

**OHIO DEPARTMENT OF MENTAL HEALTH
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)**

PATH GUIDANCE DOCUMENT

Program and Budget Guidelines

This Guidance Document has been created primarily to assist Boards and Provider Organizations with the completion of the annual Intended Use Plans (IUP) and therefore follows the standard IUP Format.

Goal

The PATH formula grant program was designed to support service delivery to individuals with severe mental illnesses, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless, with the ultimate goal being connecting individuals to mainstream mental health services as a way of working towards the elimination of homelessness for this population.

Purpose and Use of Funds

Funds must be used to identify homeless persons with severe mental illness and/or with co-occurring substance use disorders and link them to mental health services, housing, substance abuse treatment and other needed community-based services to aid in their recovery, end their homelessness, and improve the quality of their lives. This is to be accomplished through the provision of aggressive outreach services and referrals to mental health services, substance abuse treatment, housing, primary health services, employment services, and coordination with existing programs, services, and natural supports in the community. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), which is responsible for administering the grant at the federal level, permits the use of PATH funds for the following activities:

- Outreach services
- Screening and diagnostic services
- Habilitation and rehabilitation services
- Community mental health services
- Alcohol and/or drug treatment services (for people with mental illnesses and co-occurring substance use disorders)
- Case management services
- Supervisory services in residential settings
- Limited housing services and services to help clients access housing resources

Eligible Applicants

Applicants must be county/regional mental health or alcohol, drug addiction and mental health services boards (Boards), or providers partnering with a Board. Boards must contract with a non-profit agency to deliver P.A.T.H. services. Boards receiving P.A.T.H. allocations and their contract P.A.T.H. provider organizations must participate in their local community's Continuum of Care process.

***Note:** No program will be funded that has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.*

Target Population

Persons eligible to receive assistance through the PATH program must:

- Be homeless or at imminent risk of homelessness
- Have a severe mental illness with or without a co-occurring substance use disorder (At the time of engagement the presence of a mental health diagnosis may be presumed; however, the presence of a mental illness will need to be verified.)
- Not be currently engaged in the mainstream mental health services system (If a person is disconnected from their treatment provider, the role of the PATH worker is to provide assistance in re-linking him/her with the current provider.

General Definitions

Client: A person (1) who is experiencing homelessness or at imminent risk of becoming homeless and has a severe mental illness with or without a co-occurring substance use disorder, (2) who receives services supported in some measure with federal PATH funds, and (3) for whom a formal record has been prepared, indicating formal enrollment.

Note: client = enrolled

Contact: Actual face-to-face *interaction* between a worker and a homeless individual. For a contact to take place there must be an exchange, either mind to mind or actual, such as the delivery and acceptance of a sandwich or article of clothing. Contact via telephone may not be counted as a contact.

Co-occurring Disorder: Co-occurring substance-related and mental disorders, where at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.¹ For a definition of substance use disorder please reference DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition).

Engagement: A process (or a stage) post initial outreach contact in which the homeless individual has not yet been enrolled as a PATH client, but the outreach worker regularly interacts with him/her and provides some assistance. The primary goal during the engagement is for the PATH provider to develop a working alliance with the client. Some possible engagement activities are: outreach, practical assistance to facilitate relationship building, crisis intervention, stabilization of psychiatric or other healthcare symptoms, support and assistance with family/social networks, and assessment of PATH eligibility.

Enrollment: Occurs when a PATH worker makes contact with a PATH eligible individual and completes/opens a PATH client file including the individual's written consent to services, thus making the contacted individual a client. (A signed written consent for services is identified as a best practice. If a signed written consent is not able to be obtained, ongoing documentation as to why an individual is unable to sign, e.g. interference from psychiatric symptoms, needs to be documented throughout the chart until a signed consent is able to be obtained.)

Homeless: An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (such as an emergency shelter) that provides temporary living accommodations and an individual who is a resident in transitional housing.

¹ Center for Substance Abuse Treatment. *Definitions and terms relating to co-occurring disorders*. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.

Severe Mental Illness: Persons ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

More specifically, a severe mental illness would include any mental health diagnosis that has impacted an individual's functioning to the point of being unable to maintain housing, employment, etc. When determining whether or not a diagnosis is severe, outside of major thought and mood disorders, ODMH advises outreach workers to consider the entire picture of the person's life circumstances and history such as:

- Current level of symptom distress
- Current functionality in all life areas, including but not limited to duration of homelessness
- Possibility of improvement without intervention, including but not limited to medication
- Functionality in all life areas during the past 7 months
- Involvement with other systems of care or benefit/assistance programs

The PATH Website does not define which diagnoses are considered to be a severe mental illness.

