PATH

Frequently Asked Questions

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Eligibility and Enrollment

Definition of Eligibility

1. What is the definition of PATH eligibility?

The [PATH legislation](#) states that PATH should provide services to individuals who:

1. (A) *are suffering from serious mental illness; or (B) are suffering from serious mental illness and from substance abuse; and*

2. *are homeless or at imminent risk of becoming homeless.*

2. Are people who are already connected to mental health treatment eligible for PATH services?

Individuals who meet PATH eligibility criteria and are already linked to mental health treatment are still considered eligible for PATH services under the federal PATH statute, as they may need services other than mental health treatment (e.g., housing services, linkage to income assistance, and other mainstream services and benefits).

Definition of Homeless

3. What is the definition of "homeless?"

In the [Public Health Service Act](#), homeless is defined as, "An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing." Additionally, there are U.S. Department of Housing and Urban Development (HUD) HEARTH Act definitions of various categories of homelessness to be referenced in the context of eligibility for housing and permanent supportive housing. These can be found on the HUD Exchange located [here](#).

Definition of Imminent Risk of Homelessness

4. What is the definition of "imminent risk of homelessness?"

The PATH Funding Opportunity Announcement (FOA) states: "The definition of imminent risk for homelessness commonly include one or more of the following criteria: doubled-up living arrangements where the individual's name is not on the lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live."

Definition of Serious Mental Illness

5. How is serious mental illness defined?

The 2016 PATH FOA states: "The definition of adults with serious mental illness generally refers to individuals 18 years of age or older with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities." States are asked to provide their operation definition of serious mental illness in the State-Level Information section in the PATH FOA.

Definition of Enrollment

6. What is the definition of PATH enrollment?

PATH enrolled: A PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual.

The 2014 HMIS Data Standards note the following about enrollment for the PATH Status (4.20) data element:

A PATH enrollment occurs at the point when a client has formally consented to participate in services provided by the PATH project. PATH projects must report on the number of clients enrolled during each operating year. The date of enrollment may be on or after the project entry date and on or after the date of engagement.

A worker may enroll a client in PATH if the following has occurred:

1. *The worker determined the client to be PATH eligible (homeless or at imminent risk of homelessness and seriously mentally ill [SMI]).*
2. *The worker recorded at least one contact with the client, which could be the contact at project entry. [4.12 Contact]*
3. *The worker has established a date of engagement with the client, which is on or after the date of project entry. [4.13 Date of Engagement]*
4. *The worker has opened an individual file on the client and the client has agreed to PATH enrollment.*

Non-U.S. Citizens

7. Are Non-U.S. citizens eligible for PATH services?

The PATH program legislation contains no prohibitions on services to undocumented immigrants or any requirement for verification of legal presence in the United States. Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), an immigrant who is not a qualified immigrant is not eligible for any "federal public benefit." However, since the PATH program provides grant funding to states and/or localities and not to individuals or households, PATH services are not considered a federal public benefit under PRWORA.

The Office of Refugee Resettlement (ORR), under the Office of the Administration for Children and Families, serves as one federal resource for PATH providers who work with undocumented individuals. The ORR provides resources to assist individuals in becoming integrated members of American society, regardless of immigration status. This office may be contacted for further information, questions, and resources.

Housing Status

8. If a PATH provider works with consumers to obtain housing and they subsequently lose their housing, are the consumers still eligible for PATH services?

Yes. Consumers are still eligible for PATH services even if they lose the housing that they obtained with the help of a PATH provider.

9. If a consumer obtains housing, can a PATH provider continue to work with them?

Specific rules vary by state about when PATH providers must transition consumers to service providers funded by other programs.

In general, once an individual is housed, they should be transitioned to a mainstream provider, if possible. Individuals with a history of homelessness and serious mental illness and/or co-occurring disorders often need time to transition from one service provider to another. PATH providers can assist consumers by including a plan and a clear expectation for a move to a mainstream provider early in the case management relationship.

Substance Use

10. Are individuals with substance use issues but with no serious mental illness eligible for PATH services?

No. PATH programs may outreach to all individuals but may only enroll and provide PATH services to individuals who have a serious mental illness and are experiencing homelessness or are at risk of homelessness. If the person has substance use issues and a serious mental illness, then they are eligible for PATH services.

Youth

11. Can PATH funds be used to serve youth who are experiencing homelessness?

The eligibility requirements for PATH services include homelessness, or risk of homelessness, and serious mental illness. In most states, a person cannot be diagnosed with a serious mental illness until they are 18 years old. This means that youth younger than 18 years generally are not eligible for PATH services. This does not preclude them from receiving outreach services, but it is expected that the intent of these services is to connect them to more appropriate services. However, because the legislation does not specifically exclude youth, PATH has allowed a few states to use PATH funds to serve transition age youth experiencing homelessness.

Screening Tools

12. Will a standardized screening/assessment tool be developed?

A standardized screening/assessment tool has not been developed for use in PATH programs nationwide. In many localities, there are standardized screening and assessment tools being developed to meet U.S. Department of Housing and Urban Development (HUD) requirements for a coordinated entry system. These systems will help to locate housing and resources for PATH clients. Some states are designing systems that will utilize the same screening and assessment tools statewide, often within the local Homeless Management Information System (HMIS).

Government Performance and Results Act (GPRA)

13. How is success measured for the PATH Program?

GPRA examines the following measures for PATH:

- Percentage of PATH-enrolled individuals who receive community mental health services;

- Percentage of eligible persons experiencing homelessness with serious mental illness who are enrolled in services;

- Number of persons experiencing homelessness contacted; and

- Number of PATH providers trained in SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible persons experiencing homelessness are receiving benefits

Funding

Administrative Funds

14. Does SAMHSA have guidance on activities and items for how the 4 percent administrative funds may be used and how they are disbursed?

SAMHSA does not have specific guidelines on what is covered under administrative funds for the PATH program. However, states and territories usually use the 4 percent administrative funds to support the State PATH Contact (SPC) position, administrative staff, costs associated with data collection and management, and other reasonable administrative costs associated with operating the PATH program. Training costs do *not* need to be included in the 4 percent administrative expenses.

15. Does the 4 percent cap on administrative costs apply to PATH providers too?

The 4 percent limit on administrative costs applies only at the state level. PATH providers are not limited to the 4 percent rule in their budgets. States determine and approve the percentage or amount providers may charge to their contract with the state. The state is responsible for monitoring these contracts and must determine what is defined under "administrative costs" and inform the providers. If a SAMHSA Government Project Officer (GPO) observes that a provider appears to be charging an unreasonable rate or amount to administrative costs, the GPO may contact the state to determine whether the costs were approved.

16. Should travel costs be separate from, or included in, administrative costs?

States and providers can add travel and administrative costs to their budgets, but these costs should remain separate line items.

17. Is purchasing HMIS software and other HMIS-related costs applicable under the administrative funds category?

PATH providers have flexibility to use PATH administrative funds to support HMIS activities. Some PATH providers will need to pay for licenses to use the local HMIS, which the Continuum of Care (CoC) manages through the HMIS Lead Agency. In some cases, the CoC pays for all service provider licenses in the community, including PATH. State PATH Contacts and providers are expected to develop a plan to facilitate flexible use of PATH administrative funds to support HMIS activities.

18. A state received an increase/decrease in the PATH grant in a given year. Is this increase/decrease just for the current year or will it likely remain at this level in upcoming years?

SAMHSA is not able to predict the level of PATH funding for individual states from year to year. State funding for PATH programs is based on the urban population in the state compared to the total U.S. urban population, with minimum grants of $300,000 per year to each state (or $50,000 to the territories). With the exception of this minimum allotment for territories and certain states, an increase or decrease in a state's urban population, compared to what is happening nationwide in urban areas (based on the most recent U.S. Census data), will affect a state's PATH funding according to the formula. Additionally, when the overall PATH appropriation changes, it will affect the state awards.

Housing Limit

19. The state can use up to 20 percent of PATH funds on housing services. If the housing services limit is 20 percent statewide, can an individual PATH provider go over the 20 percent limit within its own PATH budget?

The State PATH Contact will know from the Intended Use Plans (included in each state's Funding Opportunity Announcement [FOA]) each PATH provider's budget and the total amount of funding budgeted for housing services. If the state's overall budget is under the 20 percent limit on housing services, then the SPC could allow a single provider to go over 20 percent within its own PATH budget. However, it is up to the state to determine how this is managed and allowed.

Match Funds

20. How are match funds defined? How much latitude do providers have in determining options for meeting the match requirement of $1 for every $3 of federal funds received?

Match funds must be used for PATH-eligible activities, as described in the PATH legislation Sec. 522 (b) and administered according to 45 CFR 74.23 and 45 CFR 92.24.

