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## PATH 2008 Annual Provider Report *Instructions*

### Navigating the online survey:

- You can move to the different tables in the survey by clicking on the appropriate letter at the top of the page. Moving through the survey in this manner does not save or update any changes to the data.
- **You must click on "Save/Update Data and Move to the Next Page" at the bottom of each table for your data to be saved.**
- **Do not** press the "BACK" key on your browser to move to the previous table. You may have to log back in.
- You do not need to use "," or "\$", just numbers.
- Before being able to print your complete Summary Report, you **must validate your data**. When you click on "Save/Update Data and Move to the Next Page" after completing Table D, you will move to the Validate Entries page. If errors are detected, an error message will appear on the screen, which you can print for your reference. If there are no errors, you will go directly to the Print Report page.

The PATH Web Guide is available below in PDF format. 

Click on a title to view:

[The PATH Web Guide](#)

[Blank Web Forms](#)

[Description of Possible Errors](#)

You will need the Adobe Acrobat Reader to view these files. If you do not have installed on your computer please click on the icon below to download it from the Adobe website.





# PATH

## Annual Report Survey 2008

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**Reporting Burden For Local Providers using the Web Survey:** 31 hours per annual response, including time for becoming familiar with the form and reporting requirements, obtaining client and activity data, aggregating the data, recording the data onto preliminary forms, recording the data onto the official form, reviewing the data for accuracy, validating the data, and revising the data in response to state review.

OMB No. 0930-0205  
Exp. Date: 7/31/09

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0205); 7th Floor, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is (0930-0205).

### Provider Name ID# xxx

Help can be found by going to  
the instructions section [here](#).

For FY Beginning:  (mm/dd/yy)

For FY Ending:  (mm/dd/yy)

\* Contact Person:

E-mail:

Phone:

Fax:

\* The **Contact Person** should be the person to be contacted to answer any questions about the data. Please provide his/her phone, fax and email address, if available. S/he **may or may not** be the principal PATH contact for the PATH provider.

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Survey Information for: Provider Name - ID# xxx

### Table A: Budget Information

**A1. Total** annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses (includes PATH, matching, and non-PATH funds).

Estimated

Actual

[Help](#)

**A2. Federal** PATH funds received from the State:

Estimated

Actual

[Help](#)

**A3. Matching** funds from State, local, or other resources to support the provision of PATH services:

Estimated

Actual

[Help](#)

**A4.** Indicate the number of **staff** persons supported by federal PATH funds:

Estimated

Actual

[Help](#)

**A5.** Indicate the full time equivalent (**FTE**) of staff positions supported by federal PATH funds: *(Please see the definition of FTE in the [PATH Annual Report Provider Guide](#))*

Estimated

Actual

[Help](#)

**A6.** Indicate the **type of organization** in which the PATH program operates:

[Help](#)

- a. community mental health center
- b. consumer-run mental health agency
- c. other mental health agency
- d. other social service agency
- e. health care for homeless/other health agency
- f. substance abuse treatment agency
- g. shelter or other temporary housing resource
- h. other housing agency
- i. other

If other please specify:



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Survey Information for: **Provider Name - ID# xxx**

### Table B: Persons Served

To the extent possible, the annual reporting information should include **unduplicated counts** of persons during the fiscal year. Information on persons served should also include individuals who had been, but are no longer receiving services from the provider. Please use the definition for "PATH client" provided in the [PATH Annual Report Provider Guide](#). Please note that in this report, unless otherwise noted, report data on services provided, and persons served, by **federal**, not matching, PATH funds.

**B1.** Persons Who are Homeless and have Serious Mental Illnesses Served by **Federal and Matching PATH Funds and Other Sources.**

[Help](#)

Estimated  
 Actual

**B2a.** Persons Served by **Federal** PATH Funds -- **Outreach.**

[Help](#)

Estimated  
 Actual

**B2b.** Number of **Outreach** Contacts who Became **Enrolled** During the Year as PATH Clients.

[Help](#)

Estimated  
 Actual

**B2c.** Number of **Outreach** Contacts who **Do Not Become Enrolled** During the Year as PATH Clients (*Note: Item B2c = Item B2a - Item B2b*)

[Help](#)

Estimated  
 Actual

**B2d.** Number of Outreach Clients (in Item B2c above) **Not Enrolled** Because They have been Found to be **Ineligible.**

[Help](#)

Estimated  
 Actual

**B3.** Persons Served by **Federal** PATH Funds -- **Enrolled PATH Clients.**   
*(Table B, Item B3)*

[Help](#)

Estimated  
 Actual

**B4.** **Total Number** of Persons Receiving Any **Federal** PATH-Supported Services During the Year.   
*(Note: Item B4 = Item B2c + Item B3)*

[Help](#)

Estimated  
 Actual

Please explain any items for which you received warnings in the box below.  
Please reference the item number(s).



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Survey Information for: Provider Name - ID# xxx

### Table C: Available Services

The following services can be supported with PATH funds. Few PATH providers offer all of these services.