Calculating the estimated number of homeless individuals with a severe mental illness:

This number helps to demonstrate local and state need in regards to the allocation and distribution of Federal PATH dollars.

- Each Board would determine the **annual** number of homeless persons in their county (please, no longer use the point-in-time number or some derivative of the number of clients the PATH Project serves, etc.) COHHIO is available to the Boards and Providers for TA, if needed.
- Calculate 23% of the number above in order to determine the number of persons with a severe mental illness in your county to be used in the Federal PATH Application. (This is the number which will demonstrate need in your county.)

An example would be:

If the XYZ County Board estimates there are 12,000 homeless persons annually in XYZ County then a 23% calculation would suggest that 2,760 persons would have a mental illness. Although this isn't completely realistic this would be the target number for the XYZ County program to outreach too.

Service Definitions for Ohio PATH Providers

Community Mental Health Services: Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses with or without a co-occurring substance use disorder. This general category does not include case management, alcohol or drug treatment, and/or habilitation and rehabilitation (they are defined separately).

Community Training: Materials, programs, and/or presentations designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites regarding the needs of the target population.

Housing Services: Specialized services designed to increase access to and maintenance of stable housing for PATH clients who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or

housing assistance referral activities. These services include:

- **Minor renovation:** services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.
- **Planning of housing:** activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.
- **Technical assistance in applying for housing services:** targeted training, guidance, information sharing, and assistance to or on behalf of PATH clients who encounter complex access issues related to housing.
- **Improving the coordination of housing services:** the process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
- **Security deposits:** provision of funds for PATH clients who are in the process of acquiring rental housing but who don't have the assets to pay the first and last month's rent or other security deposits to move in.
- **One-time rental payments:** one-time rental payments made for PATH clients who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who demonstrate need, based largely on income.
- **Costs associated with matching eligible homeless individuals with appropriate housing situations:** expenditures made on behalf of PATH clients to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

Outreach: The process of seeking out PATH eligible individuals and beginning efforts to bring them into services and/or housing.

- **Active outreach** involves face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
- **Indirect outreach** may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
 - **Note:** These methods would only count for reporting purposes if they lead to meaningful, face-to-face interaction with either a PATH outreach worker or agency representative
- **Inreach** occurs when outreach staff is placed in a service site frequented by those experiencing homelessness, such as a shelter or community resource center, and direct, face-to-face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach worker.

Ohio PATH-eligible Services

Although SAMHSA permits the use of PATH funds for a wide range of diverse services, The Ohio Department of Mental Health (ODMH), which administers the grant at the state level, limits the use of federal PATH funds in Ohio to:

1. Outreach Services and referral to appropriate mental health and other necessary services.
 - a. What are the implications for the PATH program regarding requiring verification of lawful presence in the United States for receipt of a public benefit?

The PATH program legislation contains no prohibitions on services to undocumented immigrants or any requirement for verification of legal presence in the United States. Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), an alien who is not a “qualified alien” is not eligible for any “Federal public benefit.” However, since the PATH program provides grant funding to States and/or localities and not to individuals or households, PATH services are not considered a Federal public benefit under PRWORA.

Info provided by GPO – 1/26/2012

2. The delivery of and/or referral to housing services (not to exceed twenty percent (20%) of federal PATH funds), including:
 - Minor renovation, expansion, and repair of housing
 - Planning for housing
 - Costs associated with matching eligible homeless individuals with appropriate housing
 - Technical assistance in applying for housing assistance
 - Improving coordination of housing services
 - Security deposits
 - One-time rental payments to prevent eviction

3. Training to individuals who provide services to homeless persons with severe mental disabilities, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless persons receive services. This component must include training with respect to:
 - Identifying individuals who are severely mentally disabled
 - Referring individuals to services available to them, including job training services, literacy education, community mental health centers, and substance abuse treatment;
 - Identifying programs that provide benefits to homeless individuals and referring such individuals to those programs.

PATH providers are required to annually report on all of the above PATH-eligible services. However, it is expected that providers will collaborate with their local continuum of care to identify areas of service need and avoid duplication of services.

Matching Funds

Matching Funds (Cost Sharing) is required as specified in Section 523 (a) of the Public Health Service (PHS) Act. The state must match directly or through donations from public or private entities, non-Federal contributions toward such cost in an amount that is not less than \$1 for each \$3 of federal PATH funds. Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized by any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contribution.