Match dollars may be in the form of either cash or in-kind services or goods, such as volunteer time or donations of space and/or equipment. An in-kind match must also be for PATH-eligible activities as defined in the PATH legislation.

21. What are some examples of an in-kind match?

Donated supplies may include such items as expendable property or office supplies (unless treated as an indirect cost). The value assigned to donated supplies must be reasonable and cannot exceed the fair market value of the supplies at the time of donation. The value of donated equipment cannot exceed the fair market value of equipment of the same age and condition at the time of donation. The value of loaned equipment cannot exceed its fair rental value. If any part of the donated property was acquired with federal funds, only the non-federal share of the property may be counted as matching or cost-sharing.

22. Can volunteers be counted towards the match?

Yes. Rates for donated services must be consistent with those paid for similar work in the organization. When the required skills are not found in the provider's organization, rates must be

consistent with those paid for similar work in the labor market. Only the amount consistent with the function performed is allowable. For example, if a doctor serves as a receptionist, only the amount that would be allowable for a receptionist is allowable as a contribution to the grant. Fringe benefits consistent with those that would be paid by the employing organization that are reasonable, allowable, and allocable may be included in the valuation.

23. Can Medicaid Administrative Claiming (MAC) or Shelter Plus Care (S+C) federal dollars be included in the match?

No. Including MAC or S+C federal funds when reporting the PATH state and local match is not allowable, because these are federal contributions to a state. Only non-federal contributions can be counted as match funds.

The PATH legislation states in Sec. 523 *Requirement of Matching Funds* that the state involved agrees to make available, directly or through donations from public or private entities, non-federal contributions toward such costs in an amount that is not less than $1 for each $3 of federal funds provided in such payments.

24. What happens if my state doesn't provide the match?

States, as the recipient of the grant, are responsible for ensuring that the one-third match requirement is met in full. The one-third match requirement may come from state funds, sub-recipient contributions (i.e., local PATH providers, entities contracted for direct services), or a combination of these and other non-federal resources.

If the state, as the recipient of the grant and responsible for providing assurance for the one-third match requirement, does not meet the specified level of matching or cost sharing as reflected in the Notice of Award (NoA), SAMHSA may take one or more of the following actions:

- Make a downward adjustment in the federal award amount
- Take an enforcement action affecting the current or future awards to the recipient

Moving Funds

25. Is PATH funding limited by what each PATH agency identifies in its budget? In other words, if an agency only identifies salary and fringe benefits for its budget in its Intended Use Plan, is the agency limited to this in its expenditures?

Providers can move funds around within their PATH budgets for PATH-eligible activities, unless the state's contracting rules prohibits this action.

Obligating Funds: Timeframe

26. States have one year to obligate funds and two years to spend the funds. Does this mean whoever the funds are obligated to has two years to spend it?

All spending must be completed within two years, whether or not the funds have changed hands during the two years. States may have their own specific requirements about providers returning unobligated funds for use by another provider agency within the two-year period.

State Funding Opportunity Announcements (FOAs) and PATH Provider Determinations

27. Is there a federal requirement for how often states must issue a FOA to ensure the PATH funds are used appropriately?

No, SAMHSA does not have the authority to require that states use a particular mechanism for distributing their grant funds in order to comply with the terms of the statute. SAMHSA does, however, have the authority to require that states provide adequate information and assurances regarding the use of funds received under the PATH program. For example, SAMHSA may request additional information regarding the purpose and use of PATH grant funds, including questions regarding the recipients of funding, the services provided, and the beneficiaries of such services.

28. Is written authorization from SAMHSA required for a state to change the method of contracting PATH funds? What is the process for changing the method of procuring PATH services?

States have the authority to change the contracting process in their state without advance approval from SAMHSA, assuming all changes are in compliance with PATH legislation..

29. Can states limit PATH funding to Community Mental Health Centers only?

Yes. States have the flexibility to limit funding only to Community Mental Health Centers. The PATH legislation does not prohibit states from expending their funds with only one entity, as long as the state ensures that the entity meets the criteria as specified in Section 522 of the legislation, which states: *The Secretary may not make payments under Section 521 of this title unless the State involved (or territory) agrees that the payments will be expended solely for making grants to political subdivisions of the State (or territory), and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in subsection (b) of this section to individuals who are (1)(A) suffering from serious mental illness; or (B) are suffering from serious mental illness and from substance abuse; and (2) are homeless, or at imminent risk of becoming homeless.*

30. Can a for-profit organization be a PATH provider?

For-profit organizations are not eligible to be PATH providers. PATH legislation states in Sec. 522 Purpose of the Grants (a): *The Secretary may not make payments under section 521 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in subsection (b) of this section.*

Record Retention and Access

31. How long after the client stops receiving services should an agency maintain their records?

The link to the Health and Human Services (HHS) Grant Policy Statement is located at: http://beta.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement

Recipients generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of a grant, or may reasonably be considered pertinent to a grant, for a period of three years from the date the annual Financial Status Report (FSR) is submitted. For awards where the FSR is submitted at the end of the competitive segment, the three-year retention period will be calculated from the date the FSR

for the entire competitive segment is submitted. Those recipients must retain the records pertinent to the entire competitive segment for three years from the date the FSR is submitted. See 45 CFR 74.53 and 92.42 for exceptions and qualifications to the three-year retention requirement (e.g., if any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken). Those sections also specify the retention period for other types of grant-related records, including indirect cost proposals and property records. See 45 CFR 74.48 and 92.36 for record retention and access requirements for contracts under grants.

The link to the American Psychological Association (APA) — Record Keeping Guidelines is located at: http://www.apa.org/practice/guidelines/record-keeping.aspx?item=13

Allowable Versus Unallowable PATH Costs and Services

32. Can PATH funds be used only for outreach, or can they be used for other related services?

PATH funds can be used for any of the services listed in the legislation. These include:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals experiencing homelessness seek services;
- Case management services;
- Supportive and supervisory services in residential settings;
- Referral for primary health services, job training, educational services, and relevant housing services; and
- Housing services as specified in Section 522 (b) (10) of the Public Health Service Act.

Although PATH funds can be used to support this array of services, states/providers are encouraged to use PATH funds to support street outreach, case management, and services that are not financially supported by mainstream services and/or behavioral health programs.

Back taxes

33. In the event that a consumer's home is going to be seized due to non-payment of taxes, PATH funds cannot be used to pay the back taxes. In the event that the home is seized, PATH funds can be used to pay one month's rent.

Bus tokens

34. Bus tokens are a transportation expense, and they are allowable as outreach supplies when consumers are using them to complete a referral, such as a housing appointment.

Case management

35. A collaboration between a service recipient and provider in which advocacy, communication, and resource management are used to design and implement a wellness plan specific to a PATH-enrolled individual's recovery needs.

Strengthening and increasing referrals and linkages to permanent housing that support recovery are central goals of the PATH program. In alignment with SAMHSA's Strategic Initiative on Recovery Support, these goals support street outreach and case management activities to ensure that individuals who have a serious mental illness or co-occurring mental health and substance use disorders are referred and linked to permanent housing opportunities, as well as to other services and benefits supporting recovery.

Clinical assessment

36. A clinical determination of psychosocial needs and concerns.

Clothing

37. Clothing can be provided to potential PATH clients in the outreach setting or may be considered under habilitation and/or rehabilitation. If a PATH client needs clothing for work or school and this is part of the service plan, it would be considered habilitation and/or rehabilitation. However, this would need to be limited in scope and expenditure to match the need.

Community mental health services

38. A range of mental health and/or co-occurring services and activities provided in non-institutional settings to facilitate an individual's recovery. *Note: This category does not include case management, alcohol or drug treatment, habilitation, or rehabilitation.*

Equipment

39. Laptops, mobile devices for outreach staff, or other equipment for PATH workers are an allowable expense, as long as PATH-funded staff use this equipment primarily for PATH-related activities. Equipment purchases must be justified in the narrative and may require approval from SAMHSA.

Food

40. PATH funds should be used only to purchase food in a limited way, such as for snacks or bottled water to assist in establishing contact with consumers during outreach. PATH funds cannot be used to purchase groceries for a specific consumer on an ongoing basis.

Habilitation/rehabilitation

41. Services that help a PATH client learn or improve the skills needed to function in a variety of activities of daily living.

Hotel stay

42. PATH funds can be used for security deposits and one-time rental payments to prevent eviction. Paying for a 30-day temporary stay in a hotel is permissible, but a longer stay is not in keeping with the legislation.

Housing eligibility determination

43. Determining whether an individual meets financial and other requirements to enter into public or subsidized housing.

Housing minor renovation

44. Services, resources, or small repairs that ensure a housing unit is physically accessible and/or that health or safety hazards have been mitigated or eliminated.

