southeast, Inc.
recovery & mental health care services

ADMINISTRATIVE OFFICES

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11 March 2009

Summer King
SAMHSA Reports Clearance Officer
Room 7–1044
One Choke Cherry Road
Rockville, MD 20857

RE: Projects for Assistance in Transition from Homelessness (PATH) Program Annual Report (OMB No. 0930–0205)—Revision

Thank you for the opportunity to provide feedback about the proposed changes to reporting for the PATH program. Southeast, Inc. operates a mobile psychiatric outreach unit with Federal PATH and local funding in Franklin County, Ohio.

Project staff and administrators had this feedback about the proposed changes to the PATH Program Annual Report:

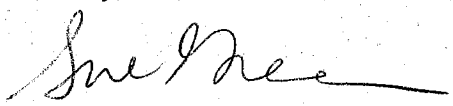
1. We would appreciate being able to report on all consumers served. Local funds are leveraged because of the Federal dollars and might not be available for these purposes without the Federal funding. Therefore, we believe that reports of the program's impact should reflect the use of all resources. Since there is no way to separate services paid for by local versus Federal dollars, it is easier and more reflective of the program's impact to report on all consumers served.
2. It would be simple to track the number of consumer FTEs employed by the program. SAMHSA will reinforce the importance of peers for successful PATH programs by requiring tracking of this data.
3. Our program already tracks the number of Enrolled consumers who enter housing and the number of Enrolled consumers who obtain mainstream benefits such as SSI/SSDI or Medicaid/Medicare. These are important steps on the path to achieving stability and our staff tracks this data for each consumer.
4. If SAMHSA requires programs to track linkage to primary care, it will be important to define if tracking this is for informational purposes or if SAMHSA is adding linkage to primary care as a program goal. Our current program goal is to link each consumer to housing and on-going mental health care. If SAMHSA adds linkage to primary care as a program goal, that may affect the number of consumers who can be served with existing resources. If SAMHSA is tracking linkage to primary care for informational purposes, perhaps this would best be tracked in the client demographic data rather than program outputs/outcomes.
5. The issue of tracking employment is somewhat complicated. Historically, tracking income for homeless people is a challenge. Most tracking methodologies use two point-

in-time counts: income at entry and income at exit. We know that employment income for homeless people can be sporadic. For example, they may earn $75 in one week, don't work for two weeks and then earn $150 the next week. Our program works with consumers for a few weeks to a few months, and we do not currently have the staffing capacity (in numbers or training) to focus on consumer employment. Adding this as a program goal could negatively affect the number of consumers served, unless additional resources are obtained. It would be important for SAMSHA to define their intent in tracking employment and to clearly define how to track this outcome. Would programs track any income from employment during the enrollment period? Should they only track sustainable employment of either a temporary, part time or full time capacity? Why is SAMHSA tracking employment income? Will programs be adding another goal—increasing client income from employment—to their workload?

It is important for PATH programs to accurately reflect the true impact of our work with homeless persons who live with serious and persistent mental illness. But it is also important to be clear about program goals and expectations. If research shows that increased employment or linkage or primary care are typically pre-requisites for either obtaining housing or for successful linkage to mental health treatment, then it would make sense that the PATH program identify goals for increasing consumer employment or linkage to primary care and then track the outcomes of those goals.

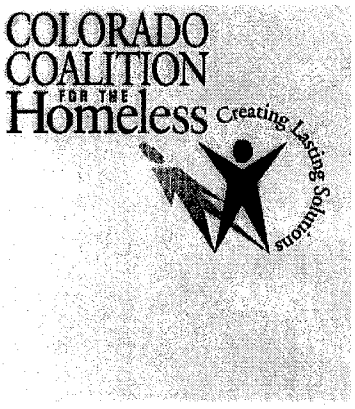
Thank you for the opportunity to provide input into these proposed changes. Please do not hesitate to contact me if we can provide additional information or clarification.

