Attachment D: SAMHSA's Response to Comments on 60-Day Federal Register Notice			
Commenter	**Comment**	**Paraphrased**	**Response**
North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services	*Staff Training:* The revision is to add to the Budget Section to collect information about the number of trainings provided by PATH funded staff. The question about training had been removed as it really is not in line with what PATH staff do. The intensity it takes to work with individuals literally homeless with serious mental illness to connect to all the needed services, placed in supported housing and connected to mental health services prevents time for PATH staff to train. I understand that some states may do this, but it is not connected to reach the outcome of living in supported housing and transitioned to community mental health services. I recommend this be an optional question so as not to have it appear that this is a major role for PATH funded staff. I want to extend a huge thank you for removing the data collection under services, referrals and demographics.	An issue is raised related to the addition of staff training and one recommendation is offered. 1. Respondent reports that training the community is not the primary objective of many PATH programs and is not connected to the PATH program's intended outcomes of connecting individuals to housing and community mental health services. 2. Respondent offered a recommendation to make tracking staff-funded training optional for all PATH programs.	SAMHSA offers the following responses to the concerns and recommendations raised by the respondent: 1. Providing training to community support networks is included in the PATH legislation as an appropriate use of PATH funds. While this service is not required of PATH programs, it is important to track the activities of providers that train others in their community. Though not directly related to PATH-funded services, staff training indirectly serves and improves the community's homeless services system by providing information about working with individuals who have a serious mental illness and improving services to the PATH target population. 2. Information has been added to the proposed PATH Annual Report Manual to provide additional clarification on this data element. The PATH Annual Report Manual will reflect that PATH providers are not required to provide this service. However, if the service is provided, the collection and reporting of this service is required. Making the element optional will not allow for meaningful data to be collected. SAMHSA will allow the recording of this data element to be optional for the initial year of its implementation to allow providers of this service to put a mechanism in place to accurately track

			the information. Community training provided by PATH staff will remain an optional service while the recording of such activity will be required after the initial year.
New York State Office of Mental Health	*Staff Training* – an element has been added to collect info on the # of trainings provided by PATH-funded staff. In NY, our PATH funds are used primarily for support services, with some funds going towards training. I would not like to see SAMHSA's efforts in this area make our PATH service providers feel they need to shift some of their resources to training. # 8 – Demographics, 1st paragraph last sentence—an element has been added to report on the # of clients connected to their benefits using the SAMHSA funded SOAR model. In NY, SOAR is utilized but so are many other models to connect folks to SSI, etc. I would not like to see PATH sponsors feel they are limited to SOAR only. In fact, I have just learned from the SOAR TA Center that in NY, regional in person SOAR trainings will no longer be available. All available SOAR training will only	The respondent raised four issues regarding the new report form. The issues include: 1. Training the community is not the primary objective of many PATH programs and is not something that is often provided in New York. 2. Focusing on PATH-funded community training may pressure projects to divert resources from working with individuals in need to providing training to communities. 3. The respondent is concerned that PATH providers will feel they are limited to SSI/SSDI Outreach, Access, and Recovery (SOAR) programs when seeking to connect individuals with Supplemental Security	SAMHSA offers the following responses to the concerns raised by the respondent: 1. Providing training to community support networks is included in the PATH legislation as an appropriate use of PATH funds. While this service is not required of PATH programs, it is important to track the activities of providers that train others in their community. 2. Information has been added to the proposed PATH Annual Report Manual to provide additional clarification on this data element. The PATH Annual Report Manual will reflect that PATH providers are not required to provide this service. However, if the service is provided, then the collection and reporting of this service is required. 3. Information has been added to the proposed PATH Annual Report Manual to provide additional clarification on this data element. In the "Outcomes" section, the new report form proposes to collect information on all connections to SSI/SSDI regardless of the model used. The SOAR-specific data element is intended to determine the extent to which PATH is connected to SOAR and is not intended to limit PATH to only using the SOAR model.

	be accessed thru the SOAR website. Lastly, the estimated annual burden table on the bottom of the page is not clear. If it is suggested that OMH and the local providers spend @ 20 hours on annual reporting for PATH, that is inaccurate. The annual report process is time consuming and takes weeks to accomplish.	Income (SSI)/Social Security Disability Insurance (SSDI) benefits. New York uses other models in addition to SOAR to connect individuals to SSI/SSDI benefits. 4. The respondent is concerned that providers and State PATH Contacts (SPCs) spend much more than 20 hours when completing the PATH Annual Report.	4. The burden estimate is intended to reflect the time required for states/territories and providers to complete the PATH Annual Report form itself. If providers are consistently collecting accurate data throughout the year, it is estimated that the burden would be 20 hours for each provider agency and 20 hours for each state/territory. These estimates were based on feedback from providers and states regarding the burden associated with the PATH Annual Report.