Housing moving assistance

45. Monies and other resources provided on behalf of a PATH-enrolled individual to help establish that individual's household. *Note: This excludes security deposits and one-time rental payments, which have specific definitions.*

Identification

46. Paying the costs to obtain identification is appropriate as a case management activity, if it is part of a plan to obtain benefits or housing.

Life skills

47. PATH funds can be used to purchase life skill "teaching tools," such as personal hygiene items, cooking supplies, or cleaning supplies. Personal hygiene items are considered outreach supplies, while cooking and cleaning supplies could be a move-in cost associated with matching a consumer to housing. However, providers need to be careful with the use of PATH funds for this expenditure, because it is appropriate only for the use of habilitation and rehabilitation in the context of basic skills training for the PATH client.

Medication or medication co-payments

48. PATH funds can be used to purchase medications and cover co-payments under community mental health services. Internal controls need to be in place to document the expenditure in the client's file. Before using PATH funds for medications, outreach workers are expected to pursue all other options, including securing free pharmaceuticals from health care providers and medical insurance coverage for the client.

One-time rental payments to prevent eviction

49. One-time payment on behalf of PATH-enrolled individuals who are at risk of eviction without financial assistance.

Outreach

50. The PATH program is moving away from in-reach services in order to provide more outreach services. At this time, there is no federal requirement about the percentage of time that a PATH program can do in-reach versus outreach. However, individual states may develop their own requirements related to this issue. SAMHSA encourages states and PATH providers to maximize the amount of PATH funding used for street outreach and to be conscious of the

number of individuals in their community's point-in-time count who are unsheltered and experiencing homelessness and mental illness.

Definitions for outreach and contacts are as follows:

Outreach is the process of identifying and engaging with individuals who are potentially PATH-eligible.

A contact is an interaction between a PATH-funded worker or workers and an individual who is potentially PATH-eligible or PATH-enrolled.

Psychiatrists' salaries

51. In some instances, PATH funds can be used to pay partial or full-time salaries of psychiatrists. It is rare, however, that a psychiatrist would be assigned to serve PATH consumers on a full-time basis. In the unlikely event that a psychiatrist works full-time with PATH consumers, the state would need to submit documentation of such service to SAMHSA. However, if a psychiatrist provides part-time or on-call services to PATH consumers, the services would be limited and payment would be equal to the time spent only with PATH consumers.

Residential supportive services

52. Services that help PATH-enrolled individuals practice the skills necessary to maintain residence in the least restrictive community-based setting possible.

Referral fees

53. PATH funds can be used to pay for fees associated with housing applications. Using PATH funds for education and job training services is only appropriate when there are no resources in the community for this purpose. PATH funds should not be used when another resource is available. PATH consumers should be eligible for these services from mainstream service providers as a result of their disability status.

Rental space and overhead expenses

54. PATH funds can be used to pay for the cost of renting an office space for PATH staff. If the space is shared with another program, PATH funds can pay for a percentage of the rent based on the percentage of office space used by PATH. If the PATH services office is located at a drop-in center or other agency, PATH can pay for a percentage of utilities, phone, and rent based on the percentage of space used by the PATH staff. PATH funds also could support expenses for the center's office supplies that are used by PATH staff, as long as these expenses are tracked appropriately.

Screening

55. An in-person process during which a preliminary evaluation is made to determine a person's needs and how they can be addressed through the PATH program.

Security deposits

56. Funds provided on behalf of a PATH-enrolled individual to pay up to two months' rent or other security deposits in order to secure housing.

Shelter staff

57. Funding a staff member who is employed by a shelter to provide shelter services is usually not allowed, because PATH funds cannot be used to support emergency shelters.

PATH funds can be used to support outreach staff who are based in an emergency shelter (this is considered in-reach) or based in an emergency shelter but spend a significant amount of time performing street outreach. In this instance, the staff person can be supported by PATH funds if they are providing outreach/in-reach services to persons who are potentially PATH-eligible.

Shelter vouchers

58. PATH funds cannot be used to pay for shelter expenses.

SSI/SSDI Outreach, Access, and Recovery (SOAR) training

59. All SOAR training should be coordinated through the SOAR Technical Assistance Center which can be accessed here: www.prainc.com/SOAR.

Staff training

60. PATH funds can be utilized for PATH-funded staff to provide trainings to the community. The definition of staff training is as follows: Professional development programs and materials that emphasize best practices and effective service delivery for workers who address the needs of people experiencing homelessness.

States may also use federal PATH funds to provide statewide training for PATH workers, subject to the following:

- The state must specify the type of training to be provided and submit information to SAMHSA for review.

- The state provides assurances that the training is for providers and topics are specific to homelessness and persons with serious mental illness.

- The state provides assurance and documentation that the provision of training is more efficient at the state level.

- Training material expenses are allowable. However, the cost of training materials must be prorated for the portion of PATH staff versus non-PATH staff who will be attending the training.

Stipends for consumers

61. Cash benefits cannot be provided directly to consumers of PATH services. However, there is no prohibition against paying consumers for services rendered or hiring consumers. Hiring peer service providers to work with the PATH program is encouraged.

Substance use treatment

62. Substance use treatment refers to preventive, diagnostic, and other services and supports provided for people who have a psychological and/or physical dependence on one or more substances. Using PATH funds to pay for inpatient drug treatment is prohibited. Paying admission fees to detox centers is also prohibited. If the treatment is covered by the client's medical insurance (i.e., Medicaid or a private health plan), the PATH program must ensure the services are paid through these alternate funding streams.

Transportation

63. Staff transportation and limited consumer transportation are allowable expenses.

Vehicle purchase

64. PATH funds may be used to purchase a vehicle for the PATH program's use, but grantees must take the following items into consideration before deciding to use PATH funds in this manner.

- The percentage of the total vehicle price to be paid with PATH funds must be equal to the percentage of PATH services to be provided. Therefore, if the vehicle is used 20 percent of the time for PATH services and the rest of the time for non-PATH services, then PATH funds can cover only 20 percent of the cost.

- If the grantee pays for a vehicle with 100 percent of PATH funds, then the vehicle can only be used for PATH-related activities. A system must be established to ensure adherence to such a policy.

- A detailed cost analysis and justification, including reference to the Blue Book price, is required. It is important to be scrupulous with documentation, particularly if this is not an arms-length transaction (e.g., purchased from a friend or employee).

- A PATH provider can consider purchasing a vehicle with its own funds and charge the cost of use or depreciation to the PATH grant. This option should be discussed with the office providing financial oversight of PATH funds.

Additional items should be taken into account when a grantee purchases a vehicle for its PATH program. These items may be a part of SAMHSA's review and consideration process.

- Is the purchase necessary and has the grantee explored other options (e.g., repairs, used vehicles)? Note: An organization should purchase the vehicle and depreciate its value over the next five years (useful life)

- Can another source of funding purchase the vehicle? Note: If purchasing or financing is not possible and stated in writing, a grantee may be asked to submit a lease versus a purchase agreement. The grantee may need to contact a car dealership and request the purchase price of a vehicle (on the dealer's letterhead, signed, and dated) and then request the cost of leasing from a leasing agent (on the leasing agency's letterhead, signed, and dated).

- How will costs of maintenance, insurance, and gasoline be covered?

- Who will drive the vehicle? Will the driver's salary be budgeted by the grantee in subsequent years?

- Will other programs occupy this vehicle, or will the vehicle be dedicated to the PATH program only?

- How many clients would utilize the vehicle? How many other vehicles are available for clients to use?

Utility assistance

65. Even though it is not specifically stated in the PATH legislation, SAMHSA has allowed the limited use of PATH funds to cover utility assistance for PATH clients. PATH funds should be used only to cover utility assistance on a case-by-case basis and only as a one-time cost for PATH clients. The intent of the legislation is for PATH funds to be used for services.

Referrals

66. PATH providers also make referrals to other agencies in the community in order to connect PATH clients to mainstream resources. The \definitions of PATH referrals below.

Referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service.

Attained referral: A PATH-enrolled client begins receiving services as the result of PATH assistance.

Community mental health referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that stabilizes, supports, or treats people for mental health disorders or co-occurring mental health and substance use disorders.

Substance use treatment referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers preventive, diagnostic, and other services and supports for individuals who have psychological and/or physical problems with use of one or more substances.

Primary health/dental care referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers physical and/or dental health care services.

Job training referral:* Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that helps prepare an individual to gain and maintain the skills necessary for paid or volunteer work.

Employment assistance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance designed to lead to compensated work.

Educational services referral:* Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers academic instruction and training.

Income assistance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers benefits that provide financial support.

Medical insurance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers coverage that provides payment for wellness or other services needed as a result of sickness, injury, or disability.

