OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

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FLORIDA PATH PROGRAM MANUAL

This document establishes the Office of Substance Abuse and Mental Health's expectations for Projects for Assistance in Transition from Homelessness (PATH) funded programs.

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Purpose

The manual describes the framework for implementing the Project for Assistance in Transition from Homelessness (PATH) programs, as authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, subject to Public Health Service Act Part C, Section 521 and administered by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, Homeless Programs Branch.

Scope

These standards apply to PATH programs to ensure the requirements set forth in the PATH Grant are fulfilled. Managing Entities and PATH providers are encouraged to refer to the Funding Opportunity Announcement (FOA) of the current fiscal year (FY) for which they are applying as some requirements may change.

Terms

The Department approved term "individual," will be used when referring to individuals that may be eligible or served by PATH programs. The term must be adopted by PATH providers.

Definitions*

For the purpose of the PATH Program Manual, the following definitions apply:

a. Co-occurring Serious Mental Illness and Substance Use Disorder. An individual who has at least one serious mental health disorder and a substance use disorder, where the mental health disorder and substance use disorder can be diagnosed independently of each other.
b. Individual Experiencing Homelessness. An individual experiencing homelessness must be as least restrictive as defined by the Public Health Service (PHS) Act: "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.
c. Imminent Risk of Becoming Homeless. The criteria commonly include one or more of the following: doubled-up living arrangements where the individual's name is not on a 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.
d. Serious Mental Illness. An individual 18 years of age or older with a diagnosable mental health disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

*Additional definitions can be found in the PATH Annual Report Manual available under Resources in PDX.

PATH Overview

The PATH program supports the delivery of services and resources to individuals who have serious mental illnesses, may have a co-occurring substance use disorder, and are homeless or at imminent risk of homelessness. The PATH Legislation allows states to implement the PATH Program to fit the needs of the state to identify, engage, enroll and transition individuals that meet PATH eligibility to community mental health services.

Florida's PATH grant is managed by the Department of Children and Families' (Department) Office of Substance Abuse and Mental Health (SAMH). The Department contracts with private, not-for-profit intermediaries, called Managing Entities, to manage the funding for substance abuse and mental health services. In partnership with the Department's regional SAMH offices and through specific contract language, the Managing Entities ensure PATH funds are utilized as required by the grant and s. 521 et seq. of the Public Health Service Act, as amended. Managing Entities assist PATH providers through collaboration with Continuums of Care (CoCs) and HMIS Lead Agencies to facilitate access to the Coordinated Entry system and other local resources to link people with safe, and affordable housing.

The PATH Grant is the only dedicated mental health and substance use treatment funding for individuals with a mental illness who are homeless or **at risk of homelessness**. The United States Housing and Urban Development (HUD) prioritizes housing for individuals who are literally and chronically homeless. Therefore, PATH providers and CoCs share a small but high-cost, high-need population that require housing and services. Because HUD awards all competitive homeless assistance program funding through CoCs, it is essential for PATH providers to participate in the CoC planning process to improve local service coordination and help secure resources to benefit PATH-enrolled individuals who are experiencing homelessness or at risk of homelessness. The ultimate goal is for PATH-enrolled individuals to attain permanent housing, with a choice of mental health and substance abuse services and supports as an integral step in recovery.

The Office of SAMH employs the State PATH Contact (SPC) responsible for grant management and the provision of technical assistance to the Managing Entities, and PATH providers. Collaboratively the SPC and regional SAMH staff work to ensure that federal PATH grant requirements and SAMH standards are met. Additionally, the SPC is the designated State Team Lead (STL) for SSI/SSDI Outreach, Access and Recovery (SOAR). The STL connects providers to SOAR online training to assist staff in completing effective SSI/SSDI applications for benefit acquisition. All PATH providers must be capable of providing or connecting, by a formal written agreement, referrals for SOAR services to eligible PATH-enrolled individual.

PART I – Eligible Services

Although PATH funds can be used to support an array of services, applicants are encouraged to use these resources to fund street outreach, case management, and services which are not financially supported by mainstream services and/or behavioral health programs. Examples include:

- Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation, habilitation and rehabilitation, prevocational and vocational training, and housing;

- Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experience homelessness are receiving aid under title XVI of such act; and
- One-time rental payments to prevent eviction; etc.