Sincerely,



Sue Green
Grants Manager

CC: Deb Givens, Ohio Department of Mental Health
Carl Landry, Kevin Phillips, Southeast, Inc. PATH Programp



March 9, 2009

Summer King
SAMHSA Reports Clearance Officer
Room 7–1044
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

I have been the PATH program manager at CCH for 18 months. In that time I have completed two annual reports, and I strongly endorse the changes to be incorporated into next years report, particularly the outcome questions. I know these questions are voluntary but I hope they become mandatory. We already track these data internally; they are important measures of the success of our collective efforts. I would suggest one addition: the number of enrolled consumers who were assisted with successfully obtaining mental health care. This is a primary focus of our work with many of our clients who either deny mental illness or decline psychiatric medication on first contact or who have gone without adequate medication for many years.

Thank you for the opportunity to comment on these changes.

Sincerely,

Thomas Lucas, LPC
PATH Program Manager
Colorado Coalition for the Homeless
2100 Broadway
Denver, CO 80205

March 17, 2009

Below are comments on the proposed changes in SAMHSA/PATH reporting requirements:

>
>> Full reporting on all persons served (not just the federal percentage as we have been reporting) will require additional resources. With shrinking resources and shrinking funding, most providers are not in a position to take on much in the way of increased workload and if the optional questions are not things that providers are already collecting/monitoring, then it will entail more administrative time, taking away from the clinical.
>>
>> We request to indeed keep the optional elements optional for 2009 and beyond. With shrinking resources and shrinking funding, most providers are not in a position to take on much in the way of increased workload and if the optional questions are not things that providers are already collecting/monitoring, then it will entail more administrative time, taking away from the clinical.
>>
>>
>> Kathy S. Kipp, MBA
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>> Marin County Community Mental Health
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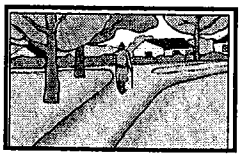

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PATH

Projects for Assistance in Transition from Homelessness

March 27, 2009

Summer King
SAMHSA Reports Clearance Officer
Room 7 1044
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King,

I have reviewed the five optional outcome measures being considered for data reporting for PATH. I believe that the five questions are good and will provide good data to have when evaluating PATH programs. We already do keep track of numbers placed into housing, numbers who are successful in obtaining income, and employment just for our own records. It would not be difficult to track clients who obtain medical insurance or primary medical care.

We work with 17 to 30 year old persons who are homeless or at risk of being homeless, and have a mental illness. Sometimes it is difficult to keep track of them at all but with many especially those who qualify for case management we are able to get this kind of information if we do not know it ourselves. Some always drop out of sight but usually we have some contact information we can use to at least try to follow them at least for tracking data.

Sincerely,

Karol Hill

Karol Hill, PATH Liaison,
Cameron Elk County MHMR
94 Hospital Street
Ridgway, PA. 15853

CC: J.C. Smith, Supervisor

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EPISCOPAL
COMMUNITY
SERVICES

March 23, **2009**

Summer King
SAMHSA Reports Clearance Officer
Room 7–1044
One Choke Cherry Road
Rockville, MD 20857

Dear Ms King:

I am writing to you as a concerned PATH provider of San Diego County. I currently serve as the Program Manager for the ECS Friend to Friend Program. At present, PATH funding represents forty-one percent (41%) of our annual program revenue through a contract with our local County Behavioral Health Services Department.

The Friend to Friend Program works with homeless adult mental health consumers, many of whom have a co-occurring substance abuse disorder. We provide intensive street outreach as well as site-based services, which include assessments, mental health and other mainstream health and human services referrals, advocacy through "situational" or point-of-entry case management, job development, transportation assistance, housing placement assistance, mail services, transitional housing in an agency owned and operated program, and direct assistance with SSI/SSDI applications and advocacy. We serve approximately **800** homeless, mentally ill adults per month.

