Attachment 4: **2020 Triennial Process Evaluation Report of the Projects for Assistance in Transition from Homelessness Program (PATH)**

(Data from 2016, 2017, and 2018)

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Executive Summary

The Projects for Assistance in Transition from Homelessness (PATH) program was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). The Program is administered by the Division of State and Community Systems Development of the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The PATH program was created to reduce or eliminate homelessness for individuals with serious mental illness (SMI), co-occurring disorders, or are at imminent risk of becoming homeless. In 2016, 2017 and 2018, funds were provided to all 50 states, the District of Columbia, Puerto Rico, and four U.S. territories. Program funds support services such as street outreach, case management and services not otherwise supported by mainstream mental health programs. All grantees are required to provide a match of at least $1 for every $3 in federal funding. Through the PATH program, grantees offer funding to provider organizations with over half (53%) of grantees providing funds to community mental health centers followed by social service agencies (14%), shelters or housing agencies (9%), health care for the homeless agencies (2%), substance use treatment agencies and consumer-run mental health agencies each accounted for 1% and other types of agencies accounted for 20% of provider organizations. In 2018, a total of 466 PATH providers received grant funds.

Data in this report were collected from two sources: a triennial report covering activities in 2016, 2017, and 2018, as well as a state PATH contact (SPC) web-based survey administered in August 2020. The SPC survey collected detailed information on program administration and oversight, provision of technical assistance (TA) and training, involvement/collaboration with the Continuums of Care program and perceptions of the appropriateness of the PATH program. This report presents findings for each of the federally mandated evaluation questions for the PATH program based on quantitative data collected from PATH grantees.

The first evaluation question focuses on whether services funded with PATH monies are appropriate. There are two factors in assessing this question: the degree to which the services delivered conform to the program guidelines and the SPC's assessment of the appropriateness of the PATH program design. Data from PATH grantee annual reports suggest that over the three years, PATH programs offered appropriate services, such as outreach services, case management, allowable housing services, staff training, community mental health services, screening and diagnostic treatment services, alcohol and drug treatment services and supportive and supervisory services in residential settings. Data from the two sources indicate that an average of 57% of those reached with serious mental illness (SMI) were enrolled in services and an average of 58% of those reached received community mental health services. Through the SPC survey, 90% of respondents reported that the program focused on the appropriate client population. Seventy-three percent (73%) believe that the program had a positive effect on moving clients into permanent housing.

The second evaluation question focuses on whether services funded through PATH were well

administered by the grantee. This question was evaluated through the examination of three factors: level of oversight of PATH providers, opportunities to improved skills, and collaboration with community services. PATH grantees use different mechanisms to monitor grant performance. The most common mechanism to monitor performance was through the HUD Homeless Management Information System (88%) followed by site visits and review of financial documents or billing (85% of grantees for each category). Additional methods of monitoring included: meetings and teleconferences (69%), evaluation of performance goals (67%) and audits (50%). When an issue was identified, the two most commonly used strategies were the provision of technical assistance (TA) (84%) and training (75%) while over half (64%) of the grantees used corrective action plans to handle concerns with providers. In addition, more than half (57%) of PATH providers reported providing TA/training on evidence-based practices (EBP). Regarding collaborating with community services, the majority (94%) of PATH grantees reported they participated in the Continuums of Care (CoC) program.

Finally, this report examines whether the outcome and process goals for the PATH program have been achieved. Although not every target was met for each year, data suggest that the PATH program has achieved some success in the program's Government Performance and Results Act (GPRA) measures. According to the annual reports for each year, over 140,000 homeless individuals were reached each year (in 2016, an estimated 170,000 individuals were reached). Each annual report reported that over 65,000 of those reached were enrolled in the program. The majority of individuals enrolled by PATH programs, for each of the three years, were male (approximately 60% each year) with an average of 48% each year being between 31-50 years old (over 90% were between 18-61 years old). Slightly more than half of participants were White (58%) and veterans constituted 7-8% of individuals enrolled in PATH programs. Across all years, approximately 47% of persons enrolled in PATH had co-occurring mental and substance abuse disorders.

In addition to summarizing the results of the PATH program, this report also represents the first deliverable for SAMHSA as manager and evaluator of the PATH initiative. Evaluations in previous years have been completed in partnership with outside contractors with SAMHSA staff providing consultation and guidance. This shift in governance is not only a more efficient use of federal funds, but it also allows SAMHSA to be closer to the data to enable greater understanding of what is working and what is not. Based on this evaluation, SAMHSA is engaging in efforts to shorten the report and survey burden on grantees while adding a qualitative component to allow for greater understanding of the 'why' behind the number. In addition, SAMHSA recommends including in-depth interviews or other opportunities for evaluators to hear directly from grantees. Understanding challenges and best practices in overcoming these challenges are critical components to developing recommendations for future programs.

1. Introduction

The Projects for Assistance in Transition from Homelessness (PATH) program was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). The

Program is administered by the Division of State and Community Systems Development of the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of the PATH program is to reduce or eliminate homelessness or the imminent risk of homelessness for individuals with serious mental illness (SMI) or co-occurring disorders.

PATH grants are authorized under Section 521 of the Public Health Service Act (42 U.S.C. § 290cc-21), as amended, and Section 9004 of the 21st Century Cures Act (P.L. 114-255). Funding is allocated based on a formula detailed in Section 524 of the original authorizing legislation (Sections 521–535). PATH operates as a formula grant program and provides funds to its grantees within the 50 states, the District of Columbia, Puerto Rico, and four U.S. territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). Program funds support services such as outreach, case management and services that are not supported by mainstream mental health programs. The PATH grantees in turn provide funding to provider organizations, which are referred to as PATH providers within this evaluation report. This evaluation report includes PATH Annual Report data for the fiscal years 2016 through 2018 as well as the results of a web survey conducted in August 2020.

PATH state and provider contacts submit data through the PATH Data Exchange (PDX). PDX is an online tool used to record and update information about PATH programs and services. To comply with federal grant requirements, PATH providers submit a PATH annual data report, which includes key information about the national impact of SAMHSA's PATH program. The report details how grant funds were used and confirms that funds were spent in accordance with federal grant requirements. PATH annual reports are made available to the public on the SAMHSA website at https://pathpdx.samhsa.gov/public?tab=searchdatareports. The goal of the current evaluation is to respond to the federally mandated evaluation questions, listed below, for the PATH program. The evaluation design for this report was determined by the Federal program staff and conducted internally at SAMHSA in August 2020.

Purpose of the Evaluation

Section 528 of the Public Health Service Act requires SAMHSA's Office of the Assistant Secretary for Mental Health and Substance Use (OAS) to evaluate the expenditures of the PATH grants at least once every three years to ensure consistency with legislative requirements and to allow an opportunity to recommend changes to the program design or operations. To this end, the Center for Behavioral Health Statistics and Quality (CBHSQ) in partnership with the Center for Mental Health Services (CMHS), within SAMHSA, administered the 2020 web survey and prepared this evaluation report.

Conceptual Framework

The design for this evaluation is based on a logic model developed during early implementation of the program. The logic model illustrates how inputs effect activities as well as outputs which lead to desired outcomes at both the grantee and provider levels. For this evaluation report, it was not feasible to examine all the constructs within the logic model. The logic model can be found in the appendix (Figure 1) of this document.

Grant Funding

PATH operates as a formula grant program and provides funds to 50 states, the District of Columbia, Puerto Rico, and four U.S. territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). PATH grants are authorized under Section 521 of the Public Health Service Act (42 U.S.C. § 290cc-21), as amended, and Section 9004 of the 21st Century Cures Act (P.L. 114-255). Funding is allocated based on a formula detailed in Section 524 of the original authorizing legislation (Sections 521–535). The formula determines each state's share based on the ratio of the state's population living in urbanized areas compared with the total U.S. urban population. The states and territories are expected to fund organizations in areas with the highest concentration of people who are experiencing homelessness (SAMHSA, 2018). States—but not territories—are required to match federal PATH funds with at least $1 in cash or in-kind services for every $3 in federal funds.

Fund Allocation and Matching Funds

The federal PATH allotments to states and territories for 2016 through 2018 indicate the total federal allotment for the PATH program decreased between 2016 and 2018, from $58.0 million to $57.7 million. Additionally, these allotments were lower than those reported for 2013 through 2015 ($58.4 million to $61.6 million). Grant awards to individual territories remained at $50,000 from 2016 to 2018. In 2018, state awards ranged from $300,000 to $7.1 million, and actual state allotments ranged from $269,161 to $7.1 million. Twenty-one percent (21%) of grantees received the minimum allotment of $300,000 or below.

In meeting the match requirement, some grantees provided the match funds themselves, others required their providers to contribute the match funds, and still other states shared the responsibility for the match with their providers. The match sources reported by the SPCs are shown in ***Table 1.*** Forty six percent (46%) of the grantees report that both the state/territory and the providers provided match funds. Thirty one percent (31%) reported that only their providers contributed to the match while nineteen percent (19%) reported that only the state or territory provided the match. Two grantees (4%) report that neither the grantee nor the providers provided the match funds.

In 2018, among the 52 grantees required to provide match dollars (the 50 states, the District of Columbia and Puerto Rico), the ratio of match to allotment ranged from 0.31 to 5.92. Nine grantees (17% of grantees) provided the minimum match of $1 for every $3 federal dollars, and two states dipping slightly below the minimum matching goal by 0.02 (0.31 out of 0.33). Three of the territories provided match funds, though not required. A table displaying funding allocation and matching contributions can be found in the appendix (***Table 2***).

Table 1. Sources of Match Funds, 2020

Match Source	Number of Grantees	Percent of Grantees
Both State/Territory and Provider	22	46%
State/Territory only	9	19%
Provider only	15	31%
Neither State/Territory nor Provider	2	4%

Source: PATH SPC Web Survey 2020, n= 48
Note: Data that were missing or that had responses of "do not know" (n=1) were not included in this table.