Allowable PATH- funded services:

Outreach services;

a. Screening and diagnostic treatment services;
b. Habilitation and rehabilitation services;
c. Community mental health services;
d. Alcohol or drug treatment services;
e. Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are experiencing homelessness and serious mental illness seek services;
f. Case management services, including:
    1. Preparing a plan for the provision of community mental health and other supportive services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
    2. Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
    3. Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
    4. Referring the eligible homeless individual for other services as needed; and
    5. Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under title XVI of such act;
g. Supportive and supervisory services in residential settings;
h. Referrals for primary health services, job training, educational services, and relevant housing services;
i. Housing services, including:
    1. Minor renovation, expansion, and repair of housing;
    2. Planning of housing;
    3. Technical assistance in applying for housing assistance;
    4. Improving the coordination of housing services;
    5. Security deposits;
    6. The costs associated with matching eligible homeless individuals with appropriate housing situations; and
j. One-time rental payments to prevent eviction.

PART II – Program Specifications

PATH programs are not required to deliver the full array of services. However, PATH programs must be capable of linking PATH-enrolled individuals with needed services. PATH programs must place emphasis on street outreach and case management activities to engage individuals who are or are at risk of homelessness and are not already connected with mainstream services (e.g. substance abuse, mental health, housing, employment, etc.). Programs are encouraged to prioritize individuals that meet PATH eligibility who are Veterans and/or experience health and housing disparities. If a Disparity Impact Statement is required by the grant PATH programs are urged to prioritize the identified priority population.

After-care Exit. After-care allows PATH providers to maintain the relationship with the PATH-enrolled individual and assure they remain stable. PATH staff may continue to work with PATH-enrolled individuals who are residing in permanent housing or referred to mainstream resources for a maximum of 90 calendar days. After 90 days, PATH-enrolled individuals must be exited from the PATH program.

Automatic Exit. An automatic exit is the maximum amount of time that is allowed to pass without contact with the PATH-enrolled individual before they can be exited from the PATH program. PATH-enrolled individuals who have not been contacted by PATH staff for 90 calendar days will be automatically exited in HMIS from the PATH program.

Although, auto-exits are not entirely avoidable due to the transient nature of some PATH individuals it is highly encouraged that PATH Program providers leverage all possible resources and strategies so that no PATH-enrolled individual leaves the program with an automatic exit. If an automatic exit is used for an individual's record the exit date is documented as the date of last contact.

Case Management. The National Association of State Mental Health Program Directors (NASMHPD) defines case management as a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human service needs. This includes providing linkages and training for the PATH-enrolled individual served in the use of basic community resources and monitoring of overall service delivery.

PATH case managers ensure that PATH-enrolled individuals get the services and supports that they need and want through a collaborative, person-centered, and planned approach. The case manager assesses the needs and wants of the individual and, where appropriate, arrange, coordinate and advocate for delivery and access to a range of programs and services designed to meet the individual's needs.

Clinical Assessment.* A clinical assessment is a determination of psychosocial needs and concerns, resulting in a diagnosis (preliminary or definite).

Contact. An interaction between a PATH-funded staff and an individual who is potentially PATH eligible or enrolled in PATH. Contacts may range from a brief conversation between the PATH-funded staff and the individual about their well-being or needs, to a referral to service. A contact must always include the presence

of the individual—the facilitation of a referral between a PATH staff and another case manager or service provider without the involvement of the individual is not to be considered a contact. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center.

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.

Note: If the community mental health service is directly funded through PATH it is considered a service.

Community Mental Health Service. A range of PATH funded mental health and/or co-occurring services and activities provided in non-institutional settings to facilitate an individual's recovery.

Examples of services include but are not limited to;

- Clinical intake evaluation
- Physician/medical assessment and treatment
- Diagnostic testing
- Crisis intervention
- Individual, Group, or Family Counseling

Note: If the community mental health service is **not** directly funded through PATH it is considered a referral.