Please check the appropriate type of funding for each service. **If the service is fully or partially PATH funded**, please indicate the number of enrolled PATH clients who received each PATH funded service in the box to the right. If the service is not PATH funded or not provided enter zero (0) for number of clients. *All numbers must be less than or equal to the number of enrolled PATH clients reported in Table B.*

Number of **Enrolled PATH Clients** Reported in Table B, Item 3 =

Type of Service:	Number of Enrolled PATH Clients
<b>Ca. Outreach services:</b> <input type="radio"/> 100% PATH-Funded <input type="radio"/> Partially PATH-Funded <hr/> <input type="radio"/> Service Provided but not PATH-Funded <input type="radio"/> Service Not Provided	<b>Ca1.</b> <input type="text"/> <a href="#">Help</a>
<b>Cb. Screening and diagnostic treatment services:</b> <input type="radio"/> 100% PATH-Funded <input type="radio"/> Partially PATH-Funded <hr/> <input type="radio"/> Service Provided but not PATH-Funded <input type="radio"/> Service Not Provided	<b>Cb1.</b> <input type="text"/> <a href="#">Help</a>
<b>Cc. Habilitation and rehabilitation services:</b> <input type="radio"/> 100% PATH-Funded <input type="radio"/> Partially PATH-Funded <hr/> <input type="radio"/> Service Provided but not PATH-Funded <input type="radio"/> Service Not Provided	<b>Cc1.</b> <input type="text"/> <a href="#">Help</a>
<b>Cd. Community mental health services:</b>	<b>Cd1.</b>

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Ce. Alcohol or drug treatment services:**

**Ce1.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cf. Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites:**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cg. Case management services:**

**Cg1.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Ch. Supportive and supervisory services in residential settings:**

**Ch1.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Ci. Referrals for primary health services, job training, educational services, and relevant housing services:**

**Ci1.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj1. Housing services: 1. Minor renovation, expansion, and repair of housing:**

**Cj11.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj2. Housing services: 2. Planning of housing:**

**Cj21.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj3. Housing services: 3. The costs associated with matching eligible homeless individuals with appropriate housing situations:**

**Cj31.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj4. Housing services: 4. Technical assistance in applying for housing assistance:**

**Cj41.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj5. Housing services: 5. Improving the coordination of housing services:**

**Cj51.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj6. Housing services: 6. Security deposits:**

**Cj61.**

100% PATH-Funded  Partially PATH-Funded

Service Provided but not PATH-Funded  Service Not Provided

[Help](#)

**Cj7. Housing services: 7. One-time rental payments to prevent eviction:**

**Cj71.**

100% PATH-Funded

Partially PATH-Funded

Service Provided but not PATH-Funded

Service Not Provided

*Help*

**Ck. Other:**

**Ck1.**

100% PATH-Funded

Partially PATH-Funded

Service Provided but not PATH-Funded

Service Not Provided

*Help*

**Cko** If other, please specify:

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Survey Information for: **Provider Name - ID# xxx**

### Table D: Demographics

Include as much demographic information as is available on each **enrolled PATH client**. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Some elements could change (i.e., age). Where available, information should show the status of the person at **first contact**, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

*Total sum for each category (e.g. age) must be equal to Table B, Item B3. Your entered Value =*

#### D1ea. Age: [Help](#)

<b>D1a.</b> Less than 13 years:	<input type="text"/>
<b>D1b.</b> 13-17 years:	<input type="text"/>
<b>D1c.</b> 18-34 years:	<input type="text"/>
<b>D1d.</b> 35-49 years:	<input type="text"/>
<b>D1e.</b> 50-64 years:	<input type="text"/>
<b>D1f.</b> 65-74 years:	<input type="text"/>
<b>D1g.</b> 75 years and older:	<input type="text"/>
<b>D1h.</b> Unknown:	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

#### D2ea. Gender: [Help](#)

<b>D2a.</b> Male	<input type="text"/>
<b>D2b.</b> Female	<input type="text"/>
<b>D2c.</b> Unknown	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

#### D3ea. Race/Ethnicity: [Help](#)

<b>D3a.</b> American Indian or Alaska Native	<input type="text"/>
<b>D3b.</b> Asian	<input type="text"/>
<b>D3c.</b> Black or African American	<input type="text"/>
<b>D3d.</b> Hispanic or Latino	<input type="text"/>
<b>D3e.</b> Native Hawaiian or Other Pacific Islander	<input type="text"/>
<b>D3f.</b> White	<input type="text"/>
<b>D3g.</b> Other	<input type="text"/>
<b>D3go.</b> If other, please specify:	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

**D3h.** Unknown

**D4ea. Principal Mental Illness Diagnosis:** [Help](#)

**D4a.** Schizophrenia and Related Disorders

**D4b.** Other Psychotic Disorders

**D4c.** Affective Disorders

**D4d.** Personality Disorders

**D4e.** Other Serious Mental Illness

**D4f.** Unknown or Undiagnosed Mental Illness

Numbers Reported are:

Estimated

Actual

**D5ea. Co-occurring Substance Use Disorders:** [Help](#)

**D5a.** Co-Occurring Substance Use Disorders

**D5b.** No Co-Occurring Substance Use Disorders

**D5c.** Unknown If Substance Use Disorder

Numbers Reported are:

Estimated

Actual

**D6ea. Veteran Status:** [Help](#)

**D6a.** Veteran

**D6b.** Non-Veteran

**D6c.** Unknown

Numbers Reported are:

Estimated

Actual

**D7ea. Housing Status (at first contact):** [Help](#)

**D7a.** Outdoors (e.g., street, abandoned or public building, automobile)

**D7b.** Short term shelter

**D7c.** Long term shelter.

**D7d.** Own or someone else's apartment, room, or house

**D7e.** Hotel, SRO, boarding house

**D7f.** Halfway house, residential treatment program

**D7g.** Institution (psychiatric or other hospital, nursing home, etc.)

**D7h.** Jail or correctional facility

**D7i.** Other

**D7j.** Unknown

Numbers Reported are:

Estimated

Actual

**D8ea. Length of time living outdoors or in short term shelter at first contact:** [Help](#)  
(Total sum for this item must be equal to D7a+D7b).

**D8a.** Less than 2 days

**D8b.** Two to 30 days

**D8c.** 31-90 days

**D8d.** 91 days to 1 year

**D8e.** Over 1 year

Numbers Reported are:

Estimated

Actual

**D8f.** Unknown

**D8f1.** Date data entry completed.

(mm/dd/yy)

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