Example: *If your program was awarded \$160,000.00 (\$160,000 divided by 3 equals 1/3 or \$53,333.33).*

Although Ohio limits the use of federal PATH funds to those services specified above (outreach & referral, housing, and training), **local match funds** may also be **used for** the following services allowed by SAMHSA:

- Outreach services
- Screening and diagnostic services
- Habilitation and rehabilitation services
- Community mental health services
- Alcohol and/or drug treatment services (for people with mental illnesses and co-occurring substance use disorders)
- Case management services
- Supervisory services in supportive housing or other residential settings
- Limited housing services and services to help clients access housing resources

Ineligible Uses of Funds

Federal PATH and local match funds will NOT be used for the following items/activities²:

- Support or operation of emergency shelters or construction of housing facilities
- Immediate access housing; unless it is used as an outreach tool to support a person who, because of their mental illness, might be victimized in a shelter
- Inpatient psychiatric treatment or inpatient substance abuse treatment costs
- Cash payments to recipients of mental health or substance abuse services
- The ongoing purchase of Groceries
- Purchase or improvement of land, a building, or other facility (other than minor remodeling)
- Purchase or construction of any building or structure to house any part of the grant program
- Purchase of durable or major medical equipment
- To satisfy a requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds (local funds used as federal match may only be counted once for a single federal program)
- Financial assistance to any entity other than a public or nonprofit, private entity
- Lease arrangements in association with the proposed project utilizing PATH funds beyond the project period nor any portion of the space leased with PATH funds be used for purposes not supported by the grant
- Funding any entity that a) has a policy or practice of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or b) has a policy of practice of excluding individuals from substance abuse services due to the existence or suspicion of mental illness

PATH Providers are encouraged to seek written approval for any initiative which is not clearly understood as an eligible use of funds.

For further explanation and an exhaustive list of prohibited uses of funds, see Cost Principles for Non-Profit Organizations: http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html

²This is not an all inclusive list of prohibited uses. See Cost Principles for Non-Profit Organizations site for further explanation (www.whitehouse.gov/omb/circulars/a122/a122_2004.html)

Training Requirements for PATH Outreach Workers

Each PATH supervisor is encouraged to develop an individualized workforce development plan to ensure that all PATH outreach workers are trained in the following areas, at a minimum:

1. How to make a good faith determination of severe mental illness
 - Major Mental Illnesses / Clinical symptoms of mental illness and effective interventions
 - Substance Abuse / Clinical symptoms of substance use disorders and effective interventions
 - Co-occurring Substance Abuse / Mental Illness Issues
2. The definition of homelessness and at risk of homelessness and how to apply these definitions
3. Identifying/linking to resources (i.e., housing, entitlement benefits, food, clothing, medical substance abuse counseling, mental health services, employment and employment services, and psychiatric care)
4. Crisis prevention and intervention, including safety issues for outreach workers
5. How to conduct presentations and train community members and organizations on homelessness and/or mental illness
6. How to engage individuals in services
7. HIV/AIDS Awareness and Treatment
8. Recovery and Community Integration
9. Ohio Benefit Bank
10. HMIS Beginning FFY 2011 or 2012 (TBD by SAMHSA)
11. Other Topics:
 - Basic understanding of common medical conditions
 - The social and economic challenges of homelessness
 - Engagement skills
 - Enhancing client motivation to change
 - Personal care for staff
 - Trauma and vicarious traumatization
 - Culturally and linguistically appropriate services

Accountability, Data Collection, and Reporting Requirements

County/Regional Mental Health and Recovery Boards:

Local boards are required to perform annual program audits of local PATH providers to assure compliance with program guidelines. The results of such audits must be made available to ODMH upon request. Local Boards that feel they are able to collect the required information below, in order to complete their provider performance audits, via participating in ODMH's annual on-site review with ODMH staff may count the annual on-site review as their annual audit.

Local boards should analyze and be prepared to report on PATH provider performance trends. Trends found unacceptable should be brought to the attention of the PATH agency and specific action steps should be identified or a board review of a county-wide competitive process should be undertaken.

A representative from both the respective PATH provider organization and the county mental health board are required to attend and actively participate in all quarterly PATH Meetings.

