Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Building An Effective PATH Program

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This training is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (DHHS).
The contents of this presentation do not necessarily reflect the views or policies of SAMHSA, or DHHS. The training should not be considered substitutes for individualized client care and treatment decisions.
Training Objective

This training will teach County entities/PATH providers how to:

1. Collect *actual* performance data on individuals receiving PATH services funded with both federal and match state funds;

AND

2. Use performance data to increase PATH program effectiveness and accountability.
PATH Definitions

• **PATH Eligible**: Reasonable determination of mental illness and homelessness or imminent risk of homelessness

• **Outreach**: The process of going into the community to identify and engage homeless individuals for the purpose of bringing them into services

• **Case Management**: To partner with homeless individuals to access housing and needed services, coordinate delivery of service in accordance with the care plan, and follow up and monitor progress

• **Enrollment**: Determine eligibility and open a client record

• **Discharge**: Close client record
PATH Definitions

- **Assisted Referral**: A referral that results in the completion and filing of a consumer’s application for a service.

- **Attainment**: Similar to assisted referral, but the PATH provider confirms that the client attained the service through client self-report or confirmation by other providers.

- **Mainstream Services**: Programs and resources that are available to PATH enrollees with the understanding that they will be able to remain available to the enrollee after their transition out of homelessness (e.g. Section 8, Medicaid, SSI/SSDI, VA, community mental health, and substance abuse programs).
California’s Goal for PATH Program

To provide **HIGH IMPACT** outreach and case management services that effectively connect hard-to-reach homeless individuals with SMI to:

housing

AND

community mental health services
Each year, SAMHSA requires states receiving PATH funds to submit a PATH Annual Data Report on PATH performance. This data is critical to maintain program accountability.

Table A: Budget Information
Table B: Persons Served
Table C: Available Services (includes 5 VOM’s)
Table D: Demographics

In previous years, California submitted “estimate” PATH performance data. In FY12, California took steps to begin collecting “actual” PATH performance data.
What is an effective PATH program?

SAMHSA uses 5 measures to determine an effective PATH program:

1. Provides active management and oversight of PATH program;
2. Targets services to literally homeless individuals;
3. Transitions PATH participants to mainstream services;
4. Uses exemplary practices; and
5. Collects quality data.
Why is the collection of performance data important?

1. Demonstrates active management/oversight to ensure quality data throughout state
2. Promotes accountability for federal and state funds
3. Identifies effectiveness of services
4. Drives quality improvement for providers and state
5. Ensures collection of quality data (overarching)
How to Collect PATH Performance Data

State/county/providers will use 3 standardized tools to collect actual PATH performance data:

Tool #1- Outreach Log
Tool #2- PATH Client Record (4 Components)
Tool #3- PATH Quarterly Performance Report
How To Collect PATH Performance Data.... Tool #1: Outreach Log

See HANDOUT

Purpose: To gather client outreach contact data.

• Document number of unduplicated outreach contacts weekly, monthly, quarterly, annually

• Use unique identifier, typically name, to prevent re-counting
How To Collect PATH Performance Data….

Tool #1: Outreach Log

The provided outreach log is a template; counties may use their own versions.

- Important information on this form:
  - # of unduplicated outreach contacts
  - Preliminary eligibility screening

<table>
<thead>
<tr>
<th>County Name:</th>
<th>Program Name:</th>
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<tbody>
<tr>
<td>Date</td>
<td>Name of Person Outreached</td>
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Questions?

Any questions related to the implementation of the outreach log and the collection of outreach data?

PATH Annual Report

• Table B: Persons Served
  – B2a; B2d
How to Collect PATH Performance Data....

Tool #2: PATH Client Record

SEE HANDOUT

4 Components of Client Record:  Data-/Quality of Care-Driven:

1. Screening & Needs Assessment  Data- & Quality of Care-Driven
2. Treatment Planning          Quality of Care-Driven
3. Progress Documentation      Quality of Care-Driven
4. Discharge Summary          Data- & Quality of Care-Driven

All components should be maintained for potential site or desk reviews.
Tool #2: PATH Client Record, Component 1: Screening Eligibility & Needs Assessment

Purpose: To verify PATH eligibility, gather demographic data, and assess needs

- Contact information
- Demographic information
- Housing information
- Mental health/SA information
- Medical information
- Employment information
- Income information
- Assessed resource & service needs
Tool #2: PATH Client Record, Component 1: Screening Eligibility & Needs Assessment

Template; counties may use own versions.

- This form (or the county’s version) is required for all PATH enrollees
- Required information located on the last page
Tool #2: PATH Client Record, Component 2: Treatment Planning

Purpose: To identify treatment goals and related interventions used to achieve success

• Demonstrates client focus and partnership
• Creates “roadmap” of treatment options
Tool #2: PATH Client Record, Component 2: Treatment Planning

- This form (or county’s own version) **required** for all PATH enrollees
- Must review with PATH enrollee not less than once every three months
- Progress of meeting goals tracked using progress notes
Tool #2: PATH Client Record, Component 3: Progress Documentation

Purpose: To document the provision of interventions and client progress towards reaching treatment goals

- Frequency of contact
- Staff active engagement interventions
- Client response
- Progress towards reaching goal
- Need for revisions
### Tool #2: PATH Client Record, Component 3: Progress Documentation

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<th>Goal(s) #</th>
<th>Progress Notes</th>
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Tool #2: PATH Client Record, Component 4: Discharge Summary

Purpose: To summarize client discharge information, collect VOM data, and identify PATH service effectiveness

1. Client discharge information
2. Type of discharge (effectiveness of service)
   - (High Impact) Housing improved AND linked to MH services
   - (Medium Impact) Housing not improved but linked to MH services OR housing improved but not linked to MH services
   - (Low Impact) Drop-out, refused service, lost contact
3. Housing status upon discharge
4. Linked services/resources
   - Assisted, attained
Tool #2: PATH Client Record, Component 4: Discharge Summary

- **Required** for all PATH enrollees that are being discharged
Questions?

