

Projects for Assistance in Transition from Homelessness (PATH)

Supporting Statement

A.1. Circumstances of Information Collection

The PATH program was created by the United States Congress to help states and territories provide flexible community-based services for individuals experiencing serious mental illnesses and homelessness or who are at imminent risk of homelessness. The goal of the program is to link persons who are experiencing homelessness and have a serious mental illness, or co-occurring serious mental illness and substance use disorder, 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. Each 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 January 31, 2016.

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 no 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 and territories to provide annual data in four main areas: budget and organizational context, numbers of persons served by the PATH program, the types of services and referrals provided with program funds, and basic demographic characteristics of program consumers.

OMB approval is requested for Attachment A: PATH Annual Report Manual.

All local entities receiving PATH funds report data annually using the PATH Data Exchange (PDX) (www.pathpdx.org). The PATH service provider will fill in the data 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 State PATH Contact verifies the data provided by each local PATH provider.

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 experiencing homelessness and have serious mental illnesses? What are the numbers and characteristics of individuals 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 experiencing homelessness 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 are currently used for the PATH program:

1. 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. Increase the number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits

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

| 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 experiencing homelessness and have a serious mental illness | Federal PATH funds received this reporting year |
| | | Matching funds from state, local, or other sources used in support of PATH received this year |
| | | Total funds dedicated this year, agency wide, to persons who have serious mental illness and are experiencing homelessness or are at-risk of homelessness (includes PATH, matching, and non-PATH funds) |
| | | Number of staff supported by PATH and matching funds |
| | | Full-time equivalent (FTE) of staff supported by PATH and matching funds |
| | | Number of trainings provided by PATH-funded staff this reporting year |
| | | Type of organization in which your PATH program operates |
| Persons served during this reporting period | Identify the number of persons receiving services from PATH providers | Number receiving any PATH-funded service |
| | | Number with initial contact in a place not meant for human habitation |
| | | Number with initial contact in a non-residential service setting or residential service setting |
| | | Number with initial contact location information missing |
| | | Total number outreached |
| | | Instances of contact prior to date of enrollment |
| | | Number outreached who could not be enrolled because of ineligibility for PATH |
| | | Number outreached who became enrolled in PATH |
| | | Number with active, enrolled PATH status at any point during reporting period |
| | | Number of active, enrolled PATH clients receiving community mental health services |

| | | |
|------------------------|--|---|
| | | through any funding source at any point during the reporting period |
| Services provided | Identify the unduplicated number of persons receiving each PATH service | Outreach (post-enrollment) |
| | | Screening |
| | | Clinical assessment |
| | | Habilitation/rehabilitation |
| | | Community mental health |
| | | Substance use treatment |
| | | Case management |
| | | Residential supportive services |
| | | Housing minor renovation |
| | | Housing moving assistance |
| | | Housing eligibility determination |
| | | Security deposits |
| | | One-time rent for eviction prevention |
| Referrals provided | Identify the unduplicated number of persons receiving each type of referral and identify the unduplicated number of persons that attained each service from the referral | Community mental health |
| | | Substance use treatment |
| | | Primary health services/dental care |
| | | Temporary housing |
| | | Permanent housing |
| | | Income assistance |
| | | Employment assistance |
| | | Medical insurance |
| Outcomes | Identify the unduplicated number of persons receiving each service/resource at PATH project entry and at PATH project exit/end of reporting period | Income from any source |
| | | SSI/SSDI |
| | | Non-cash benefits from any source |
| | | Section 8, public housing, or other ongoing rental assistance |
| | | Rental assistance, other source |
| | | Covered by health insurance |
| | | Medicaid/Medicare |
| | | State health insurance |
| | | Mental health services |
| Substance use services | | |
| Demographics | Describe characteristics of persons enrolled in PATH | Gender |
| | | Age |
| | | Race |

| | | |
|--|--|---|
| | | Ethnicity |
| | | Veteran status |
| | | Co-occurring disorder |
| | | SOAR connection |
| | | Residence prior night to project entry |
| | | Length of stay in residence prior night to project entry (Emergency shelter or place not meant for habitation only) |
| | | Chronically homeless |

Information used to assess progress toward achieving three of the PATH GPRA measures is available through PATH annual report form. Data on the number of persons contacted (Measure 1), data on the percentage of PATH-eligible persons contacted who become enrolled in PATH (Measure 2), and data on the percentage of PATH-enrolled persons who receive community mental health services (Measure 3) are found in the section of the annual report form focusing on persons served. Data on the number of PATH providers trained in SOAR (Measure 4) is collected through the PATH Request for Applications (RFA).

Changes:

1. Format

To create a PATH report that is easier to read and questions that are easier to understand, language has been made more concise and questions have been renumbered.

