Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

Projects for Assistance in Transition from Homelessness (PATH) Triennial Process Evaluation 2019, 2020, and 2021

SAMHSA
Substance Abuse and Mental Health Services Administration

Projects for Assistance in Transition from Homelessness (PATH)

Triennial Process Evaluation 2019, 2020, 2021

Acknowledgments

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EXECUTIVE SUMMARY

The Projects for Assistance in Transition from Homelessness (PATH) program was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645)[1]. The Program is administered by the State and Homeless Programs Branch in the Division of State and Community Systems Development of the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The PATH program was created to provide services for individuals with serious mental illness (SMI), or co-occurring (mental illness and substance use disorders) who are experiencing homelessness or are at imminent risk of becoming homeless.

Section 528 of the Public Health Service Act requires that SAMHSA evaluate PATH grant expenditures at least once every three years to ensure adherence to legislative requirements and to provide an opportunity to recommend programmatic improvements to the PATH program. The required evaluation questions include: Are services funded with PATH monies appropriate? Are services well administered? Are PATH outcome and process goals achieved? This report, prepared by the Office of Evaluation within SAMHSA's Center for Behavioral Health Statistics and Quality, evaluates the PATH program for grant years[2] 2019, 2020, and 2021.

In 2019, 2020, and 2021, funds were provided to all 50 states, the District of Columbia, Puerto Rico, and four U.S. territories ("grantees") to support the PATH program. PATH funds support services such as street outreach, case management, and services not otherwise supported by mainstream mental health programs. All grantees are required to provide a match of at least $1 for every $3 in federal funding. In 2021, a total of 435 PATH providers received grant funds.

Data in this report were collected from three sources: annual reports covering activities in 2019, 2020, and 2021; a State PATH contact (SPC) web-based survey administered in the third quarter 2023, and key-informant interviews conducted with state- and provider-level staff in two states in the fourth quarter of FY 2023.

[1] Full text of Public Law 101-645 is available at: https://www.govinfo.gov/app/details/STATUTE-104/STATUTE-104-Pg4673

[2] Grant reporting years vary by grantee; some adhere to the federal fiscal year while others use their state fiscal year period, which does not always coincide with the federal year.

The SPC survey collected detailed information on program administration and oversight, provision of technical assistance (TA) and training, and involvement/collaboration with local Continuums of Care (CoCs). This report presents findings for each of the federally mandated evaluation questions for the PATH program based on quantitative data collected from PATH grantees, as well as findings from qualitative interviews with staff in two states.

The first evaluation question focuses on whether services funded with PATH monies are appropriate. Data from PATH grantee annual reports suggest that over the three years, PATH programs offered appropriate services, including outreach, case management, allowable housing services, staff training, community mental health services, screening and diagnostic treatment services, alcohol and drug treatment services, and supportive and supervisory services in residential settings. Data from the annual reports indicate that an average of 64 percent of contacted individuals with serious mental illness were enrolled in services, and 57 percent of those enrolled received community mental health services.

The second evaluation question focuses on whether services funded through PATH were well administered by grantees. This question was evaluated through the examination of three factors: level of oversight of PATH providers, opportunities to improve skills, and collaboration with community services. PATH grantees use different mechanisms to monitor grant performance. The most common mechanism to monitor performance was through conducting site visits (92.9%), followed by review of the U.S. Department of Housing and Urban Development's (HUD) Homeless Management Information System (HMIS) data (85.7%), and regularly scheduled meetings or teleconferences (83.3%). When an issue was identified, the two most common strategies were the provision of TA (85.7%) and training (78.6%), while over half (54.8%) of the grantees used corrective action plans to handle concerns with providers. Regarding collaborating with community services, the majority (85.0%) of PATH grantees reported they participated in HUD's CoC program.

Finally, this report examines whether the outcome and process goals for the PATH program have been achieved. The PATH program establishes annual targets to measure performance, and most of these targets were met or exceeded during the 2019-2021 period.

According to the annual reports, over 100,000 homeless individuals were reached each year (in 2019, roughly 127,000 individuals were reached). Each annual report demonstrated that over 58,000 of those reached were found eligible and enrolled in the program. Every individual contacted by the program is offered referrals to appropriate local services and supports, while those enrolled continue to receive ongoing engagement and services. Across all years, approximately 44 percent of persons enrolled in PATH had co-occurring mental and substance abuse disorders.

As a result of the 2020 evaluation recommendations, SAMHSA engaged in efforts to shorten the reporting burden on grantees and began collecting qualitative data directly from SPCs and PATH providers to understand challenges and best practices for overcoming these challenges, to develop recommendations for the PATH program and for future programs.

Limitations, Conclusions, and Recommendations

Limitations

While the PATH program met most of its targets in this period, especially in the percentages of enrolled homeless persons who received community health services (exceeded targets in 2019 and 2020, and met target in 2021), there were some challenges. Specifically:

- The numbers of homeless persons contacted exceeded the target in 2019 and then fell below the targets, by eight and 15 percent respectively, in 2020 and 2021.
- The percentage of contacted homeless persons with SMI who became enrolled in services did not meet targets in 2019 and 2020 but did meet the target in 2021.

It should be noted that these two years were impacted by the COVID pandemic, which presented significant challenges for outreach work. First, cities and communities across the nation implemented social distancing measures that affected workers' ability to do outreach work. At the same time, existing workforce challenges were exacerbated by pressures created by COVID, especially for work based on direct, in-person contact with individuals whose ability to follow risk reduction protocols was impacted by their disability.

However, the CARES Act from March 2020 provided significant funding for homeless service providers and shelters to increase their capacity to move people off the streets.

Conclusions

- Staff retention and extensive data requirements for PATH are the two most prevalent issues for service provider agencies interviewed for this report.
- More broadly, the lack of affordable housing options for PATH clients presents a hard limit to the effectiveness of PATH services. Stable housing is a critical social determinant of mental health (Hernández and Swope, 2019; Alegría et al, 2018), even more so for older adults with mental illness (Chung et al, 2017). When housing options are scarce, PATH clients are less likely to achieve housing stability and less likely to fully benefit from mental health services.

Recommendations

- SAMHSA should provide TA or training resources for data collection and reporting at the provider level, including collaborating with HUD to offer support in addition to the training provided by HMIS administrators for provider staff.
- Consider the addition of a question to the SPC survey about whether their state or territory would be willing to participate in qualitative data collection, either in person or virtually.

INTRODUCTION

PATH Program

The Projects for Assistance in Transition from Homelessness (PATH) program was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). The PATH program is administered by the Division of State and Community Systems Development within the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA).[3] The intent of the PATH program is to provide supportive services not covered by mainstream mental health programs to people with serious mental illness (SMI) who are experiencing or are at imminent risk for homelessness.

PATH is a formula grant program[4] and provides funds to grantees comprising the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Each state or territory grantee subsequently awards funds to service provider organizations (PATH providers) located in areas with the highest concentrations of people experiencing homelessness. All state grantees (though not U.S. territories) are required to contribute one dollar in matching funds for every three dollars of federal money received.[5] In 2021, a total of 437 PATH providers received grant funds.

State PATH Contacts (SPCs) are staff within the grantee agencies who manage the PATH program for their state or territory. SPCs and PATH providers report annual program data in the SAMHSA PATH Data Exchange (PDX), which also includes data from the U.S. Department of Housing and Urban Development's (HUD) Homeless Management Information Systems (HMIS). PDX data are published by SAMHSA in an annual report and are often used by SPCs to monitor

[3] Projects for Assistance in Transition from Homelessness https://www.samhsa.gov/homelessness-programs-resources/path

[4] Formula grants are determined based on the ratio of the state's population living in urbanized areas compared with the total U.S. urban population. The formula for PATH is described in Section 524 of the original authorizing legislation (Sections 521-535), found at https://www.govinfo.gov/content/pkg/STATUTE-104/pdf/STATUTE-104-Pg4673.pdf

[5] Perez, Rudy (2023). Homeless Encampment Sweeps May Be Draining Your City's Budget. *Housing Matters*; Urban Institute. https://housingmatters.urban.org/articles/homeless-encampment-sweeps-may-be-draining-your-citys-budget

provider agencies' use of PATH funds. The annual report also provides an overall picture of the activities supported by PATH.

PATH Evaluation

Section 528 of the Public Health Service Act requires that SAMHSA's Office of the Assistant Secretary for Mental Health and Substance Use evaluate PATH grant expenditures at least once every three years to ensure adherence to legislative requirements and to provide an opportunity to recommend programmatic improvements to the PATH program. This report, prepared by the Office of Evaluation within SAMHSA's Center for Behavioral Health Statistics and Quality, evaluates the PATH program for calendar years 2019, 2020, and 2021.

The design for this evaluation is based on a logic model developed during early implementation of the program. The logic model illustrates the relationship between how resources (i.e., inputs), activities performed, and outputs from activities result in intended accomplishments (i.e., outcomes) through the PATH program delivery. See Appendix A for the detailed logic model used for the triennial evaluation.

PATH Funding Allocation and Matching Funds

The formula for PATH program funding allocation is based on a state's population compared with the total U.S. population. In 2019, the total federal allotment for PATH funding for U.S. States and territories was $61.6 million and remained level in 2020 and 2021. The PATH funding allocation in 2019 through 2021 was higher than the funding for 2016 through 2018 (a period where annual allotments decreased from $58 million to $57.7 million). The territories with the smallest populations received $50,000 each from 2019 through 2021, which remained unchanged since 2016. In 2021, the PATH funding allotments for the States and for Puerto Rico ranged from $300,000 to $8.8 million. Thirty-two percent of these (17 States) received the minimum allotment of $300,000.

Of note, in 2010 PATH funding was $65.1 million (U.S. Department of Health and Human Services, 2010), an amount the program had yet to regain by 2021. As costs have continued to rise, this equates to a net decrease in available funds over time.

METHODOLOGY

PATH Evaluation Questions

The overarching questions this evaluation addresses include the following:

Questions Mandated by Legislation:

1. Are services funded with PATH monies appropriate?
2. Are services well administered?
3. Are PATH outcome and process goals achieved? Measures include:
    a. What is the number of homeless persons contacted?
    b. What is the percentage of eligible contacted homeless persons with serious mental illness who are subsequently enrolled in services?
    c. What percentage of enrolled homeless persons receive community mental health services?

Structure/Process Questions:

1. In what contexts do grantees (states/providers) operate?
2. What are the characteristics of grantee organizations(states/providers)?
3. How were programs implemented and barriers and challenges overcome?
4. What services models were provided, why and how?
5. What costs were associated with grant services and activities?

Questions to access program output/outcomes:

1. What are the outputs and outcomes of the program?

Research Design

For this evaluation, the research team used a mixed methods approach, combining analyses of quantitative data with the use of a qualitative data collection from two grantee States. The addition of the qualitative data collection provided an opportunity to get a more detailed and

nuanced picture of how PATH funds are being used in two discrete locations. Data sources for this evaluation include:

- Annual Report Data for 2019, 2020, and 2021. Grantees are required to submit annual reports that include information on funding, staffing, numbers of individuals served/contacted and enrolled, client demographics, and service provision and referrals made and attained. Data are submitted by the PATH providers via PDX, and each grantee's SPC approves the data submitted by their providers. The number of PATH providers submitting data each year was 449 (2019), 436 (2020), and 435 (2021). The submission deadline for each year was on or before the last day of the first month of the following year (i.e., January 31, 2020, January 31, 2021, and January 31, 2022).

- State PATH Contact (SPC) Surveys. This voluntary web-based survey collected detailed information on program administration and oversight, provision of technical guidance and training, HMIS data, perceptions of the appropriateness of the PATH program design, and involvement and collaboration with HUD's CoC program. The CoC program is a framework that coordinates efforts across a community to address homelessness through collaboration and funding for homeless services.[6]

  Respondent recruitment to maximize the response rate entailed several requests for participation made via email. Government Project Officers (GPOs) sent the initial survey invitation emails to SPCs, highlighting the purpose and importance of the evaluation and including a personalized link to the web-based survey. GPOs and the evaluation team sent up to five follow-up emails to SPCs that had not yet completed the survey. From the 56 SPCs who received the survey link, 38 surveys were completed in full (68%), and 4 additional SPCs responded to at least some questions for an overall response rate of 75.0%. Survey data were collected in the third quarter of FY 2023. The survey instrument is included in Appendix B of this report.

[6] More information about HUD's CoC program can be found at https://www.hudexchange.info/programs/coc/

- Key informant interviews. For this report, the PATH evaluation team conducted semi-structured interviews with SPCs and PATH provider staff in two states. The interviews were conducted virtually using Microsoft Teams or Zoom, and interviewers obtained verbal consent from each participant. Interview guides are included in Appendices C and D.