Housing services referral:* Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance with attaining and sustaining living accommodations.

Temporary housing referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers shelter in a time-limited setting.

Permanent housing referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers residence in a stable setting where length of stay is determined by the individual or family without time limitations, as long as they meet the basic requirements of tenancy.

*Collection of this data is not required for the PATH Annual Report

PATH Annual Report

Detailed information specific to each year, including deadlines, is available in the Resources section of the [PATH Data Exchange](#) (PDX). The following questions and responses are from the 2016 PATH Annual Report Questions and Answers document.

67. **Where can I download the 2016 PATH Annual Report Manual??**
    The 2016 PATH Annual Report Manual can be downloaded from the PATH Data Exchange (PDX) under the Resources tab (https://www.pathpdx.org/resource).

68. **Where can I find the definitions of terms and the explanation of data questions?**
    The 2016 PATH Annual Report Manual on the PDX Resources tab includes definitions of terms and explanations for all data elements.

69. **Where can I access the 2016 PATH Annual Report form webinar?**
    The recording of the 2016 PATH Annual Report webinar is available on the PDX Resources tab (https://www.pathpdx.org/resource).

70. **What are the primary differences between the old PATH Annual Report form and the new PATH Annual Report form?**
    The primary differences between the old PATH Annual Report and new PATH Annual Report are listed below.
    - **Format:** To create a PATH report that is easier to read and questions that are easier to understand, language has been made more concise and questions have been renumbered.
    - **Homeless Management Information Systems (HMIS) data integration:** The Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Housing and Urban Development (HUD) have worked to align the PATH

data elements with the 2014 HMIS Data Standards.

- **Staff training:** An element has been added to the Budget section to collect information about the number of trainings provided by PATH-funded staff.
- **Number of persons served this reporting period:** To decrease reporting burden and improve data quality, several revisions were made to the collection of information about persons contacted and persons enrolled. Data elements were updated to more clearly describe the data to be reported and to reduce confusion and potential for misinterpretation. Information about persons contacted has been divided into two elements to collect specific information about the number of persons contacted under each HMIS project type for PATH (Street Outreach and Services Only).
- **Services provided:** To improve data quality, several service category labels have been updated to more accurately reflect the type of service to be reported. The "Screening and Assessment" category has also been divided into two separate categories to capture specific information about screenings and clinical assessments provided by PATH staff. The "Total number of times this service was provided" column has been removed to reduce reporting burden.
- **Referrals provided:** To improve data quality, several referral category labels have been updated to more accurately reflect the type of referral to be reported. The "Total number of times this type of referral was provided" column has been removed to reduce reporting burden.
- **Outcomes:** Elements collecting information regarding PATH program outcomes have been added. The PATH program's transition to using local HMIS to collect PATH client data allows data on client outcomes related to the PATH program to be more easily collected and reported.
- **Demographics:** Response categories for demographic data elements have been updated to fully align with the 2014 HMIS Data Standards. An element to gather information about PATH clients' connection to the SSI/SSDI Outreach, Access, and Recovery program (SOAR) has also been added. To decrease reporting burden and improve the outreach and engagement process, demographic information for "Persons contacted" is no longer required for the PATH Annual Report. Providers are encouraged to gather information and build client records as early in the engagement process as possible. All demographic information should be collected by the point of PATH enrollment.
- **Definitions:** Definitions for PATH terms have been updated to streamline definitions and increase reliability of data reporting.

71. Do we use the new PATH Annual Report form for all fiscal year 2016 and 2017 reports?
- The newly approved 2016 PATH Annual Report form will be used for the following reports:
    - 2016 PATH Annual Report
    - 2017 PATH Progress Reports
    - 2017 PATH Annual Report
- The new report form will not be used for 2016 progress reports.

72. How does PATH define serious mental illness? What Diagnostic and Statistical Manual of Mental Disorders (DSM) codes are included?

- The operational definition of serious mental illness is established by states.
- Please check with your SPC for the definition of serious mental illness in your state.

73. Are there any data elements that do not require data to be entered?
- 2016 PATH Annual Report:
  - New data elements will be optional for the 2016 PATH Annual Report.
- 2017 PATH Annual Report:
  - All data elements are required for the 2017 PATH Annual Report.

74. Should we count services that our agency provides that are not provided by PATH staff?
- Only services provided by PATH staff and referrals made by PATH staff should be counted on the PATH Annual Report.
- If you assist in referring your PATH client to services within your agency, you may be able to count that as a PATH-funded referral.

75. Will the Intended Use Plan application, WebBGAS data fields, and the PATH Annual Report align with GPRA measures?
- The PATH Government Performance and Results Act (GPRA) measures are federal targets set for PATH providers, states, and national programs to meet and improve upon. As these targets change from time to time, PDX and the PATH Annual Report will incorporate those changes and require explanation and comment for providers and states that do not meet the target.
- WebBGAS and Intended Use Plans are used to demonstrate how funds will be used in the future, while GPRA measures are used to measure how well the PATH program has worked in the past.
- GPRA measures are calculated by data that comes from your local HMIS. If you monitor the data that is entered and review your annual report for accuracy, the GPRA measures will be calculated accurately.

76. What is the process for determining the presence of a serious mental illness if the determination has not been previously made? Can PATH workers enroll individuals with a presumptive eligibility of mental illness? What is the definition of "presumptive?"
- State regulations and procedures may outline how and when presumptive eligibility can be given to potentially eligible individuals. In addition, states outline the time requirement for an official assessment following a presumptive eligibility and enrollment of an individual.
- "Presumptive" refers to an unofficial screening or assessment made by a qualified and skilled PATH worker who is not licensed to diagnose someone with a serious mental illness.
- PATH providers should discuss this with their SPC to ensure that they understand their state's policy regarding presumptive eligibility.
- SPCs should contact their SAMHSA GPO with additional questions about presumptive eligibility for PATH.

77. Where do I report the information for the old data question # 9, "Housing status," in the 2016 PATH Annual Report?

- Providers are no longer required to report on "housing status" for those who are not enrolled in PATH.

78. How long can individuals stay in the PATH program?

- There is no federal limit on the length of time an individual can be involved in the PATH program.
- PATH providers should discuss this question with their SPC to determine if there is any state-specific guidance about the length of time an individual can be in the PATH program.
- SPCs should contact their SAMHSA GPO with specific questions about the length of time an individual can be in the PATH program.

Questions Related to the Reporting Time Period

79. When is the deadline for submitting the 2016 PATH Annual Report?

- Guidance for the 2016 PATH Annual Report will be provided in October 2016. Generally, the federal reporting period opens in early October and ends in early December.
- Please contact your SPC to inquire about a state-specific deadline.

80. Who sets the reporting period for which a provider must report data?

- The state selects the reporting period for which a provider should report data each year. The period typically aligns with the state fiscal year.
- The SPC can set the default reporting period for their state in the Setup tab in PDX.
- SPCs who would like to change the reporting period that has historically been used for their state should contact their SAMHSA GPO and HHRN.

Questions Related to the PATH Data Exchange (PDX)

81. How do I obtain new user login information for PDX?

- For SPCs: If there is another SPC user in your state with a PDX account, they can create an account for you by following the steps under the "How to add a new user" section in the PDX User Guide for SPCs. If there are no other active PDX users in your state, contact your HHRN PATH reporting TA contact to request an account.
- For PATH providers: If there is another PDX user at your provider agency, they can create an account for you by following the steps under the "How to add a new user" section in the PDX User Guide for PATH Providers. If there are no other active PDX users at your agency, contact your SPC to request a PDX account.

82. Where can I find information regarding warnings and errors that appear in the PATH Annual Report in PDX?

Information regarding warnings and errors can be found in the 2016 PATH Annual Report Manual, which can be downloaded from the PDX under the Resources tab (https://www.pathpdx.org/resource).

83. Will there be an option for states to continue using progress reports in PDX?
- Yes, states may choose to use progress reports in PDX. The 2017 progress reports will be in the new 2016 PATH Annual Report format.
- SPCs will be notified when the 2017 progress reports are available to be setup in PDX.

84. How do you "save" your work if you are completing only part of the report at a time?
- PDX automatically saves any data that is entered into the report as soon as the user clicks into a different data element response cell in the report.
- Users can log out of PDX and return at a different time to continue working on their report.

85. How can a provider correct an error on the PATH Annual Report form once the provider has submitted the report?
- To correct information after a report has been submitted, PATH providers can log back into PDX, open their report, navigate to the Review and Submit tab, and select "Unsubmit Report" to reopen the report. The provider can then make any necessary changes and then resubmit the report.
- If the report has already been SPC approved, the provider must contact the SPC to request that the report be reopened. To reopen SPC approved reports, the SPC must log into PDX, open the provider's report, navigate to the Review and Submit tab, and select "Reopen Report." The provider can then make changes to the report. The provider must resubmit the report and the SPC must re-approve it.