2. Data Sources

Data for this report were derived from two sources:

Annual Report data for 2016, 2017, and 2018. Annual reports are required and must include information on funding, staffing, numbers served/contacted and enrolled, client demographics, service provision and service referrals made and attained. Data are submitted by the PATH providers via the SAMHSA PATH Data Exchange (PDX), though some data are provided through local Homeless Management Information Systems (HMIS). The PATH grantees' State PATH Contacts (SPCs) approve the data submitted by their providers. The number of PATH providers submitting data each year were 497 (2016), 470 (2017) and 466 (2018). The submission deadline for each year was on or before year (i.e., January 31, 2017, January 31, 2018, and January 31, 2019).

State PATH Contact (SPC) Web Survey. The SPCs are the staff within the grantee agencies that manage the grantee PATH program. This voluntary survey collected detailed information on program administration and oversight, provision of technical guidance and training, information from the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS), information on involvement and collaboration with HUD's Continuums of Care (CoC) program, and perceptions of the appropriateness of the PATH program design. The Continuum of Care (CoC) program is a framework designed to promote community wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. (https://www.hudexchange.info/programs/coc/).

Respondent recruitment for the web-based survey included multiple requests for participation to maximize response rates. This included an initial email from grantees' Government Project Officers (GPO) to explain the purpose of the survey, a recruitment email with a link to the survey, and up to four follow-up emails to the SPCs that had not yet completed the survey. From the total 56 SPCs who received the email, 48 surveys were completed in full (86%). A total of 53 SPCs responded to at least some of the questions, for an overall response rate of 95%. Data were collected in the summer of 2020.

3. Evaluation Goals and Provider Background

PATH Evaluation Questions

The PATH triennial evaluation, at a minimum, must determine:

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

Types and Numbers of Provider Agencies Funded

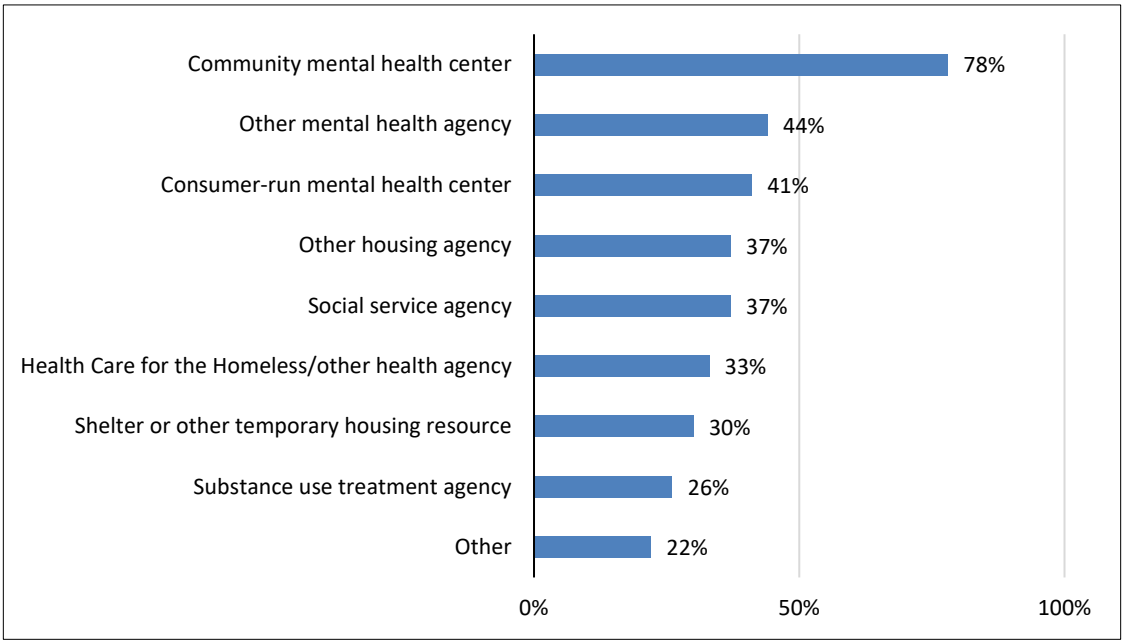
Section 522 of the Public Health Service Act, as amended, requires that states and territories only make grants to political subdivisions or to nonprofit private entities. Fifty-six percent (56%) of the PATH grantees report that they limit the types of political subdivisions or nonprofits that can receive PATH funds.

Of those 27 PATH grantees that place restrictions on the types of organizations that can apply for PATH funds, the majority allow funding for community mental health centers (78%). Forty-four percent (44%) of the PATH grantees allow other mental health agencies to receive funding. Less than half of the PATH grantees allow consumer-run mental health centers (41%), and more than one-third allow social service agencies (37%), other housing agencies (37%), or health care for the homeless agencies (33%) to receive PATH funding.

In 2018, a total of 466 PATH providers received PATH grant funds. Grantees used different strategies to distribute these PATH dollars. Most states/territories distribute these funds to one or more providers. ***Table 3*** in the Appendix lists the amount of the grantee PATH allotments, the number of PATH providers funded by each grantee, and ***Table 4*** the types of agencies funded. The distribution suggests that PATH grantees favor different strategies in handling their allotments. California, which receives the largest allotment ($7,133,257), funded 40 PATH providers in 2018. Massachusetts, on the other hand, received the eleventh-largest allotment ($1,558,333) but funded just a single provider. The same variation in the number of PATH providers supported with PATH dollars can be seen among the grantees receiving the lowest allotments. Among the grantees receiving up to $300,000, the number of providers funded ranged from one to seven.

In terms of provider types funded across all grantees, community mental health centers accounted for 48%; social service agencies accounted for 16%; shelters or housing agencies accounted for 9%; health care for the homeless agencies and consumer-run mental health agencies accounted for 2%; substance use treatment agencies each accounted for 1%; and other types of agencies accounted for 23%.

Figure 2. Types of Organizations That Apply for PATH Funds, 2020



Source: PATH SPC Web Survey 2020, n= 27
Notes: Grantees that did not limit the types of organizations eligible to receive PATH funds or that had missing data or responded, "do not know" (n= 21) were not included in this figure.
The other types of organizations that can apply for PATH funds include a CoC and a public agency.

Process for Selecting PATH Provider Agencies

Grantees used a variety of strategies to select provider agencies to deliver services, and some used a combination of strategies. Sixty-five percent (65%) of PATH grantees report that they applied a competitive procurement process to select PATH providers. SPCs were asked to describe the criteria they use to distribute PATH funds to providers. They were allowed to enter multiple responses. Less than two thirds (62%) of the PATH grantees reported that they allocated PATH funds by level of need, and under half (44%) report that they used a population formula to allocate PATH funds. Eighteen percent (18%) reported other means of allocating PATH funds. These other means included an RFP process, consideration of past performance, an annual Point-in-Time count, an intended use report, and consideration of the originally approved provider proposals.

Number of Persons Outreached/Contacted and Enrolled

According to the 2018 PATH Annual Report Provider Guide, the term "contacted" is used to refer to people reached through outreach activities. Outreach includes **active outreach** (e.g., face-to-face interactions in streets, shelters, under bridges, and other non-traditional settings) and **indirect methods** (e.g., distributing flyers and information, public service announcements) as well as **in-reach methods** (e.g., staff placed in a service site and individuals who are homeless seek out the outreach workers) regardless of enrollment, eligibility, relocation, or refusal of services. Enrollment is defined as involving a person who has been determined to be PATH eligible, someone who has an agreement that services will be provided, and a person for whom the provider has started an individual file or record (SAMHSA, undated).

As shown in ***Table 5***, there was a decrease in the total number of people outreached/contacted between 2016 and 2018. The annual reports also report information on those contacted but found to

be ineligible, primarily due to not having a serious mental illness. The number of individuals contacted who were found to be ineligible also declined over the three-year period.

Table 5. Summary of Outreach/Contacts, Eligibility and Enrollment, 2016-2018

	2016	2017	2018
Number outreached/contacted	174,978	120,048	121,561
Number of active enrolled	86,591	72,231	70,792
Number of outreached/contacted who were ineligible	50,261	27,602	22,011

Source: PATH Annual Reports 2016–2018
Note: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466.

Demographics of Persons Enrolled by PATH Providers

From 2016 through 2018, PATH providers continued reporting demographics for people outreached/contacted by the PATH program. Demographic data available are only for individuals enrolled.

Age: Adults are the primary target population for the PATH program. However, according to the 2018 PATH Annual Report Provider Guide, transition-age youth may be eligible if they meet the state's definition of serious mental illness. ***Table 6*** displays the number and percent of people enrolled by the PATH program over the three-year period. As shown in the table, each year over 90% of people enrolled in PATH programs nationally were ages 18–61 (compared to 53% of the national population ages 20-59 in 2018), with the greatest proportion (46%-50% each year) ages 31–50 enrolled by PATH (compared to 26% of the general population ages 30-49). Roughly 5%-7% each year were age 62 or older (compared with 22% of the general population ages 60 and older) (U.S. Census, 2020).

Table 6. PATH-Enrolled Persons by Age, 2016–2018

Age	2016		2017		2018	
	Number	Percent	Number	Percent	Number	Percent
Less than 18	51	>1%	91	>1%	128	>1%
18–23	6,491	8%	4,830	7%	4,487	6%
24-30	13,165	15%	9,908	14%	9,765	14%
31-50	42,986	50%	34,004	47%	32,538	46%
51-61	18,415	21%	18,722	26%	18,264	26%
62 and over	4,407	5%	4,172	6%	5,088	7%
Totals	**85,515**		**71,727**		**70,792**	

Source: PATH Annual Reports 2016–2018
Notes: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466. The number of people for whom age was reported as unknown: 2016=1,076, 2017=504, 2018=531.