In designing this study, the evaluation team intended to conduct in-person site visits which would include focus groups with PATH clients from two provider agencies per state. To that end, the evaluators developed a purposive site selection methodology for choosing grantees with heterogeneous characteristics. The primary site selection variables included:

- State population relative to the national median.
- Rate of homelessness relative to the national median.
- Level of federal PATH funding received relative to the national median.
- Proportion of the population without health insurance relative to the national median.

The evaluation team used these criteria to establish a list of grantee states for inclusion in qualitative data collection (with a list of alternates), and CMHS staff approved the selections.

Limitations

This evaluation has two overarching limitations that impact the findings. First, the response rate for the 2023 SPC survey was 75% despite multiple efforts to encourage participation. **A high number of SPCs who were new in their position** likely affected the response rate this year. Newer SPCs would not have the broader understanding or historical context of the PATH program that SPCs who have worked in that capacity for more than a few years would have, making it more difficult for them to answer questions on the survey. Of the 42 SPCs who responded to the survey, nearly half (47.6%) reported that they had been in their position for fewer than two years, with 35% of these in their positions for less than one year. Several survey invitation emails went to individuals who had left their positions as SPCs, indicating that the evaluation team did not have a current list of SPCs. Additionally, eight of the survey responses stopped at the consent question or only answered some of the questions. This may indicate that the respondent did not have sufficient time in their role to be able to address the questions.

The high number of newer SPCs may have also contributed to the evaluation team's **difficulty recruiting grantees for qualitative data collection**. In designing this study, the evaluation team intended to conduct in-person site visits which would include focus groups with PATH clients from two provider agencies per state. However, in reaching out to recruit states for the data collection, evaluators learned that many of the SPCs in the selected states were new in their positions and thus less likely to know the answers to the interview questions. Additionally, many SPCs reported that they did not have time to participate in site visits during the period of data collection (July through August 2023).

Due to the difficulty recruiting sites, the evaluation team pivoted to "virtual" site visits in lieu of in-person collections and decided to omit the consumer-level focus groups due to technology limitations and concerns about the efficacy of conducting these groups online.

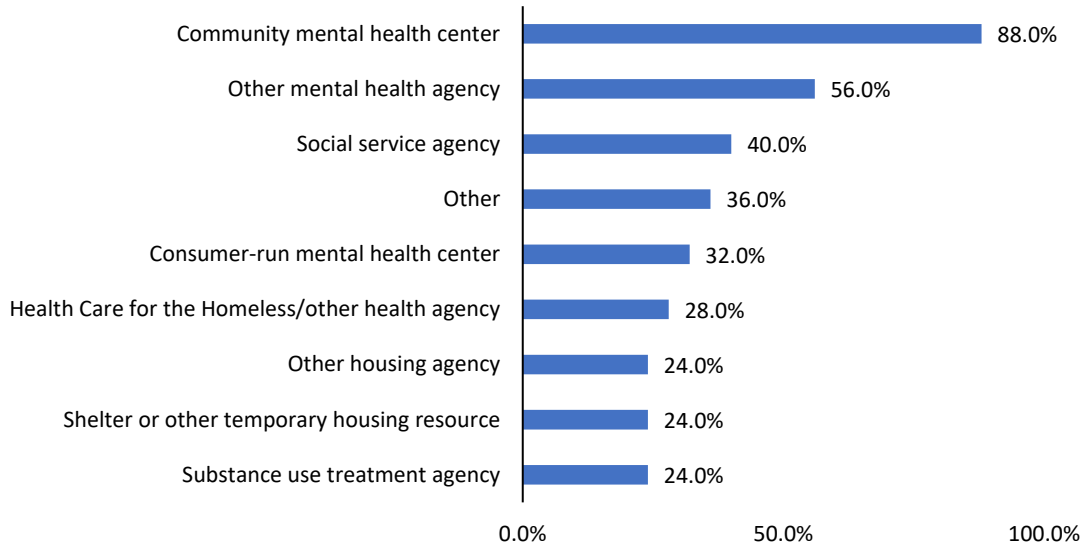
FINDINGS

Types and Numbers of Provider Agencies Funded

Section 522 [290cc-22] of the Public Health Service Act, as amended, requires that states and territories only make grants to political subdivisions or to nonprofit private entities.[7] Sixty percent (60.0%) of the PATH grantees who responded to the SPC survey reported that they limit the types of organizations that can receive PATH funds (n=42). Of the 25 PATH grantees that placed restrictions on the types of organizations that can apply for PATH funds, the majority (88.0%) allowed funding for community mental health centers. Fifty-six percent (56.0%) of these grantees allowed other mental health agencies to receive funding. Less than half (40.0%) allowed social service agencies, and less than one-third (32.0% and 28.0%, respectively) allowed consumer-run mental health centers and other health agencies to receive PATH funding. **Figure 1** describes the types of organizations that grantees indicated as eligible to apply for PATH funds in 2023.

[7] https://www.govinfo.gov/content/pkg/COMPS-8776/pdf/COMPS-8776.pdf

Figure 1. Types of Organizations that Apply for PATH Funds, 2023



Source: PATH SPC Web Survey 2023, n= 25

Notes: The grantees that did not limit the types of organizations eligible to receive PATH funds (31.0%), had missing data (9.5%), or responded "don't know" (n=21) were not included in this figure.

The other types of organizations that can apply for PATH funds include CoCs and county mental health providers, other nonprofits, and public agencies.

Process for Selecting PATH Provider Agencies

Grantees used a variety of strategies to select provider agencies to deliver services, and some used a combination of strategies. Sixty-five percent (65%) of PATH grantee SPCs reported that they utilize a competitive procurement process to select PATH providers. In the online survey, SPCs were asked to describe the criteria they use to distribute PATH funds to providers. They were allowed to enter multiple responses. Less than half (45.2%) of the respondent SPCs reported that they utilize level of need for homeless services within their state to allocate PATH funds, and a third (33.3%) reported that they utilize a population formula to allocate PATH funds. Nearly forty-three percent (42.9%) reported other means of allocating PATH funds. These other means include a Request for Proposals (RFP) process, consideration of past performance, an annual Point-in-Time count, intended use report, and consideration of the originally approved provider proposals.

One interviewed SPC indicated that their state uses a competitive RFP process to select PATH providers. Another SPC described using a statement of need process instead of an RFP procurement in 2023 to "control the terms of the process a little more" by inviting specific entities to apply for funding instead of opening the application process to the general public. PATH leadership in that state used scoring templates, a scoring rubric, and a committee of independent reviewers to score organizations' applications, and the SPC noted that the state invited all CoCs to apply, as well as several nonprofit service agencies.

Providing Oversight and Monitoring Performance

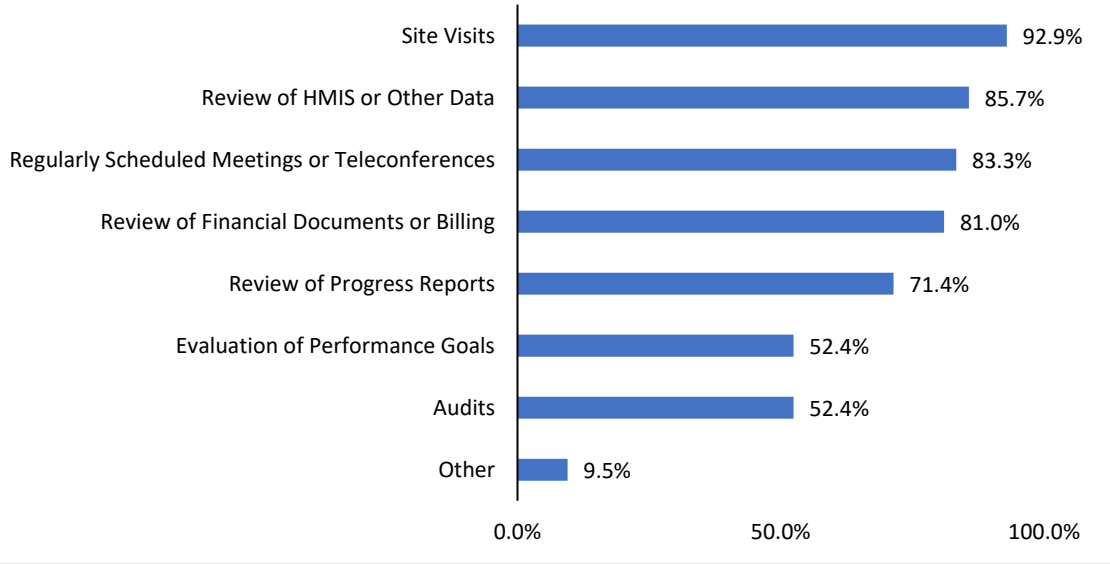
Most PATH grantees (59.5%) reported that they do not utilize an intermediary organization to manage their PATH programs. Less than a quarter of the grantees (21.4%) reported that they use intermediary organizations. Therefore, most PATH grantees retain the responsibility of overseeing and monitoring the performance of PATH providers. ***Figure 2*** displays the distribution of strategies that PATH grantees reported using to monitor PATH provider performance. These data suggest that grantees undertake a variety of activities to ensure that PATH requirements are met and that the services provided are of high quality.

One SPC noted that they perform regular site monitoring check-ins and data reviews, including reviews of spenddown on grant and contract funds. Additionally, the Internal Audits Unit within the state's Department of Human Services performs an in-depth review of all PATH contracts and provider agencies every two to three years, reviewing financials, annual performance review (APR) data, and HMIS data for errors and data integrity. One state requires a "lengthy" quarterly report from provider agencies that identifies barriers and training needs in addition to regularly collected data. State-level staff also conduct annual site visits and meet with provider staff who work in "multiple overlapping roles."

PATH grantees reported using different mechanisms to monitor performance. Grantees were able to select all that applied, and all grantees selected at least two methods. Conducting site visits was the most common (92.9%), followed by reviewing HMIS data (85.7%), regularly scheduled meetings or teleconferences (83.3%), and review of financial documents or billing

(81.0%). Additional methods of monitoring include review of progress reports (71.4%), evaluation of performance goals (52.4%), and audits (52.4%).

Figure 2. Methods for Monitoring PATH Providers, 2023

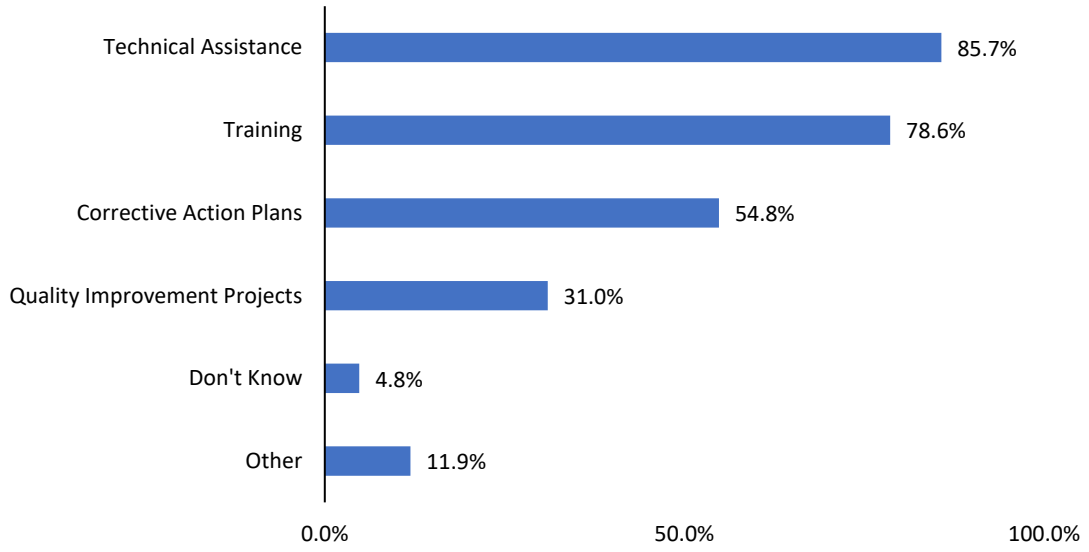


Source: PATH SPC Web Survey 2023, n=42

Note: An example of other methods used for monitoring is contractors reviewing the data.

As shown in ***Figure 3***, grantees reported using positive approaches to address concerns about provider management or effectiveness. The two most used strategies in this regard are the provision of TA and training (85.7% and 78.6%). Over half (54.8%) of the grantees reported using corrective action plans to handle concerns with providers. Almost a third (31.0%) reported using quality improvement projects to handle concerns with providers.

Figure 3. Methods for Handling Concerns with PATH Providers, 2023



Source: PATH SPC Web Survey 2023, n=42

Note: Data that were missing were not included in the percentage calculation.

Examples of other methods of handling concerns with PATH providers include face-to-face meetings and participation in learning communities.