I recently received notice of, and am deeply alarmed by, intended changes to the PATH data reporting requirements for 2009, in particular the "full reporting on all persons served." My understanding of this is that the new reporting requirements would require PATH programs to get detailed information on ALL clients served (not just the new intakes) such as race, age, time homeless, last stated living environment, mental health diagnosis, substance abuse history, etc.

Such a requirement indicates **a lack of understanding about the population being served**. The homeless, particularly those who are chronically homeless AND have a mental illness, are not typically willing (or even able) to articulate the level of personal information such a reporting requirement would impose. The questions would be perceived as intrusive and an immediate "turnoff" for most of the people we approach on the streets and in community-based sites. Such an informational imposition would **seriously compromise our ability to establish trust and build effective, positive rapport, which is critical to our ability to engage this population in services,** helping them to transition off the streets and into recovery.

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Serving God by Serving Those in Need

In case you are unaware, it can literally take months to build enough trust with the homeless mentally ill that they are willing to consider seeking help and leaving the streets. For many who suffer from such illnesses as paranoid schizophrenia, bombarding them with lots of personal information questions is something that would result in an immediate rejection and could realistically exacerbate their condition and prolong their homelessness. Even those who are not struggling with this particular illness are distrustful and would not readily disclose personal information such as is being sought.

To approach this population with statistics at the forefront of the meeting is to sabotage it from the outset, which, ultimately, will seriously compromise the type of impact I thought SAMHSA was interested in achieving with the homeless mentally ill. It also creates ethical issues around establishing the contact in the first place: are we there to make a connection and move people in the direction of recovery, or gather data (that can be captured at a later time in their journey)?

Notwithstanding the obvious ethical implications, given that we, as noted above, reach about 800 people per month, our program in particular and, I would surmise, many programs, is not equipped to gather this information on ALL clients served. Such a request represents an ENORMOUS amount of data that we lack the personnel, time, and data processing capacity to manage effectively.

I am requesting that you cancel the plan to change PATH data collection requirements. Our PATH funding is paramount to the success of our program, but having to collect this amount of data would (1) put an unsustainable strain on our current resources, and (2) seriously jeopardize the likelihood of our building positive, effective rapport with those we approach on the streets who are homeless and mentally ill. The net outcome of such a change would certainly reduce the number of people reached, which seems counter to all that we are mutually working toward.

Thank you for your time and consideration. Please feel free to contact me if you have any questions.

Sarah Koenigsberg

Sarah Koenigsberg, M.A.
Program Manager
Friend to Friend Program
4080 Centre Street, Suite 104
San Diego, Ca 92103
Phone: 619-955-8217
sarahk@ecscalifornia.org

Transitional Living, Inc.

March 30, 2009

Summer King
SAMHSA Reports Clearance Officer
Room 7-1044
One Choke Cherry Road
Rockville, MD 20857

Re: Projects for Assistance in Transition from Homelessness (PATH)
Program Annual Report (OMB No. 0930-0205) Revision

Thank you for the opportunity to provide feedback about the proposed changes to reporting for the PATH program. Transitional Living, Inc. operates a Mobile Homeless Outreach Unit with Federal PATH and local funding in Butler County, Ohio.

Project staff and administrators had this feedback about the proposed changes to the PATH Program Annual Report:

Table A

Area:
The number of staff persons who are consumers, peer providers, or prosumers supported by PATH federal and State matching funds.

Feedback: Does this have to be consumers who work only directly in the PATH Program (doing Outreach) or does it also include PATH consumers who become employed by the PATH Agency in other areas of the Agency that are not necessarily funded by PATH Federal or State dollars?

2052 Princeton Road \ Hamilton, OH 45011 \ Phone (513) 863-6383 \ Fax (513) 863-9882 \ Email tligen@tliving.org

Table C

Areas:

a) The number of Enrolled consumers placed into housing (Transitional, Supportive, or Permanent).

b) The number of Enrolled consumers who were assisted with successfully obtaining income benefits (SSI, SSDI, VA, etc.).

c) The number of Enrolled consumers who were assisted with successfully obtaining or increasing their earned income (employment).

d) The number of Enrolled consumers who were assisted with successfully obtaining medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans).

e) The number of Enrolled consumers who were assisted with successfully obtaining primary medical care.