Gender: The majority of individuals enrolled by PATH programs, for each of the three years, reported as male (approximately 60% each year). Over the three-year period, the percentage of people enrolled by PATH who reported as female averaged 40%—comparable to the national percentage of all homeless individuals who report as women (41%), as reported in the 2018 Annual

Homeless Assessment Report (Henry et al., 2018). In addition, a small percentage (less than 1%) reported being transgender or 'other' (PATH Annual Reports 2016–2018).

Race and Hispanic Ethnicity: ***Table 7*** includes the number and percentage of individuals enrolled in PATH programs by race. In each year, over half of persons enrolled report as White (57%-60%), followed by Black or African American (36% - 37%). Individuals who identify as multiracial were counted in all categories they select and thus the percentages may not be equal to 100%. For each of the three years, approximately 14% of participants reported as Hispanic (2016=10,642; 2017=9,676; 2018=9,628).

Since 2013, report of Hispanic/Latino ethnicity for PATH has been separated from race. Across the three years, 13% to 14% of enrolled individuals reported as Hispanic/Latino.

Table 7. PATH-Enrolled Persons by Race, 2016-2018

Race	2016		2017		2018	
	Number	Percent	Number	Percent	Number	Percent
White	49,859	60%	40,378	57%	41,010	58%
Black or African American	29,786	36%	26,419	37%	25,515	36%
American Indian or Alaska Native	2,228	3%	2,256	3%	2,827	4%
Asian	718	1%	720	1%	945	1%
Native Hawaiian or Other Pacific Islander	669	<1%	1,011	1%	942	1%
Totals	**83,260**		**70,784**		**71,239**	

Source: PATH Annual Reports 2016–2018

Notes: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466. The number of people for whom race was reported as unknown: 2016=6,000, 2017=2,931, 2018=2,397.

Veteran Status: The Public Health Service Act Title V mandates that PATH programs are prohibited from funding organizations that do not have the capacity to provide adequate services to veterans. Additionally, it mandates that states should give priority to those organizations with demonstrated capacity to work with veterans. Across all three years, veterans constituted 7% to 8% of all individuals enrolled in PATH programs: 2016=6,363; 2017=5,405; and 2018=4,539 (PATH Annual Report 2016-2018). The proportion of veterans enrolled is slightly lower than the 9% of all homeless individuals who were veterans as reported in the 2018 Annual Homeless Assessment Report to Congress (Henry et al., 2018).

Co-Occurring Substance Use Disorders

In addition to individuals with severe mental illness, the PATH program also prioritizes individuals with co-occurring mental and substance use disorders. **Across all years, approximately 47% of persons enrolled in PATH had co-occurring mental and substance use disorders.**

Residence the Night Prior to Enrollment

PATH enrollees' residence on the night prior to their enrollment is shown in ***Table 8***. The greatest

proportion of individuals were unsheltered on the night prior to enrollment. This number is followed by sheltered (35% to 40%, and 32% to 36%, respectively across all years), followed by people who had permanent housing (15% to 19% across all years).

Table 8. PATH-Enrolled Persons by Residence Night Prior to Enrollment 2016–2018

Residence	2016		2017		2018	
	Number	Percent	Number	Percent	Number	Percent
Unsheltered Situations	29,986	35%	26,732	37%	28,220	40%
Sheltered Situations	31,283	36%	22,982	32%	23,969	34%
Institutionalized Care	7,525	9%	6,598	9%	5,901	8%
Permanent Housing	15,065	17%	14,034	19%	10,817	15%
Totals	**83,859**		**70,346**		**68,907**	

Source: PATH Annual Reports 2016–2018
Notes: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466. The number of people for whom residence was reported as unknown: 2016=2,732, 2017=1,885, 2018=1,885.

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

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

Institutionalized care = psychiatric hospital + substance use treatment facility + hospital + jail + long-term care facility + foster care
Permanent Housing (Subsidy) = Permanent housing for formerly homeless persons + rental by client (VASH subsidy) + rental by client (non-VASH subsidy) + owned by client (subsidy)

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

4. PATH Evaluation Findings and Achievements

Are Services Appropriate?

The first evaluation question relates to the appropriateness of services provided through the PATH program. Two dimensions of appropriateness are addressed in this section: the degree to which the services delivered conform to program guidelines; and SPCs' assessments of the appropriateness of the PATH program design.

To assess the first dimension, Table 9 below displays a menu of allowable services that may be supported with PATH funds.

Table 9. PATH Allowable Services

PATH Services
Outreach services
Screening and diagnostic treatment services
Habilitation and rehabilitation services
Community mental health services, including recovery support services (e.g., peer specialist/recovery coaches)
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 homeless individuals require services
Case management services, including: • **Preparing a plan for the provision of community mental health services to eligible homeless individuals, and reviewing such plan not less than once every 3 months** • **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 services, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services** • **Providing assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits** • **Referring eligible individuals who experience homelessness for such other services, as may be appropriate** • **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 total XVI of such Act and if the applicant is designated by the Secretary to provide such services**
Supportive and supervisory services in residential settings
Referral for primary health services, job training, educational services, and relevant housing services as specified in Section 522 (b) (10) of the Public Health Service Act, as amended, including: Minor renovation, expansion, and repair of housing; Planning of housing; Technical assistance in applying for housing assistance; Improving the coordination of housing services; Security deposits; Costs associated with matching eligible homeless individuals with appropriate housing situations; One-time rental payments to prevent eviction

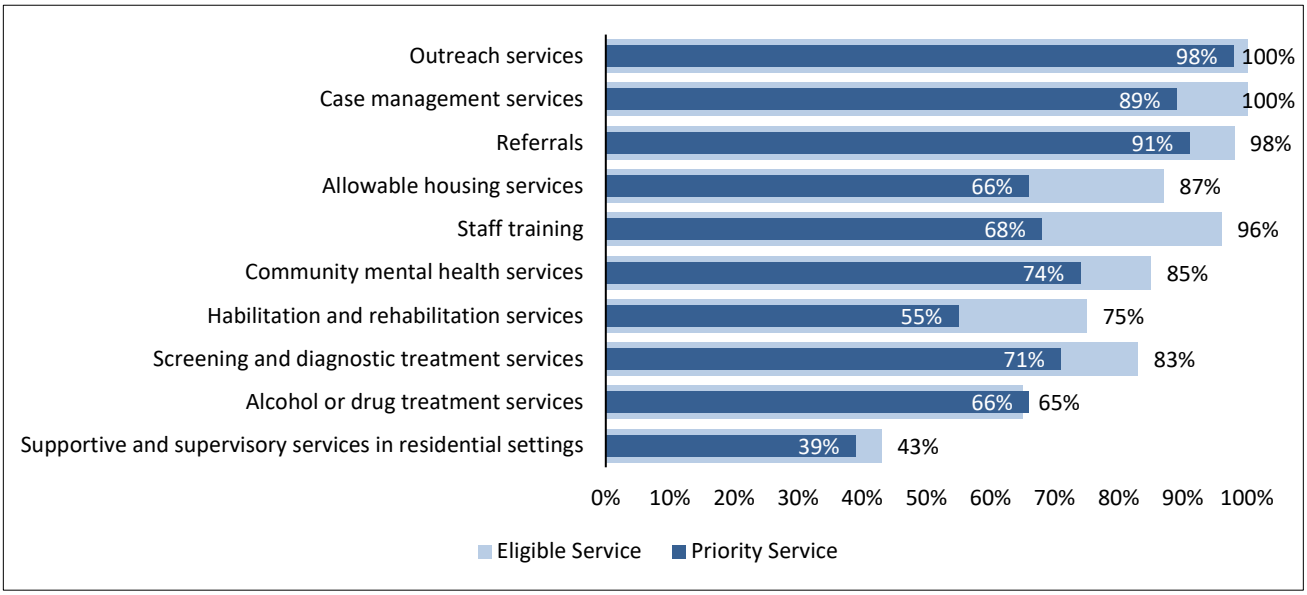
Source: FY2018-2019 PATH FOA (SAMHSA, 2018)

Services Delivered

As stated in the Funding Opportunity Announcement (FOA), SAMHSA prioritizes certain services for the PATH program, including street outreach, case management, and services not supported by mainstream mental health programs. Although providers are able to offer and provide the full range of PATH allowable/eligible services, PATH grantees have clearly heeded the encouragement to prioritize these services within their state programs. As shown in ***Figure 3*** below, all PATH grantees report that outreach services were an eligible service within their program and 98% report that it was a primary focus of the program. PATH providers conduct both street outreach and in-reach (98% and 86%, respectively) in their PATH programs. As stated earlier, 'in-reach' is defined as contacts with clients who are already connected to their services in some way.

Additionally, case management was noted as being an eligible service by 98% of the grantees and a priority service by 86% of the grantees. Supportive and supervisory services in residential settings are included by 43% of grantees in their menu of eligible services (a percentage that has not changed since the last evaluation or the results of 2018 SPC Web Survey). This might be explained by the fact that supportive and supervisory services are provided in residential settings, whereas the majority of the PATH providers are community mental health centers (78%) and a few are shelter or housing providers (33%) as shown in ***Figure 2***. The numbers vary depending on the service and the SPCs' reporting of whether the service is an eligible or priority service.

Figure 3. PATH Eligible and Priority Services, 2020



Source: PATH SPC Web Survey, 2020

Note: Data that were missing or that had a response of "do not know" were not included in this figure. Referrals may be to primary health services, job training, educational services, and relevant housing services.

The PATH Annual Report provides data on the number and percentage of PATH enrollees receiving each PATH-eligible service. The non-housing services are displayed in ***Table 10***. Case Management was the most common service received by enrolled consumers (64% to 66% across all years), followed by Screening (48% to 61% across all years), community mental health services (43% to 54% across all years), and reengagement (22% to 45% across all years). Roughly ten percent of consumers received alcohol or drug treatment—lower than what was reported in the 2018 PATH Evaluation Report (12-13%).

