

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”) and the 21st Century Cures Act (114-255 Pub.L), 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 PATH Annual Report Manual (Attachment A), current approval (OMB No. 0930-0205) which expires on October 31, 2018.

Section 522 of the Act and the 21st Century Cures Act specify 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 and the 21st Century Cures Act specify 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.

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 can 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. Increase the percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services
2. Increase the number of homeless persons contacted

3. Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in 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	1. Federal PATH funds received this reporting year
		2. Matching funds from state, local, or other sources used in support of PATH received this year
		3. 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)
		4. Number of staff supported by PATH and matching funds
		5. Full-time equivalent (FTE) of staff supported by PATH and matching funds
		6. Number of trainings provided by PATH-funded staff this reporting year
		7. 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	8. Number of persons contacted by PATH-funded staff this reporting period
		9. Number of persons contacted this reporting period in a PATH Street Outreach project
		10. Number of persons contacted this reporting period in a PATH Services Only project
		11. Total number of persons contacted this reporting period (#9+#10)
		12. Instances of contact, from first contact until the date of enrollment, for all active clients who became enrolled this reporting

		period
		13. Total instances of contact during the reporting period
		14. Number of persons contacted this reporting period who could not be enrolled because of ineligibility for PATH
		15. Number of persons contacted this reporting period who became enrolled in PATH
		16. Number with active, enrolled PATH status at any point during reporting period
		17. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period
Services provided (question 18)	Identify the unduplicated number of persons receiving each PATH service	Re-engagement
		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 (question 19)	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 (questions 20-28)	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
		Covered by health insurance
		Medicaid/Medicare
		All other health insurance
		Mental health services
		Substance use services
Demographics (question 29)	Describe characteristics of persons enrolled in PATH	Gender
		Age
		Race
		Ethnicity
		Veteran status
		Co-occurring disorder
		SOAR connection
		Living situation
		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. Reporting on Contacts

To ensure that all contacts made by PATH providers are reflected in the report, a new question has been added that reports out on all contacts provided during the reporting period. The previous PATH Annual Report only reported on contacts through the date of enrollment.

2. Referrals provided

To align with the HMIS Data Standards, all PATH Referral response categories are now included in the PATH Annual Report.

3. HMIS Data Standards updates

When needed, field response options and questions have been updated to align with the most recent version of the HMIS Data Standards.

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 is, 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 21, 2018 (83 FR 23476).

A workgroup of State PATH Contacts and consultants 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 (MHS) block grant program. Individuals with expertise in the areas of homelessness and mental illness were consulted during the process of modifying the MHS 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 8,145 hours, with an associated cost to respondents of \$237,885. 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	15	840	\$31.00	\$26,040
Local providers	487	1	15	7,305	\$29.00	\$211,845
TOTAL	543			8,145		\$237,885

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 \$50,026.00.

A.15. Changes in Burden

Currently, there are 10,960 hours in the OMB inventory. CMHS is requesting 8,145 hours. The decrease of 2,815 hours is due to a reduction in providers and efficiency due to the use of HMIS to collect data throughout the year. The HMIS generates a PATH Annual Report that providers use to data enter the report into the PDX. There is a decrease in local provider agencies (5 less agencies), a decrease of number of hours to complete the report (15). This burden estimate is based on past program experience and reports from 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: State PATH Contacts Network Members Consulted