86. How do I set up a PDX user account and add a provider?
- SPCs have the ability to add new providers and make old providers inactive. For specific questions regarding how to use PDX (e.g., how to add a new user, how to add a provider, how to make a user "read only"), please refer to the PDX user guides for step-by-step instructions. There is a guide for SPCs and a guide for PATH providers. These user guides can be found on the Resources tab in PDX (https://www.pathpdx.org/resource).
- If you do not currently have access to PDX, please notify your SPC, or if you are a new SPC looking for access, please contact your SAMHSA GPO and HHRN.

87. Will we continue to use PDX even though we are using HMIS to generate the report?
- Yes, you will need to generate a report from HMIS and enter that data into PDX.
- HMIS collects client-level data and generates reports with aggregate provider-level data.
- Provider-level data is reported into PDX.

88. If providers submit progress reports in PDX, can these reports be used to generate an annual report?
- When an SPC first sets up progress reports in PDX (use of PDX progress reports by SPCs is optional; this is not required by SAMHSA), the system will prompt the SPC to decide between setting up discrete or cumulative reports.

- Discrete reports collect data for the specific report period. For example, if quarterly reports are used, each progress report reflects three months of data. Discrete reports <u>cannot</u> be summed to produce an annual report because clients served in more than one quarter would inadvertently be duplicated in the annual report.
- Cumulative reports reflect data collected to date. For example, if quarterly reports are used, the first report will reflect three months of data, the second report will reflect six months of data, and so on. The fourth quarterly report would be the equivalent of an annual report.

Questions Related to Budget and Training

89. Are other federal funds such as Shelter Plus Care (S+C) considered appropriate to be included as a match?
No other federal funds, such as Shelter Plus Care (S+C), should be included as PATH matching funds.

90. What are matching funds?
Matching funds are any non-federal dollars that are received by the provider agency from state, local, and other sources to support the PATH program.

91. What should be counted in question #3 [Total funds dedicated this year, agency- wide, to persons who have serious mental illness and are experiencing homelessness or are at risk of homelessness (include PATH, matching, and non-PATH funds)"?
- The amount entered in question #3 should reflect all funds (which could also include non-PATH funds) that the agency dedicates to serving individuals experiencing both serious mental illness and homelessness (PATH-eligible population).
- This total amount can include funds used to serve this population, even if the individuals do not become enrolled in an agency program. For example, it can include funds dedicated to outreaching to this population, regardless of whether the individuals become enrolled in an agency program.

92. Should funds allocated for housing individuals experiencing homelessness who have a serious mental illness (e.g., Shelter Plus Care housing) be included in question #3 (Total funds dedicated this year, agency-wide, to persons who have serious mental illness and are homeless or at risk of homelessness)?
Funds that are allocated for housing individuals experiencing homelessness and mental illness, including Shelter Plus Care housing funds, can be included in question #3 of the budget section.

93. What are examples of non-PATH funds?
Some examples of non-PATH funds are donations, state or local funds, or grants from foundations.

94. When collecting information regarding staff trainings, is there any additional information that needs to be provided for the annual report (e.g., number of attendees,

sign in sheets)?

- The only required information for the staff training data element (#6) is the number of trainings that were provided by PATH-funded staff. At this time, providers do not need to collect any additional information concerning the type of training or the number of attendees for the PATH Annual Report.
- PATH providers should check with their SPC about any state-specific requirements about tracking trainings provided by PATH staff.
- Staff training information is not part of the HMIS Data Standards and is typically not collected in HMIS. PATH providers will need to implement a separate way of tracking this information.

95. Are there any specific requirements for PATH workers when providing trainings to the community (e.g. prior training experience, educational background)?

- PATH staff who are providing trainings to the community must be knowledgeable about the training topic and determined by their agency to be an appropriate trainer for the topic.
- PATH providers should check with their SPC about state-specific guidance for providing trainings.
- SPCs should contact their SAMHSA GPO with additional questions.

96. What might a typical training look like that PATH workers give to their community (e.g., topics, settings, audiences)?

- Topics: Topics will depend on community need and the expertise of PATH staff. Some topics may include: Mental Health First Aid, SOAR, outreach and engagement, or de-escalation techniques such as non-violent crisis intervention.
- Setting: Trainings can take place anywhere in the community. Settings may include shelters, faith-based organizations, police stations, or businesses.
- Audiences will vary depending on the topic and needs in the community. Likely audiences may include business district greeters, frontline staff (e.g., shelter staff), police officers, or new outreach workers in non-PATH programs.

97. What elements in this section will not be gathered in HMIS?
The data elements in the Budget Information Section (#1-7) are **not** collected in HMIS.

Questions Related to Persons Served During This Reporting Period

98. Should unduplicated counts be used for questions 8 through 16?
Yes, unduplicated counts should be used for questions 8 through 16. Please note that #12 is the only question that asks for data about instances of contact rather than number of persons.

99. How should telephone calls be counted in the PATH Annual Report form? Do they count as contacts? Can telephone calls with enrolled PATH clients count as services/referrals given?

- Phone calls can be counted as contacts prior to enrollment if the PATH staff member makes an effort to engage the caller in the PATH program or to begin collecting information to determine PATH eligibility.
- Phone calls and e-mail exchanges with enrolled PATH clients can be counted as a service provided or referral if the content of the phone call or e-mail exchange is listed in the Services Provided (#17) or Referrals Provided (DS #18) tables on the report form.

100. Are providers limited to selecting one service during a post-enrollment contact or can they include multiple services during the same time period?

Providers can provide more than one service during a post-enrollment contact.

Questions Related to Project Set-up and Project Type

101. If my program has a client population that is spread across "Street Outreach" and "Services Only" project types, will I need to pull two reports from HMIS or will the HMIS extraction combine the two project set-up populations?

- When your HMIS is programmed to the 2014 HMIS Data Standards Version 5.1 (released in August 2016) and the new PATH Annual Report (SAMHSA and HUD expect to release programming specifications for the new report in January 2017), you will only need to run one report to capture all data for both project types.
- Prior to these updates being incorporated, PATH providers should check with their HMIS administrator about how PATH reports are generated in the system.

102. What is the definition of a PATH Supportive Services Only project?

A PATH Supportive Services Only project is a project whose population of focus is persons who generally reside in a place meant for human habitation, or persons who are at risk of homelessness.

103. What is the difference between the process of "outreach" and the Street Outreach project type?

- The term "outreach" concerns how PATH providers connect and engage with individuals who are potentially PATH eligible.
- The term "project type" refers to how a given PATH provider is set up in HMIS.
- A Street Outreach project type is used by providers whose population of focus is persons who generally reside in a place not meant for human habitation (e.g., streets, abandoned buildings, bus stations).

104. Can you "outreach" to people in a Supportive Services Only project?

Yes, providers may seek to engage people who are potentially PATH eligible regardless of where they generally reside provided that they are experiencing homelessness or at imminent risk of experiencing homelessness.

105. If the housing situation changes for my client, do I keep them in the same project type?
Yes, clients remain in the same PATH project type from project entry through project exit. If a client's housing situation changes, their project type does <u>not</u> change.

106. Is there ever a circumstance when my PATH agency chooses between project types or is it always based on where a person generally resides?
- To determine proper HMIS project setup, PATH agencies should first determine their population of focus for their PATH program: persons who generally reside in a place not meant for human habitation or persons who generally reside in a place mean for human habitation/are at risk of homelessness, or both.
- If the population of focus is only those who generally reside in a place not meant for human habitation, then a Street Outreach project type is set up, and all clients seen by PATH staff are entered into the Street Outreach project type.
- If the population of focus is only those who generally reside in a place meant for human habitation or those who are at risk of homelessness, then a Supportive Services Only project type is set up and all clients seen of PATH staff are entered into the Supportive Services Only project type.
  If a PATH provider works with both populations of focus, then both project types are set up. At first contact, the PATH worker will make a determination about whether the person generally resides in a place not meant for human habitation (enter into the Street Outreach project type) or a place meant for human habitation (enter into the Supportive Services Only project type).

Questions Related to Services Provided

107. How long can a PATH worker provide the service of reengagement before that individual must be exited from the program?
- The service of reengagement refers to the process of engaging with PATH enrolled clients who are disconnected from services. The service of reengagement can only be provided when the PATH worker has contact with the PATH enrolled client. If a provider is searching for a PATH-enrolled individual in an effort to engage, but cannot find them, no recordable service was provided to that individual.
- There is no federal guidance or limitation on the amount of time that an individual enrolled in PATH and receiving services can remain in the PATH program.
- PATH providers should contact their SPC to with additional questions. SPCs should contact their SAMHSA GPO with additional questions.

