

Issue Brief



Evaluation of the Projects for Assistance in Transition from Homelessness (PATH) Grant Program

Projects for Assistance in the Transition from Homelessness (PATH)

is a formula grant program operating since 1991 that is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under the PATH grant program, SAMHSA provides funds to States and Territories to offer community-based services for people who have a serious mental illness and who are homeless or at risk of imminent homelessness. This brief presents the findings from an evaluation of the grant program as implemented in Federal fiscal year (FFY) 1999. The evaluation concluded that PATH grants make a unique contribution to the service system for this challenging population. Other conclusions were that expenditures are consistent with authorizing legislation and that Government Performance and Results Act (GPRA) targets were met. The evaluation also recommended improvements to the GPRA target measures and the annual application and reporting processes.



Overview

This brief presents the findings from an evaluation of the Projects for Assistance in Transition from Homelessness (PATH) Grant Program that was funded jointly by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services. PATH is a formula grant program administered by the Homeless Programs Branch (HPB) at the Center for Mental Health Services (CMHS) within SAMHSA. It provides funds to States and Territories for flexible, community-based services for persons with serious mental illnesses who are homeless or at imminent risk of becoming homeless. The program was created as part

of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (Section 521 et. Seq. of the Public Health Services [PHS] Act) and has been in operation since 1991.

Under Section 524 of the PHS Act, grantees may use their PATH allocation to provide any or all of a number of essential services, including outreach, screening and diagnostic treatment, community mental health services, case management, alcohol or drug treatment, habilitation and rehabilitation, supportive and supervisory services in residential settings, and referrals to other needed services. States also can use the PATH allocation to fund limited housing assistance, such as minor renovations, repairs to existing housing, or one-time rental payments to prevent eviction.

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**Table 1. Federal & State/Local PATH Resources
As Reported by CMHS**

State/Territory	Federal PATH Dollars	State/Local Match Dollars
ALABAMA	300,000	208,170
ALASKA	300,000	210,910
AMERICAN SAMOA	50,000	0
ARIZONA	314,000	104,666
ARKANSAS	300,000	100,000
CALIFORNIA	3,015,000	1,005,000
COLORADO	300,000	100,000
CONNECTICUT	300,000	343,318
DELAWARE	300,000	100,000
DISTRICT OF COLUMBIA	300,000	100,000
FLORIDA	1,205,000	765,480
GEORGIA	386,000	128,667
GUAM	50,000	0
HAWAII	300,000	100,000
IDAHO	300,000	100,000
ILLINOIS	1,004,000	426,758
INDIANA	319,000	226,206
IOWA	300,000	111,467
KANSAS	300,000	100,000
KENTUCKY	300,000	100,000
LOUISIANA	300,000	100,000
MAINE	300,000	1,162,280
MARYLAND	424,000	141,333
MASSACHUSETTS	560,000	186,667
MICHIGAN	688,000	1,335,351
MINNESOTA	300,000	417,919
MISSISSIPPI	300,000	260,761
MISSOURI	329,000	450,000
MONTANA	300,000	100,000
N. MARIANA ISLANDS	50,000	0
NEBRASKA	300,000	100,000
NEVADA	300,000	100,000
NEW HAMPSHIRE	300,000	100,000
NEW JERSEY	785,000	431,775
NEW MEXICO	300,000	100,000

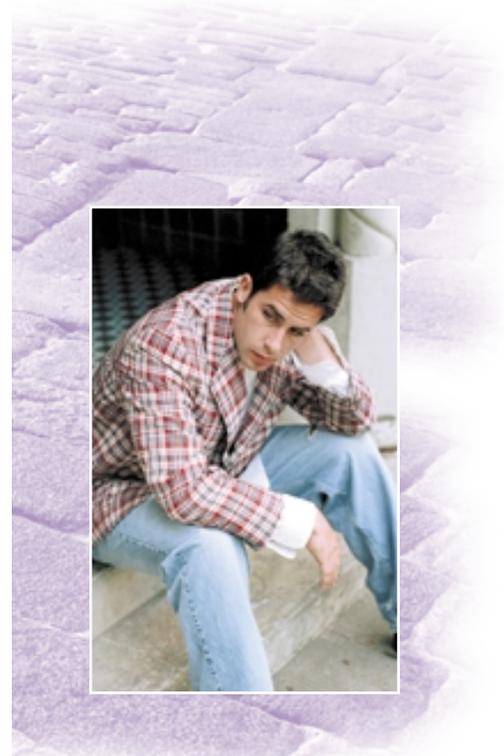
In Federal fiscal year (FFY) 1999, \$26 million in funds was appropriated for PATH (see Table 1 right). Each of five Territories received awards of \$50,000, and State grantees received amounts ranging from \$300,000 to more than \$3 million. In addition to these Federal appropriations, all grantees (except Territories) are required to provide a matching contribution of \$1 for every \$3 of Federal money received. More than half of the grantees, however, exceeded this requirement in 1999. For example, the State of Maine received \$300,000 in Federal PATH funds in FFY 1999, but contributed another \$1,162,280 of public and/or private monies to match this amount, a contribution of almost \$4 for every \$1 of Federal expenditures.