PATH Provider Organization(s):

ODMH and the mental health board will conduct annual on-site reviews, which will focus on project outcomes and best practices. Additionally, each board should address needed follow-up, in an action-plan format with specific follow-up timelines, if applicable. All board-conducted PATH Monitoring reports *will be completed and forwarded to the State PATH Contact no later than June 30th annually.*

Providers must obtain ODMH certification as a provider of “Other Mental Health Services”

Providers are required to submit annual electronic performance reports to SAMHSA. See the PATH Annual Report Provider’s Guide for a more detailed explanation of this requirement.

- Each reporting period ends annually on June 30
- Each report is open in November or December and is due to be submitted in January (generally the first or second week); however, the State PATH Contact (SPC) has the option of setting the due date earlier, as necessary
- Providers must annually report on their progress in achieving the following key performance outcomes:
 - Increase the number of homeless persons contacted
 - Increase the percentage of contacted homeless persons with severe mental illness who become enrolled in services
 - Increase the percentage of enrolled homeless persons who receive community mental health services
 - Maintain the average Federal cost of enrolling a homeless person with severe mental illness in services

Several changes were made to the PATH annual report in 2009. First, PATH providers should now report:

- Total number of enrolled PATH clients, regardless of whether services to that person were supported by PATH or matching funds.
- PATH Providers are allowed to report either actual or estimated counts of enrolled PATH clients.
 - Providers that indicate estimated counts must explain the formula used to determine the estimates.
- Five (5) Voluntary Outcome Measures were added to Table C of the 2009 PATH Annual Report. **These are mandatory beginning Federal FY 2010 (State FY 2011):**
 - Housing (transitional, supportive, or permanent)
 - Income Benefits
 - Earned Income (employment)
 - Medical Insurance Program (Medicaid, Medicare, and/or state/local plans)
 - Primary Medical Care

The voluntary measures are split into two reporting categories:

- The number of unduplicated enrolled PATH clients who received an assisted referral for the service
- The number of unduplicated enrolled PATH clients who are known to have attained the service

Federal Outcomes Targets:

No, not at this time.

Providers should refer to the 2009 PATH Annual Report Provider Guide for detailed instructions about how to report on these outcomes.

Beginning in 2009, U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Health and Human Services aligned client-level data collection and reporting requirements for street outreach programs. For PATH programs specifically, this will lead to

implementation of a multi-tiered approach to facilitate the utilization of Homeless Management Information Systems (HMIS) in coming years (implementation date TBD).

When implemented, HMIS Data Standards will serve as the foundation for data collection and reporting, and common performance outcomes will be established to assess effectiveness of programs. Moreover, PATH providers will be required to use HUD's Annual Performance Report (APR), instead of current annual reporting processes, to report on annual progress in achieving the aforementioned performance outcomes.

ODMH will keep PATH providers updated on this process and expectations for data collection and reporting and things move forward.

Technical Assistance and Training

If you have questions about the PATH program or would like to receive technical assistance that may help improve program design and/or performance, contact the State PATH contact.

Budget Specific Issues

Neither federal PATH funds allocated to local boards nor local match funds may be used for costs associated with the administration of the grant. However, up to twenty-five percent (25%) of the federal PATH budget and up to 25% of the local match budget may be used for in-direct services such as travel, equipment, supplies, leasing of vehicles, and operating costs. The Travel, Equipment, Supplies, and Other categories are separated into A, B and C for this purpose. Categories "A" and "C" are direct cost; categories "B" are in-direct. All expenditures funded through PATH funds must be excluded from the rates of other federal funding sources (e.g., Community Medicaid, Title XX). All federal PATH funds must be directly attributable to a derived benefit to the targeted PATH population. The match requirement is that for every three dollars of federal PATH funds, the local system contributes at least one dollar.

The match requirement may be met by contributing funds in one, several, or all of the categories listed on form DMH-FF-003 (revised June, 2004). The source(s) of the match funds must be identified on the Budget Narrative.

Totals on Budgets Worksheets and Budget Narratives must exactly match the PATH Project Allocation. Budget Worksheets and Narratives that do not match will be returned and may put the Project at risk of losing part or all of their funding. (The IUP needs to be viewed as an annual grant application between the Board and ODMH.)

Personnel (Salaries and Wages)

Direct Cost: Includes costs associated with the salaries of local PATH program staff, including outreach workers, nurses, psychiatrists, and project coordinators. Personnel may include portions of the salaries of administrative and support staff directly attributable to the costs of delivery of PATH services, such as planning, supervising, organizing and documenting the delivery of PATH services. The local narrative must provide a breakdown of each position funded by PATH, the annualized PATH funded salary for each position, and percentage of PATH funded FTE(s).

