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

Contract Reference: *Sections A-1.1 and C-1.2.3*

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:

- Be 18 years or older;
- Have a serious mental illness or a serious mental illness and co-occurring substance use issue, and
- Be homeless or at imminent risk of becoming homeless.

Managing Entity subcontracts with PATH Providers must include the following requirements:

- Annually submit an application packet which includes a budget and an Intended Use Plan (IUP) for Managing Entity and Department review and approval.
    - The Department will provide a budget, an IUP template, and a due date.
        - The IUP must cover needs and services for the upcoming State fiscal year (7/1 – 6/30). Providers shall detail how PATH programs collaborate with the local Continuum of Care (CoC) and the Coordinated Entry process, and include signed letters of support from the CoC Lead Agency.
        - The IUP must specify a plan to reach the areas in which the greatest number of individuals who are experiencing homelessness with a need for mental health, substance use disorder, and housing services are located.
        - If no significant changes to PATH programs are anticipated for the upcoming fiscal year, the PATH Director must submit a letter certifying that the response to the IUP has not changed.
- Ensure that PATH funded case managers are trained in Housing Navigation to:
    - Provide individualized support by helping each PATH-enrolled individual develop a personalized service plan to address any barriers to obtaining and maintaining permanent housing.
    - Provide employment linkage, benefits establishment, linkage to community providers for substance use treatment, primary and mental health care, and all other services needed to assist individuals in reaching their recovery goals.
    - Perform community outreach to business owners, realtors, landlords, housing developers and other service providers to build strong relationships and identify new and existing opportunities to better assist individuals in accessing resources, employment, supportive services, and housing opportunities.
- Review service plans every three months and the plan must include:
    - 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.
- Submit an annual report no later than November 17th via the PDX at https://pathpdx.samhsa.gov/account/login
- Train designated staff on SSI/SSDI Outreach, Access, and Recovery (SOAR) using the SOAR Online Course, available at: https://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training.
    - In the event PATH staff do not provide SOAR services, PATH staff must link potentially eligible individuals to non-profit or advocacy organizations assisting with applications for Social Security benefits.
- 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.
    - Calculating Match
      Example: $300,000 federal award
      Must provide $1 for every $3 in federal dollars
      Calculation: $300,000/3 = $100,000 match to be provided
      TOTAL PATH EXPENDITURES = $400,000
- 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.
- Adhere to the standards established in the Florida PATH Program Manual.

The State PATH Contact (SPC) reserves the right to exclude any entity seeking to apply for PATH Grant funding.

The Managing Entity shall:

- Review instructions and participate in training(s) on data entry into the Web Block Grant Application System (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 SPC by the due date.

- 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, matching funds used in support of PATH, services, referrals, and activities.
- Designate a lead staff responsible for managing, reviewing and ensuring accurate data input by PATH Provider's in PDX.
- 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 to be actively addressing; 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.
- 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.
- Select PATH Providers based on areas in the state in which the greatest number of individuals who are experiencing homelessness with a need for mental health, substance use disorder, and housing services are located
- Use Section 4 and Appendix F in the most current SPC Welcome Manual when conducting site visits. The manual is available in PDX.
- Ensure both street outreach and case management are provided in each of the county(ies) served.

### 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 caries 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.