



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Building An Effective PATH Program

Justin Whitcomb, California SPC

Charley Bliss, Georgia SPC



Presenters

- **Justin Whitcomb**, California Department of Health Care Services
Sacramento, California
916.651.8036
PATH@dsh.ca.gov
- **Charley Bliss**, Georgia Department of Behavioral Health
Atlanta, Georgia
404.657.2141
cbliss@dhr.state.ga.us

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

PATH Annual Report

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

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.

Enclosure 21

FY 2012-2013
PATH Program
Eligibility Screening and Needs Assessment

I. CONTACT INFORMATION

*Name: _____ *DOB: _____

SS#: _____ Referral Source/Site: _____

Current Address/Shelter: _____

Available Transportation/Car: _____

Message phone number: _____

Emergency Contact Person: _____ Phone: _____

Address: _____

***II. DEMOGRAPHIC INFORMATION**

Age: ____ Gender: Male Female Unknown/Decline

Race/Ethnicity: Hispanic/Latino African American White
 Asian American Indian/Alaska Native
 Native Hawaiian or Other Pacific Islander
 2 or More Races Unknown/Decline

Veteran Status: Veteran Non-Veteran Unknown

- 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

Enclosure 22

FY 2012-2013 PATH
Program Individualized Recovery Plan

Client Name: _____

Using Client's Own Words, Identified Long-Term Goal(s):

Short-Term Goals	Strategies/Interventions	Responsibility Client/Staff	Target Date	Date Accomplished
Goal #1 List	1. 2. 3.			
Goal #2 List	1. 2. 3.			

PATH 2012-2013 Request for Application

Page 1 of 3

- 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 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

Enclosure 24

FY 2012-2013
PATH Program Discharge Summary

Client Name: _____

Discharged to: _____

Address: _____

Phone: _____

Enrollment Date: _____ Discharge Date: _____

Type of Discharge:

- Low Impact (Dropped Out, Refused Service, Lost Contact)
 Medium Impact (Remains Homeless but Linked to Mental Health Services)
 High Impact (Temporarily or Permanently Housed and Linked to Mental Health Services)

HOUSING STATUS UPON DISCHARGE

1. Homeless:

Outdoors Abandoned Building Short-Term Shelter Unknown

2. Temporary Housing:

Long-Term Shelter Homeless Service Center Transitional Housing (up to 24 months)
 Motel Residential Treatment Program Living with Family/Friends

3. Permanent Housing:

Supportive Housing Program Shelter + Care Section 8 Voucher
 Leases Own Apartment/Room/House Other _____

4. Corrections or Institution:

Jail or Correctional Facility Hospital Nursing Home

Was Client's Housing Status Improved from Initial Contact to Discharge? YES NO

- **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

Enclosure 13

FY12-13 PATH Quarterly Performance Report (QPR)

County Name:

Reporting Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Instructions are included on the reverse side of this document. For specific information, please see the California Department of Mental Health Projects for Assistance in Transition from Homelessness (PATH) Application Instructions.

1. Outreach and Enrollment Information

a) Number of Individuals Outreached	
b) Number of outreach contacts who became enrolled in PATH during the quarter	
c) Number of outreach contacts who did not become enrolled in PATH during the quarter for the following reasons:	
i. Ineligible for PATH services	
ii. Not enrolled but still in contact with individual	
iii. Not Interested/Declined Services	
iv. Lost Contact	
d) YTD Total Enrollments	

2. Case Management Services

Number of individuals who were enrolled in PATH services and linked to or received the following services during the quarter.

a) Case Management		b) Community Mental Health Services	
c) Rehabilitation and Rehabilitation		d) Referrals for Primary Health Services	

- **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

Questions?

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?

