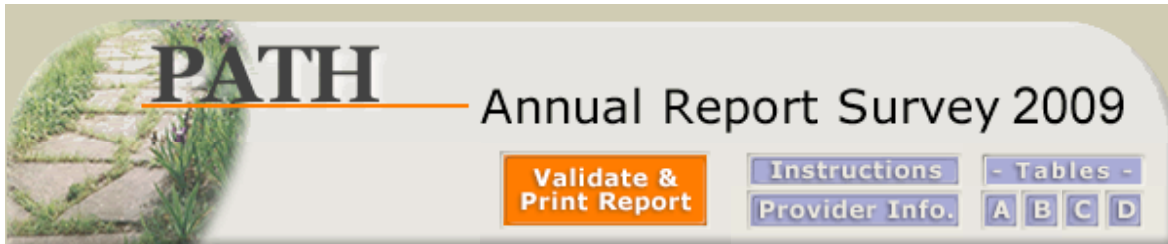
(Note: Item B4 = Item B2c + Item B3)

Help

- Estimated
- Actual

**Please explain any items for which you received warnings in the box below.
Please reference the item number(s).**

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Table C: Services Provided

The following services can be supported with PATH federal funds and match funds. Few PATH providers offer all of these services.

Please check the appropriate type of funding for each service. **If** the service is 100% PATH federal funded, PATH federal and match funded, or 100% PATH match funded please indicate the number of enrolled PATH clients who received the service in the box to the right. If the service is not provided enter zero (0) for number of enrolled PATH clients. *All numbers must be less than or equal to the number of enrolled PATH clients reported in Table B.*

Number of **Enrolled PATH Clients** Reported in Table B, Item 3 =

Type of Service:		Number of Enrolled PATH Clients
Ca.	Outreach services: <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/> <input type="radio"/> Service provided but not PATH funded <input type="radio"/> Service not provided	Ca1. <input style="width: 100px; height: 20px;" type="text"/>
Cb.	Screening and diagnostic treatment services: <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/> <input type="radio"/> Service provided but not PATH funded <input type="radio"/> Service not provided	Cb1. <input style="width: 100px; height: 20px;" type="text"/>
Cc.	Habilitation and rehabilitation services: <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/> <input type="radio"/> Service provided but not PATH funded <input type="radio"/> Service not provided	Cc1. <input style="width: 100px; height: 20px;" type="text"/>
Cd.	Community mental health services: <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/>	Cd1. <input style="width: 100px; height: 20px;" type="text"/>

Service provided but not PATH funded Service not provided

Ce. Alcohol or drug treatment services:

Ce1.

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cf. Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cg. Case management services:

Cg1.

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Ch. Supportive and supervisory services in residential settings:

Ch1.

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Ci. Referrals for primary health services, job training, educational services, and relevant housing services:

Ci1.

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj1. Housing services: 1. Minor renovation, expansion, and repair of housing:

Cj11.

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj2.

Housing services: 2. Planning of housing:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj21.

Cj3.

Housing services: 3. The costs associated with matching eligible homeless individuals with appropriate housing situations:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj31.

Cj4.

Housing services: 4. Technical assistance in applying for housing assistance:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj41.

Cj5.

Housing services: 5. Improving the coordination of housing services:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj51.

Cj6.

Housing services: 6. Security deposits:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj61.

Cj7.

Housing services: 7. One-time rental payments to prevent eviction:

100% PATH funded Partially PATH funded

Service provided but not PATH funded Service not provided

Cj71.

Voluntary Outcome Measures

Number of **Enrolled PATH Clients**

Ck1. Voluntary Outcome Measure: 1. Housing (transitional, supportive, or permanent):

Estimated

Actual %

Not reporting

Ck1a. Assisted

Estimated

Actual %

Not reporting

Ck2. Voluntary Outcome Measure: 2. Income benefits:

Estimated

Actual %

Not reporting

Ck2a. Assisted

Estimated

Actual %

Not reporting

Ck3. Voluntary Outcome Measure: 3. Earned income (employment):

Estimated

Actual %

Not reporting

Ck3a. Assisted

Estimated

Actual %

Not reporting

Ck4. Voluntary Outcome Measure: 4. Medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans):

Estimated

Actual %

Not reporting

Ck4a. Assisted

Estimated

Actual %

Not reporting

Ck5. Voluntary Outcome Measure: 5. Primary medical care:

Ck5a. Assisted

Estimated

Actual %

Not reporting

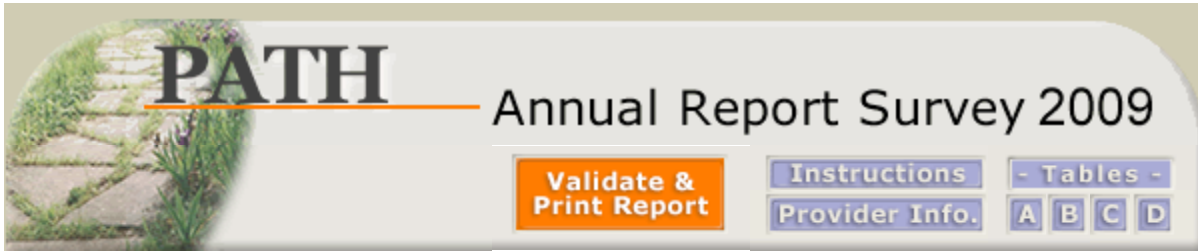
Ck5b. Attained

Estimated

Actual %

Not reporting

Save / Update Data and Move to Next Page



Survey Information for: **The PATH Program - ID# 9000**

Table D: Demographics

Include as much demographic information as is available on each **enrolled PATH client**. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Some elements could change (i.e., age). Where available, information should show the status of the person at **first contact**, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