Feedback: As a staff person who has been involved with the PATH Program for over 15 years, I would express my concern that additional tracking of detailed outcomes that are often not in the control of the PATH Team could result in staff being more office based vs. out in the community outreaching and engaging consumers into services. Often times the successful acquisition of areas such as benefits do not fruition until after a consumer is no longer with PATH and is successfully engaged with mainstream mental health services and case management. I feel that the areas addressed in the above are vital and important to the recovery and success of the people we serve, but just want to ensure that the tracking does not distract from the core mission of PATH.

Sincerely,

Katherine A. Becker

Katherine A. Becker
Chief Executive Officer and
Coordinator of Homeless Outreach Services

Cc: Deb Givens, Ohio Department of Mental Health

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
ADDICTIVE AND MENTAL DISORDERS DIVISION

BRIAN SCHWEITZER
GOVERNOR

ANNA WHITING SORRELL
DIRECTOR

STATE OF MONTANA

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HELENA, MT 59620-2905

April 3, 2009

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 7-1044, One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

Montana PATH Providers (contracted through the State) in collaboration with the State PATH Program Officer, Addictive and Mental Disorders Division, would like to offer the following comments/points in response to Federal Register Notice / Vol. 74, No. 30 / Tuesday, February 17, 2009 – Proposed Project: Projects for Assistance in Transition from Homelessness (PATH) Program Annual Report (OMB No. 0930-0205) – Revision:

- Montana PATH providers understand the necessity for data collection and reporting. As we enhance our data collection process, we believe relevant and useful data will enable us to support and potentially expand our program development opportunities.
- Montana PATH providers focus is exemplary direct service provision.
- The Montana PATH program allocation, minimal allotment State, cannot address our service needs or geographical challenges. Increased reporting can be burdensome and take valuable time from client care/services.
- Montana has enhanced our reporting process working towards spending less time on data collection without compromising our data collection or compliance with federal requirements.
- Montana PATH providers and State Office have some concerns re: requests for: "The number of Enrolled consumers who were assisted with successfully obtaining medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans)" – SSI/SSDI and VA benefits come with medical coverage; and, "The number of Enrolled consumers who were assisted with successfully obtaining primary medical care." Both reporting requests are part of comprehensive case management services. What will this data be used for? Once the data is collected how will it affect the program in a useful way?
- Montana PATH programs would like SAMHSA to consider the need for requests for additional data and make sure states are not asked for additional data unless requests are explicable and have documented reasons for the request.
- Montana PATH programs would like concentration for data collection to be on accurate and consistent data collection, coupled with technical assistance to ensure on going accurate and consistent data dissemination.

We appreciate the opportunity to comment.

Montana PATH Program Providers
Mental Health Services Bureau, Addictive and Mental Disorders Division

Stanislaus County
Striving to be the Best

BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

Denise C. Hunt, RN, MFT
Director

Housing & Support Services
800 Scenic Drive, Modesto, CA 95350
Phone: 209.525.6150 Fax: 209.525.6253

April 7, 2009

Summer King
SAMHSA Reports Clearance Officer
Room 7-1044
One Choke Cherry Road
Rockville, MD 20857

RE: PATH Data Changes

Stanislaus County Behavioral Health and Recovery Services (BHRS) reviewed the data changes and have the following comments/questions:

1. **"Reporting on all persons served with PATH Federal and matching State funds".**

   Question:

   New change is that we would use Table B # 1 instead of Table B # 3 when answering questions on Table D (Demographics)?

2. **Additional Optional Questions – Table C**

   A. **"The number of Enrolled consumers who were assisted with successfully obtaining income benefits (SSI, SSDI, VA, etc)"**

   Comment:

   Only those clients referred to BHRS Family Services Specialist are assisted with completing the SSI/SSDI applications. Through the SSI Shared Database, the Family Services Specialist can track the progress/status/outcome of SSI and SSDI.