Table 10. PATH Services (Non-Housing): Number and Percent of Enrolled Individuals Receiving Service, 2016–2018

Service	2016		2017		2018	
	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service
Case management services	55,391	64%	48,032	67%	46,783	66%
Screening and diagnostic treatment services	52,979	61%	38,962	54%	33,987	48%
Community mental health services	46,484	54%	35,194	49%	30,546	43%
Reengagement	38,868	45%	18,606	26%	15,235	22%
Clinical Assessment	23,164	27%	22,549	31%	18,006	25%
Habilitation/rehabilitation	11,027	13%	10,638	15%	9,237	13%
Residential supportive	10,378	12%	7,133	10%	5,095	7%
Substance use treatment	9,885	11%	7,214	10%	6,723	10%

Source: PATH Annual Reports 2016–2018, 2016 n=86,591, 2017 n=72,231, 2018 n=70,792
Note: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466***Table 11*** displays the number and percent of enrollees receiving allowable housing services across all years. Housing Eligibility Determination was the most utilized housing-related service across all three years varying from approximately 19% to 25%.

Table 11. PATH Services (Housing): Number and Percent of Enrolled Persons Receiving Service, 2016–2018

Service	2016		2017		2018	
	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service	Number of Enrolled Persons Receiving Service	Percent of Enrolled Persons Receiving Service
Housing Eligibility Determination	16,284	19%	18,285	25%	16,218	23%
Housing moving assistance	3,836	4%	3,364	5%	2,854	4%
Security deposits	3,171	4%	2,655	4%	2,622	4%
One-time rent for eviction prevention	2,103	2%	1,240	2%	1,207	2%
Housing minor renovation	82	<1%	64	<1%	181	<1%

Source: PATH Annual Reports 2016–2018, 2016 n=86,591, 2017 n=72,231, 2018 n=70,792
Note: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466

Referrals Made and Attained

Table 12 displays the number of times referrals were provided for different service types across 2016 and 2018. Over one half (54%) of the referrals provided in 2016 and 2017, and 46% in 2018 were for community mental health services. Referrals were provided for: primary health services (26% for 2016, 19% for 2017, and 15% for 2018); temporary housing services (up to 18% of all referrals across 2016 to 2018); permanent housing services (up to 28% in 2017); and income assistance (20% in 2016). The services with the fewest referrals were employment assistance (10% down to 7%) and medical assistance (11% to 10%).

Table 12. Referrals Provided: Number and Percent of Times Referral Type Made, 2016–2018

	2016		2017		2018	
Referral Type	**Number of Times Referral Type Provided**	**Percent of All Referrals Provided**	**Number of Times Referral Type Provided**	**Percent of All Referrals Provided**	**Number of Times Referral Type Provided**	**Percent of All Referrals Provided**
Community mental health	46,435	54%	36,660	51%	32,308	46%
Primary health services	22,364	26%	13,352	19%	10,591	15%
Permanent housing	20,057	23%	19,897	28%	17,246	24%
Income assistance	17,280	20%	13,204	18%	10,306	15%
Substance use treatment	16,490	9%	11,325	16%	9,317	13%
Temporary housing	13,633	16%	13,050	18%	8,664	12%
Medical assistance	9,535	11%	9,238	13%	6,927	10%
Employment assistance	9,040	10%	6,737	9%	5,224	7%
Totals	**154,834**		**123,463**		**100,583**	

Source: PATH Annual Reports 2016–2018
Notes: The number of providers reporting data for this table: 2016=497, 2017=470, 2018=466

Shown in ***Table 13*** are the percentages of enrolled individuals receiving a referral for each service type and the percentages of referrals in which the service was attained for 2016 through 2018. The majority of individuals receiving a referral **did** follow through with attaining the service. In 2016, 54% of enrollees received a referral for community mental health, and 41% of enrollees (76% of those who received this specific referral) attained the service.

Table 13. Referrals Provided: Percent of Enrolled Individuals Receiving a Referral and Percent of Enrolled Individuals Attaining Referral, by Type, 2016-2018

Referral Type Provided	2016		2017		2018	
	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral	Percent of Enrolled Persons Receiving Referral	Percent of Enrolled Persons Attaining the Referral
Community mental health	54%	41%	51%	39%	46%	33%
Primary health services	26%	18%	19%	14%	15%	10%
Permanent housing	23%	11%	28%	13%	24%	12%
Income assistance	20%	14%	18%	12%	15%	12%
Substance use treatment	19%	11%	16%	10%	13%	7%
Temporary housing	16%	9%	18%	12%	12%	8%
Medical Insurance	11%	8%	13%	9%	10%	7%
Employment assistance	10%	6%	9%	5%	7%	4%

Source: PATH Annual Reports 2016–2018
Notes: Number of providers with data for this table: 2016=497, 2017=470, 2018=466; percent of enrolled persons that completed the referral: 2016–2018, 2016 n=86,591, 2017 n=72,231, 2018 n=70,792
Calculations: percent of enrolled persons receiving a referral = number of persons receiving a referral (assisted)/total number of people enrolled*100. Percent of Enrolled Persons that complete the referral = number of persons attaining a referral/total number of persons receiving a referral (assisted)*100.

SPCs' Assessments of the Appropriateness of the PATH Program Design

The PATH grantees' SPCs were asked to assess the appropriateness of the overall design and service emphasis of the Federal PATH program. Grantees consistently gave the program high marks on all dimensions listed. Ninety percent (90%) of respondents believed that the program focuses on the appropriate client population. Over eighty percent (81%) also believed that the PATH program design incorporates an appropriate mix of housing and treatment services. Seventy-three percent (73%) reported that the program has had a positive effect on moving clients into permanent housing.

Are PATH Programs Well Administered?

Sound program administration is one of the three goals SAMHSA has identified for the PATH program. Program administration is a multidimensional concept that includes, at a minimum, the following aspects:

- Providing oversight of PATH providers and monitoring performance;
- Providing staff with opportunities to improve skills;
- Developing collaborative relationships to ensure that state and local PATH programs make maximum use of community resources.

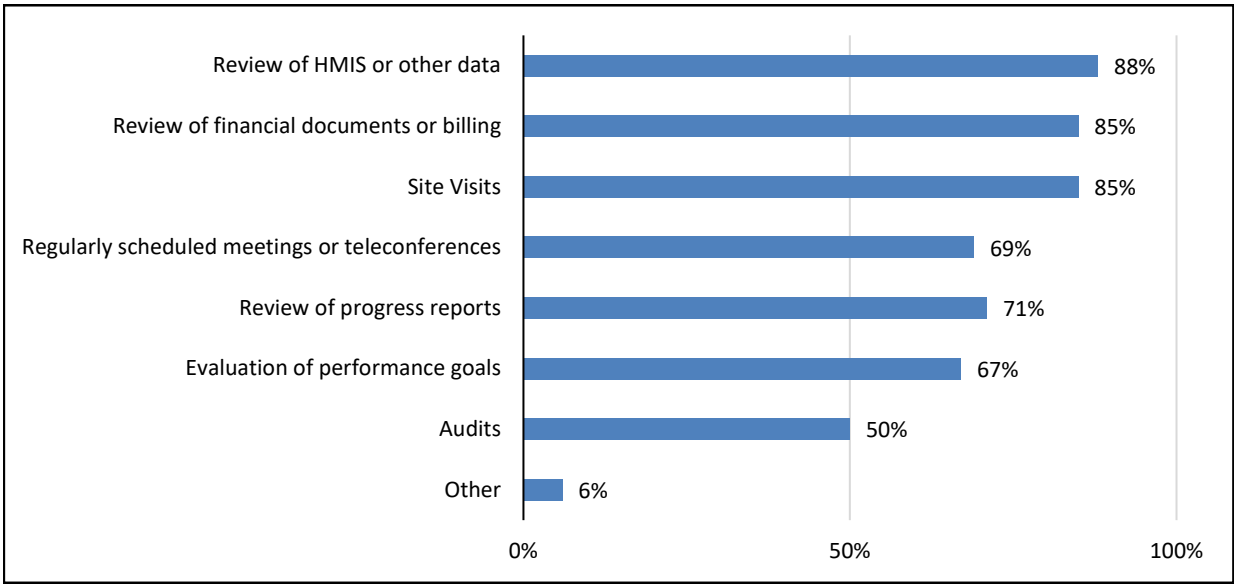
The following section provides information on how PATH grantees tackle these functions and demonstrates that the PATH programs are well-administered in terms of quality management, staff mentoring, and integration of community resources.

Providing Oversight and Monitoring Performance

The majority of PATH grantees do not utilize an intermediary organization to manage their PATH programs. Only a quarter of the grantees (11 grantees) report that they use intermediary organizations; only nine of these 11 PATH grantees (75%) report that the intermediaries provide financial and programmatic oversight of PATH providers. Therefore, the majority of PATH grantees retain the responsibility of overseeing and monitoring the performance of PATH providers. ***Figure 4*** displays the strategies that PATH grantees report using to monitor PATH provider performance.

PATH grantees use different mechanisms to monitor performance. Using the HUD Homeless Management Information System (HMIS) was the most common (88%), followed by site visits and review of financial documents or billing (85% of grantees for each category). Reporting on the use of HMIS showed a 15% increase from the previous PATH Evaluation Report conducted in 2015, which reported a 73% implementation. Additional methods of monitoring included: site visits (85%), meetings and teleconferences (69%), evaluation of performance goals (67%) and audits (50%).