Providing Supports for PATH Providers

In addition to regular performance monitoring, sound administration also includes providing staff with opportunities to increase skills. Most grantees (71.4%) who responded to the survey reported that they make both TA and training available for performance enhancement; as shown in ***Table 1,*** 88.1% reported the use of TA and 73.8% indicated the use of training. These proportions have increased since the 2020 PATH Evaluation Report, when they were 81% and 60%, respectively.

SPCs interviewed by the evaluation team reported that they provide support to PATH provider agencies in the following ways:

- Encouraging peer-to-peer learning and collaboration among providers.
- Facilitating monthly statewide PATH calls or meetings, as well as ad hoc meetings, for provider agencies to discuss programmatic concerns and solutions.

- Hosting an annual conference of provider agencies with an advance survey to determine what providers want to learn about and discuss.
- Providing regional representatives so providers have a more localized point of contact. The SPC checks in with the regional offices to understand how PATH teams are working.

Table 1. Methods for Supporting Provider Performance, 2023

Method	Number of Grantees	Percent of Grantees
Provide TA to PATH providers	37	88.1%
Provide training to PATH providers	31	73.8%

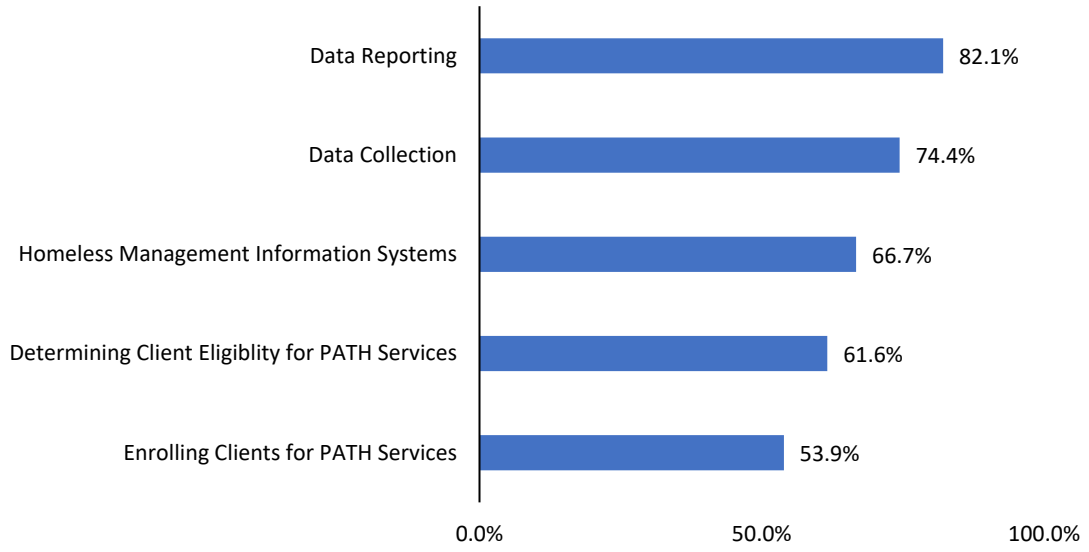
Source: PATH SPC Web Survey 2023; n=47.

Note: Data that were missing were not included in the percentage calculation.

Topic Areas of Technical Assistance and Training

PATH grantees reported taking an active role in making TA and training available to PATH providers; the top five topics are illustrated below (***Figure 4***). Over eighty-two percent (82.1%) of responding PATH grantees reported providing TA/training on data reporting in 2023. Approximately three quarters (74.4%) of the grantees reported providing TA/training on data collection, followed by HMIS (66.7%), determining client eligibility for PATH services (61.6%), and enrolling clients for PATH services (53.9%).

Figure 4. Topic Areas of TA or Training Provided to PATH Providers, 2023



Source: PATH SPC Web Survey 2023, n= 39

Notes: Data that were missing were not included in the percentage calculation.

Other topic areas included SOAR SSI/SSDI, harm reduction, substance use, program inquiries regarding eligible PATH services, and outreach and identifying possible SMI during outreach.

Challenges

State-level Changes Affecting the PATH Program

Changing public attitudes toward homelessness in response to increasing numbers of unsheltered people can present a challenge for PATH grantees. One grantee state passed a bill in early 2023 mandating enforcement of ordinances prohibiting "public camping, sleeping, or obstruction of sidewalks".[8] The bill also requires a "performance audit" by the state auditor of all public spending on homeless programs in the state, examining "the awarding of contracts and grants relating to homeless services and supports, the metric used to determine success of the expenditures, and whether the metrics are met by the contractors and grantees."[9]

[8] Georgia Senate Bill 62. Full text is available at https://www.legis.ga.gov/legislation/63621
[9] Ibid.

One SPC indicated that their state is implementing a system of nine regional hubs to carry out data and reporting for administration of coordinated entry processes[10] and has seen changes in the delivery of services as well as an influx of TA providers as a result. The SPC noted that the state is seeing increased numbers of people living outside, including in encampments, as well as larger numbers of immigrants in need of housing services.

Challenges for Homeless Populations

PATH provider agency staff interviewed by the evaluation team identified a lack of affordable housing, especially in safe locations, as a primary and urgent challenge for people experiencing homelessness. In one state, harsh weather conditions pose a risk to health and safety for people without homes. Staff from two provider agencies cited adverse information on criminal background checks, especially inclusion on the sex offender registry, as a significant issue that increases the difficulty finding affordable housing for clients, with one provider pointing out that even an arrest or conviction from more than 20 years ago can still limit available housing options. Additionally, in rural parts of one state, shelter and housing resources are very limited, with some of these being privately run with entry criteria that can exclude people with SMI. The absence of public transportation also poses a challenge to people experiencing homelessness.

Barriers to Delivering PATH Services and Approaches to Overcoming Them

SPCs indicated staff retention, extensive data requirements, and limited shelter and housing options as major barriers to their ability to provide PATH services.

One SPC noted that consistency in staff is critical for PATH clients, and their state has focused on increasing compensation as a means of staff retention. However, increased compensation also results in fewer staff at the provider level, particularly as that state has seen a lack of state investment in outreach programs overall. Service providers discussed staff attrition and difficulty recruiting staff with the necessary skill sets for outreach work, with one provider noting that they

[10] Coordinated entry is a process meant to streamline service delivery to individuals and families seeking assistance. Intake staff use a standard, objective tool to assess a household's vulnerability and identify their barriers to housing and then referred to housing and services based on their needs. More information on coordinated entry is available at https://www.hudexchange.info/homelessness-assistance/coordinated-entry/#coordinated-entry-notice

have a "small team serving a large rural area". That organization's approach is to consolidate the outreach caseload, so it is shared by the entire outreach team instead of assigning individual caseloads for each worker. The provider specified that this provides built-in succession planning in the event of staff leaving and helps with reaching clients in a timely manner over a large geographical area. Another SPC cited "low workforce pay" as an impediment to finding and retaining provider staff. In addition to finding and retaining outreach staff, provider agencies have also had difficulty hiring peer staff[11] and meeting training requirements for them. In response to this need, that state has been able to offer flexibility with training requirements and made some changes to loosen them to help recruit peer staff.

Entering the required data for each client requires provider staff time that then cannot be spent on outreach activities. This burden is particularly heavy for provider agencies that maintain their own electronic medical record (EMR) systems, requiring staff to enter client data in two separate systems. Finally, a narrow scope of shelter and housing options for PATH clients presents a significant challenge for service providers. One SPC reported that not all shelters in the state are "low barrier," meaning options for individuals with SMI or substance use disorders (SUD) have an especially difficult time accessing them—precisely the population that PATH was designed to serve. To address these challenges, state-level PATH staff collaborate and leverage relationships with state and local housing agencies, CoCs, and stakeholders to build a coalition for providing services to people with SMI experiencing homelessness. In response to the problem of data entry demands on provider staff, some PATH teams have hired administrative staff to help with this task, allowing outreach workers to spend more time in the field.

Other Challenges for PATH Providers

Service provider staff described prioritization of services as a challenge. While services are accessible to clients, people with SMI experiencing homelessness often have multiple and varied needs, so staff must prioritize and manage those needs and how they can be met. One PATH leader indicated that the approach to this is to be clear with clients about what they can offer in

[11] Peer staff are individuals with lived experience with SMI and homelessness whose life experiences allow them to provide an important perspective on service provision.

terms of services, and to ensure that "clients leave with something, which may (sometimes) be as simple as hope and encouragement."

Difficulty with client follow-up was also cited as a challenge for PATH providers. Clients may move out of the area suddenly or become incarcerated without notifying their PATH team. Staff noted that they handle this by communicating and coordinating with other service organizations that work with the missing client to find the client and re-engage them for ongoing services.

Three other notable challenges for provider agencies include:

- The lack of affordable housing options, especially ADA-compliant units for clients with disabilities.
- The absence of a state-level position against "sweeps" of homeless encampments. Sweeps are the clearing of encampments in urban areas by police or sanitation departments and are a common response to the high visibility of street homelessness in cities (Perez, 2023).
- Harsh weather conditions that force organizations to shift focus from trying to get people into housing to making sure people experiencing homelessness are not facing serious or fatal injuries related to extreme temperatures.

Number of Persons Contacted and Enrolled

According to the 2020 PATH Annual Report Provider Guide, the term "contact" is used to refer to an interaction between a PATH-funded worker(s) and an individual who is potentially PATH eligible or enrolled in PATH. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center. Enrollment is defined as involving a person who has been determined to be PATH eligible and has agreed to receive services, or a person for whom the provider has started an individual file or record (SAMHSA, 2022).

As shown in ***Table 2***, there was a 18.1% decline in the total number of people contacted for outreach between 2019 and 2021. The change in the number of contacts may be the result of a decrease in the number of providers from 449 to 435. This reporting period also includes the COVID pandemic, which is another possible factor in the decrease. Many states and communities implemented social distancing measures, making in-person services much more

challenging to provide. The annual grantee reports also reported information on those contacted but found to be ineligible due to not having an SMI. The number of individuals contacted who were found to be ineligible (specifically, not found to have an SMI) also shows a decline over the three-year period.

Table 2. Summary of Contacts, Eligibility, and Enrollment, 2019-2021

	2019	2020	2021
Number contacted	126,990	115,341	103,933
Number of active enrolled	66,403	59,816	58,821
Number of outreached/contacted who were ineligible	15,246	17,394	12,560

Source: PATH Annual Reports 2019–2021

Note: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435.

Demographics of Persons Enrolled in PATH Services

The demographic data shared below are only for individuals enrolled in services with PATH providers in 2019 through 2021.

Age: Adults are the primary target population for the PATH program. However, since the 2018 PATH Annual Report Provider Guide, transition-age youth may be eligible if they meet the state's definition of serious mental illness. ***Table 3*** displays the number and percentage of people enrolled in the PATH program over the 3-year period. As shown in the table, each year over 90 percent of people enrolled in PATH programs nationally were ages 18–61 (compared to 51.7 percent of the national noninstitutionalized population ages 20-59 in 2022), with the greatest proportion (44.7%) ages 31–50 enrolled by PATH (compared to 26.0% of the general population ages 30-49). Roughly seven to eight percent were age 62 or older (compared with 23.5% of the general population ages 60 and older) (U.S. Census, 2022).

Table 3. PATH-Enrolled Persons by Age, 2019–2021

Age	2019		2020		2021	
	Number	Percent	Number	Percent	Number	Percent
Less than 18	188	<1%	140	<1%	91	<1%
18–23	3,996	6.1%	3,261	5.5%	3,190	5.5%
24-30	9,045	13.7%	7,839	13.2%	7,114	12.2%
31-50	30,938	47.0%	28,233	47.4%	27,723	47.4%
51-61	17,120	26.0%	15174	25.5%	15,127	25.9%
62 and over	4,608	7.0%	4,872	8.2%	5,193	8.9%
Totals	**65,895**		**59,519**		**58,438**	

Source: PATH Annual Reports 2019–2021

Notes: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435. The number of people for whom age was reported as unknown: 2019=508, 2020=297, 2021=383.

Gender: The majority of individuals enrolled by PATH programs, for each of the three years, were men (approximately 60% each year), while women averaged 40%, and transgender or gender-nonconforming individuals averaged less than one percent. This is comparable to the national percentage of all homeless individuals who are men (61%), women (38%), and transgender or gender non-conforming individuals (less than 1%) as reported in the 2022 Annual Homeless Assessment Report (De Sousa et al., 2022).

Race and Ethnicity: ***Table 4*** includes the number and percentage of individuals enrolled in PATH programs by reported race. In each year, over half of persons enrolled self-reported as White, followed by Black or African American (roughly 36%). Individuals who identify as multiracial are counted in all categories they select and thus the percentages may not be equal

to 100%. For each of the three years, 14.7% to 15.6% of participants self-reported as Hispanic (2019=9,784; 2020=8,717; 2021=9,162).