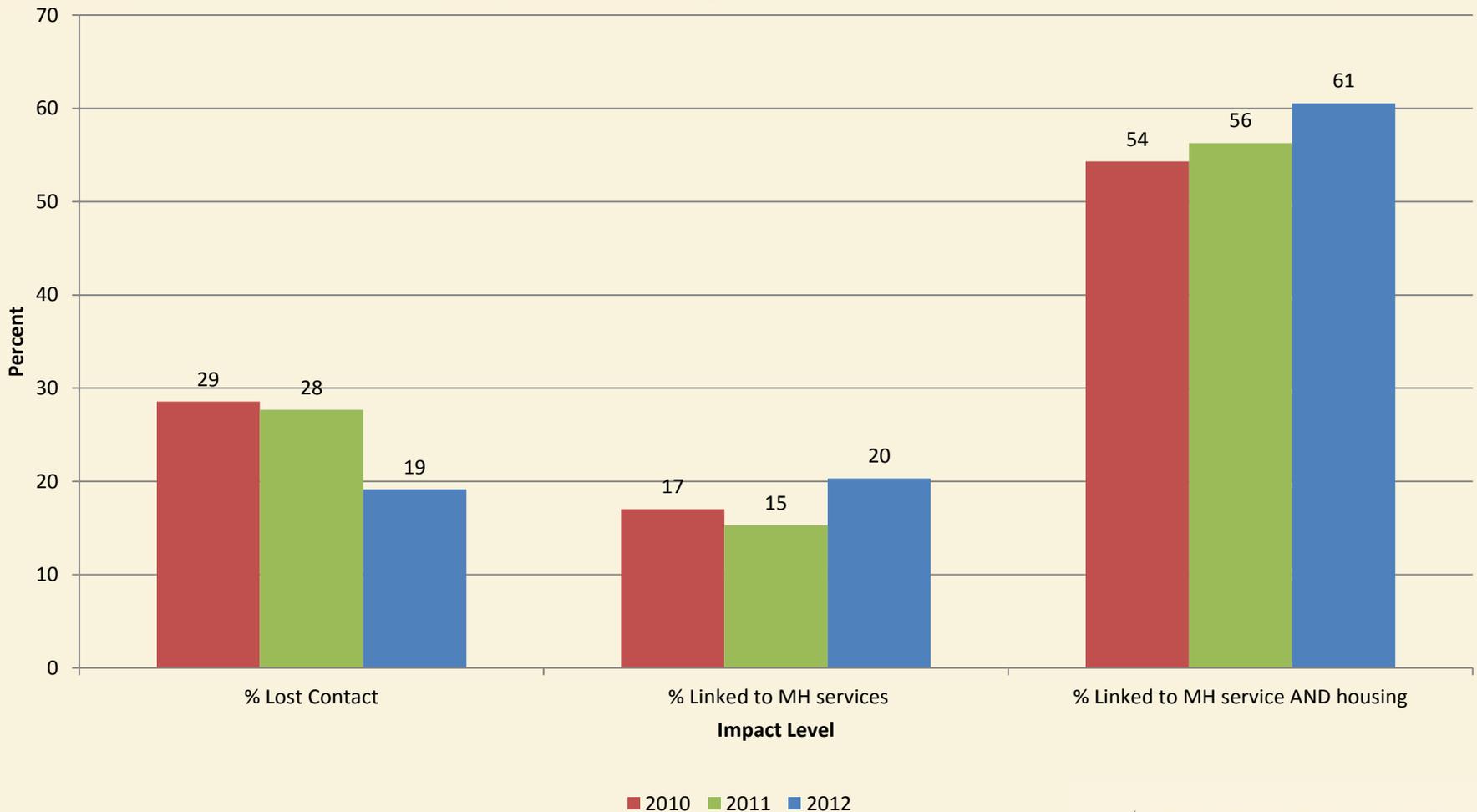
- Define the performance goal:
Effective case management accesses both housing AND mental health services for each consumer prior to discharge.
- Establish performance indicators (effectiveness measures):
 1. **High Impact:** Percent discharged consumers with improved housing AND linked to MH services
 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...