Eligibility Assessment. Clinical PATH staff conduct clinical assessments to determine PATH eligibility. All other PATH staff must assess eligibility through observation and conversation, and the justification must be clearly documented in the Homeless Management Information System (HMIS), and once enrolled transferred to the individual's medical record until a clinical assessment can be made (i.e. determination of eligibility for PATH-funded services). The assessment does not have to be of a clinical nature, and neither HUD nor SAMHSA have established minimum criteria for what the assessment must include, other than the individual deliberately engaging with the staff to resolve the housing crisis.

Engagement. Engagement occurs when an interactive relationship with the individual results in a deliberate assessment or the beginning of a case plan. It is a **one-time** event, may occur on or after the project start date, and must occur prior to PATH enrollment and project exit. Individuals cannot be enrolled in PATH without being engaged. Although some interactions with an individual may result in a positive outcome such as assisting an individual access a shelter bed, without a deliberate assessment or the beginning of a case plan, those interactions are **not** considered to be an engagement.

Once PATH outreach staff have made initial contact with potential PATH-eligible individuals, they must establish a relationship to promote engagement, so individuals are comfortable and well equipped to access services, resources and re-integrate into the community. Relationships are fostered at the pace and wishes of the individual, pursuing his or her goals, as opposed to those of the PATH staff.

Enrollment. 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.

Only persons eligible for PATH can receive a PATH-funded service or referral. Once enrolled, information gathered must be completed and entered into the HMIS system to aid in the utilization of coordinated entry. Individuals referred from a state hospital, inpatient hospital, or crisis stabilization unit are given priority.

Exclusionary Criteria. The following includes, but is not limited to, conditions which would exclude an individual from enrolling in PATH:

Persons with a diagnoses of substance use disorder without a co-occurring primary diagnosis mental illness.

Symptoms and/or behavior that present a danger to self, or others.

Persons with medical conditions requiring skilled nursing care.

Generally Reside. PATH providers have a maximum of seven (7) working days to identify a response to the question "Where did you stay last night?" After seven (7) working days the PATH Provider must enter the individual into the most appropriate program based on the knowledge gained to date (i.e. PATH Street Outreach or Supportive Services).

Habilitation/Rehabilitation. Services that help a PATH enrolled individual learn or improve the skills needed to function in a variety of activities of daily living.

Housing. PATH programs have detailed strategies for providing and/or obtaining housing for PATH -eligible individuals. If PATH programs do not directly provide housing, formal agreements with housing organizations outlining prioritization, coordination, and tracking of PATH individuals is required. In order to ensure an individual is able to maintain stable housing, PATH programs may continue to provide or ensure provision of supportive services for up to 90 working days after a PATH individual is housed. After 90 days, the individual must be discharged/exited from the PATH program. Programs may extend the timeframe if sufficiently justified.

Housing Services are provided on a case by case basis. When programs are not sure of what is allowable or excessive, consult with the State PATH Contact before expending funds on services. Examples of allowable housing expenditures include the following:

Housing Minor Renovations:

Assistance provided on behalf of a PATH-enrolled individual to ensure a housing unit is accessible and/or ensure the unit or home meets housing quality standards.

Housing Moving Assistance:

Assistance provided on behalf of PATH-enrolled individuals to help establish the household. (i.e.utility deposits/assistance, movers, furnishing (not to exceed $250) pots/pans, etc.)

Housing Eligibility Determination:

Assistance provided on behalf of PATH-enrolled individuals to meet financial requirements to enter housing. (i.e. application fees)

Security Deposits:

Assistance provided on behalf of PATH-enrolled individuals to pay up to two months' rent or other security deposits to secure housing.

One-time rent for eviction prevention:

Assistance provided on behalf of a PATH-enrolled individual who is at imminent risk of homelessness, 30 days or less.

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

Housing Moving Assistance. 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.

Housing Minor Renovation. 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.

One-time Rent for Eviction Prevention. One-time payment on behalf of PATH-enrolled individuals who are at risk of eviction without financial assistance.

Outreach. The process of identifying and interacting with individuals who are potentially PATH eligible. Outreach, including street outreach, is deliberately organizing activities to meet potential PATH eligible individuals where they naturally congregate rather than waiting for them to seek services at a specific place.