Table I. (continued)

State/Territory	Federal PATH Dollars	State/Local Match Dollars
NEW YORK	1,671,000	1,263,154
NORTH CAROLINA	300,000	351,179
NORTH DAKOTA	300,000	324,025
OHIO	788,000	262,667
OKLAHOMA	300,000	337,254
OREGON	300,000	100,000
PENNSYLVANIA	853,000	284,049
PUERTO RICO	300,000	108,552
RHODE ISLAND	300,000	112,573
SOUTH CAROLINA	300,000	100,000
SOUTH DAKOTA	300,000	100,000
TENNESSEE	300,000	100,000
TEXAS	1,346,000	1,299,205
UTAH	300,000	198,221
VERMONT	300,000	100,000
VIRGIN ISLANDS	50,000	0
VIRGINIA	453,000	394,298
WASHINGTON	381,000	181,000
WEST VIRGINIA	300,000	100,000
WISCONSIN	300,000	100,000
WYOMING	300,000	100,000
TOTAL	25,221,000	15,232,905

The authorizing legislation requires SAMHSA to conduct an evaluation of PATH every 3 years. This evaluation¹ satisfies that requirement and focuses on the following key questions:

- ▶ Are State grantees using the PATH monies as intended by the authorizing legislation?
- ▶ How do PATH monies contribute to the overall service delivery system for people who are homeless and have serious mental illnesses?
- ▶ In FFY 1999, did PATH meet its target measures for the Government Performance and Results Act (GPRA)?



Evaluation questions were answered through a variety of methods. First, the evaluators consulted with several researchers and practitioners who are knowledgeable about PATH and services for people who are homeless and have serious mental illnesses. Site visits and key informant interviews were conducted at nine PATH-funded agencies in five different communities. A random sample of 150 of the more than 360 agencies that received PATH dollars in 1999 was also selected for close examination. Evaluators reviewed the annual grantee reports and annual PATH grant applications for key details about the service environment, staffing patterns, etc. Telephone calls to grant recipients clarified ambiguous details in the reports and applications. The evaluation conclusions are based on all these activities.²

¹ This evaluation was conducted by Westat in association with R.O.W. Sciences under Contract No. HHS-100-97-0009, Task Order No. 7., and was completed in late 2000.

² Note that while CMHS provides technical assistance to recipients of PATH grant funds, the evaluation did not examine those technical assistance activities.

PATH expenditures

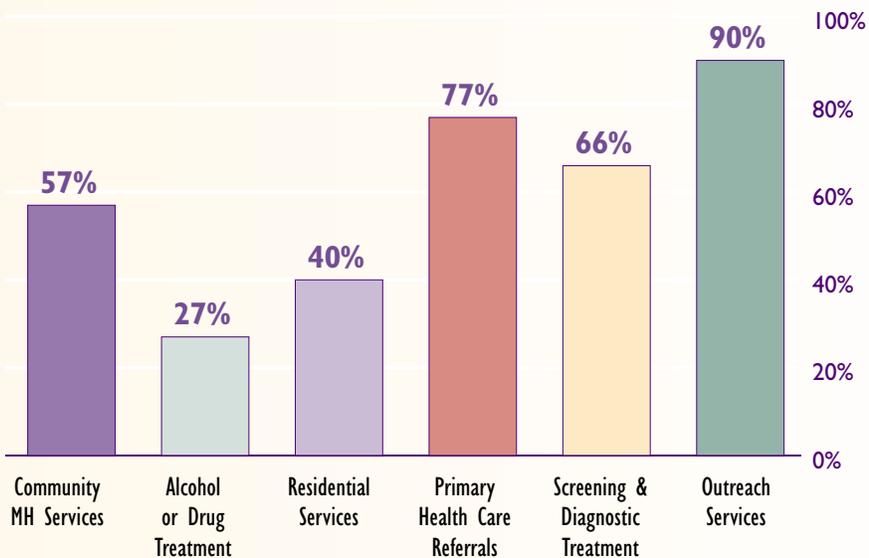
PATH Expenditures Are Consistent with the Authorizing Legislation