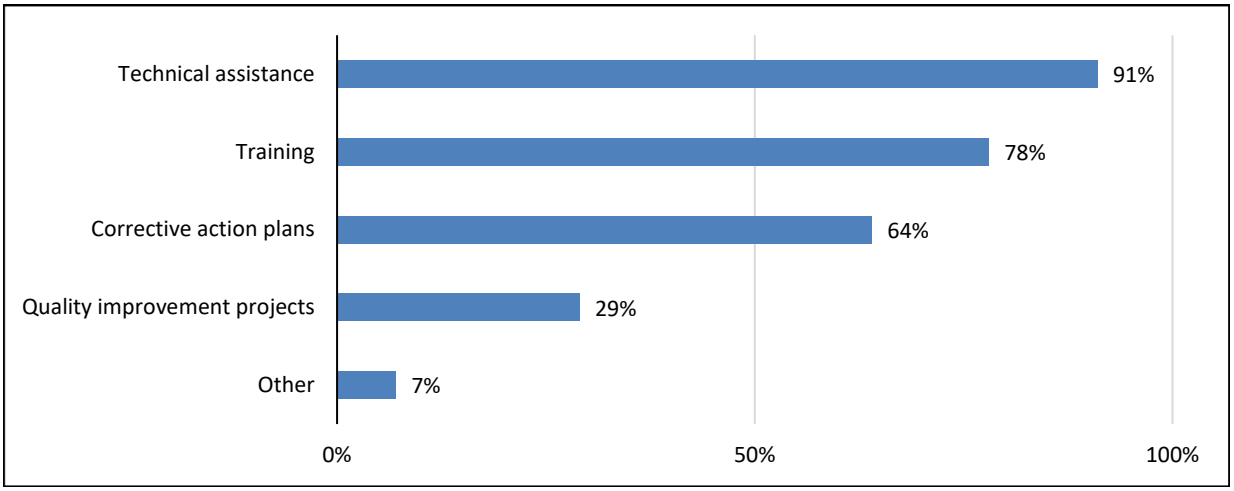
Figure 4. Methods for Monitoring PATH Providers, 2020



Source: PATH SPC Web Survey 2020, n=48
Note: Examples of other methods used for monitoring include reviewing Intended Use Plans (IUPs), quarterly reports uploaded to PDX and other documents; onsite visits from other providers; and discussions during conferences and CoC meetings.

As shown in ***Figure 5***, grantees use positive approaches to address concerns about provider management or effectiveness. The two most commonly used strategies in this regard are the provision of technical assistance (TA) and training (84% and 75%). Over half (64%) of the grantees report using corrective action plans to handle concerns with providers. Almost a third of the grantees (29%) report using quality improvement projects to handle concerns with providers.

Figure 5. Methods for Handling Concerns with PATH Providers, 2020



Source: PATH SPC Web Survey 2020, n=48
Note: Data that were missing or that had responses of "do not know" (n=3) were not included in this figure. Examples of other methods of handling concerns with PATH providers include learning communities, face-to-face meetings, and participation in Learning Communities.

Providing Supports for PATH Providers

In addition to regular performance monitoring, sound administration also includes providing staff with opportunities to increase skills. As shown in ***Table 14***, the vast majority of grantees report that they make both TA and training available for performance enhancement: 81% report the use of TA; 60% indicate the use of training. These proportions are less than what was reported in the 2018 PATH Evaluation Report (83% and 67%, respectively).

Table 14. Methods for Supporting Provider Performance, 2018

Method	Number of Grantees	Percent of Grantees
Provide TA to PATH providers	38	81%
Provide training to PATH providers	28	60%

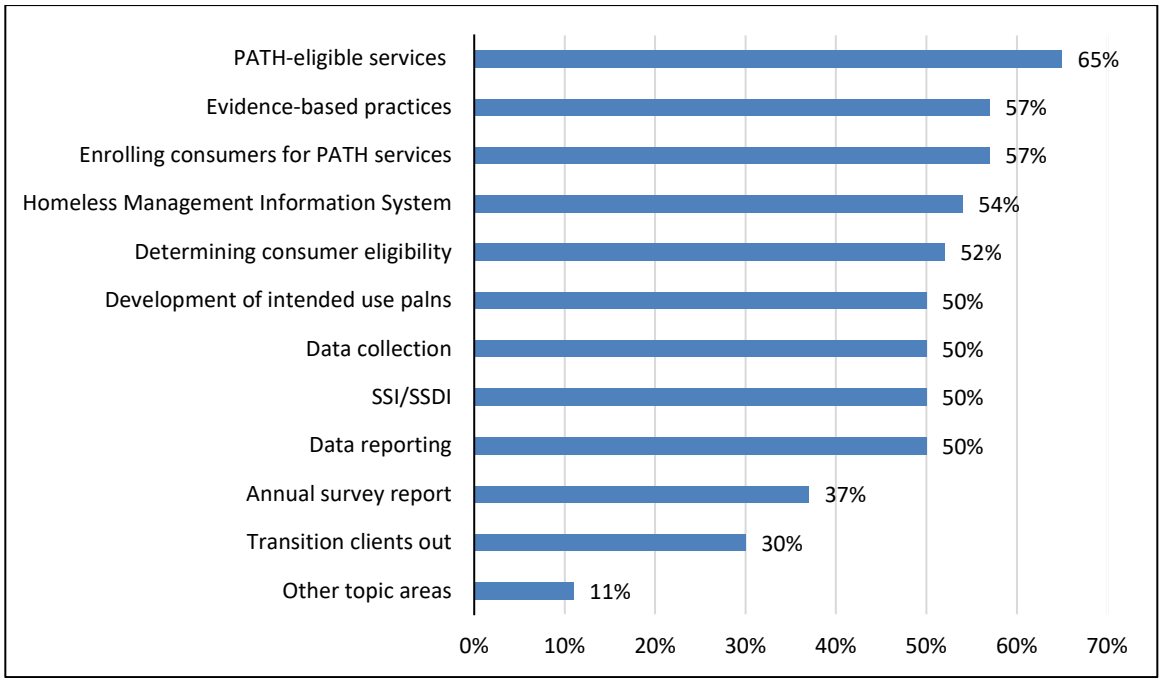
Source: PATH SPC Web Survey 2020, Provide TA to PATH providers n=47; Provide training to PATH providers n=47

Note: Data that were missing or that had responses of "do not know" (Provide training to PATH providers n=1; Provide TA to PATH providers n=1) were not included in this table.

Topic Areas of Technical Assistance and Training

PATH grantees are very active in making TA and training available to PATH providers; the top eight topics are illustrated below (*Figure 6*). Sixty-five percent (65%) of PATH grantees report providing TA/training on PATH-eligible services in 2020. Slightly more than half of the grantees report providing TA/training on Evidence-Based Practices (EBP), Enrolling Consumers for PATH Services, HMIS, and Determining Consumer Eligibility for PATH Services. In the 2018 report, the most commonly provided training topics were on HMIS, Data Reporting, Data Collection, PATH-Eligible Services, and Enrolling Consumers for PATH Services. The most commonly reported EBPs included SSI/SSDI Outreach, Access, and Recovery (SOAR), Housing First Model, and Trauma-Informed Care.

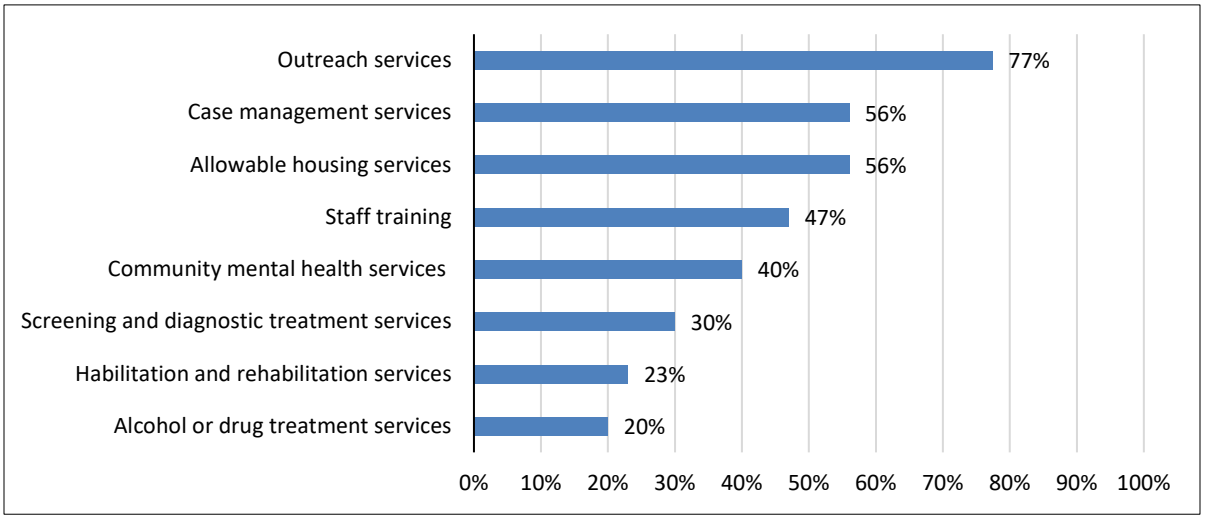
Figure 6. Topic Areas of TA or Training Provided to PATH Providers, 2020



Source: PATH SPC Web Survey 2020, n= 48
Notes: Data that were missing or that had a response of "do not know" (n= 3) were not included in this figure. Other topic areas included COVID-19 response, PATH program manual, and invoicing.

Figure 7 provides additional detail on TA/training related to PATH-eligible services. SAMHSA has emphasized the importance of outreach and case management services. Most grantees reported that they had provided TA/training on services related to outreach (77%). Fifty-six percent provided TA/training on case management and allowable housing services; just under half provided TA/training on staff training (47%) and community mental health services (40%); and less than one third of grantees provided TA/training related to screening and diagnostic services (30%), habilitation and rehabilitation (23%), and alcohol or drug treatment services (20%).