During effective outreach, the goal is to engage with potential PATH eligible individuals and developing the critical relationships necessary for supporting transition to housing and/or needed behavioral health services. Collaboration with community agencies is important and may span many sectors, including faith-based organizations, hospitals, correctional institutions, free clinics, law enforcement, meal sites, homeless shelters, libraries, and day centers.

PATH programs that only provide outreach must have written policies, and formal agreements when appropriate, in place outlining referrals to services and/or systems of care in the community that can meet the needs of PATH eligible individuals. For PATH programs that collaborate with community agencies for outreach, there are be clearly defined strategies to promote coordination among outreach agencies. Additionally, in-reach to individuals in jails, residential detox, crisis stabilization units, and mental health treatment facilities is allowed; however, every effort must be made to ensure there are no duplication of services.

PATH Eligibility. To qualify as PATH eligible, the individual must be:

a. Homeless or at risk of homelessness and have a primary mental illness such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression or co-occurring mental health and substance use disorder.
b. 18 years of age or older.

c. Adequately stable such that he/she does not require inpatient services.

Priorities. Program priorities for use of PATH funds by providers, at a minimum, must include:

a. Targeting adults in the priority population who are experiencing homelessness or are at risk of homelessness and maximize serving the most vulnerable adults who are literally and chronically homeless; and
b. Conducting street outreach and/or case management as priority services.

Project Type. PATH Providers use the following data collection methodology to determine which program the individual is entered into at first contact (Project Start Date):

- Where did you stay last night?
  - If the individual responds with an answer consistent with a place **not meant** for human habitation, then enter the individual in the Street Outreach project.
  - If the individual responds with an answer consistent with a place **meant** for human habitation, including emergency shelters, then enter the individual in the Supportive Services project.
  - If the individual does not provide an answer, wait until you can get an answer, and enter the individual in HMIS at that point.
  - If the individual does not provide an answer to "Where did you stay last night?", and you never encounter the individual again, are entered into the Supportive Service Only project.

If the PATH project initially enters an individual in a project type based on the identification of their primary place of residence, but later learns additional information about the individual's primary place of residence that indicates that another PATH HMIS Project Type more appropriately represents that individual's living situation, the PATH project is **not** required to exit the individual from the project or otherwise alter the individual's record in HMIS.

To aid in the proper identification of an individual's primary place of residence and assure that they are entered into the correct PATH Program and corresponding HMIS project type, use the guidance in "Identifying Individual Primary Place of Residence" in the PATH Program HMIS Manual.

Project Start Date. The project start date is the date of first contact between the PATH-funded staff and the individual.

Records. PATH programs must maintain individual files for PATH-enrolled individuals containing an intake form, a service plan, and progress notes for each person served with PATH funds.

a. The intake form must contain information to determine eligibility for PATH services, such as living situation and disability, and obtain data needed for quarterly and annual progress reports (See Appendix E in the SPC Welcome Manual for an example).
    - If the HMIS contains a suitable substitute for a paper intake form and can record the required elements of an individual's file, or an electronic medical record system, may be used for this purpose. The Managing Entity must provide prior approval.

b. PATH Programs must involve all PATH-enrolled individuals in the development a service plan including:
    1. The individual's goals to obtain community mental health services;
    2. Coordinating and obtaining needed services for the individual, including services relating to shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing;
    3. Assistance to obtain income and income support services, including housing assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI);
    4. Referrals to other appropriate services; and
    5. Review of the plan not less than once every three months.

Re-engagement. Re-engagement is the process of re-establishing interaction with a PATH-enrolled individual who is disconnected from PATH services for more than 15 working days and less than 30 calendar days in order to reconnect them to services based on the previously developed case management or service plan. Reengagement must occur after enrollment and prior to discharge.

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. Referrals are not services, if the PATH Program does not directly deliver a PATH-funded service it is recorded as a referral not a service.

PATH programs build a referral network to complement the services available within their agency. Once enrolled in any type of PATH program, PATH individuals have the opportunity to access a variety of support services to assist them in their recovery and end their homelessness.

Residential Supportive Services. Services that help PATH-enrolled individuals acquire and practice the skills necessary to live in and maintain residence in the least restrictive community-based setting possible. Residential Supportive Services are various ancillary services and are tailored to the specific needs of each individual. Examples include: understanding the rights and responsibilities outlined in a lease; on time rental payments; health and medication(s) management; housekeeping/laundry; meal planning/preparation; and financial management.