PATH legislation requires that funds be expended on providing services—such as community mental health services, alcohol and substance use/abuse treatment, supervisory services in a residential setting, primary health care referrals, screening and diagnostic treatment, and outreach services—to persons who are homeless or at risk of being homeless and have serious mental illnesses. The evaluation determined that PATH expenditures are consistent with these funding requirements (see Figure 1 below). This conclusion was reinforced by each component of the evaluation. State grantees are required to

provide details in their annual applications about how they allocate PATH dollars to service provider agencies. States must also specify the monitoring procedures and reporting requirements they have in place for PATH-funded agencies. Federal PATH grant program administrators reported that this information is reviewed annually to ensure that States are adhering to the legislative requirements for appropriate resource allocation and for providing oversight of PATH-funded agencies. Annual report data also confirm these findings. Agencies in the evaluation sample regularly used PATH dollars to support a wide array of eligible services.

Figure 1. Agencies in the Study Sample Using PATH Funds to Provide Eligible Services



PATH targets the most vulnerable

▶ PATH Targets the Most Vulnerable

Persons who are homeless and have serious mental illnesses can be very difficult to engage. Many among this population also have substance use/abuse problems. PATH funds are specially targeted to help bring these individuals into the services they need.

Figure 2 demonstrates that PATH-funded agencies served those individuals who experience the conditions targeted by the grant program—homelessness, serious mental illness, and, for many, a co-occurring substance abuse disorder.

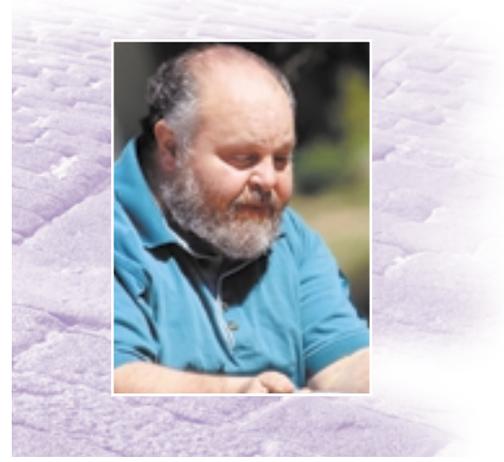
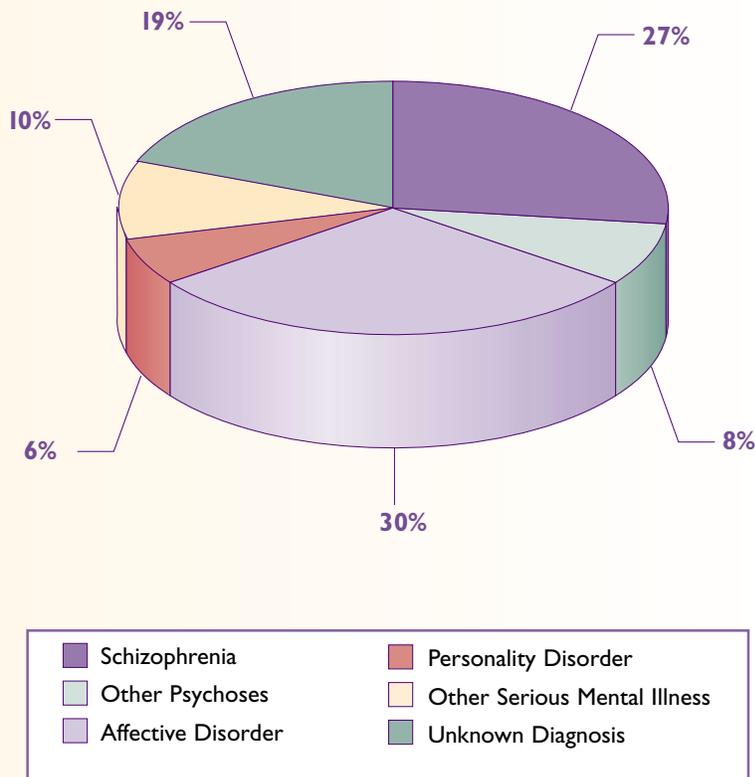


Figure 2. Psychiatric Disorder by Percentage of Clients Receiving PATH-Funded Services — Study Sample Data Only



Outreach and engagement—essential but challenging.