Table 4. PATH-Enrolled Persons by Race, 2019-2021

Race	2019		2020		2021	
	Number	Percent	Number	Percent	Number	Percent
White	38,518	58.0%	34,116	57.2%	33,886	55.9%
Black or African American	23,938	36.0%	21,710	36.4%	22,001	36.3%
American Indian or Alaska Native	2,634	4.0%	2,598	4.4%	2,830	4.7%
Asian	650	1.0%	583	1.0%	765	1.3%
Native Hawaiian or Other Pacific Islander	699	1.1%	662	1.1%	1101	1.8%
Totals	**66,439**		**59,669**		**60,583**	

Source: PATH Annual Reports 2019–2021

Notes: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435 The number of people for whom race was reported as unknown: 2019=3,040, 2020=2,847, 2021=2,746.

Changing Client Populations

In 2022-23, service providers in one state noted increasing numbers of people traveling from neighboring states, as well as an increase in the number of families with children. In another state, provider agencies reported increases in both the homeless population overall and the number of migrant asylum seekers among the homeless population. SPCs in both interviewed states described efforts to reach asylum seekers and non-English speakers more broadly.

A lack of bilingual staff on PATH outreach teams and tight restrictions on eligibility of undocumented persons for state-funded services present challenges to reaching this population. One SPC noted that their agency is working in collaboration with community partners to better serve the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQ+) population in that state. Both states provide diversity, equity, inclusion, and accessibility (DEIA) or cultural competence trainings for PATH provider staff.

Veteran Status

The Public Health Service Act Title V mandates that PATH programs are prohibited from funding organizations that do not have the capacity to provide adequate services to veterans. Additionally, it mandates that states should give priority to those organizations with demonstrated capacity to work with veterans. Across all three years, veterans constituted 5.1% to 5.6% of all individuals enrolled in PATH programs: 2019=3,630; 2020=3,139; and 2021=2,895 (PATH Annual Report 2019-2021). The proportion of veterans enrolled is slightly lower than the seven percent (7.0%) of all homeless individuals who were veterans as reported in the 2022 Annual Homeless Assessment Report to Congress (De Sousa et al., 2022). In the same report, it is noted that there has been a 10 percent reduction in veterans experiencing homelessness between 2020 and 2022. In the 2020 PATH Triennial Evaluation Report, 7-8% of clients served were veterans. The decrease in veteran homelessness is attributed at least in part to increased funding to the U.S. Department of Veterans Affairs (VA) for homelessness programs in the American Rescue Plan of 2021 (HUD, 2022).

Co-Occurring Substance Use Disorders

In addition to individuals with severe mental illness, the PATH program also prioritizes those individuals with co-occurring mental and substance use disorders. Across all years, an average of 44.3% of persons enrolled in PATH had co-occurring mental and substance use disorders.

Residence the Night Prior to Enrollment

PATH enrollees' residence on the night prior to their enrollment is shown in ***Table 5***. The greatest proportion of individuals were unsheltered on the night prior to enrollment (39.9% to 49.1% across all years). This number is followed by sheltered situations (27.3% to 32.6% across

all years), then by people who had stayed in permanent housing, including staying with a friend (15.3% to 17.3% across all years).

Table 5. PATH-Enrolled Persons by Residence Night Prior to Enrollment 2019–2021

Residence	2019		2020		2021	
	Number	Percent	Number	Percent	Number	Percent
Unsheltered Situations	25,962	39.9%	25,290	43.4%	28,334	49.1%
Sheltered Situations	21,190	32.6%	18,304	31.4%	15,773	27.3%
Institutionalized Care	6,622	10.2%	5,415	9.3%	4,749	8.2%
Permanent Housing	11,248	17.3%	9,287	15.9%	8,827	15.3%
Totals	**65,022**		**58,296**		**57,716**	

Source: PATH Annual Reports 2019–2021

Notes: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435. The number of people for whom residence was reported as unknown: 2019=1,381, 2020=1,520, 2021=1,105.

Unsheltered = Place not meant for habitation (i.e., vehicle, street, abandoned building, bus/train/ subway station/airport or anywhere outside), including non-housing service sites + emergency shelter

Sheltered = Emergency shelter + Safe Haven + Hotel or Motel (paid for *without* emergency shelter voucher) + Transitional Housing for homeless persons + Interim Housing

Institutionalized care = psychiatric hospital + substance use treatment facility + hospital + jail + long-term care facility + foster care

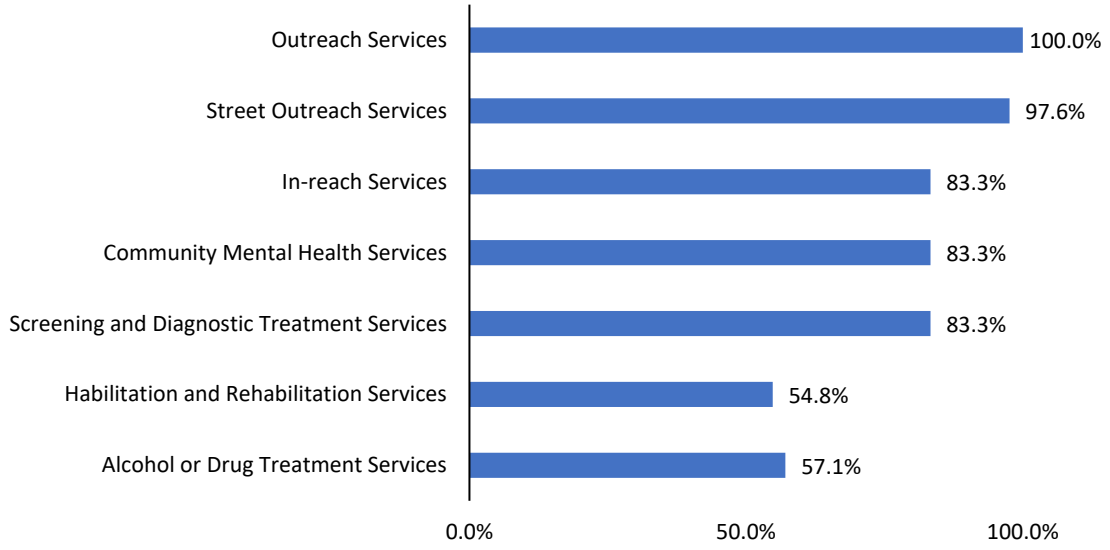
Permanent Housing (Subsidy) = Permanent housing for formerly homeless persons + rental by client [Veterans Affairs Supportive Housing (VASH) subsidy] + rental by client (non-VASH subsidy) + owned by client (subsidy)

Permanent Housing (No Subsidy) = Rental by client (no subsidy) + owned by client (no subsidy)

Services Provided

As stated in the SAMHSA Notice of Funding Opportunity (NOFO), SAMHSA prioritizes certain services for the PATH program, including street outreach, case management, and services not supported by mainstream mental health programs. Although providers can offer and provide the full range of PATH allowable/eligible services, PATH grantees have demonstrated a priority for these services within their state programs. As shown in ***Figure 5*** below, all respondents reported that outreach services were offered within their program. PATH providers conducted both street outreach and in-reach (97.6% and 83.3%, respectively) in their PATH programs. 'In-reach' is defined as contacts with clients who are already connected to their services in some way. Additionally, community mental health services and screening and diagnostic services were noted as being a provided service by 83.3%.

Figure 5. PATH Services Provided, 2023



Source: PATH SPC Web Survey, 2023 n=42

Note: Data that were missing or that had a response of "do not know" were not included in the percentage calculation.

The PATH Annual Report provides data on the number and percentage of PATH enrollees receiving each PATH-eligible service. The non-housing services are displayed in ***Table 6***. Case management was the most common service provided to enrolled clients (67.4% to 69.4% across all years), followed by screening (54.0% to 58.0% across all years), community mental health

services (42.2% to 43.9% across all years), and clinical assessment (25.6% to 27.4% across all years). Although just less than half of the clients served had a co-occurring mental illness and substance use disorder diagnosis, only ten percent of clients received alcohol or drug treatment; this could be due to clients already engaging in similar services, or because PATH providers are empowering the clients to choose their own treatment goals and clients do not want referrals for substance use treatment.

Table 6. PATH Services (Non-Housing): Number and Percentage of Enrolled Individuals Receiving Service, 2019–2021

Service	2019		2020		2021	
	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service
Case management services	44,727	67.4%	41,515	69.4%	40,770	69.3%
Screening and diagnostic treatment services	38,508	58.0%	32,330	54.0%	32,603	55.4%
Community mental health services	29,172	43.9%	25,907	43.3%	24,843	42.2%

Service	2019		2020		2021	
	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service
Clinical Assessment	16,987	25.6%	15,688	26.2%	16,091	27.4%
Reengagement	9,940	15.0%	9,041	15.1%	9,266	15.8%
Habilitation and rehabilitation	6,739	10.1%	7,071	11.8%	9,605	16.3%
Residential supportive	4,461	6.7%	6,049	10.1%	8,812	15.0%
Substance use treatment	6,791	10.2%	5,232	8.7%	4,813	8.2%

Source: PATH Annual Reports 2019–2021, 2019 n=66,403, 2020 n= 59,816, 2021 n=58,821 Note: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435

Table 7 *displays the number and percent of enrollees receiving allowable housing services across all years. Housing eligibility determination was the most utilized housing-related service across all three years varying from approximately 22.2% to 24.6%.*

Table 7. PATH Services (Housing): Number and Percentage of Enrolled Persons Receiving Service, 2019–2021

	2019		2020		2021	
Service	**Number of Enrolled Persons Receiving Service**	**Percent of Enrolled Persons Receiving Service**	**Number of Enrolled Persons Receiving Service**	**Percent of Enrolled Persons Receiving Service**	**Number of Enrolled Persons Receiving Service**	**Percent of Enrolled Persons Receiving Service**
Housing Eligibility Determination	14,973	22.5%	13,281	22.2%	14,700	24.6%
Housing moving assistance	2,308	3.5%	2,443	4.1%	1,974	3.4%
Security deposits	1,934	2.9%	1,594	2.6%	1,452	2.5%
One-time rent for eviction prevention	1,257	1.9%	1,059	1.8%	606	1.0%
Housing minor renovation	196	<1%	134	<1%	163	<1%

Source: PATH Annual Reports 2019–2021, 2019 n=66,403, 2020 n= 59,816, 2021 n=58,821

Note: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435

Referrals Made and Attained

Table 8 displays the number of times referrals were provided for different service types across 2019 to 2021. Approximately 43% of referrals provided across all three years were for community mental health services. Referrals were provided for: permanent housing services (25.9% in 2019, 22.7% in 2020, and 22.0% in 2021); temporary housing services (up to 27.8% in 2021); income assistance (approximately 16% across all years); and primary health services (up to 15.3% in 2019). The services with the fewest referrals were medical assistance (11.2% to 9.8%) and employment assistance (8.5% down to 8.0%).

Table 8. Referrals Provided: Number and Percentage of Times Referral Type Made, 2019–2021

Referral Type	2019		2020		2021	
	Number of Times Referral Type Provided	Percent of All Referrals Provided	Number of Times Referral Type Provided	Percent of All Referrals Provided	Number of Times Referral Type Provided	Percent of All Referrals Provided
Community mental health	28,872	43.5%	25,443	42.5%	25,305	43.0%
Permanent housing	17,230	25.9%	13,601	22.7%	12,966	22.0%
Temporary housing	12,590	19.0%	12,158	20.3%	16,365	27.8%

Referral Type	2019		2020		2021	
	Number of Times Referral Type Provided	Percent of All Referrals Provided	Number of Times Referral Type Provided	Percent of All Referrals Provided	Number of Times Referral Type Provided	Percent of All Referrals Provided
Income assistance	10,387	15.6%	9,181	15.3%	9,858	16.8%
Primary health services	10,166	15.3%	8,991	15.0%	7,579	12.9%
Substance use treatment	8,835	13.3%	6,171	10.3%	6,447	11.0%
Medical assistance	7,458	11.2%	5,876	9.8%	5,739	9.8%
Employment assistance	5,672	8.5%	4,992	8.3%	4,712	8.0%
Totals	**101,210**		**86,413**		**88,971**	

Source: PATH Annual Reports 2019–2021

Notes: The number of providers reporting data for the percentage calculation: 2019=449, 2020=436, 2021=435

Shown in ***Table 9*** are the percentage of enrolled individuals who received a referral for each service type and the percentages of referrals in which the service was attained for 2019 through 2021. Most individuals who received a referral did follow through with attaining the service.

In 2019, 43.5% of enrollees received a referral for community mental health, and 31.0% of enrollees (74.3% of those who received this specific referral) attained the service.