108. How long can a PATH worker search for a client before they must be exited from the PATH program?

- States determine the time period used to exit clients who have lost contact with the PATH program and cannot be found. Many states use 90 days of no contact.
- Providers should check with their SPC about the time period used for their state.

109. How can individuals be receiving PATH services at project entry when they haven't yet been found eligible to receive PATH services?
- Persons who are not yet enrolled in PATH should not be receiving PATH-funded services.
- Prior to enrollment, PATH staff should only provide outreach. The process of outreach may include offering certain supplies (e.g., bottles of water, blankets) or "light" referrals (e.g., local soup kitchen, day shelter). The process of outreach is recorded in HMIS as contacts.
- PATH-funded services and referrals (#17 and #18 in the report) are only provided to PATH-enrolled individuals.

110. If an individual receives a screening service prior to enrollment to determine eligibility and later enrolls in the PATH program, do I count a service provided for screening?
- A PATH screening service is defined as, "An in-person process during which a preliminary evaluation is made to determine a person's needs and how they can be addressed through the PATH program."
- PATH services are only provided to PATH-enrolled individuals. A screening service may be recorded in HMIS if it is provided on the same date as enrollment or after enrollment.

111. What if our agency does not provide one of the services listed under the Services section of the PATH Annual Report form?
- PATH provider agencies are not required to provide all of the allowable PATH services. If an agency does not provide a particular service, "0" should be entered for that service on the PATH Annual Report.
- PATH providers should check with their SPC to see if they are expected to provide a specific PATH-funded service.

112. If a PATH worker refers a PATH-enrolled client to substance use treatment at a different agency and the client receives substance use treatment three times from that agency while also working with the PATH worker, would this be included in #17 as the client receiving three services under substance use treatment?
- In the situation described here, this client would not be counted in DS #17 as having substance use treatment provided by PATH since the treatment is not being provided directly by the PATH provider.
- The situation described here would be counted in DS #18 (Referrals Provided) as a referral to substance use treatment and an attained referral to substance use treatment.

Questions Related to Referrals Provided and Attained

113. When tracking attained referrals, who is responsible for following clients and determining if they attained the service?
The PATH worker is responsible for identifying if a referral was attained.

114. Are referrals only for those enrolled?
Yes, PATH referrals recorded in HMIS for the PATH Annual Report are only for PATH-enrolled individuals.

115. If our agency provides the services listed in #18, do we count those services as referrals even though they are in-house?
- If the services listed in #18 (Referrals Provided) are provided by a PATH agency through funding sources other than PATH, then referrals should be recorded for clients who are referred to these services.
- If the services are provided through PATH funding, then they should be counted in #17 (Services Provided).

116. For #18a (Referrals Provided): If it takes four meetings of discussing income benefits with a client before they decide to sign up for benefits, would this be counted as "4" referrals?
- This is only counted as **one** "Income Assistance" referral for this client.
If PATH staff assisted the client with four different applications for income assistance, then each of these referrals can be recorded in HMIS and would be counted as four referrals to income assistance.

117. Are referrals to co-occurring disorder treatment services counted as substance use treatment referrals?
- A referral to co-occurring disorder treatment services can be entered as either a community mental health service referral or a substance use treatment referral.
- The type of referral chosen is based on the primary focus of the treatment program or agency to which the client was referred.
- These referrals should not be duplicated and the provider must choose one category.

118. For #18 (Referrals Provided), can food stamps be counted under "Income Assistance?"
- Assisting a client with applying for food stamps can be counted under #18 (Referrals Provided) and can be considered a form of income assistance.

Questions Related to Demographics

119. How has the required reporting of demographics changed?
- Providers are no longer required to report demographic information for individuals that are not yet enrolled in PATH.
- Providers are no longer required to report the "Length of Time Outdoors or in Short-term Shelter" data element.
- New demographic data elements include SOAR connection and chronically homeless.

120. What is the definition of SOAR connection and what information needs to be collated?
- The SOAR connection data element (#28g) asks providers to indicate how many active, enrolled PATH clients received SOAR services, regardless of whether or not PATH was involved in providing these services or in making this connection.
  - Data to collect: In your local HMIS, indicate whether a PATH-enrolled individual is connected to SOAR.
  - Annual Report: Enter the total number of enrolled clients that were connected to SOAR this reporting year.

Questions Related to HMIS

121. What data for the PATH Annual Report might not be captured in my local HMIS?
The following data elements are not collected in HMIS:

- Federal PATH funds received this reporting year
- Matching funds from state, local, or other sources used in support of PATH received this year
- Total funds dedicated this year, agency wide, to persons who have serious mental illness and are experiencing homelessness or are at risk of homelessness (include PATH, matching, and non-PATH funds)
- Number of staff supported by PATH funds
- Number of full Time equivalent (FTE) of staff
- Number of trainings provided by PATH-funded staff this reporting year
- Type of organization in which your PATH program operates

122. What should I do if my agency has not fully implemented HMIS and the deadline to transition has passed? Will our funding be taken away or be considered out of compliance?
- For Providers: Providers should contact their SPC to provide information about their HMIS transition status and their projected timeline for completion. Providers should note whether TA is needed to complete the transition.
- For SPCs: SPCs should contact their SAMHSA GPO to provide information about each provider agency that has not yet transitioned to using HMIS for PATH. SPCs should provide an explanation as to why the provider missed the deadline, a brief action plan outlining steps the provider needs to take to reach full implementation, and an estimated timeline for full implementation. SPCs should also note whether TA is needed (statewide or for a specific provider)

123. What do I record in HMIS and the PATH Annual Report when a non-enrolled or enrolled client declines to provide demographic information?

The HMIS Data Standards and the new PATH Annual Report have three options for demographic data that is not collected: *Client doesn't know*, *Client refused*, and *Data not*

collected. If the client declines to provide part or all of their demographic information, use the *Client refused* option.

124. Many of the people we serve are not enrolled and do not have a release of information (ROI) signed. Can we put information in HMIS without a release of information signed? How do we capture non-enrolled information that cannot be captured in HMIS to ensure that all data is included in the annual report?

- Rules governing when it is appropriate to enter information into HMIS without an ROI will vary by state and CoC. Some agencies require that PATH staff have a signed release of information and some require only that a notice be made visibly available to those seeking service.
- Providers should contact their HMIS administrator and SPC to discuss this question.
- To ensure that the populations of people that are not in the HMIS are accounted for, providers will need to record information using another method until the person feels comfortable with their information being included in HMIS. If attaining consent is difficult for your program, please reach out to your SPC to request TA.

125. Is there a minimal amount of identifying information needed to ensure a client's record is de-duplicated?

- PATH outreach workers are encouraged to collect as much information as possible during the outreach process and to build out a client's HMIS record as additional information is collected.
- PATH providers should check with their HMIS administrator about the data fields needed in order to ensure a record is de-duplicated. Name, date of birth, and social security number are common fields that are used to de-duplicate records.

126. Where can I find important HUD documents that will help my program use HMIS?
Two important HMIS documents that will help your agency understand HMIS and its requirements are:

- o HMIS Data Standards Manual
  https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/

- o HMIS Data Dictionary
  https://www.hudexchange.info/resource/3824/hmis-data-dictionary/

127. Does PATH data need to be collected with "information date" in HMIS (required for HUD) and with information dates at entry, annual update, and at exit?
All information that is updated or changed in HMIS should be marked with a date. PATH providers should reach out to their HMIS administrator for additional guidance.

128. Should my PATH program be collecting data on people in HMIS who have not yet been determined as eligible for PATH services?

If an individual is potentially eligible for the PATH program, the PATH worker should begin building a record for that individual at first contact, prior to any official PATH determination being made.

129. Is there a requirement for PATH to capture the date of engagement in HMIS?
- The date of engagement refers to the moment an interactive client relationship results in a deliberate client assessment. The date of engagement occurs prior to or on the same day as enrollment. PATH workers are required to indicate the date of engagement in their local HMIS.
- PATH providers should contact their HMIS administrator for additional guidance.