Screening. Screening is 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. Screenings occur at the time PATH eligibility occurs. All PATH enrolled individuals are screened for program eligibility. Screenings also occur when PATH staff assess PATH-enrolled individual's needs and how they can be addressed.

Security Deposits. 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**.**

Services. PATH-funded services may include screening, clinical assessment, community-based mental health services, substance use treatment, and housing assistance. Eligible services can be found in subsection 522(b), (42 U.S. Code § 290cc–22).

Services are not the same as referrals, so if the PATH-funded program does not directly deliver a PATH-funded service to the individual it is considered a referral. Services are only reported for PATH-funded services provided to a PATH-enrolled individual. Additional terms related to the PATH Program workflow, referrals, and services can be found in the PATH Annual Report Manual.

SOAR. PATH programs must have specifically identified case manager(s) trained in and using the SSI/SSDI Outreach, Access and Recovery (SOAR) model. PATH programs must identify staff to assist all eligible individuals with SSI/SSDI applications using the SOAR model and track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. PATH programs that do not directly provide assistance using the SOAR model are required to have formal agreements with organizations who do and outline prioritization, coordination, and tracking of referrals.

Note: SOAR connections are not captured as a service or a referral in PDX, however income assistance is a referral category. If the program provides SOAR as a service, or referral, report on data element "Income Assistance" (Q18a9) and SOAR Connections (Q26g).

Staffing. PATH staff must be flexible, empathetic, respectful, non-judgmental, committed, and persistent. Staff must have specialized knowledge of the issues facing the people they serve, be aware of the services and systems of care such as housing, medical, behavioral health, and substance use disorder treatment.

Staff Training. Professional development programs and materials that emphasize best practices and effective service delivery for workers who address the needs of people experiencing or at risk of homelessness.

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.

Street Outreach (HMIS Project Type). Provided to persons who reside in a place not meant for human habitation (e.g. streets, abandoned buildings, etc.) As an example, a street outreach project focuses on outreaching to persons experiencing homelessness who are living on the streets and will collect and enter data under the Street Outreach PATH Program Component. While the PATH-funded staff may contact these individuals in health clinics or shelters, they still will be entered into the Street Outreach project because **the individual lives on the street.**

Supportive Services Only (HMIS Project Type). Provided to Persons who reside in a place meant for human habitation, or who are at risk of homelessness. In some instances, an individual may be contacted in a project or living situation that is the not representative of their place of residence. Determine the **individual's primary place of residence** when selecting PATH Project Type in HMIS.

PART III – PATH Provider Administrative Responsibilities

Agency Collaboration. Increase resources by collaborating with other agencies through one or more of the following activities:

a. Work with the local Continuum of Care entities (funded by the U.S. Department of Housing and Urban Development) to assist providers in using HMIS and to coordinate homeless services locally.
b. Collaborate with state homeless coalitions.
c. Identify new partners (e.g., mental health planning and advisory councils, peer organization groups, downtown business groups).
d. Explore options for collaborations with Mental Health and Substance Use Block Grant programs, the U.S. Department of Veterans Affairs, and other mainstream programs (e.g., Social Security Administration, Temporary Assistance for Needy Families [TANF], and Medicaid) to gain support for PATH individuals.

Individual Involvement. PATH programs offer opportunities for meaningful involvement of individuals served and their family members at the organizational level in the planning, implementation, and evaluation of PATH-funded services to ensure their voices and experiences shape PATH services and benefit current individuals. The lived experience of peers and individuals is vital in crafting effective programs. **This goes beyond conducting a satisfaction survey, developing individualized treatment plans, or involving families in coordination of care.** Examples may include a provider that has individuals who are PATH-eligible employed as staff or volunteers or serve on governing or formal advisory boards.