Table 9. Referrals Provided: Percent of Enrolled Individuals Receiving a Referral and Percent of Enrolled Individuals Attaining Referral, by Type, 2019-2021

Referral Type Provided	2019		2020		2021	
	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral
Community mental health	43.5%	31.0%	42.5%	31.1%	43.0%	32.0%
Permanent housing	25.9%	11.4%	22.7%	11.0%	22.0%	10.8%
Temporary housing	19.0%	12.2%	20.3%	13.1%	27.8%	13.0%
Income assistance	15.6%	10.9%	15.3%	10.4%	16.8%	12.5%
Primary health services	15.3%	11.6%	15.0%	10.1%	12.9%	9.4%

Referral Type Provided	2019		2020		2021	
	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral
Substance use treatment	13.3%	8.3%	10.3%	5.6%	11.0%	6.0%
Medical assistance	11.2%	8.7%	9.8%	7.1%	9.8%	7.3%
Employment assistance	8.5%	5.1%	8.3%	3.4%	8.0%	3.6%

Source: PATH Annual Reports 2019–2021

Notes: Number of providers with data for the percentage calculation: 2019=449, 2020=436, 2021=435; percent of enrolled persons that completed the referral: 2019–2021, n=66,403, 2020 n= 59,816, 2021 n=58,821

Calculations: percent of enrolled persons receiving a referral = number of persons receiving a referral (assisted)/total number of people enrolled*100. Percent of Enrolled Persons that complete/attain the referral = number of persons attaining a referral/total number of people enrolled*100.

How PATH Teams Identify Clients and Keep Them Engaged

To identify clients, provider agency staff conduct outreach at homeless encampments, soup kitchens, and with people living on the streets. Agencies also receive referrals through community networks. Some agencies provide walk-in hours at their office location and receive referrals from state agencies.

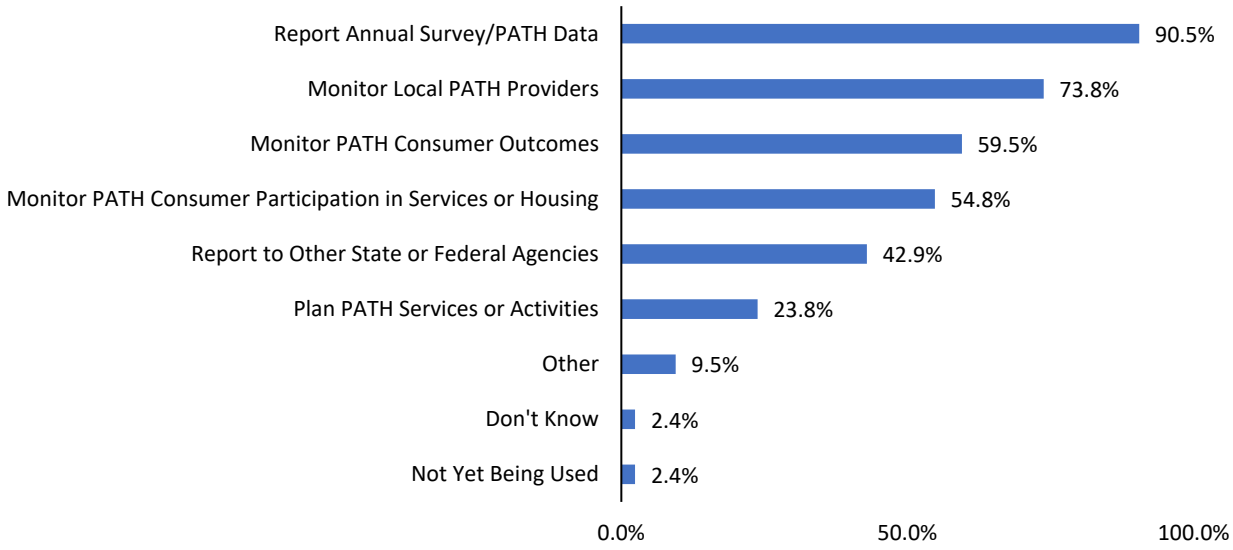
Provider staff described keeping clients engaged through consistent follow-up and communication with a client's care team (e.g., therapist, nurse practitioner, physician). If an individual seems "on the fence" about accepting services, provider staff try to gauge how much

contact the person will engage with and emphasize that PATH is a voluntary program and that it is entirely up to the individual whether to participate and for how long. One service provider discussed the importance of "maintaining a low-barrier and non-judgmental space" for people to "drop in and get a meal" or necessary items like clothing, tents, sleeping bags, and toiletries.

Homeless Management Information System (HMIS)

According to the current Notice of Funding Opportunity, all PATH providers should be collecting PATH client data through HMIS or another system approved by SAMHSA that supports interoperability with the local HMIS. Of the 42 SPCs who responded to this question on the SPC survey, 88.1% reported all providers using HMIS, 4.8% reported at least three quarters of their providers used HMIS, and 2.4% reported between one quarter and one half of their providers using it. Additionally, 92.9% of grantees reported working with local HMIS administrators to assure their PATH providers are trained in the use of HMIS. ***Figure 6*** shows 90.5% of PATH grantees reporting that HMIS data are used to report Annual Report/PATH data; nearly three quarters (73.8%) of the PATH grantees use the HMIS data to monitor PATH providers. PATH grantees also report using HMIS data to monitor PATH consumer outcomes (59.5%); monitor PATH consumer participation in services or housing (54.8%); report to other state or federal agencies (42.9%); and to plan for PATH services or activities (23.8%). Only two percent (2.4%) report that they are not using HMIS data.

Figure 6. Grantees' Use of HMIS Data, 2023



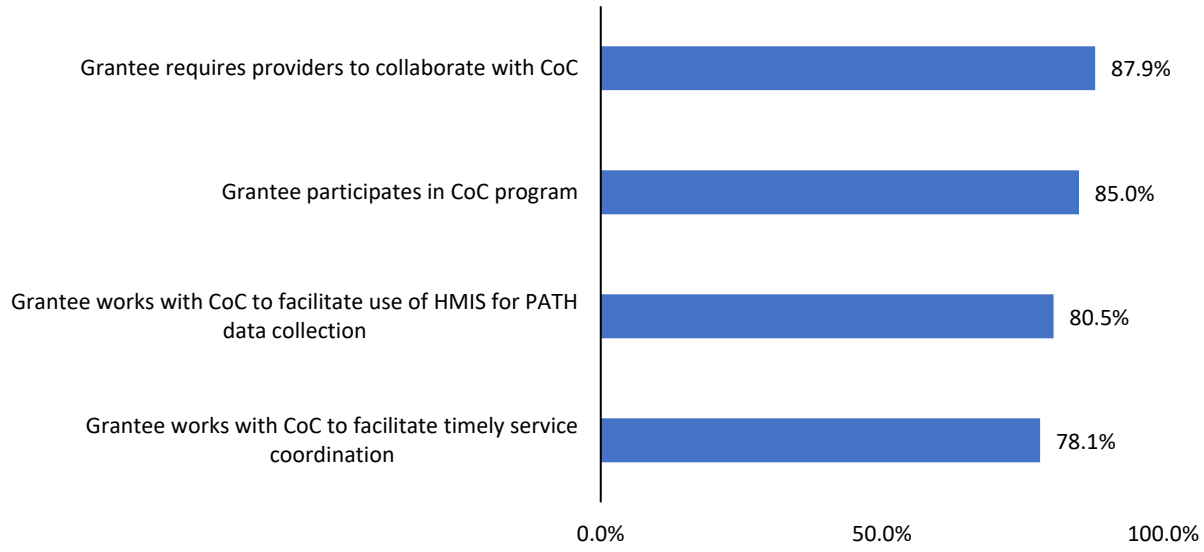
Source: PATH SPC Web Survey 2023 n=42

Note: Data that were missing were not included in the percentage calculation. 'Other' examples include utilizing the mapping feature to communicate effectively with other outreach programs about the location and latest details for individuals and encampment responses.

Collaboration with Continuums of Care (CoCs)

As shown in ***Figure 7,*** the majority of PATH grantees reported that they participate in the CoC program (85.0%), and work with their local CoC to facilitate the use of HMIS for data collection (80.5%) and to facilitate timely service coordination (78.1%). Almost all grantees reported a requirement for providers to collaborate with CoC (87.9%).

Figure 7. PATH Grantees' Involvement with CoCs, 2023



Source: PATH SPC Web Survey 2023 n=41

Note: Data that were missing were not included in the percentage calculation.

Involvement with Local Planning Activities

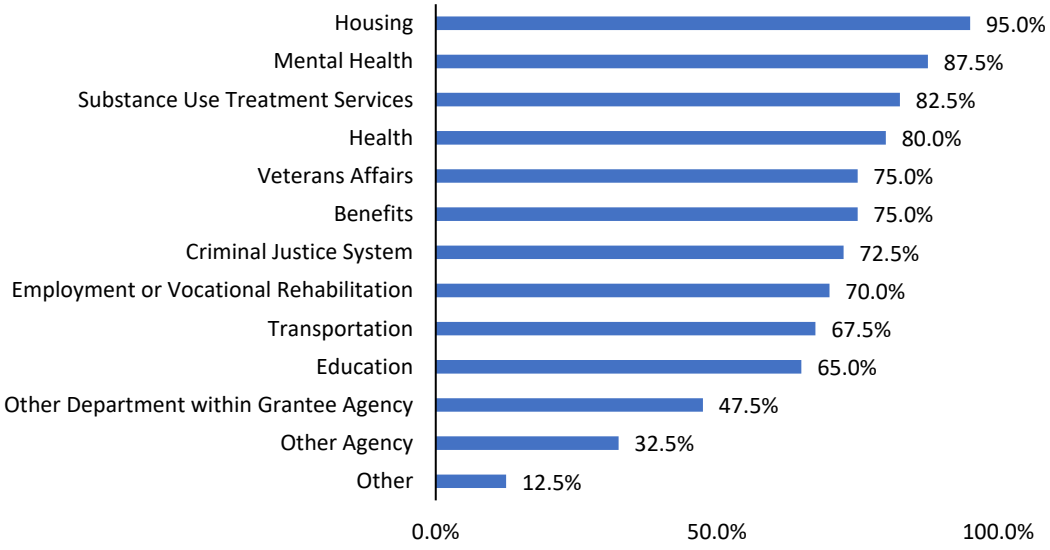
Thirty-three (33) providers reported participation in local planning activities and program coordination although only 35 grantees report that they require their providers to participate. Planning activities include initiatives such as coordinated entry and coordinated assessments.

Collaboration with Other Organizations

Figure 8 displays the state/territory agencies that PATH grantees reported collaborations within the past year regarding the PATH program. In 2023: 95 percent (95.0%) of the PATH grantees reported working with housing agencies; nearly 88 percent (87.5%) with mental health agencies; almost 83 percent (82.5%) with substance use treatment services; 80 percent (80.0%) with health organizations; 75 percent (75.0%) with the VA; 75 percent (75.0%) with benefits agencies; almost 73 percent (72.5%) working with the criminal justice system; 70 percent (70.0%) with employment or vocational rehabilitation agencies; nearly 68 percent (67.5%) with transportation agencies; and 65 percent (65.0%) with education agencies.

PATH grantees also reported collaborating with other departments or offices within their own agency (47.5%), other agencies (32.5%), and other (12.5%).

Figure 8. State/Territory Agencies Working with PATH Grantees, 2023



Source: PATH SPC Web Survey 2023 n=40

Note: Data that were missing were not included in the percentage calculation.

Have Outcome and Process Goals Been Achieved?

This section provides information on the outcomes achieved by the PATH program in 2019 through 2021. ***Table 10*** summarizes the PATH program achievements on each of three measures for 2019 through 2021. Notably, in 2019, PATH grantees exceeded targets for numbers of homeless persons contacted and percentage of enrolled persons who received community mental health services. Targets for the number of homeless persons contacted and percentage of persons with SMI who became enrolled in services were not met in 2020; however, the targets for percentage of persons who became enrolled and percentage of enrollees who received services were met again in 2021.

The declining numbers of homeless persons contacted, and the subsequent percentages enrolled in FY2020 and FY2021 are likely due to two specific conditions during the COVID-19 pandemic. First, social distancing measures put in place by cities and communities starting in March 2020 likely had an impact on outreach services being provided. Second, the CARES Act, passed by Congress on March 25, 2020 and signed into law on March 27, 2020, appropriated $4 billion for the U.S. Department of Housing and Urban Development's (HUD) Emergency

Solutions Grants Program "to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus" (U.S. Department of Housing and Urban Development, 2023). With this increase in funding, many homeless service providers and shelters were able to expand their capacity and provide safe shelter to people living on the street.

In 2019, the PATH program met PATH targets for two of the three measures:

- Number of homeless persons contacted (**target exceeded – by 6%**).
- Percentage of contacted homeless persons with SMI who became enrolled in services (target not met – under by 4.7%).
- Percentage of enrolled homeless persons who received community-based mental health services (**target exceeded – by 9.5%**).