Figure 7. TA or Training Provided on PATH-Eligible Services, 2020

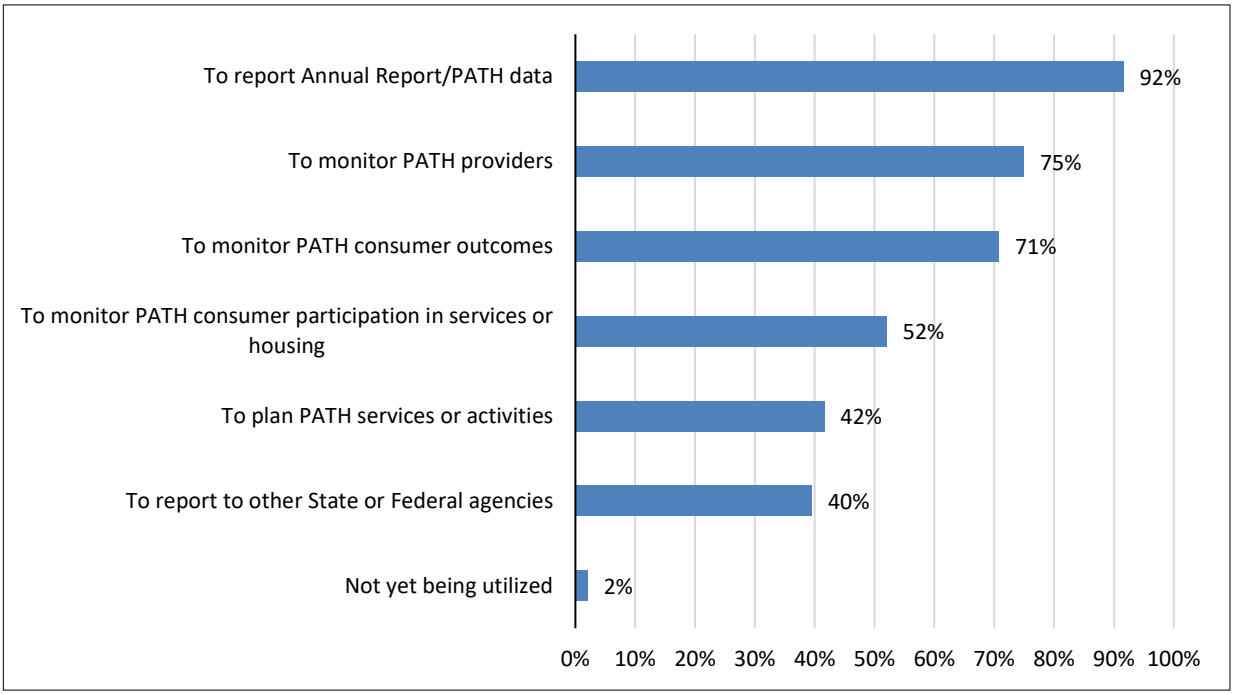


Source: PATH SPC Web Survey 2020, n=48
Notes: Data that were missing or that had a response of "do not know" (n=20) were not included in this figure. Examples of allowable housing services include planning of housing, TA in applying for housing assistance, and security deposit

Homeless Management Information System (HMIS)

According to the FY2018 Funding Opportunity Announcement, all PATH providers should be collecting PATH client data through HMIS or another system approved by SAMHSA that supports interoperability with the local HMIS. Out of the 48 SPCs who responded to this question, 94% reported all providers using HMIS, two percent reported some providers used HMIS and four percent reported not using it yet. ***Figure 8*** shows that 92% of PATH grantees report that HMIS data are used to report Annual Report/PATH data; three quarters (75%) of the PATH grantees use the HMIS data to monitor PATH providers. PATH grantees also report using HMIS data to monitor PATH client outcomes (71%), monitor PATH client participation in services or housing (52%), to plan for PATH services or activities (42%), and report to other state or federal agencies (40%). Only two percent report that they are not using HMIS data.

Figure 8. Grantees' Use of HMIS Data, 2020

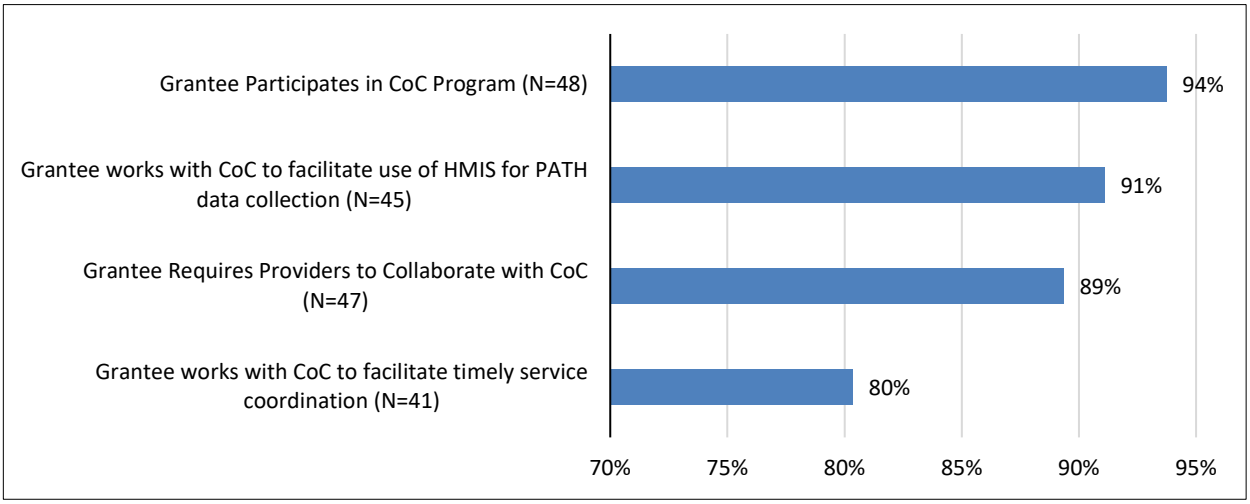


Source: PATH SPC Web Survey 2020 n=48
Note: Data that were missing or that had a response of "do not know" (n= 2) were not included in this figure.

Collaboration with the Continuum of Care (CoC) Program

As shown in ***Figure 9,*** the majority of PATH grantees report that they participate in the CoC program (94%), and work with the CoC to facilitate the use of HMIS for data collection (91%) and to facilitate timely service coordination (80%). Almost all grantees require providers to collaborate with CoC (89%).

Figure 9. PATH Grantees Involvement with CoC Program, 2020



Source: PATH SPC Web Survey 2020
Note: Data that were missing or that had responses of "do not know" (Participates in the CoC n=2; Works with CoC to facilitate HMIS n=5; Requires providers to collaborate with CoC n=3; Works with CoC to facilitate timely service coordination n=9) were not included in this figure.

Involvement with Local Planning Activities

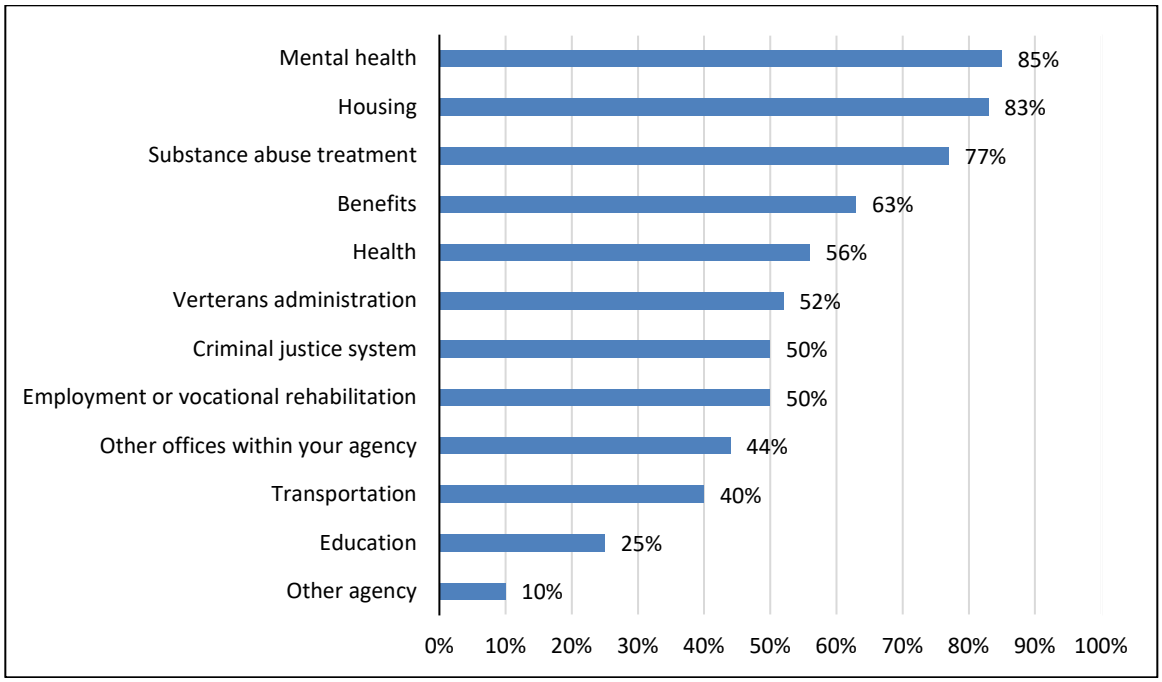
Eighty-nine percent (89%) of providers participate in local planning activities and program coordination although only seventy-eight percent (78%) of grantees report that they require their providers to participate. Planning activities include initiatives such as coordinated entry and coordinated assessments.

Collaboration with Other Organizations

Figure 10 displays the state/territory agencies that PATH grantees report that they collaborated with in the past year regarding the PATH program. In 2020: eighty-five percent (85%) of the PATH grantees reported working with the mental health agency regarding the PATH program; eighty-three percent (83%) reported working with the housing agency; seventy-seven percent (77%) reported working with the substance abuse treatment services agency; and sixty-three percent (63%) reported working with the benefits agency.