"One of our clients that I'd worked closely with in the earlier days with PATH was a man who for 6 months went by the name of 'X.' I met him in our soup kitchen. He was [in his] late 30s, early 40s, living on the streets, appeared to be seriously mentally ill in his demeanor. And he wouldn't tell me his real name, so we had a chart 'X' on an intake. We did a lot of visits to the woods where 'X' was camping. It got to the point where he actually wanted to take us out to show us his camp. He was very proud of it, and it was just a tarp, you know, strung up in a couple of trees. And he had a bike, and he'd go around at night to the trash and collect things off the trash... So he had all of this stuff out in the woods around his camp, all these old radios and TVs. But he had a Frisbee out in the woods, and he was using it for a plate, and so I taught him to throw a Frisbee. And we stood there in the woods for half an hour or so playing Frisbee in a little clearing and that was our relationship-building thing. Eventually, he told me his real name, 'Steven,' his social security number, a little bit of his history. Today he's at 'Safe Haven' [a shelter]..."

Site visit narrative.

▶ PATH Dollars Contribute to the Overall Service Delivery System for People Who Are Homeless and Have Serious Mental Illnesses

The evaluation confirmed the importance of PATH’s contribution to the overall service delivery system for people who are homeless and have serious mental illnesses. **PATH is the only Federal funding source specifically targeted to this hard-to-serve population.** In the face of ever more specific funding constraints in managed care environments, PATH dollars have become even more critical. PATH is a flexible funding stream that encourages community commitment to serving homeless persons living with serious mental illness and helps fill critical gaps in services.

An example of this impact can be seen in the fact that over half of all the states provided matching funds that exceeded the amount they were required to give to PATH agencies. Furthermore, PATH grants, by nature of their selective focus, drew attention to the most vulnerable of homeless populations and allowed for the implementation of programming and infrastructure to meet their needs.

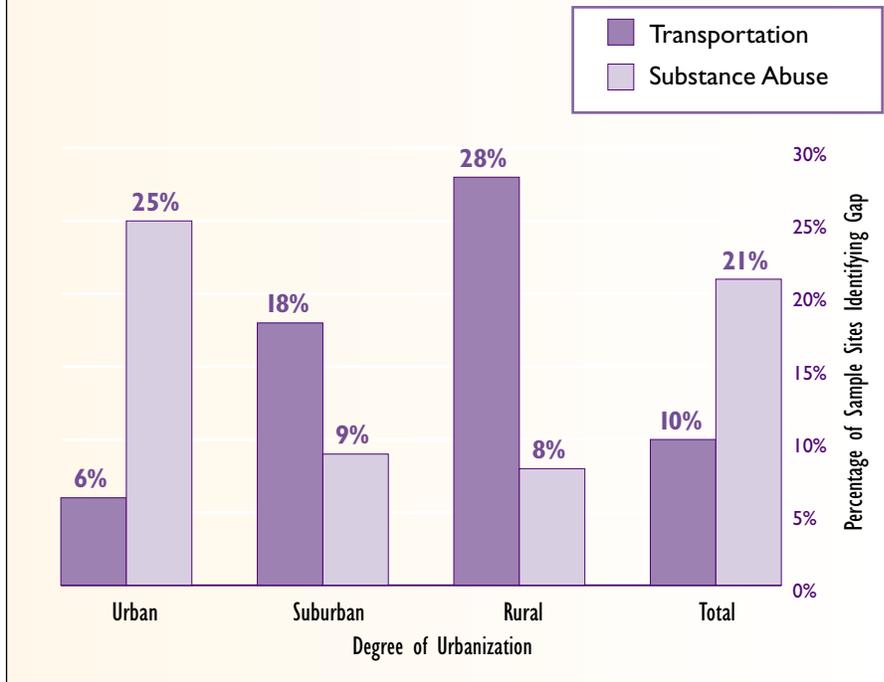
PATH’s flexibility is a key factor in meeting service needs.

Because of the nature of homelessness, consumers often need a range of different services. The flexible nature of the PATH funding stream allows local programs to use their grant funds in ways most appropriate to their communities. For example, Figure 3 points out some of the differences

in service needs in urban and rural areas. Agencies in different settings can assess their unique needs and apply the PATH funds as they see fit. Agencies visited by the evaluation team, for example, used their PATH funds in a number of different ways, all well suited to local circumstances. In one city, PATH funds helped pay for a worker who did outreach to homeless people with mental

at risk of becoming homeless transition from jails or mental hospitals. One city helped fund an outreach program in conjunction with mobile health clinics, and also helped homeless people transition into permanent housing. PATH is a much-needed funding stream that allows agencies to adjust to their local needs. This richness in programming and the ability to adjust to local

Figure 3. Identified Service Gap by Degree of Urbanization — Study Sample Data Only



illnesses who were living on the streets. Another program provided substance abuse treatment to the target population in a Health Care for the Homeless clinic. Other communities helped people

service needs makes PATH unique, and vital to the service delivery system for people who are homeless and have serious mental illnesses.