HMIS and PDX - Data Entry and Collection Requirements. PATH programs are required to collect data in HMIS. Additionally, providers are required to submit annual electronic performance reports to SAMHSA via PDX. The State hosts several different vendors and systems with varying capabilities, and some providers may continue to track data in a secondary system if they are not yet able to extract all required data fields for PATH annual reports from the HMIS system. PATH funds may be utilized for HMIS data migration purposes. The CoCs may provide on-going training and technical assistance for HMIS users in their respective areas. The various software providers of HMIS should also provide technical assistance. HUD provides annual training on updates to requirements for the software to capture data elements as needed.

The HMIS and Coordinated Entry System (CES) facilitate placements in permanent supportive housing based on a vulnerability index (i.e.VI-SPDAT) and are tools for agency collaboration. PATH programs are required to collect all of the Universal Data Elements and the relevant Program-Specific Data Elements. The Program-Specific Data Elements to be collected by each PATH program are available in The PATH Program HMIS manual available in PDX. The manual provides information on HMIS project setup and data collection guidance specific to the PATH Program.

Trainings. PATH providers must have a training plan for all PATH employed and contract staff. PATH staff must receive periodic training in cultural competence, health disparities, and appropriate best practices such as Trauma Informed Care, Motivational Interviewing, Recovery- oriented care, and Housing First.

Match Requirements. Matching Funds Matching Funds (Cost Sharing) is required as specified in Section 523 (a) of the Public Health Service (PHS) Act. All participating PATH providers must match PATH funds directly or indirectly through donations from public or private entities in order to provide non-federal contributions in an amount that is not less than one dollar for every three dollars of federal PATH funds received. Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. This match requirement is embedded in the providers' contract documents and verified through financial monitoring of PATH providers by the Managing Entities.

a. These funds must be available throughout the life of the grant period. Matching in-kind funds may be used only to support PATH-eligible services.
b. PATH providers may utilize a variety of match sources including state general revenue, private donations, county funding, non-federal grants, city funding, and fees to meet the match requirement. Each provider's source of match must be specified in the IUPs, alongside a detailed description of how matching funds will be used.

Example: If your program is awarded $160,000.00 ($160,000 divided by 3 equals 1/3 or $53,333.33); therefore, total project amount is $213,333.33.

PATH Application

PATH funds are allocated to states from SAMHSA, administered by SAMH. As of FY2019, SAMHSA implemented the biennial application process for PATH funding. Participating PATH providers complete full applications every other year. Years when the full application is not required, SAMHSA releases a mini-application to inform awardees of the state allocation, and funding may increase or decrease based on funding availability at the national level.

It is SAMH's responsibility to implement grant activities to accomplish objectives, while adhering to regulatory and budgetary terms and conditions outlined in the Notice of Award (NOA) by SAMHSA. SAMH will ensure all submitted information supports the funding outcomes for each provider. Therefore, SAMH will review application submissions based on the information outlined in the FOA or mini-application.

SAMH expects all submitted applications and reports such as PATH grant funding to be accurate, professional, and written in a technical style. The information provided in Intended Use Plans (IUP) and Budgets is used to complete the States portion of the federal PATH Grant application. Additionally, PATH information and data may be used to complete make policy decision, respond to internal and external requests for information, and craft reports.

Pre-Award

The PATH pre-award process consists of submitting; (1) Intended Use Plan, (2) Budget

1. An Intended Use Plan and budget must be submitted for each PATH-funded provider organization.
    - Intended Use Plans consist of a series of questions regarding the services offered through the provider organizations.

- PATH programs must work in collaboration with their Managing Entities on developing their Local Area Provider-Intended Use Plan (IUPs) and budgets.
- A detailed description of IUP requirements can be found in the PATH FOA for the Grant year. PATH providers must annually review the most current FOA for new or amended IUP and budget requirements.

2. Budgets are submitted annually to the State PATH Contact.
3. PATH providers are required to match federal funding no less than one dollar for every three federal dollars awarded, directly or through contributions from local public or private non/federal contributions.
    - Providers do not have to match each local line item to a federal line item.
    - To calculate local match funds, boards and providers will divide their federal allocation by three.
    - A maximum of 25% of federal and local funds can be utilized for indirect costs associated with the program.
    - Sources of match requirements must be identified in the budget.
    - Direct cost are cost directly associated with assisting individuals and engaging in outreach activities.
    - Indirect cost are cost used for indirect services or services provision, such as commercial rent, general office expenses, etc.

