

## **Projects for Assistance in Transition from Homelessness (PATH)**

### **Supporting Statement**

#### **A. JUSTIFICATION**

##### **1. Circumstances of Information Collection**

###### **Overview**

The PATH program was established to help states and territories provide flexible community-based services for individuals who are experiencing a serious mental illness (SMI) or SMI and substance use disorder (SUD) and are homeless or at imminent risk of becoming homeless. The goal of the program is to link persons who are experiencing homelessness and have an SMI, or SMI and co-occurring SUD, to services that facilitate access to treatment to improve their mental health functioning and to other services that support the ongoing stability of the individual. 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 Public Health Service Act and the 21<sup>st</sup> Century Cures Act (Public Law 114-255), hereafter referred to as “the Act”], authorized the PATH program and assigned the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s), 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, hereafter referred to as states.

CMHS is requesting from the Office of Management and Budget (OMB) a revision to the PATH Annual Report Manual (Attachment A), (OMB No. 0930-0205) which expires on November 31, 2021.

Section 522 of the Act, specifies that states 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, 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 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 PATH funds, and basic demographic characteristics of individuals served under the program.

All local entities receiving PATH funds report data annually using a SAMHSA approved online data system, formally the PATH Data Exchange (PDX) ([www.pathpdx.org](http://www.pathpdx.org)). The PATH service providers fill in the data sections of the PATH Annual Report online. The data sections of the PATH Annual Report is populated with data from the provider's local Homeless Management Information System (HMIS). See *Use of Information Technology* for additional HMIS information. The PATH service provider verifies online the data in the SAMHSA approved online data system; then the State PATH Contact verifies the data provided by each local PATH provider in the online data system.

## **2. Purpose and 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 a serious mental illness or co-occurring disorder? 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 have a serious mental illness or co-occurring disorder and are homeless or at imminent risk of homelessness.

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 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.

## Changes

The revisions to the PATH Annual Report Manual are being requested due to changes in HUD’s HMIS Data Standards that became effective on October 1, 2019. PATH providers are required by SAMHSA to use the HMIS that is operated in their community. The revisions will align the PATH Annual Report Manual with the HUD HMIS Data Standards and will improve the data quality of the PATH Annual Report. The requested revisions will not increase the overall burden.

### 1. HMIS Data Standards updates

The changes in the HUD HMIS Data Standards for Unable to locate client, living situation, and addition of a demographic question on history with domestic violence are reflected in the attached version of the PATH Annual Report Manual, and includes the following:

1. Addition of an “Unable to Locate Client” response option ***Under Persons Served During This Reporting Period*** (drop-down provides additional options why a person was not enrolled in PATH)
  - Number 13 is changed to 13a. (Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH); and
  - The addition of a new option 13b. (Number of new persons contacted this reporting period who could not be enrolled because provider was unable to locate the client).
2. Updates to response categories under ***Housing Outcomes*** (drop-down provides additional options to better reflect the types of living situations) and Living Conditions
  - 25a1. “RHY-funded Host Home shelter” added to the data element (formally Emergency shelter, including hotel or motel paid for with emergency shelter voucher) revised to “Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter”
  - 25a9. New option added “Host Home (non-crisis)”
  - 25a23. Data element option revised to “Rental by client, with RRH or equivalent subsidy” [formally “Rental by client, with other ongoing subsidy (including RRH)”]
  - 25a27. New option added in the dropdown box “Rental by client, with HCV voucher (tenant or project based)”
  - 25a28. New option added in the dropdown box “Rental by client in a public housing unit”

- 25a29. New option added in the dropdown box “Residential project or halfway house with no homeless criteria”

3. Addition of a demographic question 26.K ***Domestic Violence History*** (drop-down provides additional options to clarify the existing question)

- 26k1 Yes
- 26k2 No
- 26k3 Client doesn’t know
- 26k4 Client refused
- 26k5 Data not collected
- 26k6 Total

**2. Use of Information Technology**

The PATH annual report data is currently collected primarily through the online HMIS and PDX 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 a SAMHSA approved online data system. Providers need a computer with internet access and a modern web browser to access this form and to utilize the HUD HMIS system.

**3. Efforts to Identify Duplication**

Information is collected only for the purposes of this program and is not available elsewhere. States 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.

**4. 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.

**5. Consequences if Information Collected Less Frequently**

State and provider data are reported annually. If data were collected less frequently, SAMHSA 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.”

**6. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)**

This information collection fully complies with 5 CFR 1320.5(d)(2).

**7. 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 February 24, 2020 (85 FR 10456).

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.

Individuals with expertise in the areas of homelessness and SMI were consulted (Attachment B) during the process of modifying the PATH program data elements.

**8. Payment to Respondents**

Respondents will not receive any type of payment for completing the annual report forms.

**9. Assurance of Confidentiality**

PATH reports are program-level reports and identifying information is not submitted to SAMHSA.

**10. Questions of a Sensitive Nature**

No information of a sensitive nature will be collected.

**11. 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 9,230 hours, with an associated cost to respondents of \$283,100. 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	476	1	15	7,140	\$29.00	\$207,060
CMHS Personnel	5	1	24	120	\$40.00	\$4,800
Contractor	5	1	226	1,130	\$40.00	\$45,200
TOTAL	543			9,230		\$283,100

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 SAMHSA approved online data system, submitting the report, and revising data in response to state review. The costs for the Federal Government and contractor are documented below (13).

## **12. 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.

## **13. 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 contractor collects and analyzes the data each year. The contractor is also responsible for preparing and printing a final report summarizing the data. The annual value of this contract is \$45,200. The total annualized cost to the government is \$50,000.

## **14. Changes in Burden**

Currently, there are 8,145 hours for States and Local Providers in the OMB inventory and 1,250 hours for Federal Government and contractors. This is a total of 9,395 hours. CMHS is requesting 9,230 hours. The decrease of 165 hours is due to a decrease in the number of PATH providers. This burden estimate is based on past program experience and reports from State PATH Contacts.

## **15. 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.

**16. Display of Expiration Date**

PATH materials will display the OMB approval and expiration date.

**17. 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 (SPCN) Members Consulted

## **Attachment B**

### **State PATH Contacts Network (SPCN) Members Consulted**

1. Deborah Webster, North Carolina State PATH Contact, SPCN Co-Chair
2. Brian Smith, Vermont State PATH Contact, SPCN Co-Chair
3. Karen Hyatt, Iowa State PATH Contact, SPCN member
4. Brooke Dawson, Missouri State PATH Contact, SPCN member
5. Michelle Baxter, Pennsylvania State PATH Contact, SPCN member
6. Jill Mays, Georgia State PATH Contact, SPCN member