Fringe Benefits

Direct Cost: Includes costs associated with the fringe benefits for local personnel described above. Costs may include, but are not limited to, social security, state unemployment insurance, workers

compensation, medical/dental insurance, short and long term disability, life insurance, pension, payroll taxes. This expense is often expressed as a percent of the Personnel cost.

Travel

Direct Cost: Includes costs associated with travel for the day-to-day activities of the personnel described above, such as mileage reimbursement in accordance with the local board's travel guidelines or the costs (gasoline, maintenance) for a vehicle dedicated to and used exclusively for outreach. This may also include the costs of leasing such a vehicle. The narrative should explain how the total for travel was derived.

In-direct Costs: Includes travel costs associated with the personnel listed above attending trainings, workshops and conferences in and out of state and travel to make presentations to community groups that result in a derived benefit to the PATH client, including transportation, meals and lodging reimbursement in accordance with the local Board's travel guidelines. The narrative should explain how the total for travel was derived. The travel for in-direct services must be included in the 25% limit.

Equipment

Direct Cost: Equipment is defined as an article of nonexpendable, tangible personal property having a useful life of more than one year. This includes costs for equipment that increases the availability and accessibility of mobile homeless outreach staff to PATH clients, and results in a derived benefit to the PATH client, such as beepers, mobile phones, laptop computers, and other electronic equipment. The narratives must include the specific equipment, how the total was derived, and whether the equipment is being rented or purchased.

In-direct Cost: May also include office equipment necessary to implement the PATH program that results in a derived benefit to the PATH client, or prorated costs associated with the sharing of such equipment, such as telephones and computers. The equipment for in-direct services must be included in the 25% limit.

Supplies

Direct Cost: Federal and match funds under this category are to be used for items that enhance outreach services, such as food or emergency food vouchers, bus tickets and cab/tokens/vouchers. Supplies may also include personal items needed for basic survival such as, but not limited to, clothing and blankets.

Funds may not be used to provide groceries for a person or for food on a continuing long-term basis.

Allowable supplies also include items such as emergency medical supplies and medication for clients who refuse to engage in outpatient services, but are in need of and amenable to psychiatric treatment delivered as part of outreach.

Note: supplies of medication may be funded only *if all of the following criteria have been met:*

1. They are dispensed due to urgent need
2. Local boards have set up protocols addressing the length of time medications should be administered
3. Local boards have established appropriate caps on either the amount of medication administered per person or cost per person

The federal and local match narratives must include specific detail about what type of supplies are purchased and how the total was derived.

In-direct Cost: Includes office supplies for the PATH program. This type of supply needs to be

included as part of the 25% limit on federal and match funds allowed to be used for in-direct services. The federal and local match narratives must include specific detail about what type of supplies are purchased and how the total was derived.

Note: The narratives for the federal and local match funds for supplies must specifically describe the fiscal controls in place for expenditures on supplies.

Contractual

Direct Cost: Includes costs associated with contracts for non-salaried direct service PATH program staff, such as contract medical or mental health personnel and trainers and consultants. Costs may also include contracting with interpreters for clients who have hearing impairments or who are non-English speaking. Costs may also include reimbursement for expenses, such as travel for a consultant. The local narrative must include the kind of contract and specific amounts. Each board should review the contract's proposal (or application) to ensure the contract incorporates clear goals and deliverables.

Construction

No federal or local match PATH funds may be budgeted for construction.

Other

Direct Cost: Includes costs associated with the delivery of PATH services that do not fall into the other listed categories and which result in a derived benefit to the PATH client. Such costs may include those associated with the space shared by PATH outreach workers and consumers, such as building space which jointly houses offices, laundry and shower facilities. The local narrative must provide detail that includes specifically what comprises this category and the associated amounts.

In-direct Cost: May include costs for office space for the PATH program and costs associated with audits and utilities. These costs must be included as part of the 25% limit on federal and match funds allowed to be used for in-direct services.

Housing

Direct Cost: In accordance with the PATH guidelines, up to twenty percent (20%) of federal PATH funds may be used for housing such as minor renovation, expansion, and repair of housing, planning for housing, technical assistance in applying for housing assistance, improving the coordination of housing and services, one-time rental payments to prevent eviction, security deposits, and the costs of matching individuals with housing. Local match for PATH eligible housing activities may exceed 20% of the local budget as long as the total amount for housing for the entire program (i.e. federal plus match) does not exceed 20%.

