

Guidance 15
Projects for Assistance in Transition from Homelessness (PATH)

Contract Reference: *Sections A-1.1 and C-1.3.2*
Authority: *42 U.S.C. s. 290cc-21 et. seq.*
Frequency: *Ongoing*
Due Date: *Not Applicable*

The Managing Entity shall subcontract with entities who qualify under Section 522(a) (42 U.S. Code § 290cc–22) and have the capacity to provide, directly or through arrangements, the services specified in subsection 522(b), including coordinating the provision of services to meet the needs of eligible individuals. To be eligible for PATH, individuals must:

- Have a serious mental illness or a serious mental illness and co-occurring substance use issues, and
- Be homeless or at imminent risk of becoming homeless.

PATH Providers must:

- Submit an annual application packet which includes a budget and an Intended Use Plan (IUP) for Managing Entity and Department review and approval no later than March 1st. The Department will provide a budget and IUP template. The IUP must cover needs and services for the following PATH Fiscal Year (8/1 – 7/31). Providers should include how the PATH services align with the priorities of the local Continuum of Care (CoC) plan, when appropriate.
- Establish a service plan for all PATH-enrolled individuals which is reviewed every three months and includes:
 - Community mental health services;
 - Coordination and referrals for needed services such as shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing; and
 - Assistance obtaining income and income support services, Supplemental Nutrition Assistance Program (SNAP) benefits, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI).
- Maintain individual medical records for each PATH participant containing an intake form, a determination of eligibility for PATH-funded services, a service plan, and progress notes.
- Enter quarterly summary information about PATH programs and services into the PATH Data Exchange (PDX) at <https://www.pathpdx.org/> no later than the 10th of the month following the quarter of services.
- Submit an annual report no later than November 17th via the PDX at <https://www.pathpdx.org/>.
- Train designated staff on SOAR using the SOAR Online Course, available at: <https://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>.
- Enter SSI/SSDI application data into the SOAR Online Application Tracking (OAT) database at soartrack.prainc.com/, in accordance with Managing Entity Contract Guidance 9.
- Provide at least one dollar of local matching funds for every three dollars of PATH funds received and expend local matching funds to provide eligible services to PATH participants. Match-funded expenditures must align with the services identified in the local IUP budget.

- Employ policies and procedures that ensure priority use of other available funding sources for services (i.e., Medicaid).
- Include consideration of continuity of care needs specifically for people experiencing homelessness in disaster response plans. PATH providers shall assess, at least annually, and amend as appropriate, their disaster response plan to ensure it continues to meet the service needs of the target population.
- Participate and collect consumer data in the Homeless Management Information System (HMIS) and establish plans for new hire training and continued training.

The Managing Entity shall:

- Review instructions and participate in training(s) on data entry into the WebBGAS data system and annually check for any changes that may have been updated since prior years.
- Review and become familiar with the Funding Opportunity Announcement (FOA) requirements for the Grant Fiscal Year. The FOA is accessible through the Resource page in PDX.
- Check each PATH provider IUP and budget for accuracy, completeness, and adherence to the reporting requirements and submit to the State PATH Contact (SPC) no later than **March 15th**.
- Upload PATH application documents and enter the data for each provider into WebBGAS once approved by the SPC.
- Ensure budget costs charged to the grant are allowable as authorized under 45 CFR § 75.403, and that housing expenses do not exceed the maximum 20 percent allowable per section 522(h) (42 U.S. Code § 290cc-22).
- Review and approve the PATH provider's annual report in PDX prior to submitting for SPC for approval. Review and approval include verification of PATH funds received and matching funds used in support of PATH.
- Designate a lead staff responsible for managing, regularly reviewing and ensuring accurate data input by PATH provider's in PDX.
- Monitor the PATH provider's progress toward annual targets in IUPs and Behavioral Health Disparity Impact Statement (DIS) as reported in the quarterly and monthly PATH reports.
- Encourage PATH providers to develop and implement a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of service activities. Providers may incorporate the quality improvement (QI) plan as part of their larger QI plan provided that the PATH eligible population is considered. PATH providers are encouraged to collect and use data to:
 - Identify the number of individuals to be served during the grant period;
 - Identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; and
 - Identify methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (Refer to the most current version of the SAMH's Disparity Impact Statement (DIS) for more information.)
- Assist PATH providers in collaborating with local resources to link people with safe, affordable housing.
- Inform the SPC within three business days of any significant program changes or anticipated changes. If determined to be necessary by the SPC, a request detailing the planned revisions and justification must be submitted. Implementation of any significant changes are contingent upon Department approval. An

example of a significant change includes, but is not limited, to the following: a corrective action issue, adding a new or withdrawing of a PATH provider, or changes in funding allocation.

- Use Section 4 and Appendix F in the most current SPC Welcome Manual when conducting site visits. The manual will be provided by the SPC.

Best Practice Considerations: PATH Enrollment

In order to establish consistency across PATH programs it is recommended that the PATH Enrollment checklist below is used when enrolling PATH participants.

PATH Enrollment Checklist

Enrollment: PATH enrollment implies that there is the intent to provide services for an individual other than those provided in the outreach setting. The term enrolled means that there is a mutual intent for the services to begin. PATH enrollment is when:

- 1) The individual has been determined to be PATH eligible,
 - 2) The individual and the PATH Provider have reached a point of engagement where there is a mutual agreement that services will be provided, and
 - 3) The PATH Provider has started an individual file or record for the individual that includes, at a minimum:
 - a. Basic demographic information needed for reporting,
 - b. Documentation by the Provider of the determination of PATH eligibility,
 - c. Documentation by the Provider of the mutual agreement for the provision of services,
 - d. Documentation of services provided, and
 - e. Service plan if the PATH enrollee is receiving case management services.
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_____ has been determined eligible for PATH

(Name of Person Served)

enrollment based on meeting the following criteria:

- He/she has a mental health diagnosis of _____ OR
- There is an informed presumption that the individual has a serious mental illness because:
- He/she is experiencing or displaying symptoms of mental illness and is experiencing difficulty in functioning as a result of these symptoms that indicates severity,
- He/she has shared or has a known history of engagement with mental health services,
- He/she has symptoms and functioning that indicates there is a history of or expected tenure of significant mental health concerns

AND

- He/she lacks any housing, OR
- His/her primary residence during the night is a supervised public or private facility that provides temporary living accommodations, OR
- He/she is a resident in temporary or transitional housing that carries time limits, OR
- He/she is in a doubled-up living arrangement where his/her name is not on the lease, OR
- He/she is living in a condemned building without a place to move, OR
- He/she is in arrears in rent/utility payments, OR
- He/she has received an eviction notice without a place to move, OR
- He/she is being discharged from a health care or criminal justice institution without a place to live, OR
- He/she is living in substandard conditions that could result in homelessness due to local code enforcement, police action, voluntary action by the person, or inducements by service providers to go to alternatives like short-term shelters whose residents are considered to be homeless.