2. Homeless Management Information Systems (HMIS) data integration

All data elements align with the 2014 HMIS Data Standards and can be extracted from HMIS.

3. Staff training

An element has been added to the Budget section to collect information about the number of trainings provided by PATH-funded staff.

4. Number of persons served this reporting period

To decrease reporting burden and improve data quality, several revisions were made to the collection of information about persons outreached and persons enrolled. Data elements were updated to more clearly describe the data to be reported and reduce confusion and potential for misinterpretation. Information about persons outreached has been divided into two elements to collect specific information about the location of the outreach contact (street outreach or service setting).

5. Services provided

To improve data quality, several service category labels have been updated to more accurately reflect the type of service to be reported. The “Screening and Assessment” category has also been divided into two separate categories to capture specific information about screenings and clinical

assessments provided by PATH staff. The “Total number of times this service was provided” column has been removed to reduce reporting burden.

6. Referrals provided

To improve data quality, several referral category labels have been updated to more accurately reflect the type of referral to be reported. The “Total number of times this type of referral was provided” column has been removed to reduce reporting burden.

7. Outcomes

Elements collecting information regarding PATH program outcomes have been added. The PATH program’s transition to using local HMIS to collect PATH client data allows data on client outcomes related to the PATH program to be more easily collected and reported.

8. Demographics

Response categories for demographic data elements have been updated to fully align with the 2014 HMIS Data Standards. An element to gather information about PATH clients’ connection to the SSI/SSDI Outreach, Access, and Recovery program (SOAR) has also been added.

To decrease reporting burden and improve the outreach and engagement process, demographic information for “Persons contacted” is no longer required for the PATH Annual Report. Providers are encouraged to gather information and build client records as early in the engagement process as possible. All demographic information should be collected by the point of PATH enrollment.

9. Definitions

Definitions for PATH terms have been updated to streamline definitions and increase reliability of data reporting.

A.3. Use of Information Technology

PATH annual report data is currently collected primarily through online reporting systems. With the directive from SAMHSA to begin collecting PATH client-level data in local HMIS, the reporting process will use online reporting systems. A majority of the data required for completion of the report will be exported from each local HMIS and entered into the online PATH annual report form through the PATH Data Exchange. Providers need a computer with Internet access and a modern web browser to access this form and to utilize an HMIS.

Providers log on to the PATH Data Exchange using their email address and a password with a minimum of six characters. This ensures that only providers and the State PATH Contact have access to the data. After a provider’s data has been inputted into the form, the provider electronically submits it.

State PATH Contacts access their providers’ data online by logging onto the PATH Data Exchange and views the report that each provider submitted. State PATH Contacts review the data through the PATH Data Exchange and verify their approval of the data through this site. State summary reports are also generated and available through the PATH Data Exchange. Additionally, State PATH Contacts

can indicate which providers are required to report, add new providers, and update provider contact information via the PATH Data Exchange.

A.4. Efforts to Identify Duplication

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 and inform PATH planning efforts.

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 May 18, 2015 (80 FR 28282). There were two comments received (Attachment C). Attachment D are SAMHSA’s responses to the comments.

A workgroup of State PATH Contacts and consultants, the PATH Data Advisory Group, was consulted in the development of the revised PATH Annual Report data elements and definitions for PATH terms.

The PATH annual report form is 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 10,960 hours, with an associated cost to respondents of \$309,120. Both the burden estimates and hourly wage rates of respondents are based on consultations with potential respondents regarding the time and burden associated with 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 | 20 | 1,120 | \$30.00 | \$33,600 |
| Local providers | 492 | 1 | 20 | 9,840 | \$28.00 | \$275,520 |
| TOTAL | 548 | | | 10,960 | | \$309,120 |

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, collecting client data, recording data in the PATH Data Exchange, submitting the report, and revising 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 18,166 hours in the OMB inventory. CMHS is requesting 10,960 hours. The decrease of 7,206 hours is due to a program change and an adjustment. There is an adjustment to decrease the number of hours per provider by 14 hours (x492), a decrease of 6,888 hours. There is also a decrease in local provider agencies (11 less agencies), a decrease of 374 hours (11x34). There is an adjustment of 1 additional hour per state (x56), an increase of 56 hours. Specific data measures have been removed to decrease data collection burden on providers. In addition, the transition to using HMIS for PATH data collection will allow for more efficient data reporting. 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 PATH 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/territories for clarification as needed. The contractor develops tables that summarize the annual reporting data. No complex analytical techniques are used. The data tables are disseminated to states/territories 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/territories.

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 form does not use statistical methods.

List of Attachments

Attachment A: PATH Annual Report Manual

Attachment B: Data Advisory Group Members Consulted

Attachment C: Comments

Attachment D: Responses to the Comments