130. What are the privacy and confidentiality requirements related to inputting and storing PATH data in HMIS?
- A provider entering data into HMIS, or into any comparable system, must comply with all requirements of federal, state, and local laws or regulations that protect personal health information. This includes HIPAA and 42 CFR Part 2, both of which require protection of health information.
  - Federal: HIPAA, 42 CFR, Part 2, and HUD HMIS Technical Standards
  - State: applicable state requirements, laws, regulations
  - Local: applicable local requirements, including those of the local HMIS
  - Agency: applicable agency requirements, policies, and procedures
- Current HMIS Technical Standards require that systems be HIPAA-compliant.
- The requirement under 42 CFR Part 2 to protect the content and nature of any substance use treatment pertains to programs that provide substance use diagnosis, treatment, or referrals for treatment. This requirement is not addressed in the current HMIS Technical Standards.
  - To be a "program" that falls under 42 CFR Part 2, a provider organization or entity must be federally assisted and provide alcohol or drug abuse diagnosis, treatment, or referral for treatment (42 CFR § 2.11).
  - Information protected by 42 CFR Part 2 is any information disclosed by a Part 2 program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a Part 2 program.
  - Providers who are not currently using HMIS should contact their Continuum of Care (CoC) and/or their HMIS Lead Agency to review the policies and procedures governing privacy and confidentiality. It may also be helpful for providers to discuss questions about privacy and security with other providers in their Continuum who enter data for Shelter Plus Care residents.
  - Providers should look at the Memoranda of Understanding (MOUs) or other agreements that they may have with their HMIS administrator and/or CoCs to ensure language about privacy and confidentiality are included. HUD will soon update the HMIS Technical Standards to address privacy and confidentiality concerns, and SPCs will be notified when this guidance is available.
  - Any additional questions about HMIS privacy and confidentiality standards can be submitted through HUD's Ask A Question (AAQ) portal located here:

. Please label any questions as being HMIS-related. HUD will be able to review these questions and provide a response.

131. In terms of HMIS entry, how will providers be able to enter clients served in outreach if there is not enough data available on those clients? How does HMIS count contacted numbers in such cases?

- Until a relationship is developed with a client that allows a PATH worker to enter all the data elements that identify that client so the client record can be de-duplicated in HMIS, it may be possible to enter information about the client in less traditional ways (e.g., male living in vacant house on 621 5ᵗʰ Street).
- Some CoCs have been collecting minimal identifying data elements for many years when doing their annual point-in-time count of persons experiencing homelessness and have developed guidelines to help providers and outreach workers.
- The HMIS administrator may be able to suggest ways that the local CoC has decided to collect only minimal identifying data on clients.
- When additional identifying information about the client is available, the client record can be updated to include more accurate information, given that the client gives consent for this information to be entered.
- PATH providers should speak with their HMIS administrator and their CoC about data collection for outreach contacts where identifying information is not readily available.

PATH Funding Opportunity Announcement (FOA)

A PATH FOA Q&A document is released each year with information specific to the year's FOA. The information below is from the 2016 PATH FOA.

Part I: General Questions

132. When is the FOA due?
The 2016 Projects for Assistance in Transition from Homelessness (PATH) funding opportunity announcement (FOA) is due by 11:59 p.m. EDT on May 27, 2016. Please note that after 11:59 p.m. EDT on May 27, 2016, the WebBGAS system automatically closes and cannot accept PATH applications after that time. All applications must be submitted through the WebBGAS system.

133. Where can I find a copy of the FOA?
The FOA is available in WebBGAS under Related Documents on the Overview page for the 2016 PATH Grant Application. You need a WebBGAS account to access it. If you need assistance accessing WebBGAS, please contact the WebBGAS Help Desk at BGASHelpdesk@samhsa.hhs.gov or 1-888-301-2427.

If you do not have a WebBGAS account, e-mail your SAMHSA GPO to request that they authorize the creation of a new account in WebBGAS. The WebBGAS Help Desk requires an e-mail from your GPO authorizing the creation of a new account.

134. Where can I find a recording of the webinars and related materials?
The FOA and WebBGAS webinar recordings can be accessed using the following links:

2016 PATH FOA webinar recording: https://samhsa-hhrn.adobeconnect.com/p3wrzy4s7oy/?launcher=false&fcsContent=true&pbMode=normal&smartPause=fales

2016 PATH WebBGAS webinar recording: https://samhsa-hhrn.adobeconnect.com/p4howbohlj0/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false

These links and transcripts of the recordings will also be posted on the Resources page of the PATH Data Exchange (PDX). If you need assistance accessing PDX, please contact Amy White at awhite@center4si.com.

135. Previous guidance has indicated that states must transition to using Homeless Management Information Systems (HMIS) for PATH client data by the end of fiscal year (FY) 2016. Is this deadline based on the state FY or the federal FY?
States are expected to use their state fiscal year as the deadline for transitioning to HMIS. For example, if your state's fiscal year ends on June 30, the deadline for your state's HMIS transition to be completed would be June 30, 2016.

136. Where do I find information about my assigned GPO?
There is a complete list of GPOs by state/territory in Appendix G of the FOA. A list of GPOs can also be accessed in WebBGAS by either clicking on the State Project Officer (SPO) List link at the bottom of the page or going to the SAMHSA Contacts tab of your State Profile.

137. How can I obtain login credentials for the WebBGAS system?
If you do not have a WebBGAS account, e-mail your SAMHSA GPO to request that they authorize the creation of a new account in WebBGAS. The WebBGAS Help Desk requires an e-mail from your GPO authorizing the creation of a new account.

138. Can State PATH Contacts (SPCs) submit the Health Disparity Impact Statement (DIS) early, or do they need to wait until November?
SPCs may choose to submit the Health DIS with their 2016 application. The DIS is due by November 30, 2016.

139. Is this FOA for 2 years or 1 year?
The 2016 FOA is a 1-year application. SAMHSA is currently looking into transitioning to a biennial PATH application in the future, but a date for this transition has not yet been confirmed.

Part II: FOA Questions

140. Is there a difference between a request for application (RFA) and an FOA?
There is no difference between an RFA and FOA. According to the grants.gov website, an FOA is a "publicly available document by which a federal agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. FOAs may be known as program announcements, requests for applications, notices of funding availability, solicitations, or other names, depending on the agency and type of program."

141. Is the allocation in the FOA the final allocation? The chart in the FOA says that it is an estimate.
The allocations listed in the chart in Appendix A of the PATH FOA are final. States/territories should complete their estimated PATH budget based on this allocation. The final allocations are also available from the State Budget section in WebBGAS.

142. Where in the application should states submit information about how they will meet the match requirement?
Information regarding how states will meet the match requirement should be submitted under State Level Information, Section K (Matching Funds).

143. Could SAMHSA confirm what forms are required for this FOA? Will SAMHSA distribute documentation related to the discontinuation of SF-424A and additional information about SF-425 and 45 CFR Part 75?
All information for the 2016 PATH FOA, including budget information, should be submitted directly in WebBGAS. States may request that providers use SF-424A as a template to submit their budget, but they are not required to use it. A link to the form is available in the FOA on page 14, and additional information is provided in Appendix C beginning on page 33.

States/territories must submit a Federal Financial Report (FFR) SF-425 to the SAMHSA Division of Grants Management no later than 90 days after the liquidation period, which is 27 months from the beginning of the award period. Additional information is provided in the FOA on page 26 under "Post-award Requirements."

Information regarding 45 CFR Part 75 regulations is available using the link provided in the FOA on page 12 under Section II, Award Information.

144. Is there a list of documents that are required to be mailed to grant officers as a hard copy? Are states/territories required to mail a hard copy of the entire application?
The following items must be reviewed in WebBGAS, printed, signed, and uploaded as an attachment. A signed hard copy must also be sent to the SAMHSA Division of Grants Management at the address provided in Section VII of the FOA.

- Assurances – Non-construction Programs
- Certifications
- Funding Agreement

States/territories do not need to mail a hard copy of the entire application.

145. Can SPCs require providers to report on information in the FOA that is not required by SAMHSA?
Yes, SPCs can request additional information from the providers in their states/territories.

Criminal Justice
146. States have not had to collect data on the number of PATH-enrolled clients with criminal histories in the past. Is it okay to provide an estimated percentage of individuals involved in the criminal justice system, or is this optional to report for this year's application?
SAMHSA is not asking states/territories to collect and report any data about the number of PATH clients with a criminal history. States are encouraged to ask local providers to be

aware of services provided to individuals who have been or are currently involved with the criminal justice system. Increasing awareness of the plight of PATH clients involved in the criminal justice system will help states and providers better plan and address the needs of this population, increase collaboration with local partners, and ultimately widen efforts to best address the needs of this growing population.

In response to the "Justice Involved" section of the FOA, states are asked to describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history, such as jail diversion, reentry programs, case management services, and other state programs, policies, and laws.

Helpful resource:
[Connecting People Returning from Incarceration with Housing and Homelessness Assistance](#)

147. What is the definition of "criminal history"? Would this include only individuals who have been incarcerated, or would it also include individuals who have been arrested but not incarcerated?
PATH clients with a "criminal history" refers to individuals who have contact with the criminal justice system. This may involve arrests, detentions, or criminal offenses that led to incarceration or jail time.