In addition, PATH grantees reported collaborating with health organizations (56%), veteran's affairs (52%), a criminal justice system agency (50%), employment agencies (50%), other departments or offices within their own agency (44%), transportation (40%), education (25%), and other types of agencies (10%).

Figure 10. State/Territory Agencies that Grantees Worked with, 2020



Source: PATH SPC Web Survey, 2020
Note: Data that were missing or that had a response of "do not know" (n=2) were not included in this figure.

Have Outcome and Process Goals Been Achieved?

The PATH program has had considerable success serving individuals with mental or co-occurring mental and substance use disorders who are homeless or at imminent risk of homelessness. This section provides information on the outcomes achieved by the program. ***Table 15*** summarizes the PATH program achievements on each measure for 2016 through 2018. Targets referenced below are created by PATH programs using baseline data as a guide.

In 2016, the PATH program met PATH targets for one of the three measures:

- Number of homeless persons contacted (target was not met – under by 38%)
- **Percentage of enrolled homeless persons with SMI who received community-based mental health services (target exceeded –by 25%)**
- Percentage of enrolled homeless persons who receive community mental health services (target not met – under by 17%)

In 2017, the PATH program met PATH targets for one of the three measures:

- Number of homeless persons contacted (target was not met – under by 15%)
- Percentage of enrolled homeless persons with SMI who received community-based mental health services (target not met – under by 21%)
- **Percentage of enrolled homeless persons who receive community mental health services (target exceeded by 15%)**

In 2018, the PATH program met PATH targets for one of the three measures:

- Percentage of enrolled homeless persons with SMI who received community-based mental health services (target not met – under by 15%)
- Percentage of enrolled homeless persons with SMI who received community-based mental health services (target not met – under by 16%)
- **Percentage of enrolled homeless persons who receive community mental health services (target exceeded by 21%)**

Table 15. Performance Statistics, 2016–2018

	FY2016			FY2017			FY2018		
	Target	Actual	% +/−	Target	Actual	% +/−	Target	Actual	% +/−
Numbers of homeless persons contacted (outcome)	191,926	119,471	-38%	185,524	158,135	-15%	174,978	147,952	-15%
Percentage of contacted homeless persons with SMI who became enrolled in services (outcome)	58%	73%	+25%	58%	46%	-21%	57%	48%	-16%
Percentage of enrolled homeless persons who received community mental health services (outcome)	66%	55%	-17%	66%	76%	+15%	54%	65%	+21%

Source for FY2016: https://pathpdx.samhsa.gov/Content/preGen/national/18/PATH_Annual_Report_For_FY_2016.pdf
Source for FY2017: https://pathpdx.samhsa.gov/Content/preGen/national/19/PATH_Annual_Report_For_FY_2017.pdf
Source for FY2018: https://pathpdx.samhsa.gov/Content/preGen/national/23/PATH_Annual_Report_For_FY18.pdf

Note: The performance statistics reported above are the most current and accurate data for each FY. These statistics may not match previous congressional justifications, as additional data might have been reported by grantees after the Congressional Justification was published.

Conclusion and Recommendations

The Projects for Assistance in Transition from Homelessness (PATH) program was created to reduce or eliminate homelessness or imminent risk of homelessness for individuals with serious mental illness (SMI) or co-occurring disorders. In 2016-2018, funds were provided to all 50 states, the District of Columbia, Puerto Rico, and four U.S. territories. Program funds are to be used to provide services such as street outreach, case management and services that are not supported by mainstream mental health programs, and all grantees are required to provide a match of at least $1 for every $3 in federal funding. The data in this report were collected from two sources: a triennial report covering activities in 2016, 2017, and 2018, as well as a state PATH contact (SPC) web-based survey administered in August 2020. The PATH triennial evaluation suggests that:

1. **Services offered through the PATH program are appropriate.**
   Specifically, the evaluation suggests that:

- Enrolled PATH clients match the eligibility profile and intent of the PATH legislation;
- PATH providers offer a wide range of priority services from the PATH menu;
- A significant proportion of enrolled clients participate in these services; and
- The PATH program emphasizes the engagement of clients into services and their transition to mainstream services.

2. **Services offered through the PATH program are well administered.**
   Specifically, the evaluation suggests that:

   PATH grantees offered Eligible and Priority Services including:
   - Outreach services
   - Case Management Services
   - Allowable Housing Services
   - Staff Training
   - Community Mental Health Services
   - Habilitation and Rehabilitation Services
   - Screening and Diagnostic Treatment Services
   - Alcohol or Drug Treatment Services
   - Supportive and Supervisory Services in Residential Settings

   PATH grantees offered appropriate housing services including:
   - Housing Technical Assistance
   - Housing Moving Assistance
   - Security Deposits
   - One Time Rent for Eviction Prevention
   - Housing Minor Renovation

   PATH grantees offered appropriate service referrals including:
   - Community Mental Health Services
   - Relevant Housing Services
   - Housing Placement Assistance

- Primary Health Care Services
- Income Assistance
- Job Training

PATH grantees offered appropriate monitoring of providers and engaged in effective strategies to address concerns including:

- Regular meetings and/or conferences
- Review of HMIS or other available data
- Review of progress reports or performance goals

Methods of Handling Concerns with PATH Providers included

- Program/technical guidance
- Training
- Corrective actions
- Quality improvement initiatives
- Methods of Supporting Providers Performance
- Determine training needs / Fund training needs / EBPs (e.g., Supplemental Security Income/Social Security Disability Insurance Outreach, Access, & Recovery)
- Provide program/technical guidance to PATH providers

3. **Overall, PATH outcome and process goals demonstrated many successes**
   The PATH program has had considerable success serving individuals with mental or co-occurring mental and substance use disorders who are homeless or at imminent risk of homelessness.
   Specifically, the evaluation suggests that:

   a. An average of 184,142 homeless persons were contacted each year (191,926 in 2016, 185,524 in 2017 and 147,952 in 2018);
   b. 48% of eligible homeless persons with serious mental illness who were contacted were subsequently enrolled in services; and
   c. 65% of enrolled homeless persons received community mental health services.

Recommendations

- SAMHSA should provide technical assistance (TA) and support to PATH grantees and providers to improve data consistency and standardize the collection and reporting of the PATH Annual Report data. This TA might be through webinars, quarterly meetings or one-on-one support.

- SAMHSA should collect qualitative data through site visits, interviews and peer to peer discussions to support programmatic goals, understand barriers, collect successful strategies to overcome these barriers, understand which EBP led to the greatest outcomes, and develop a list of best practices. These qualitative data should be collected from key stakeholders including grantees, intermediary organizations, providers and direct care staff to get a more comprehensive picture of the program.

Table 2. Federal PATH Allotment, Required and Reported Match, and Ratio of Match to Allotment by State/Territory, 2018

State/Territory	2018 Allotment	2018 Minimum Required Match	2018 Actual Match	Ratio of Match to Allotment
Alaska	$300,000	$100,000	$103,326	0.34
Alabama	$597,813	$199,271	$284,465	0.48
Arkansas	$269,161	$89,720	$89,720	0.33
American Samoa	$50,000	$0	$0	0.00
Arizona	$1,313,988	$437,996	$449,830	0.34
California	$7,133,257	$2,337,752	$6,913,525	0.97
Colorado	$919,912	$306,637	$527,995	0.57
Connecticut	$792,000	$264,000	$718,543	0.91
District of Columbia	$300,000	$100,000	$100,000	0.33
Delaware	$300,000	$100,000	$100,000	0.33
Florida	$4,107,971	$1,369,324	$1,613,984	0.39
Georgia	$1,701,792	$567,264	$526,531	0.31
Guam	$34,215	$0	$119,110	3.48
Hawaii	$313,111	$104,370	$736,750	2.35
Iowa	$320,928	$106,976	$534,731	1.67
Idaho	$297,996	$99,332	$99,333	0.33
Illinois	$2,533,231	$844,410	$4,258,758	1.68
Indiana	$962,578	$320,859	$500,398	0.52
Kansas	$417,961	$139,320	$263,278	0.63
Kentucky	$466,166	$155,389	$251,858	0.54
Louisiana	$701,922	$233,974	$286,940	0.41
Massachusetts	$1,558,333	$519,444	$842,531	0.54
Maryland	$1,221,194	$407,065	$1,498,972	1.23
Maine	$429,203	$143,068	$595,291	1.39
Michigan	$1,575,907	$525,302	$525,304	0.33
Minnesota	$975,900	$325,300	$514,615	0.53
Missouri	$883,209	$294,403	$489,113	0.55
N. Mariana Islands	$50,000	$0	$250,000	5.00
Mississippi	$288,000	$96,000	$1,704,633	5.92
Montana	$300,000	$100,000	$229,942	0.77
North Carolina	$1,251,474	$417,158	$461,212	0.37
North Dakota	$316,667	$105,556	$308,911	0.98
Nebraska	$306,112	$102,037	$594,859	1.94
New Hampshire	$288,000	$96,000	$146,793	0.51
New Jersey	$2,051,836	$683,945	$1,535,484	0.75
New Mexico	$300,000	$100,000	$101,500	0.34
Nevada	$553,676	$184,559	$484,203	0.87
New York	$4,186,774	$1,395,591	$10,628,513	2.54
Ohio	$1,756,416	$58,472	$842,969	0.48
Oklahoma	$434,941	$144,980	$409,228	0.94
Oregon	$596,375	$198,792	$864,903	1.45
Pennsylvania	$2,630,797	$876,932	$1,581,212	0.60
Puerto Rico	$890,817	$296,939	$296,948	0.33