In 2020, the PATH program met PATH targets for one of the three measures:

- Number of homeless persons contacted (target not met – under by 8%).
- Percentage of contacted homeless persons with SMI who became enrolled in services (target not met – under by 5.1%).
- Percentage of enrolled homeless persons who received community mental health services (**target exceeded – by 1.1%**).

In 2021, the PATH program met PATH targets for two of the three measures:

- Number of homeless persons contacted (target not met – under by 15%).
- Percentage of contacted homeless persons with SMI who became enrolled in services (**target met**).
- Percentage of enrolled homeless persons who receive community mental health services (**target met**).

Table 10. Performance Statistics, 2019–2021

	FY2019			FY2020			FY2021		
	Target	**Actual**	**% +/−**	**Target**	**Actual**	**% +/−**	**Target**	**Actual**	**% +/−**
Numbers of homeless persons contacted (outcome)	120,000	126,990	+6.0%	125,000	115,341	-8.0%	125,000	103,933	-15.0%
Percentage of contacted homeless persons with SMI who became enrolled in services (outcome)	57.0%	52.3%	-4.7%	57.0%	51.9%	-5.1%	57.0%	56.6%	-0.4%[12]
Percentage of enrolled homeless persons who received community mental health services (outcome)	55.0%	64.5%	+9.5%	64.0%	65.1%	+1.1%	64.0%	64.4%	+0.4%

Source for FY2019: https://www.samhsa.gov/sites/default/files/about_us/budget/fy-2021-samhsa-cj.pdf

Source for FY2020: https://www.samhsa.gov/sites/default/files/samhsa-fy-2023-cj.pdf

Source for FY2021: https://www.samhsa.gov/sites/default/files/samhsa-fy-2024-cj.pdf

Considerations in Interpreting PATH Data

Understanding that HMIS and APR data can only convey so much, SPCs and provider staff discussed some considerations in interpreting that data.

[12] This goal is considered met due to rounding.

SPCs in both states pointed out that counts of people contacted, enrolled, and participating in services may not be recorded accurately in HMIS due to limited staff resources and training issues. Service providers also noted that APR and HMIS data show whether a client obtained housing but do not necessarily reflect improvements in quality of life or that the client may have received other needed services or been connected to other resources for assistance.

Changes in PATH Program as a Result of the COVID Pandemic

In response to the COVID pandemic, provider agencies implemented telehealth services, which are still offered where appropriate. Additionally, both states described an increased emphasis on safety for outreach workers, including personal protective equipment and safety supplies, and training from state public health department staff on best practices for working with unsheltered homeless populations. Service providers also noted that after the worst of the pandemic, outreach became more difficult, as many encampments had moved locations and were hard to find.

What SPCs and Provider Staff Would Like SAMHSA to Know

Interviewers asked SPCs and provider staff what they would like SAMHSA to know in addition to what was asked. SPCs for both states emphasized the critical need for outreach services and a need for increased funding to meet that need with skilled outreach workers. Provider staff added that PATH services are especially important for people in rural areas who otherwise would not have access to mental health services. One SPC cited a need for more standardization in processes and data requirements for PATH, suggesting that better alignment between HMIS and CoC data requirements would make data entry less onerous for staff. Provider staff discussed the urgent need for increasing the affordable housing stock with innovative ideas, citing tiny houses as a possible option. One provider also pointed out that there is a gap in services for people who are not literally homeless but unstably housed—for instance, couch surfing or passing into and out of homelessness.

CONCLUSIONS

The PATH program continues to serve a vital purpose, particularly as communities struggle to find solutions for increasing rates of unsheltered and chronic homelessness. SPCs and provider agency staff interviewed for this report were eager to emphasize the crucial need in their states for PATH services, and all of the interview participants emphasized that there is a significant need for more resources, increased funding, and more affordable housing stock for people with SMI who are experiencing homelessness.

- The PATH Program met more targets in outreach, enrollment, and service provision in this three-year period than in the previous one (2016-2018) despite some restrictions placed on provider staff due to the COVID pandemic in 2020 and 2021.
- The addition of a qualitative data collection for this report provided greater levels of detail and context in findings from annual reports and the SPC survey. Although the limited number of grantees interviewed is not large enough to extrapolate the findings broadly, the information learned from talking with staff at the state and provider levels in two states allowed for a more nuanced understanding of the PATH program at the community level.
- In both states where qualitative data were collected, SPCs and provider staff alike reported that recruitment and retention of qualified staff came up as a major challenge for provider agencies.
- The burden caused by data collection and reporting was cited frequently as an impediment to optimal service delivery, requiring a disproportionate amount of staff time.
- Staff at all provider agencies described the lack of affordable housing options as a severe limitation to the effectiveness of PATH services. Without appropriate, affordable housing, PATH providers reported having to focus their resources on survival strategies for clients rather than being able to offer services for longer-term stability.

RECOMMENDATIONS

Based on data collected for this report through surveys and qualitative interviews with grantees, the following are recommendations for the PATH program and for future evaluation reports.

Programmatic Recommendations

- SAMHSA should provide TA or training resources for data collection and reporting at the provider level, including HMIS training for provider staff.
    - A resource for training outreach staff in HMIS data reporting could explain the data points being collected in each question and the importance of these data for understanding client needs at both the state and national levels.
    - A webinar or easily referenced question-by-question manual would allow provider agencies to offer consistent training to all staff, including new staff being onboarded in light of high turnover.
    - Increased resources to grantees for recruiting and retaining skilled staff at provider agencies would allow for more consistency and quality in the delivery of PATH services. Workforce shortages are a particular concern in the behavioral health field and are addressed as a priority area in SAMHSA's 2023-2026 Strategic Plan (SAMHSA, 2023).

Evaluation Recommendation

- Consider the addition of a question to the SPC survey about whether their state or territory would be willing to participate in qualitative data collection, either in person or virtually. The qualitative data collected for this report were informative and valuable but not generalizable. Input from additional grantees input is recommended.

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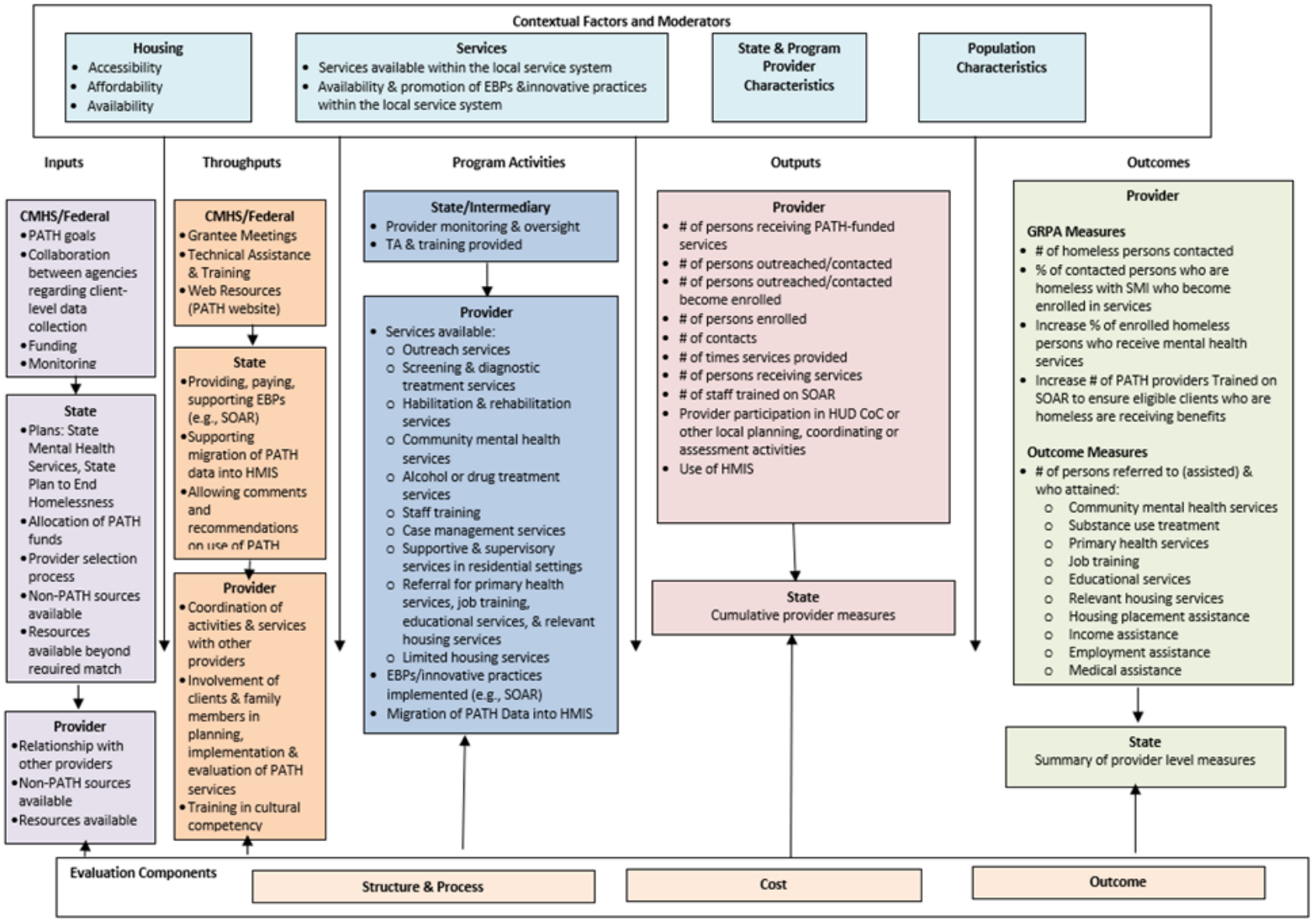
Appendix A. Logic Model



Appendix B. Survey Instrument

Welcome to the
National Evaluation of SAMHSA's Projects for Assistance in Transition from Homelessness (PATH)
State PATH Contact (SPC)
Web Survey

Thank you for taking time to complete the **National Evaluation of SAMHSA's Projects for Assistance in Transition from Homelessness State PATH Contact (SPC) – Web Survey.** The questions in this survey are about your knowledge of and experience with **[Name of Grantee Organization]'s** PATH program.

Please click the "Continue" button below to proceed of you are affiliated with **[Name of Grantee Organization]'s** PATH program. Please click here if you are not affiliated with this program [link to terminate].

CONTINUE button

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0381. Public reporting burden for this collection of information is estimated to average less than 1 hour per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland, 20857.

OMB No. 0930-0381
Expiration Date 4/30/2026

Consent to Participate in the National Evaluation of
Substance Abuse and Mental Health Services Administration (SAMHSA)
Projects for Assistance in Transition from Homelessness (PATH)
State PATH Contact (SPC)
Web Survey

About the Study
This interview is part of the data collection for a national evaluation of SAMHSA's Center for Mental Health Services (CMHS) Projects for Assistance in Transition from Homelessness (PATH) program, to ensure that the grantee and local programs are consistent with legislative requirements and to recommend changes to the program design and operation. The Office of Evaluation in the Center for Behavioral Health Statistics and Quality at SAMHSA is conducting the evaluation. These questions were approved by the Department of Health and Human Services, SAMHSA, CMHS.

We are contacting State and Territories PATH Contacts (SPCs) to get their perspectives on their PATH project to help SAMHSA improve the PATH program and the supports they offer to clients and grantees. You are one of 56 SPCs who may participate in this study. The following questions ask about your agency's PATH program.

The SPC web survey covers background information about your agency; the services provided by your PATH program; your PATH providers; the monitoring and oversight of the PATH providers; the target population of clients/consumers of focus for your program and your experience implementing your program.

Voluntary Participation and Privacy
Your participation in this survey is completely voluntary. You may refuse to answer any question in the survey, and you may stop participating at any time.

All the information you provide in this web survey will be kept private and will not be shared with anyone from your agency or directly with CMHS. We will not divulge your individual responses to your employer or anyone else outside of the research team. You will be assigned a participant ID number and your name will not appear on the web survey; the information linking your name and agency ID will be kept—separately from this consent and your responses—in a password-protected folder accessible only to the evaluation team.

Risks and Benefits of the Study
Participation in this interview poses little risk to you. In addition to the privacy protections described above, we will reduce the risk of inadvertent disclosure by associating your responses with a unique identifier and not your name.

There are no immediate benefits of participation. No incentive for participation is provided. Information from project directors and other key staff like you will be aggregated, and the results will help stakeholders, practitioners, policy makers, researchers, and funders learn more about the efforts of the SAMHSA CMHS PATH program and factors contributing to their success. Results will help inform SAMHSA and future programs about what works.

Duration
This survey will take about 1 hour of your time. This includes the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing the interview.

Questions
You are welcome to contact our office any time if you have any questions. If you have any questions about your rights as a study participant, you may email the PDX mailbox at pathpdx@samhsa.hhs.gov as it is monitored by the evaluation team.