148. Will the HMIS Data Standards be updated to include a data element related to criminal history? Could you provide suggestions on how to capture data on the number of justice-involved individuals if there is no data element in HMIS for this information?
No, HMIS is not being updated to include data elements related to criminal history. States/territories are not asked to collect data on justice-involved individuals, but they are encouraged to ask their local providers to be aware of services provided to individuals who have been or are currently involved with the criminal justice system.

Coordinated Entry
149. Should all PATH providers be part of a coordinated entry system?
Yes, all PATH providers should be involved in the design and implementation of their Continuum of Care's (CoC) coordinated entry system.

150. My state has multiple CoCs in which PATH providers are involved. For the coordinated entry section, does SAMHSA want information from all the different CoCs?
Yes, in the "Coordinated Entry" section of the FOA, SAMHSA is asking states to provide an overview of all of their providers' efforts in the development and implementation of coordinated entry systems across all the different CoCs in which PATH providers operate. States should also describe any state-level efforts to encourage PATH provider participation in the development and implementation of local coordinated entry systems.

Coordinated entry is an important component of a comprehensive community approach to ensure that resources are allocated as effectively as possible and that they are easily accessible to people in need. Coordinated entry systems provide many benefits to the state and their local providers; they help identify any gaps in services, reduce duplication of services, leverage resources, and strengthen coordination and linking of resources among community programs and services.

Helpful resource:
[HUD Coordinated Entry Policy Brief](#)

151. If all of a state's CoCs participate in a coordinated entry process except for one, does the coordinated section refer to the state's current efforts with only the other CoCs?
All CoCs are expected to develop and implement a coordinated entry system, and SAMHSA expects PATH providers to be involved in the development and implementation of their local CoC's coordinated entry system. The "Coordinated Entry" section of the FOA refers to how your local providers are collaborating with their local CoCs and other key partners. Key partners may be state or local programs that will play a vital role in the coordinated entry process.

Part III: WebBGAS Questions

152. Is it possible to print a copy of the completed FOA from the WebBGAS system, have it signed by a state supervisor, and then upload and submit the final signed copy in WebBGAS?
The WebBGAS system includes a state supervisor role within the system—this is the person who is approved to submit the completed FOA to SAMHSA. Reviewing and submitting the FOA through WebBGAS is how the state officially indicates that it agrees with what is stated in the application. The PATH supervisor should consider submitting the application through WebBGAS as the equivalent of signing a hard copy. All applications must be submitted through WebBGAS; SAMHSA will not accept paper applications.

153. If a state submits its application before the May 27 deadline and requests that the application is reopened to make a revision, does the application need to be resubmitted before May 27?
Once the application is submitted to SAMHSA for review, it does not have to be re-submitted after revisions are made via the revision request functionality.

154. When entering a PATH-funded salary and the full-time equivalent (FTE) for that salary, the WebBGAS system automatically assigns the whole salary to federal dollars, which is not accurate in some cases. I have been entering a portion of an FTE position to balance the federal and state dollars, which are both funding the position. Is this the correct way to enter this information?
Yes, if a position is an FTE position but only 50 percent of the funding is PATH federal dollars, you would enter this as 0.5 in WebBGAS, and it will automatically calculate this in the system as federal PATH dollars.

155. Where are the training slides located in WebBGAS?
The training slides can be accessed by navigating to the "Support" tab at the top of the page, then selecting the "Training" tab on the left side, and then scrolling down to the "State Users PATH Application Tutorials" section.

156. Last year there was a problem with how WebBGAS calculated the percentage of PATH provider salaries funded by PATH. The formula in WebBGAS caused significant challenges in getting budgets to total correctly. Has this issue been corrected?

The intended use plan (IUP) budget section can be completed directly in WebBGAS. The budget section includes both line item detail and totals by category, and information will be automatically summarized for all IUPs on the state budget under "Contractual (IUPs)."

To enter personnel details, select the "Add Personnel Detail" button and select the appropriate position from the dropdown menu. If the position represents a single individual, enter their total annual salary. If more than one person has this role and has the same annual salary, they can be combined on a single budget line. If more than one person has the same role but they have different annual salaries, they must be entered into separate budget lines to indicate each of the salaries. Do not adjust the salary amount to reflect what is funded by PATH. Next, under the "PATH-funded FTE" column, enter the number of full time equivalent (FTE) staff that will be funded by PATH. The PATH-funded salary will be automatically calculated based on the annual salary and PATH-funded FTE entries. Next, under the "Matched Dollars" column, enter the matched dollars amount. The "Total Dollars" column is automatically calculated based on the PATH-funded salary amount plus the matched dollars amount.

For more information, please view the PATH WebBGAS webinar recording (the Personnel Details section begins at about 24 minutes) or review the PATH WebBGAS tutorial beginning with slide 64.

157. Due to some legislatively required changes, the number and names of our state's regions have changed. Can the State PATH Regions section be edited to change the names of regions and realign the providers under some of the regional administrations?
Yes, the regions can be changed by adding the newly defined regions to the State PATH Regions section under State Information in WebBGAS. Providers may then be associated with the new regions in the IUP Provider Profile screen available from the IUP Provider List. Once they are re-aligned, the discontinued regions may be deleted by returning to the State PATH Regions section.

158. If states other than California and Pennsylvania have sub-IUPs are they required to enter sub-IUPs into WebBGAS?
Yes, if other states/territories have sub-IUPs, they are required to complete the information on their sub-IUPs in WebBGAS. Information on how to enter sub-IUPs is available in the WebBGAS tutorial at https://bgas.samhsa.gov/Module/Support/Page/Training.aspx under "State Users PATH Application Tutorial."

159. Can we attach the budget as an upload instead of filling in each budget category in WebBGAS?
States/territories should enter all information for the budget section directly into WebBGAS rather than uploading separate forms.

160. If we attach a detailed budget with sub-line items, can we then just enter the main line items in the budget?
All budget information should be entered directly into WebBGAS. SAMHSA's Division of Grants Management discourages grantees from only entering totals into the budget section and uploading the detailed information.

161. Are any of the state forms PDF-fillable or available in Microsoft Word format?
To obtain blank state forms from WebBGAS, grantees should create the 2016 PATH

application in WebBGAS and then use the print function to print the forms directly from WebBGAS.

162. My state has administrative entities that contract with providers, and in some areas we contract directly with providers. Does SAMHSA want the name of the administrative agency and the provider name in the executive summary/IUP section or just the name of the provider?
It appears that your state has sub-IUPs if there are administrative entities/agencies that contract with providers. You will be required to provide the names of the administrative entities/agencies in the Executive Summary/IUP section, which will become the 'Primary IUP Provider.' Once entered, proceed to the Budget Section and enter the sub-IUP information for your contract providers. If you need additional support to complete this section, there is a WebBGAS tutorial located on the Support and Training section of WebBGAS. You may also contact the WebBGAS Help Desk at (888) 301-2427 or BGASHelpDesk@samhsa.hhs.gov for additional support.

163. If a response to a specific section is prepared in Microsoft Word, can it be uploaded to WebBGAS, or does the information still need to be manually entered into the system?
It can be done either way. In the WebBGAS system, there are options to either upload the document, to cut and paste the information into a text box, or to enter text directly into the text box. However, information related to the budget section should be entered directly into WebBGAS and not uploaded as an attachment.

164. Is information automatically saved in WebBGAS?
No. The system will only save information that has been saved using the "Save" feature in the system; it will not automatically save everything you have entered. Please note that there is a function in WebBGAS that automatically logs users off after a certain period of inactivity. Any information that has not been saved up to that point is lost. Please use the "Save" feature frequently to avoid losing any information.

165. If a state has a delegation letter from the governor, does this need to be submitted to SAMHSA before submitting the application in WebBGAS, or can it be uploaded in the WebBGAS system?
States should upload the letter in WebBGAS and then mail the original letter to Wendy Pang in the SAMHSA Division of Grants Management (address information can be found in Section VII of the FOA). Please note that, in each section of the WebBGAS system, you can select the "Instructions" box to receive specific information about that section. For example, in the "Certifications" section, there are specific instructions for submitting a hard copy of original letters to SAMHSA by mail.

166. When entering information into the State Level section, what action needs to be taken to get the bar to go green? Will saving the uploaded item turn the bar green?
Simply saving the information itself will not cause the progress indicator bar to increase. Each section within the PATH application has a "Complete" button associated with it. Clicking on the "Complete" button for a given form will cause the progress indicator bar for that section, as well as the progress indicator bar for the entire application, to increase.

167. Can the "Complete" button be reversed if you need to update something?
Yes, anything within the application can be modified up until the point when the application is submitted to the project officer for review. On the "Overview" page, once the "Complete"

button is selected for a particular form, the button will change to "In Progress." If you need to make changes to a particular form, select the "In Progress" button to change the status of that form. After the changes are complete, select the "Complete" button again to move the form back to this status.