State/Territory	2018 Allotment	2018 Minimum Required Match	2018 Actual Match	Ratio of Match to Allotment
Rhode Island	$270,000	$90,000	$93,360	0.35
South Carolina	$678,356	$226,119	$225,301	0.33
South Dakota	$272,340	$90,780	$90,743	0.33
Tennessee	$1,041,215	$347,072	$397,443	0.38
Texas	$4,423,370	$1,474,457	$1,360,672	0.31
Utah	$551,570	$183,857	$450,685	0.82
Virginia	$1,273,092	$424,364	$750,599	0.59
Virgin Islands	$50,000	$0	$25,000	0.50
Vermont	$341,951	$113,984	$135,987	0.40
Washington	$1,047,418	$349,139	$545,103	0.52
Wisconsin	$794,647	$264,882	$300,200	0.38
West Virginia	$336,108	$112,036	$142,586	0.42
Wyoming	$295,000	$98,333	$97,775	0.33
Total	**$57,754,700**	**$18,623,160**	**$47,898,339**	**0.83**

Sources: 2018 Allotment, 2018 Minimum Required Match and 2018 Actual Match: Report prepared by SAMHSA CBHSQ with funding data provided by SAMHSA CMHS. Agency Type: PATH Budget Information Mapping Report For FY18

Table 3. Federal PATH Allocation by State/Territory, 2016-2018

State/Territory	2016	2017	2018
Alaska	$300,000	$300,000	$300,000
Alabama	$605,830	$605,152	$597,813
Arkansas	$292,028	$255,357	$269,161
American Samoa	$50,000	$50,000	$50,000
Arizona	$1,077,237	$1,316,173	$1,313,988
California	$8,358,330	$8,339,707	$7,133,257
Colorado	$921,784	$989,870	$919,912
Connecticut	$801,500	$793,500	$792,000
District of Columbia	$300,000	$300,000	$300,000
Delaware	$300,000	$300,000	$300,000
Florida	$4,071,938	$4,367,611	$4,107,971
Georgia	$1,475,927	$1,486,028	$1,701,792
Guam	$45,700	$45,700	$34,215
Hawaii	$299,493	$301,248	$313,111
Iowa	$321,540	$322,137	$320,928
Idaho	$292,580	$298,894	$297,996
Illinois	$2,484,892	$2,419,688	$2,533,231
Indiana	$1,037,628	$958,873	$962,578
Kansas	$407,147	$373,435	$417,961
Kentucky	$478,450	$365,639	$466,166
Louisiana	$658,525	$640,753	$701,922
Massachusetts	$1,549,529	$1,556,533	$1,558,333
Maryland	$1,264,442	$1,178,831	$1,221,194

State/Territory	2016	2017	2018
Maine	$300,000	$300,000	$429,203
Michigan	$1,472,243	$1,515,499	$1,575,907
Minnesota	$778,618	$925,608	$975,900
Missouri	$699,996	$930,312	$883,209
N. Mariana Islands	$50,000	$50,000	$50,000
Mississippi	$288,000	$217,000	$288,000
Montana	$300,000	$300,000	$300,000
North Carolina	$1,229,809	$1,085,050	$1,251,474
North Dakota	$298,683	$486,046	$316,667
Nebraska	$288,001	$288,000	$306,112
New Hampshire	$288,000	$287,997	$288,000
New Jersey	$2,051,521	$2,054,228	$2,051,836
New Mexico	$264,906	$300,000	$300,000
Nevada	$525,733	$558,400	$553,676
New York	$4,195,019	$4,083,601	$4,186,774
Ohio	$1,906,561	$1,906,370	$1,756,416
Oklahoma	$434,880	$431,816	$434,941
Oregon	$576,987	$574,666	$596,375
Pennsylvania	$2,207,154	$2,238,488	$2,630,797
Puerto Rico	$891,000	$891,574	$890,817
Rhode Island	$270,000	$267,600	$270,000
South Carolina	$678,789	$680,567	$678,356
South Dakota	$302,657	$276,610	$272,340
Tennessee	$922,500	$805,234	$1,041,215
Texas	$4,513,227	$4,497,733	$4,423,370
Utah	$563,200	$563,625	$551,570
Virginia	$1,323,432	$1,341,444	$1,273,092
Virgin Islands	$50,000	$50,000	$50,000
Vermont	$300,000	$324,900	$341,951
Washington	$1,323,809	$1,087,093	$1,047,418
Wisconsin	$790,749	$796,677	$794,647
West Virginia	$274,884	$289,898	$336,108
Wyoming	$288,151	$295,000	$295,000
Total	**$58,043,008**	**$58,266,165**	**$57,754,700**

Sources: 2016-2018 Allotment: Report prepared by SAMHSA CBHSQ with funding data provided by SAMHSA CMHS. Agency Type: PATH Budget Information Mapping Report For FY16/FY17/FY18

Table 4. Federal PATH Allotment by State/Territory and Number/Type of Providers Funded, 2018

		Number of Providers by Agency Type							
State/ Territory	Allotment	Total Number of PATH Funded Providers	CMHC	Social Service	Shelter or Housing	HCH	Consumer Run MH	SA	Other
Alaska	$300,000	0	0	0	0	0	0	0	0
Alabama	$597,813	5	5	0	0	0	0	0	0
Arkansas	$269,161	4	4	0	0	0	0	0	0
American Samoa	$50,000	1	1	0	0	0	0	0	0
Arizona	$1,313,988	4	0	1	1	0	0	0	2
California	$7,133,257	40	8	0	2	1	0	0	29
Colorado	$919,912	6	5	0	0	0	0	0	1
Connecticut	$792,000	8	2	3	3	0	0	0	0
District of Columbia	$300,000	1	0	0	0	0	0	0	1
Delaware	$300,000	1	0	0	0	0	1	0	0
Florida	$4,107,971	25	17	2	0	0	0	2	4
Georgia	$1,701,792	10	3	3	0	3	0	0	1
Guam	$34,215	1	0	1	0	0	0	0	0
Hawaii	$313,111	3	0	0	1	1	0	0	1
Iowa	$320,928	7	5	1	0	1	0	0	1
Idaho	$297,996	1	0	0	0	0	0	0	1
Illinois	$2,533,231	17	8	3	0	0	0	0	6
Indiana	$962,578	13	10	2	0	0	0	0	1
Kansas	$417,961	7	7	0	0	0	0	0	0
Kentucky	$466,166	8	6	0	1	0	0	0	0
Louisiana	$701,922	9	0	7	0	0	0	0	2
Massachusetts	$1,558,333	1	0	1	0	0	0	0	0
Maryland	$1,221,194	25	4	2	2	1	0	0	16
Maine	$429,203	2	1	0	0	0	0	0	1
Michigan	$1,575,907	18	12	1	3	0	0	0	2
Minnesota	$975,900	11	5	4	0	0	0	0	2
Missouri	$883,209	10	9	0	0	0	0	0	1
N. Mariana Islands	$50,000	1	1	0	0	0	0	0	0
Mississippi	$288,000	5	4	1	0	0	0	0	0
Montana	$300,000	1	1	0	0	0	0	0	0
North Carolina	$1,251,474	4	0	0	1	0	0	0	3
North Dakota	$316,667	8	8	0	0	0	0	0	0
Nebraska	$306,112	4	1	0	0	0	0	0	3
New Hampshire	$288,000	7	6	1	0	0	0	0	0
New Jersey	$2,051,836	15	9	1	1	1	0	0	3
New Mexico	$300,000	2	2	0	0	0	0	0	0
Nevada	$553,676	3	1	1	0	0	0	1	0
New York	$4,186,774	25	1	12	6	0	2	0	4
Ohio	$1,756,416	12	6	1	5	0	0	0	0
Oklahoma	$434,941	4	3	0	0	0	0	0	1
Oregon	$596,375	5	4	0	0	0	0	0	1

Number of Providers by Agency Type									
State/ Territory	**Allotment**	**Total Number of PATH Funded Providers**	**CMHC**	**Social Service**	**Shelter or Housing**	**HCH**	**Consumer Run MH**	**SA**	**Other**
Pennsylvania	$2,630,797	37	6	13	6	0	2	0	10
Puerto Rico	$890,817	1	0	0	0	0	0	0	1
Rhode Island	$270,000	1	0	1	0	0	0	0	0
South Carolina	$678,356	4	2	0	1	0	0	0	1
South Dakota	$272,340	5	5	0	0	0	0	0	0
Tennessee	$1,041,215	10	9	0	0	0	0	0	1
Texas	$4,423,370	16	12	1	0	0	0	1	2
Utah	$551,570	4	4	0	0	0	0	0	0
Virginia	$1,273,092	14	11	1	0	1	0	0	1
Virgin Islands	$50,000	1	0	0	1	0	0	0	0
Vermont	$341,951	6	0	4	1	1	0	0	0
Washington	$1,047,418	14	11	0	0	0	2	0	1
Wisconsin	$794,647	9	1	2	3	1	0	0	2
West Virginia	$336,108	7	2	2	3	0	0	0	0
Wyoming	$295,000	4	0	2	0	0	0	0	2
Total	**$57,754,700**	**466**	**223**	**74**	**41**	**11**	**7**	**4**	**106**
Percent			**47.9%**	**15.9%**	**8.8%**	**2.4%**	**1.5%**	**0.9%**	**22.7%**

Sources: Allotment: Report prepared by SAMHSA's Homeless and Housing Resource Network (HHRN) with funding data provided by SAMHSA CMHS. Agency Type: PATH Annual Report 2018, n=466

Notes: Half of the agencies listed as Other are Other Mental Health agencies. It was not possible to differentiate between the "Other" and "Other Mental Health agencies" from the files received with the Annual Report data.
CMHC = Community Mental Health Center
HCH = Health Care for the Homeless or Other Health Agency
SA Agency = Substance Use Treatment Agency
Shelter or Housing = Shelter or other temporary housing resource and Other housing agency

Figure 1: Logic Model