By clicking on "Consent" below, you agree to participate in the study. Please select "Consent" only if:

✓ I understand the information about the study in this consent form, and
✓ I am willing to continue to participate in the study.

☐ Consent ☐ Do not consent

☐Substance Abuse and Mental Health Services Administration (SAMHSA)
Projects for Assistance in Transition from Homelessness (PATH)
State PATH Contact (SPC)
Web Survey

Module A: Grantee and State PATH Contact (SPC) Background

Please review and verify the pre-populated information about your PATH program.

[PREFILL GRANTEE1 – GRANTEE2]

[GRANTEE1]

Grantee Organization Name: [ALLOW 200]

[GRANTEE2]

Grantee Location – City: [ALLOW 50] State: |___|___|

[GRANTEE3]

Which of the following best describes the grantee organization? Agency, Department or Division of:

- o Aging and Disabilities
- o Behavioral Health
- o Behavioral Health and Developmental Disabilities
- o Behavioral Health and Wellness
- o Health
- o Health and Disparities
- o Health and Family Services
- o Health and Hospitals
- o Health and Human Services
- o Health and Mental Hygiene
- o Human Services
- o Human and Social Services
- o Mental Health
- o Mental Health and Substance Abuse/Use or Addiction
- o Mental Health, Developmental Disabilities and Substance Abuse Services
- o Public Health
- o Public Welfare
- o Social Services
- o Social and Health Services
- o Other (Specify): _____

Next we would like to ask you some questions about yourself.

[ROLE1]
Are you the State PATH Contact (SPC) for this agency's PATH program?

- Yes [1] [GO TO ROLE2]
- No [2] [GO TO ROLE3]
- Don't know [98]

[ROLE2]
How long have you been in this position for this agency's PATH program?

- Less than 6 months [1]
- More than 6 months but less than 1 year [2]
- 1-2 years [3]
- 3-5 years [4]
- 6-9 years [5]
- 10+ years [6]
- Don't know [98]

SKIP TO ROLE5
[ROLE3]
What is your role in the PATH program?

- Alternate/Secondary SPC [1]
- Supervisor of the SPC or PATH program [2]
- Other (Specify): _____ [3]
- Don't know [98]

[ROLE4]
How long have you been in this role for this agency's PATH program?

- Less than 6 months [1]
- More than 6 months but less than 1 year [2]
- 1-2 years [3]
- 3-5 years [4]
- 6-9 years [5]
- 10+ years [6]
- Don't know [98]

MODULE B: PATH PROGRAM ADMINISTRATION AND OVERSIGHT

The next questions are about the administration of your agency's PATH program. First, we want to know if there are specific target populations that have been designated as high priority populations to be served by PATH providers in your state/territory.

[POP1]
Which of the following populations have been designated as high priority populations to be served by your agency's PATH providers? Check all that apply.

- Persons with serious mental illness (SMI) [1]
- Persons with co-occurring SMI and substance use disorders [2]
- People who are homeless [3]
- People who are literally homeless [4]
- People who are chronically homeless [5]
- Veterans [6]
- Persons with criminal justice backgrounds (e.g., previously incarcerated, reentry/diversion, or on probation/adjudication) [7]
- People from racial and ethnic minority groups [8]
- Youth [9]
- People who are Lesbian, gay, bisexual, or transgender individuals, questioning and allies (LGBT/LGBTQA) [10]
- Families [11]
- Other (Specify): _____ [12]
- No priority populations have been designated by your state/territory [13]
- Don't Know [98]

[SERVICES]
The next questions are in regard to the PATH services provided by your agency's PATH program. For each PATH allowable/eligible service, we would like to know a) whether the service is an allowable/eligible service within your agency's PATH program; and b) whether the service is a priority service within your PATH program. By priority service, we mean a service that is emphasized within your agency's PATH program or that is a focus of your agency's PATH program.

[SERV1A]
Are <u>outreach services</u> being provided within your agency's PATH program?

- Yes [1]
- No [2] [Go to SERV2]
- Don't know [98] [Go to SERV2]

[SERV1B]
Do your agency's PATH providers conduct street outreach?

- Yes [1]
- No [2]
- Don't know [98]

[SERV1C]
Do your agency's PATH providers conduct in-reach?

- Yes [1]
- No [2]
- Don't know [98]

[SERV2]
Are screening and diagnostic treatment services being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV3]
Are habilitation and rehabilitation services being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV4]
Are community mental health services being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV5]
Are alcohol or drug treatment services being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV6]
Is staff training being provided within your agency's PATH program? Staff training includes the training of individuals who work in shelters, mental health clinics, substance abuse programs and other sites where persons who are homeless require services or training in program areas such as outreach or engagement.

- Yes [1]
- No [2]
- Don't know [98]

[SERV7]
Are case management services being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV8]
Are supportive and supervisory services in residential settings being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV9A]
Are making referrals for other services (e.g., primary healthcare, job training, educational services, and housing) being provided within your agency's PATH program?

- Yes [1]
- No [2] [Go to SERV10A]
- Don't know [98] [Go to SERV10A]

[SERV9B]

Which services do your agency's PATH providers make referrals for? Check all that apply.

- Primary healthcare [1]
- Job training [2]
- Educational services [3]
- Housing [4]
- Other (Specify): _____ [5]
- Don't know [98]

[SERV10A]
Are the PATH allowable housing assistance services being provided within your agency's PATH program?

- Yes [1]
- No [2]
- Don't know [98]

[SERV10B]
Which PATH allowable housing assistance services are provided by your PATH providers? Check all that apply.

- Minor renovation, expansion, and repair of housing [1]
- Planning of housing [2]
- Technical assistance in applying for housing assistance [3]
- Improving the coordination of housing services [4]
- Security deposits [5]
- Costs associated with matching eligible homeless individuals with appropriate housing situations [6]
- One-time rental payments to prevent eviction [7]
- Other (Specify): _____ [8]
- Don't know [98]

[EBP1]

Does your agency promote the use of Evidence Based Practices (EBPs) by your agency's PATH providers? By EBPs we mean interventions that are well-defined with established fidelity criteria and/or manuals and that have research evidence behind them.

- Yes [1] [Go to EBP2]
- No [2] [Go to SELECT1]
- Don't know [98]

[EBP2]
How does your agency promote the use of Evidence Based Practices (EBPs) by your agency's PATH providers? Check all that apply.

- State/territory provides program/intervention recommendations [1]
- State/territory provides funding for specific EBPs [2]
- State/territory provides funding incentives for the implementation of EBPs [3]
- Training provided by state/territory personnel [4]
- Training funded by the state/territory and provided by outside trainers [5]
- State/territory provides training materials [7]
- State/territory provides technical assistance [8]
- State/territory arranges and/or pays for technical from program developers or other third-party technical assistance providers [9]
- Other (Specify): _____ [10]
- Don't know [98]

[EBP3]
Which of the following EBPs does your agency promote for use by your agency's PATH providers? Check all that apply.

- Assertive Community Treatment (ACT) [1]
- Cognitive Behavioral Therapy (CBT) [2]
- Critical Time Intervention (CTI) [3]
- Housing First Model [4]
- Illness Management and Recovery (IMR) [5]
- Integrated Dual Disorder Treatment (IDDT) [6]
- Intensive Case Management (ICM) [7]
- Motivational Interviewing [8]
- Motivational Enhancement Therapy (MET) [9]
- Permanent Supportive Housing [10]
- Screening and Brief Intervention (SBI) [11]
- Seeking Safety [12]
- SSI/SSDI Outreach, Access, and Recovery (SOAR) [13]
- Trauma Recovery and Empowerment Model (TREM) [14]
- Trauma-informed care [15]
- Wellness Recovery Action Plan (WRAP) [16]
- Other (Specify): _____ [21]
- Don't know [98]

The next few questions are regarding the selection of your agency's PATH providers and the allocation of PATH funds.

[SELECT1]
How are your agency's PATH providers selected for funding? Check all that apply.

- Prevalence of potential PATH-eligible clients in the geographic area or region [1]
- Past performance of a provider [2]
- Availability of interested and capable providers in the geographic area or region of state/territory [3]Using a competitive procurement process [4]
- Other (Specify): _____ [5]
- Don't know [98]

[ALLOCATE1]
How are PATH funds allocated to your agency's providers? Check all that apply.

- Population formula [1]
- Level of need [2]
- Other (Specify): _____ [3]
- Don't know [98]

The next few questions are about the types of organizations that receive PATH funds.

[TYPE1]
Does the state/territory limit what type of provider can receive PATH funds?

- Yes [1] [Go to TYPE2]
- No [2] (Go to INTERMEDIARY1]
- Don't know [98]

[TYPE2]
What types of providers can apply for PATH funds? Check all that apply.

- Community mental health center [1]
- Consumer-run mental health agency [2]
- Other mental health agency [3]
- Social service agency [4]
- Shelter or other temporary housing resource [5]
- Other housing agency [6]
- Health Care for the Homeless/other health agency [7]
- Substance use treatment agency [8]
- Other (Specify): _____ [9]
- Don't know [98]

The next question is regarding the use of intermediary organizations to provide PATH funds to providers.

[INTERMEDIARY1]
Are PATH funds provided through intermediary organizations?

- Yes [1]
- No [2]
- Don't know [98]

The next few questions are regarding the programmatic and financial oversight of your agency's PATH funded providers.

[OVERSIGHT1]
What are the methods utilized to monitor your agency's PATH providers? Check all that apply.

- Site visits [1]
- Regularly scheduled meetings or teleconferences [2]
- Review of progress reports [3]
- Review of HMIS or other data [4]
- Evaluation of performance goals [5]
- Review of financial documents or billing [6]
- Audits [7]
- Other (Specify): _____ [8]
- Don't know [98]

[OVERSIGHT2]
How are concerns with the performance of your agency's PATH providers handled? Check all that apply.

- Technical Assistance [1]
- Training [2]
- Corrective Action Plans [3]
- Quality Improvement Projects [4]
- Other (Specify): _____ [5]
- Don't know [98]

MODULE C: TECHNICAL ASSISTANCE AND TRAINING

The next few questions are about the technical assistance and training that your agency's PATH program may have received during the past year?

[TTA1]
Has your agency's PATH Program provided technical assistance to your agency's PATH providers in the past year?

- Yes [1]
- No [2]
- Don't know [98]

[TTA2]
Has your agency's PATH Program provided trainings to your agency's PATH providers in the past year?

- Yes [1]
- No [2]
- Don't know [98]

[PROGRAMMER NOTE: If TTA1 =1 OR TTA2 = 1, GET TTA3; ELSE SKIP TO MODULE D]

[TTA3]
In what areas has your agency's PATH program provided technical assistance or training to PATH providers in the past year? Check all that apply.

- Development of Intended Use Plans [1]
- Determining client eligibility for PATH services [2]
- Enrolling clients for PATH services [3]
- PATH-eligible services; specify: [4]
  - Evidence-Based Practices (EBPs) (general trainings or trainings on specific EBPs) [5]
  - Data Collection [6]
  - Data Reporting [7]
  - Annual Survey Report [8]
  - Homeless Management Information Systems (HMIS) [9)
  - Transitioning clients out of PATH services [10]
  - Other (Specify): _____ [11]
  - Don't Know [98]

[PROGRAMMER NOTE: If TTA5 =5, GET TTA6; ELSE SKIP TO MODULE D]

[TTA6]
Since you selected EBP in the last question, please select EBPs used by your agency's PATH program below. Check all that apply.

- ☐ Assertive Community Treatment (ACT) [1]
- ☐ Cognitive Behavioral Therapy (CBT) [2]
- ☐ Critical Time Intervention (CTI) [3]

- ☐ Housing First Model [4]
- ☐ Illness Management and Recovery (IMR) [5]
- ☐ Integrated Dual Disorder Treatment (IDDT) [6]
- ☐ Intensive Case Management (ICM) [7]
- ☐ Motivational Interviewing [8]
- ☐ Motivational Enhancement Therapy (MET) [9]
- ☐ Permanent Supportive Housing [10]
- ☐ Screening and Brief Intervention (SBI) [11]
- ☐ Seeking Safety [12]
- ☐ SSI/SSDI Outreach, Access, and Recovery (SOAR) [13]
- ☐ Trauma Recovery and Empowerment Model (TREM) [14]
- ☐ Trauma-informed care [15]
- ☐ Wellness Recovery Action Plan (WRAP) [16]
- ☐ Other (Specify): _____ [17]
- ☐ Don't know [98]

MODULE D: HOMELESS MANAGEMENT INFORMATION SYSTEM

[HMIS1]
What percentage of your agency's PATH providers use HUD's Homeless Management Information System (HMIS) for the PATH Program?