The State PATH Contact shall conduct a review of eligibility requirements and services outlined in the above documents in accordance with Section 522 of the Public Health Services Act (PHS). Upon approval from the SPC, MEs will submit approved documentation in WebBGAS and manually enter budget information in the system.

Note: Submitted IUPS and Budget are viewed as annual grant application. Programs who do not follow the submission requirements and deadlines will be returned and may put the project at risk of losing part of all funding.

Post Award

SAMHSA formally notifies the SAMH with a Notice of Award (NoA). Upon receiving the NoA, SAMH will notify MEs and PATH providers.

All PATH providers have reporting requirements specified in the FOA and Guidance 15. It is critical that reports are complete, accurate, and submitted per the specified dates. SAMHSA requires awardees to establish procedures to ensure funding is expended and accounted for, as well as monitor program outcomes, based on GPRA measures, in a method that provides accuracy and consistency. Inaccurate, late, or under-performance may negatively impact current or future funding.

Historically, SAMHSA allows for Annual Report submissions from providers in October, with a due date of

January 1, annually. PATH Annual Report data is collected in PDX. SAMHSA will notify SPCs when the reporting period is open and of the date of the federal deadline. The deadline for PATH providers is established in Guidance 15.

Limitations and Restrictions

Federal PATH and local match funds will NOT be used for the following items/activities:

- Support or operation of emergency shelters or construction of housing facilities
- Immediate access housing; unless it is used as an outreach tool to support a person who, because of their mental illness, might be victimized in a shelter
- Inpatient psychiatric treatment or inpatient substance abuse treatment costs
- Cash payments to recipients of mental health or substance abuse services
- The ongoing purchase of Groceries
- Purchase or improvement of land, a building, or other facility (other than minor remodeling)
- Purchase or construction of any building or structure to house any part of the grant program
- Purchase of durable or major medical equipment
- To satisfy a requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds (local funds used as federal match may only be counted once for a single federal program)
- Financial assistance to any entity other than a public or nonprofit, private entity
- Lease arrangements in association with the proposed project utilizing PATH funds beyond the project period nor any portion of the space leased with PATH funds be used for purposes not supported by the grant
- Funds must be used for purposes and services described in this document.
- No more than 20% of the federal PATH funds allocated to the state may be expended for eligible housing services as specified in Section 522(h)(1) of the PHS act.
- Funding any entity that a) has a policy or practice of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or b) has a policy of practice of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

PATH providers are encouraged to seek written approval from the Managing Entity for any initiative which is not clearly understood as an eligible use of funds.

For more information on financial management of PATH programs including cost principles, please see 45 CFR Part 75 located here: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=0ddb69baec587eeea4ab7e6a68c4acb0&mc=true&r=PART&n=pt45.1.75

PART IV – Managing Entity Responsibilities

Managing Entity requirements are outlined in the Department's Office of Substance Abuse and Mental Health Guidance 15 PATH document available on the Department's website.

PART V – Government Performance and Results Act (GPRA) Measures

The current performance requirements for PATH as specified under GPRA are as follows:

- 3.4.15 Percentage of enrolled homeless persons who receive community mental health services (Outcome);
- 3.4.16 Number of homeless persons contacted (Outcome);
- 3.4.17 Percentage of contacted homeless persons with serious mental illness who become enrolled in services (Outcome); and
- 3.4.20 Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless individuals are receiving benefits (Output).

In addition, SAMHSA asks that states report the following three outcome measures:

- Number of persons referred to and attaining housing.
- Number of persons referred to and attaining mental health services.
- Number of persons referred to and attaining substance abuse treatment services.

National targets are set annually for each GPRA measure, and the PATH program's nationwide performance is measured in comparison to these targets. Individual provider programs whose PATH Annual Report data indicates that they are below 80% of the target are asked to provide an explanation for their data. SAMHSA Government Project Officers (GPOs) and/or State PATH Contacts may contact PATH providers regarding programs who consistently underperform on these measures. Technical assistance may be considered to assist the provider in improving their performance on certain measures.

Additional information about PATH GPRA measures can be found in the Congressional Justification (Budget | SAMHSA).