In-direct Cost: May include costs associated with community planning for housing such as the development of local mental health housing strategies and involvement in the local Continuum of Care. These costs must be included as part of the 25% limit on federal and match funds allowed for in-direct services.

Federal PATH funds may not be used to operate emergency shelters. A limited amount of the twenty percent (20%) of the federal PATH dedicated to housing may be used for vouchers for hotels or lease of a safe place for a homeless person to stay in for a very short duration when there is no other alternative. This may only be used as a specific outreach service. An example is providing a hotel voucher to a person who, because of symptoms associated with their mental illness, is likely to be victimized in a local emergency shelter. In this example, a documented case-by-case review procedure will need to be implemented between the board and agency.

Matching Funds

Federal legislation requires that for every three dollars of federal PATH funds, the local system must contribute one dollar. The match may be cash or in-kind dollars fairly evaluated. The match must be available at the beginning of the grant period. Other categories of federal assistance monies may **not** be used as match. Use of local match dollars is subject to the same program guidelines as federal PATH funds.

Example: If your program was awarded \$160,000.00 (\$160,000 divided by 3 equals 1/3 or \$53,333.33 of local match).

Request for Drawdown and Re-obligation Procedures

Each board representative will forward either a signed scanned copy or a hard copy request for drawdown in the form of PATH Budget form, DMH-FF-003 (Rev.6/04), (see Appendix ___) to the State PATH contact. Boards may request an “advance” of their 1st quarter drawdown once ODMH has received notification from SAMHSA of our state application approval. Second and fourth quarter drawdowns will be requested by the board once they have been invoiced by the provider and the expenses reviewed and approved. The State PATH contact will review and approve/disapprove the request from the board and forward to ODMH Fiscal for further processing or return without action. Request for re-obligations will be requested no later than May 15th by the provider, forwarded to the board for their recommended approval, and then forwarded to the State PATH contact for review and action. Each Request for re-obligation should state the reason for the request (e.g. an unexpected position vacancy), a copy of the original budget and budget narrative, and a budget and budget narrative for that portion being re-obligated. Approval or disapproval by ODMH will be forwarded to the Board via memo.

Competitive Funding

ODMH currently distributes PATH funding via funding formula each year. Each board has the discretion to competitively bid the PATH program to eligible provider organizations, if a rationale for more effective services to consumers can be articulated to ODMH. (The State PATH Contact is available for technical assistance should board wish to review this option.) Annually ODMH reviews outcomes for each PATH Project. Beginning FFY 2010, ODMH will begin to notify provider organizations and boards in instances where outcomes are not being met. Currently it is under discussion at ODMH, whether or not ODMH will consider a more formalized statewide competitive funding process/ cycle.

Final Note on Annual PATH Application Submissions

Intended Use Plan narrative Submissions are accepted only in Microsoft Word Format. Budgets and Budget Narratives are accepted only in Microsoft Word or Excel Format. Any deviations from this will not be accepted and returned. Please be advised that ODMH will not edit the content of the PATH Applications submitted by Provider Organizations and Boards. Information will be submitted to SAMHSA as part of the Ohio Application and posted on the ODMH website in the manner it is received. (The submitted IUP needs to be viewed as an annual grant application. Projects that do not follow the submission requirements will be returned and may put the Project at risk of losing part or all of its funding.)

Important anticipated PATH Dates and Timelines

- **There are Quarterly (4) PATH Meetings held annually: June, September, December, and March or April. At minimum one representative from the Local Board and Provider Organization is required to attend and participate. (Typically the June and September Meetings are held in Columbus.)**
- **ODMH conducts annual on-site visits to each PATH Project.**
- **ODMH has traditionally receives the Annual State PATH Application in Early April. This required the Board/and Provider Organization to complete an Intended USE Plan (IUP). ODMH makes every effort to give Boards/Provider Organizations 4 weeks to complete the IUP.**
- **IUPs are due to ODMH in early May. (A late or incomplete submission may impact funding or be rejected.)**
- **ODMH traditionally receives notification regarding the completion of Annual PATH Outcome for each PATH Project late October/early November. PATH Projects typically have until December 31st to enter their outcome data; however, this date is set at the discretion of the SPC.**
- **Link to Federal PATH Website: <http://www.pathprogram.samhsa.gov/>**
- **Link to archived PATH Website that still holds some useful information: <http://pathprogramarchive.samhsa.gov/about/overview.asp>**
- **Link to ODMH PATH Website: <http://mentalhealth.ohio.gov/what-we-do/promote/consumer-advocacy-and-protection/housing/homelessness.shtml>**