- 0-25% [1]
- 26-50% [2]
- 51-75% [3]
- 76-99% [4]
- 100% [5]
- Other (Specify): _____ [6]
- Don't know [98]

[HMIS2]
Does your agency's PATH program work with local HMIS administrators to assure that PATH providers are trained in the use of HMIS?

- Yes [1]
- No [2]
- Don't know [98]

[HMIS3]
How are HMIS data being used by your agency's PATH program? Check all that apply.

- Not yet being used [1]
- To plan PATH services or activities [2]
- To monitor local PATH providers [3]
- To monitor PATH consumer participation in services or housing [4]
- To monitor PATH consumer outcomes [5]
- To report Annual Survey/PATH Data [6]
- To report to other state or federal agencies [7]
- Other (Specify): _____ [8]
- Don't Know [98]

MODULE E: CONTINUUM OF CARE

The next few questions are about involvement with the HUD Continuum of Care (CoC) program.

[COC1]
Regarding participation in the HUD CoC program:

	Yes [1]	No [2]	Don't Know [98]
Agency	○	○	○
Agency's PATH program	○	○	○

[COC2]
Does your agency's PATH program work with the CoCs to facilitate use of HMIS for PATH data collection?

- ○ Yes [1]
- ○ No [2]
- ○ Don't know [98]

[COC3]
Does your agency's PATH program work with the CoCs to facilitate timely service coordination?

- ○ Yes [1]
- ○ No [2]
- ○ Don't know [98]

[COC4]
Are your agency's PATH providers required to collaborate with or work with their CoCs?

- ○ Yes [1]
- ○ No [2]
- ○ Don't know [98]

[COC5]
Regarding participation in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities:

	Yes [1]	No [2]	Don't Know [98]
Agency	○	○	○
Agency's PATH program	○	○	○

[COC6]

Are your agency's PATH providers required to participate in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities?

- ○ Yes [1]
- ○ No [2]
- ○ Don't know [98]

MODULE F: COLLABORATION WITH OTHER ORGANIZATIONS

Next, we want to know about your grantee's collaboration with other state/territory agencies and national organizations.

[COLLAB1]

First, we want to know what other state/territory agencies you have worked with in the past year regarding your agency's PATH program and the type of coordination. Check all that apply.

	MOU/ MOA	Budget Sharing	Contract for service	Joint Committees / task forces /workgroups	Informal interactions	Not applicable (e.g., is grantee agency)	Don't Know
Mental Health	○	○	○	○	○	○	○
Substance Abuse Treatment Services	○	○	○	○	○	○	○
Health	○	○	○	○	○	○	○
Housing	○	○	○	○	○	○	○
Benefits	○	○	○	○	○	○	○
Veterans Affairs	○	○	○	○	○	○	○
Criminal Justice System (includes Corrections and Public Safety)	○	○	○	○	○	○	○
Employment or Vocational Rehabilitation	○	○	○	○	○	○	○
Education	○	○	○	○	○	○	○
Transportation	○	○	○	○	○	○	○
Other Agency	○	○	○	○	○	○	○
Other Departments/Offices within your own Agency or Department	○	○	○	○	○	○	○
Other (please specify)	_____						

[COLLAB2]

Please specify the topic or subject matter of coordination with each state/territory agency you previously identified.

Agency	Topic
Mental Health	
Substance Abuse Treatment Services	
Health	
Housing	
Benefits	
Veterans Affairs	
Criminal Justice System (includes Corrections and Public Safety)	
Employment or Vocational Rehabilitation	
Education	
Transportation	
Other Agency	
Other Departments/Offices within your own Agency or Department	
Other (please specify)	

[COLLAB3]

Did your agency's PATH program consult/collaborate with national-level organizations to better serve PATH consumers in the past year?

- Yes [1] [GO TO COLLAB4]
- No [2] [GO TO CLOSE1]
- Don't know [98]

[COLLAB4]

Please indicate which organization(s) your agency's PATH program consulted with. Check all that apply.

- Health Care for the Homeless [1]
- National Alliance to End Homelessness [2]
- National Coalition for the Homeless [3]
- National Center for Family Homelessness [4]
- U.S. Interagency Council on Homelessness [5]
- U.S. Department of Veterans Affairs [6]
- U.S. Department of Labor: One-Stop Career Centers [7]

- U.S. Department of Housing and Urban Development [8]
- Corporation for Supportive Housing (CSH) [9]
- Technical Assistance Collaborative (TAC) [10]
- National Alliance on Mental Illness (NAMI) [11]
- National Association for State Mental Health Program Directors (NASMHPD) [12]
- National Council of Community Behavioral Health [13]
- State Association of Addiction Services (NRHA) [14]
- National Rural Health Association [15]
- Other (Specify) _____[16]
- Don't know [98]

[CLOSE1]

Finally, please provide any additional information about the SAMHSA PATH program or your organization that you think is important and would like to share. You will also have an opportunity to share additional feedback if selected for a Site Visit Interview.

[ALLOW 1000]

THANK YOU VERY MUCH for participating!

Information from key stakeholders like you will help practitioners, policy makers, researchers and funders better understand the efforts of SAMHSA PATH program, including factors contributing to success, which we hope will improve future efforts to reduce homelessness and provide clients the services they need.

[NEW SCREEN]
[IF GRANT ORGANIZATION NOT ACCURATE]

[TERMINATE]
We are sorry for the confusion. A team member from the National Evaluation of SAMHSA's PATH Program will look into the problem and get back to you.

If you have any questions or need to speak with someone about this National Evaluation of SAMHSA's PATH Program or the SPC web survey, please contact the evaluation team at CBHSQRequest@samhsa.hhs.gov.

Appendix C. SPC Interview Guide

State PATH Contact (SPC) Discussion Guide

Introductions/Icebreaker: How long have you been with your agency? How long have you worked with PATH? What brought you to PATH? What percentage of your time is spent on PATH activities?

A. Are there important state-level changes that we should understand (for example, changes in funding, policy, etc.) that affect your program's implementation or effectiveness?

B. How is the PATH program implemented in your state (what makes each state unique? What could be done better and what is going well?)
    a. How would you describe your agency's mission and its role in the local treatment and service system? How does the PATH program help fulfill your agency's mission?
    b. What are your program goals for this year?
    c. How are providers selected? How are they supported and managed?
    d. If your agency has any other SAMHSA grants, what are they and are they related to PATH?
    e. What are the characteristics of the local treatment and service system for the target population?
    f. What agencies do you collaborate with to provide services? These could include other state or federal agencies and PATH providers. What is their role in the program and in the larger treatment and service system?
    g. Who are your community partners? Are there any groups that you aren't working with, but would like to? For examples, demographic groups from your disparity impact statement?
    h. Are there any specific populations that you are trying to reach out to?

i. *If they have identified specific populations:* Have there been challenges reaching and involving the special populations you mentioned earlier?

j. What is your program doing to be culturally competent?

C. Barriers and challenges

a. How does your state conduct provider oversight? For example, review of annual report data, site visits, record reviews, and audits.

b. How is inadequate performance by a PATH provider corrected? Examples include not meeting contract obligations with the state, and not in compliance with PATH requirements/statutes.

c. What are the biggest barriers/challenges faced by your program at the state or local level) in implementing or delivering PATH services? Some examples are:

i. Identifying and enrolling the intended numbers of program clients

ii. Selecting providers

iii. Conducting provider oversight

iv. Managing data collection

v. Providing training

d. Have there been any challenges to integrating the PATH grant within your agency? Any major gaps in treatment/services, wraparound services?

i. How is the PATH program targeting these gaps?

ii. What gaps are not being addressed?

e. Has the grant led to any innovations at your agency or your partners? For example, are there new processes, technologies, or tracking approaches?

f. What are some examples of successful approaches used to overcome them and the lessons learned? (expeditors/facilitating)

g. Are there important state-level changes that we should understand (for example, changes in funding, policy, etc.) that affect your program's implementation or effectiveness?

D. How do you use the PATH data?
    a. What have you learned from the data? Was anything surprising?
    b. Was any useful data missing?
    c. *For states that require progress reports:* how do you use the progress report data?
    d. How well does the program track client outcomes that are related to treatment, case management and housing services? Do you feel the Annual Report/Homeless Management Information System (HMIS) questions are useful measures for the clients' outcomes?
    e. Are there limitations with the data for your clients and their outcomes in the Annual Report and HMIS? In other words, what should we consider when we interpret Annual Report/HMIS outcomes for this grantee?

E. We will now talk about the HMIS data system and using PDX for the annual reporting.
    a. How does data collection and submission work within your agency? What is the status of the HMIS implementation/migration? Are PATH funds utilized to support HMIS implementation activities?
    b. What do you (the SPC) think about the mandatory use of HMIS and submitting annual data using a .csv upload?
    c. Do you use PDX to look at the data you receive from your providers? What do you use it for? If not, why not?
       Approximately what percentage of your providers use HMIS for their PATH data? Do any of them use the PDX system to look at their data? How are they using it?
        i. For the providers that do use HMIS: what are some of the advantages of using HMIS?
        ii. What are some of the challenges or disadvantages in implementing HMIS and PDX?
    d. For the providers who are not submitting their data through HMIS: What do you predict they will say about the mandatory use of HMIS and submitting their annual data using a .csv upload?

e. How could the PDX system become more user-friendly for you and for the providers?

F. What has changed in PATH specifically due to the pandemic?

a. What has been the impact on PATH during the pandemic? Were new processes introduced? Have any of them been adopted as standard practice (such as telehealth)?

G. *n/a (this section is for clients)*

H. Is there anything we did not ask that we should have?

If you could tell Congress one thing about PATH and/or your community, what would it be?

Appendix D. Provider PATH leader interview guide

PATH Service Provider Leadership Discussion Guide

A. *(Icebreaker question, after introductions)* What are the biggest challenges faced by the homeless population in your state in general (such as gaps in services)? What are some factors that make your program unique?
    a. What are important state-level changes that we should understand (for example, changes in funding, policy, etc.) that affect your program's implementation or effectiveness?

B. How PATH is implemented
    a. How do you identify program clients? Please explain how you screen or assess program clients.
    b. How do you keep program clients engaged? What processes, tools or incentives do you use? What are some best practices that you use or have developed?
    c. How has the population that you are serving changed since submitting the last application?
    d. Which specific populations are you trying to reach out to?
        i. Have there been challenges reaching and involving these special populations?
    e. What is your program doing to be culturally competent?
    f. What treatment services are provided by your program? (*List all treatment services and ask follow-up questions for each.*)
        i. Who (agency/staff) provides the service?
    g. What specific case management/wraparound services are provided? *(List all case management/wraparound services and ask follow-up questions for each.*)
        i. What goals and objectives does the program have for case management/wraparound services with respect to client outcomes?

h. How does your program track client outcomes (treatment, case management and housing services)?

i. Since you started receiving PATH funding, how has the process for accessing housing changed?

j. How does your program integrate, housing, treatment, and wraparound services? So far, how successful has your program been in integrating these services?

k. How and when are program clients discharged? Are services provided after discharge?

C. Barriers/Challenges faced by your program

a. What are the biggest barriers/challenges faced by your program in implementing or delivering PATH services? These could be at the state or local level. For example,

i. Finding and reaching out to people in your community who would be helped by the PATH-funded services that you offer?

ii. Getting your clients the services that they need.

iii. Bottlenecks or points in the program where clients drop out or terminate services or housing?

iv. What is the attrition rate? Does your program have any special procedures to address attrition?

b. What are some examples of successful approaches used to overcome the barriers, and the lessons learned?

c. How has the grant led to innovations at your agency? For example, what new processes, or technologies that you are now using?

D. How does your program use the PATH data?

a. What have you learned from the data? Was anything surprising?

b. *For states that require progress reports*: how do you use the progress report data?

c. How are the items in the Homeless Management Information System (HMIS) and Annual Report useful measures for your client outcomes?

d. What important data missing are missing? What other outcomes do you think that PATH should track?

e. What do you want us to know about your program that may differ from the story the data show?

E. Does your program use the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) for the PATH program?

a. [*If no*] What happened when you tried submitting your data to HMIS and then uploading the .csv file?

b. [If yes] What are some of the advantages of using HMIS?

c. [If yes] What are some of the disadvantages or challenges?

d. What are some ways that the HMIS and PDX systems could be more user-friendly? Or help make you more comfortable using it?

i. Training in PDX

ii. Getting technical help when you need it (from state/grantee)

e. How often do you look at the annual reports and tables at the SAMHSA website? How often have you run tables from the PDX website?

F. Now we'd like to talk about the impact that the COVID pandemic had on your program. What has changed in PATH specifically because of the pandemic? What did you change in your work processes or outreach with your clients? Which of these new processes do you plan to continue? (Such as telehealth)?

G. *n/a (this section is for clients)*

H. What did we not ask that we should have?

If you could tell Congress one thing about PATH and/or your community, what would it be?

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

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