PATH meets Annual Report and Application Data Indicate that the GPRA Targets for FFY 1999 Were Met

There were three PATH-specific GPRA targets for FFY 1999. These measures assessed the extent to which PATH funds supported the transition of the target population into the formal service delivery system. These targets and the supporting data are summarized below:

- ▶ **70 percent or more PATH-funded agencies would provide outreach.** Funding application material indicates that in FFY 1999, 90 percent of the sample agencies offered outreach services with the support of PATH funds.
- ▶ **102,000 individuals will be contacted through PATH-supported outreach.** According to annual report data, PATH-supported outreach contacted 115,217 individuals in FFY 1999.
- ▶ **30 percent of individuals contacted will become 'enrolled PATH clients.'** Annual report data indicate that 37 percent (42,441 clients) of the 115,217 individuals contacted through PATH-supported outreach became enrolled PATH clients.

Evidence from the evaluation suggested that the data supporting the first GPRA target were accurate, but the evaluators concluded that in many cases the data used to measure the second and third

targets were unreliable. PATH is a critical *funding stream* that helps support agencies that provide a broad range of services for people who are homeless and have serious mental illnesses. However, local agencies blend PATH monies with funds from other state, local, and Federal sources to pay for those services. In most local service agencies PATH funds contribute part of the cost of program staff and services. There are not distinct PATH programs, staff, or clients; rather there are programs, staff, and clients for which PATH is one important funding stream among others. Consequently, it is difficult for the local agencies to accurately answer questions in the PATH annual report on which the second and third GPRA measures are based.

The evaluation called for improvements in PATH reporting procedures so that more reliable data are available to measure performance on GPRA goals. The evaluators emphasized the need to modify the reporting system in ways that reduced the burden on local provider agencies if at all possible.

CMHS officials have expressed their commitment to strengthening the PATH grant program. In response to the evaluators' recommendation, CMHS staff will enlist State and local agency participation in developing more accurate measures that can be collected with a minimum of reporting burden.



Dedicated staff help transition to employment: "I am just an 8:00 to 4:30 person, although if need be I will go the extra mile. [For example,] I'd been working with this person who'd been homeless for over a year (they were at the shelter) and I just knew that if they could just get on their feet... I worked with them and they got a job at McDonald's and they were really, really willing to work. But the time came when they had to leave the shelter, and we found this housing... So with her McDonald's salary she could afford this housing. The only problem was getting her back and forth to work because she was on the evening shift. She had asked her supervisor about getting the day shift because then she could take the bus, but he was just, 'no, no, no.'" So she went ahead and moved in the housing, and for the first couple of weeks when she got off at 1:00 or 2:00 in the morning, she would page me. I'd get out of my bed, drive all the way down here, drive her [home], because I just knew that if [she could get] some kind of break... [Otherwise], if she had had to quit the job it would have been starting all over."

"After a couple of weeks, she [made] friends [at work] and she had a friend she would stay with while she was working. But shortly thereafter, McDonald's let her go on day shift. She got a permanent bus pass, and she's been working at McDonald's and has had housing for a year. So that was kind of a success story."

Site visit narrative.



summary

Summary

The evaluation demonstrated that the PATH monies are used in a manner that is fully consistent with the authorizing Federal legislation. Provider agencies use the PATH dollars, in combination with other state and local funds, to offer a wide array of appropriate services to members of the target population.



In addition, PATH dollars appear to make a critical contribution to the overall service delivery system for people who are homeless and have serious mental illnesses. Local agencies use PATH funds in diverse ways to accommodate local needs and circumstances. Staff members interviewed consistently reported that PATH funds are making a difference in the lives of many service recipients. PATH is the only Federal funding source targeted to people who are homeless and have serious mental illnesses.

Localities report that PATH funding makes a vital contribution to communities' efforts to meet the needs of the target population. At the agency level, the significance of PATH lies in its flexibility and its ability to leverage interest in, and provide additional funds for, services for the target population.

The evaluation recommended that the PATH reporting requirements be modified to be less burdensome and easier for local grant recipients to complete in a reliable manner. In response, CMHS plans to enlist local agency participation in developing less time consuming, more accurate measures.



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