Any questions related to the implementation of the standardized PATH client record with its 4 components?

PATH Annual Report

• Table C: Available Services (5 VOMs)
• Table D: Demographics
How to Collect PATH Performance Data....
Tool #3: PATH Quarterly Performance Report

SEE HANDOUT

Purpose: Each county entity will collect PATH performance data on:

1. Number outreach contacts
2. Number enrollments
3. Number discharges by effectiveness type
   - **High Impact**: Housing improved AND linked to MH services
   - **Medium Impact**: Housing not improved but linked to MH services OR housing improved but not linked to MH services
   - **Low Impact**: Drop-out, refused service, lost contact
How to Collect PATH Performance Data....
Tool #3: PATH Quarterly Performance Report

- **Required** from all counties after each quarter (Oct. 20, Jan. 20, Apr. 20, July 20)
- To be submitted with quarterly cost reports
- Used to keep accurate actual figures to assist in annual reporting
Any questions related to the implementation of the QPR collection of outreach, enrollment, and discharge data?

- PATH Annual Report—Table C: Available Services
- PATH Effectiveness Measures:
  - High Impact
  - Medium Impact
  - Low Impact
Now that we have the data....

How do we use the data to determine effectiveness?

- Define the performance goal:
  Effective case management accesses both housing AND mental health services for each consumer prior to discharge.

- Establish performance indicators (effectiveness measures):
  1. **High Impact**: Percent discharged consumers with improved housing AND linked to MH services
  2. **Medium Impact**: Percent discharged consumers with no improved housing but linked to MH services OR housing improved but not linked to MH services
  3. **Low Impact**: Percent discharged consumers with no improved housing and not linked to MH services

- Set targets
After establishing performance indicators... How to set the performance targets?

Year 1: Data not reliable due to learning curve, BUT is useful to begin setting performance targets, identify training needs, etc.

Year 2: Data more reliable; may be used as baseline data to set realistic performance targets

Year 3: Data reliable and may be used to make improvements, data trending, etc.
Overall Level of CM Impact on Ending Homelessness for All Discharged Clients, FY2010-2012 Comparison

![Bar chart showing percentage of clients in different impact levels across three years.](chart.png)
High Impact: Percent Linked to MH Services and Housing FY 2010-2012 Comparison

- Serenity BHS: 56% (2010), 52% (2011), 53% (2012)
- Chatham-Savannah Authority for the Homeless: 42% (2010), 51% (2011), 53% (2012)
- Community Friendship: 61% (2010), 49% (2011), 53% (2012)
- Travelers Aid: 90% (2010), 88% (2011), 69% (2012)
- Gateway Center: 53% (2010), 53% (2011), 53% (2012)

Colors represent:
- Red: 2010
- Green: 2011
- Blue: 2012
How to Use Performance Data to Increase PATH Program Effectiveness

- Conduct a performance data review (SEE HANDOUT)
  - Compare performance to performance targets
- Identify areas that meet performance targets
  – Accomplishment
  – Develop list of preferred practices
- Identify areas that do not meet performance targets
  - Area needs improvement
  - Identify barriers
  - Develop strategies for improvement
Example: List of Preferred Practices

• Use Peer Specialists to convey hope and motivate change by telling personal story of recovery.
• Obtain client emergency contact information.
• Offer use of cell phone.
• Frequent client contacts during initial enrollment period.
• Initiate family reunification to re-connect to personal support system.
• Offer immediate housing options.
• Accompany to initial MH appointments.
Questions?

Any questions related to using PATH performance data to increase PATH program effectiveness?

1. Identify performance indicators
2. Set targets
3. Compare performance to targets
4. Develop strategies for improvement
Monitoring

County entities are encouraged to provide active management and oversight of PATH services to ensure continued service effectiveness.

• Train on use of exemplary practices
• Monitor service delivery operations
• Conduct on-site visits
  - Client record review (Handout)
  - Performance data review
Next Steps

• SOAR—SSI/SSDI Access, Outreach, and Recovery
  – Providers strongly encouraged to implement SOAR into PATH case management activities
  – Positive outcomes lead to high impact services
  – California SOAR State Lead:
    • Shoshana Zatz, szatz@cimh.org
    • www.prainc.com/soar
Summary: What was learned?

1. How to collect PATH performance data:
   - Outreach log
   - Standardized PATH record
   - Quarterly performance report (QPR)

2. Using performance data to identify program effectiveness:
   - High Impact
   - Medium Impact
   - Low Impact

3. Using performance data to build program effectiveness
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