

Projects for Assistance in Transition from Homelessness (PATH)

Supporting Statement

A.1. Circumstances of Information Collection

The 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 of 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 October 31, 2012.

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.

OMB approval is requested for two documents: Attachment A: PATH Online Provider Annual Report Form (Budget Section and Data Section) and Attachment B: PATH Annual Report Provider Guide (Instructions for completing the form).

All local entities receiving PATH funds report data annually using the PATH Online Provider Annual Report Form. The PATH service provider will fill in the contact information and budget sections of the form online. The data section of the form is populated with data from the provider's local Homeless Management Information System (HMIS). See A.3. Use of Information Technology for additional HMIS information. The PATH service provider verifies online the data found in this section. The form is located on the PATH website, www.pathprogam.samhsa.gov, and is password protected. The State PATH representative verifies the data provided by each local PATH provider, as well as a State Report, which is generated electronically from the local PATH provider report(s). The content for the provider reports 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 U.S. Department of Health and Human Services (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 or co-occurring disorder.

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. Average Federal cost of enrolling a homeless person with serious mental illness in services.

The information requested by each form, 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	Federal PATH funds received from the State
		Matching funds from State, local, or other resources to support the provision of PATH services
		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)
		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
Data - Persons Served	Identify the number of persons receiving services from PATH providers	Total number of persons receiving any PATH-supported services during the year
		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 consumers who did not become enrolled because they were found to be ineligible
		Persons served by PATH: enrolled consumers
Data - PATH-Eligible Services Offered	Identify the number of persons receiving each PATH-eligible service from PATH providers and the	Outreach
		Screening/assessment
		Habilitation and rehabilitation
		Community mental health

	total number of times each service was provided	Substance use treatment
		Case management
		Residential supportive services
		Housing minor renovation
		Housing technical assistance
		Security deposits
		One-time rent for eviction prevention
		Other
Data – PATH Referrals	Identify the number of persons receiving each PATH-eligible referral type from PATH providers (both assisted and attained) and the total number of times each referral type was provided	Community mental health
		Substance use treatment
		Primary health services
		Job training
		Educational services
		Relevant housing services
		Housing placement assistance
		Income assistance
		Employment assistance
		Medical assistance
Data - Demographics	Describe characteristics of persons enrolled in PATH receiving services from PATH providers	Gender
		Age
		Race
		Ethnicity
		Veteran status
		Co-occurring disorders
		Residence prior night to enrollment
		Length of time living outdoors or in short-term shelter at first contact
		Housing status (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 determined by dividing it by the total Federal appropriation.

Changes:

1. Format

To create a PATH report that is easier to read, the formatting has been modified to be more table driven. In addition, the language has been made more concise. Although the online form and report is close in flow to the previous report, it is necessary to thoroughly read all reporting instructions to insure proper data entry.

2. Estimated Counts

The new PATH report does not include entry of estimated counts. Only actual counts should be entered.

3. Homeless Management Information Systems (HMIS) Data Integration

The Data section of the report is expected to be propagated from the local HMIS when providers use HMIS. This includes client counts, services, referrals, and demographics. This data will be automatically aggregated from client-level data.

4. Demographic Responses

In order to facilitate integration of PATH data into HMIS, all data responses have been modified to fully align with valid HMIS responses. For example, the “Hispanic” response has been separated from “Race” and placed in “Ethnicity.”

5. Additional Data Items

The PATH report now tracks demographic data for persons contacted, as well as those enrolled. For services and referrals, in addition to gathering the number of enrolled persons receiving the service or referral, there is a total count of the number of times that particular service was provided or referral made.

6. Voluntary Outcome Measures

The data previously entered as voluntary outcome measures has now been moved to the referral section of the report and are no longer considered “voluntary.”

A.3. Use of Information Technology

PATH annual report data currently is collected exclusively online. With the directive from SAMHSA to begin collecting PATH client-level data into local HMIS, the reporting process will continue to use an online provider data collection report. However, a majority of the data required for completion of the report will be exported from each local HMIS and imported into the online form through an automated process currently in development. A link to the PATH Online Provider Annual Report Form (Survey) is located on the PATH website, www.pathprogram.samhsa.gov. Providers need a computer with Internet access and a modern web browser to access this form and to utilize a HMIS.

Providers log on to the PATH Online Provider Annual Report Form 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 a provider’s HMIS data has been inserted into the online form, the provider logs in and completes the process by entering non-HMIS data. After all data has 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 both their State summaries and their individual provider's data online. 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 CFR1320.5(d)(2).

A.8. Consultation Outside the Agency

In accordance with 5 CFR 1320.8(d), a 60-day notice for public comment was published in the Federal Register on June 12, 2012 (Volume 77, p. 34959). Eight comments were received (see Attachment D). SAMHSA's response to the comments can be found in Attachment E.

A workgroup of PATH State Contacts and consultants, the Data Advisory Committee, was consulted in the development of the 60-day Federal Register Notice.

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 the local level must collect data throughout the year, enter the data into their local HMIS, review annual report instructions, complete a web-based annual data report form, and respond to follow-up questions regarding reported data. Local respondents use a combination of HMIS data and 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 18,166 hours, with an associated cost to respondents of \$510,776. 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	19	1,064	\$30.00	\$31,920
Local providers	503	1	34	17,102	\$28.00	\$478,856
TOTAL	559			18,166		\$510,776

For States, the burden estimates include the time for reviewing the local providers’ data for accuracy and coordinating the revision of 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, coordinating the data movement from HMIS to the online reporting platform, recording non-HMIS data into the online survey, printing the data and reviewing it for accuracy, validating the data, and revising the data in response to State review.

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 \$45,226. The total annualized cost to the government is \$50,026.

A.15. Changes in Burden

Currently, there are 15,328 hours in the OMB inventory. CMHS is requesting 18,166 hours. The increase of 2,838 hours is due to a program change and an adjustment. There is an adjustment of 6,964 hours per State (x56), a decrease of -390 hours. There is a program change of 23 additional local provider agencies, an increase of 828 hours (23x36), plus an adjustment of 2,400 burden hours (480x5). There is an increased need for data quality measures by the States, additional data being collected, and an initial increase in time involved in the usage of HMIS. 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 conduct data cleaning and submit it to CMHS for review. CMHS staff review 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 Annual Report Form (Survey, including Budget Section and Data Section)

Attachment B: PATH Annual Report Provider Guide (Instructions for completing the form)

Attachment C: Data Advisory Committee Members Consulted, including State PATH Contacts

Attachment D: Comments

Attachment E: SAMHSA's Response to the Comments