Total sum for each category (e.g. age) must be equal to Table B, Item B3. Your entered Value =

D1ea. Age:

D1a. Less than 13 years:	<input type="text"/>	Numbers Reported are: <input type="radio"/> Estimated <input type="radio"/> Actual
D1b. 13-17 years:	<input type="text"/>	
D1c. 18-34 years:	<input type="text"/>	
D1d. 35-49 years:	<input type="text"/>	
D1e. 50-64 years:	<input type="text"/>	
D1f. 65-74 years:	<input type="text"/>	
D1g. 75 years and older:	<input type="text"/>	
D1h. Unknown:	<input type="text"/>	

D2ea. Gender:

D2a. Male	<input type="text"/>	Numbers Reported are: <input type="radio"/> Estimated <input type="radio"/> Actual
D2b. Female	<input type="text"/>	
D2c. Unknown	<input type="text"/>	

D3ea. Race/Ethnicity:

D3a. American Indian or Alaska Native	<input type="text"/>	Numbers Reported are: <input type="radio"/> Estimated <input type="radio"/> Actual
D3b. Asian	<input type="text"/>	

- D3c.** Black or African American
- D3d.** Hispanic or Latino
- D3e.** Native Hawaiian or Other Pacific Islander
- D3f.** White
- D3g.** Two or More Races
- D3h.** Unknown

D4ea. Principal Mental Illness Diagnosis:

- D4a.** Schizophrenia and Related Disorders
- D4b.** Other Psychotic Disorders
- D4c.** Affective Disorders
- D4d.** Personality Disorders
- D4e.** Other Serious Mental Illness
- D4f.** Unknown or Undiagnosed Mental Illness

Numbers Reported are:

- Estimated
- Actual

D5ea. Co-occurring Substance Use Disorders:

- D5a.** Co-Occurring Substance Use Disorders
- D5b.** No Co-Occurring Substance Use Disorders
- D5c.** Unknown If Substance Use Disorder

Numbers Reported are:

- Estimated
- Actual

D6ea. Veteran Status:

- D6a.** Veteran
- D6b.** Non-Veteran
- D6c.** Unknown

Numbers Reported are:

- Estimated
- Actual

D7ea. Housing Status (at first contact):

- D7a.** Outdoors (e.g., street, abandoned or public building, automobile)
- D7b.** Short term shelter
- D7c.** Long term shelter
- D7d.** Own or someone else's apartment, room, or house

Numbers Reported are:

- Estimated
- Actual

- D7e.** Hotel, SRO, boarding house
- D7f.** Halfway house, residential treatment program
- D7g.** Institution (psychiatric or other hospital, nursing home, etc.)
- D7h.** Jail or correctional facility
- D7i.** Other
- D7j.** Unknown

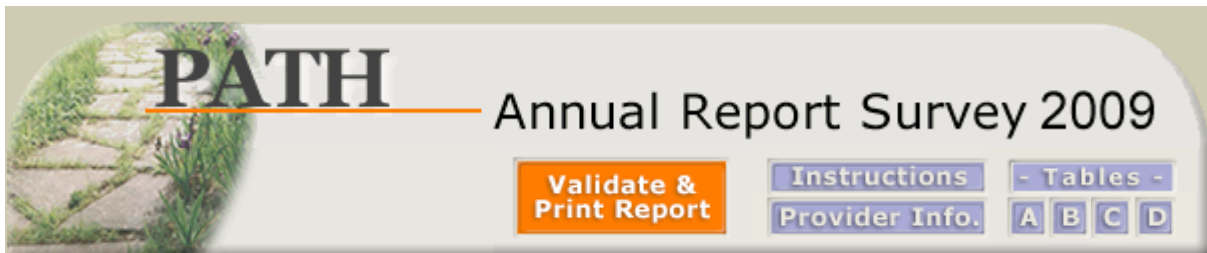
D8ea. Length of time living outdoors or in short term shelter at first contact:
(Total sum for this item must be equal to D7a+D7b).

- D8a.** Less than 2 days
- D8b.** Two to 30 days
- D8c.** 31-90 days
- D8d.** 91 days to 1 year
- D8e.** Over 1 year
- D8f.** Unknown

Numbers Reported are:
 Estimated
 Actual

D8f1. Date data entry completed.
 (mm/dd/yy)

Save / Update Data and Move to Next Page



Next Step Validate Your Entries

When you have finished entering data into the survey form **please click on the button below to run** the validation program which will check that your entries meet the requirements outlined in the instructions.

If you receive any errors you may go to the corresponding table(s) by clicking on the buttons at the top of this page. Please make sure to click on **"Save / Update Data and Move to Next Page" buttons** at the bottom of each page in order for modifications to be sent to the database.

The PATH Program ID# 9000

I'm Finished, Validate My Entries

This may take a few minutes so please be patient.