PART VI – Acronyms

CES - Coordinated Entry System
CoC - Continuum of Care
DCF - The Department of Children and Families
FOA – Funding Opportunity Announcement
FY – Fiscal Year
GPO - Government Project Officer
GPRA - Government Performance and Results Act
HEARTH Act - Homeless Emergency Assistance and Rapid Transition to Housing Act
HHRN – Homeless and Housing Resource Network
HHS - U.S. Department of Health and Human Services
HIPAA - Health Insurance Portability and Accountability Act
HMIS - Homeless Management Information System
HUD – U.S. Department of Housing and Urban Development

IUP - Intended Use Plan
NSMHPD - National Association of State Mental Health Program Directors
OAT - Online Application Tracking system
PATH - Projects for Assistance in Transition from Homelessness
PDX - PATH Data Exchange
PHS - Public Health Service
PSH - Permanent Supportive Housing
SAMH – Office of Substance Abuse and Mental Health
SAMHSA - Substance Abuse and Mental Health Services Administration
SMI - Serious Mental Illness
SNAP - Supplemental Nutrition Assistance Program
SOAR - SSI/SSDI Outreach, Access, and Recovery
SPC - State PATH Contact
SSA - Social Security Administration
SSDI - Social Security Disability Insurance
SSI - Supplemental Security Income
STL - State Team Lead
SUD – Substance Use Disorder
TA - Technical Assistance
TANF - Temporary Assistance for Needy Families
USICH - United States Interagency Council on Homelessness
VA - U.S. Department of Veterans Affairs
WebBGAS - Web-based Block Grant Application System

PART VII - Helpful Resources

Florida Office on Homelessness

The Office on Homelessness (Office) serves as a single point of contact in state government for agencies, organizations, and stakeholders that serve the homeless population. The Office oversees policy and funding toward ending homelessness and serving persons experiencing homelessness and recognizes and designates local Continuum of Care (CoC) entities to serve as lead agencies for the homeless assistance system throughout Florida. For more information, please click the link here: https://www.myflfamilies.com/service-programs/homelessness/overview.shtml

Florida PATH Programs

To access Florida specific PATH Project and Budget Narratives, and Individual Use Plans and Budgets, please follow this link: https://www.myflfamilies.com/service-programs/samh/publications/

PATH

Projects for Assistance in Transition from Homelessness program details including, the funding opportunity announcement can be found by following this link: https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path.

PDX

PATH Annual Report data are collected in the PATH Data Exchange (PDX) during the PATH reporting period, which typically occurs in the fall each year. PATH providers are notified when the reporting period is open and of the date of the federal deadline. The PDX has a "Resources" section where SPCs and PATH providers can access the PATH Annual Report Provider Guide and technical assistance resources. The PDX link can be found here: https://pathpdx.samhsa.gov/

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The link to SAMHSA's website here: https://www.samhsa.gov/about-us.

Homeless and Housing Resource Center (HHRC)

HHRC provides training on housing and treatment models focused on adults, children, and families who are experiencing or at risk of homelessness and have serious mental illness and/or serious emotional disturbance, substance use disorders, and/or co-occurring disorders. The HHRC website can be found here: https://hhrctraining.org/

SOAR

SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR resources and online training are available at this link: https://soarworks.prainc.com/.

HUD Exchange

The HUD Exchange is an online platform for providing program information, guidance, services, and tools to HUD's community partners, including state and local governments, nonprofit organizations, Continuums of Care (CoCs), Public Housing Authorities (PHAs), tribes, and partners of these organizations. For more information, click the link here: https://www.hudexchange.info/

U.S. Interagency Council on Homelessness

The United States Interagency Council on Homelessness (USICH) is an independent agency within the federal executive branch that is tasked with coordinating the federal response to homelessness. A variety of resources can be accessed on the USICH website including Opening Doors, the federal plan to prevent and

end homelessness, as well as articles, newsletters, videos, and webinars on topics related to preventing and ending homelessness. The link to the website can be found here: https://www.usich.gov/

WebBGAS

WebBGAS is a web-enabled block grant management system that allows for the submission, review, approval, and archiving of PATH applications. The official WebBGAS website here: https://bgas.samhsa.gov.