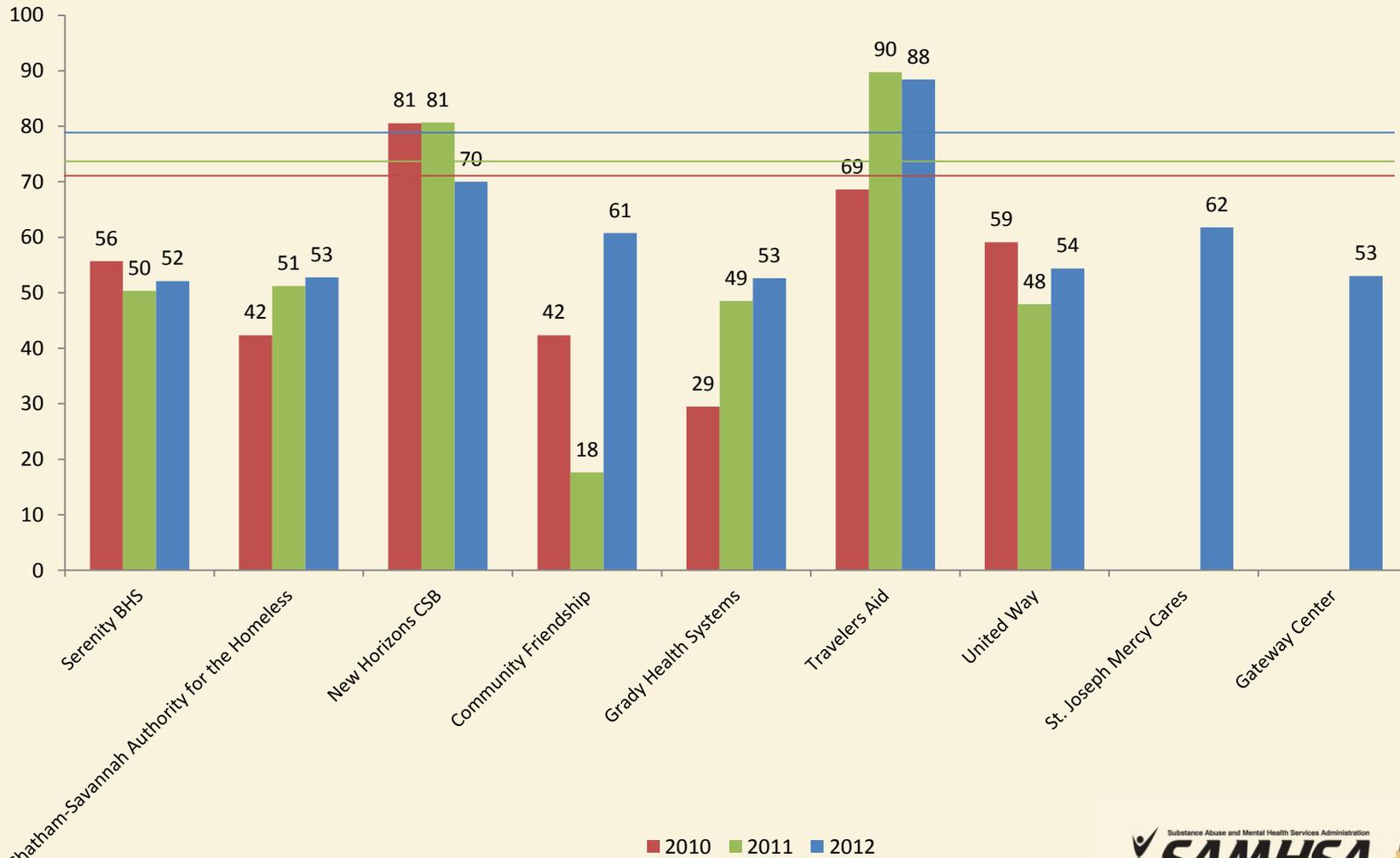
How to set the performance targets?

- 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



High Impact: Percent Linked to MH Services and Housing FY 2010-2012 Comparison



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

Presenter Contact Information

- Justin Whitcomb
 - PATH@dmh.ca.gov
 - (916) 651-8036
- Charley Bliss
 - cbliss@dhr.state.ga.us
 - (404) 657-2141