   BHRS/Family Services Specialist also has access thru the SSI Shared Database of any other non-assisted clients who had applied for SSI/SSDI thru the Community Services Agency or Health Services Agency. BHRS does not track VA benefits.

B. **"The number of Enrolled consumers who were assisted with successfully obtaining or increasing their earned income (employment)"**

Comment:

For the Full Partnership Programs (MHSA funded programs) only, BHRS Data Management System can track if a FSP client obtained employment, what their earned income is, and any income increases as well.

The Employment Program which is currently operated thru a contracted program (Turning Point Community Agency) will cease as of 7/1/09. The plan is to move the Employment Program under BHRS – Housing& Support Services. It is the intentions of BHRS to develop some type of mechanism to track clients who are assisted with obtaining employment which may result in the client's income increasing.

C. **" The number of Enrolled consumers who were assisted with successfully obtaining medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans)"**

Comment:

For those clients who are tracked thru the SSI database, and are approved for SSI or SSDI, BHRS would be able to determine if the client will obtain MediCal or Medicare since MediCal is automatically provided and Medicare is automatically provided on the 25th month.

Other than the above, currently BHRS has no tracking mechanism to track if a client was assisted or had successfully obtained Medicaid, Medicare, or any other state/local plans..

D. **"The number of Enrolled consumers who were assisted with successfully obtaining primary medical care".**

Comment:

BHRS's PCP database (Access Database) tracks every client in BHRS, not contracted programs, in communicating with PCP to see if a client has a PCP.

At the time of an initial/updated assessment or initial/updated client care plan, client is asked about a PCP. If client has a PCP then a letter is sent to that PCP confirming if the client is a patient of that PCP.

If not, then the client's point person would assist client in finding PCP by providing places the client can go to. The point person also provides the same information to those clients who states he/she doesn't have a PCP.
Unless client informs BHRS that they were successful in finding a PCP, BHRS does not follow up with the outcome.

However, at the next assessment or client care plan, client is asked about the PCP and the process begins again. If client has or obtain a PCP, the PCP information is entered in BHRS PCP database (Access Database).

Access Data Base only tracks whether or not a client has PCP, or if client refuses PCP. It does not track any details (ie: date point person provided PCP information to client).

If you have any questions please feel free to contact me at (209) 277-7894 or you may email me at pesparza@stancounty.com.

Thank You,

Pam Esparza
Housing & Support Services Manager

Cc: Lauri Lusk, BHRS - Accounting

Ohio Department of Mental Health

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April 6, 2009

Summer King
SAMHSA Reports Clearance Office
Room 7-1044
One Choke Cherry Road
Rockville, MA 20857

Re: Projects for Assistance in Transition from Homelessness (PATH) Program-Proposed Annual Report Revisions (OMB No. 0930-0205)

Dear Ms. King:

We appreciate the opportunity to comment on proposed changes to the PATH annual report and respectfully submit the following:

Reporting on all persons served with PATH Federal and matching State funds

We support this change as it will provide a more accurate and illustrative picture of the scope of services performed not only by Ohio's PATH programs, but all PATH programs. This will allow for a more objective comparative for assessing PATH programs within the State and across the country. Under the current methodology where programs only report on what they do with their federal PATH dollars, programs do not get credit for those services they provide that are paid for by State match. Finally, there is an increased administrative burden on PATH providers when they are asked to separate services paid for by federal PATH dollars, versus State match dollars.

TABLE A

The number of staff persons who are consumers, peer providers, or prosumers supported by PATH federal and State matching funds.

ODMH is very supportive of ensuring that Ohio's PATH programs make every attempt to employ consumers, peers and prosumers wherein PATH activities are concerned. Ohio has consistently monitored Ohio's PATH programs' application of this belief and principle. It may be considered however, that employment within a agency that houses a PATH program wherein the peer, consumer or prosumer supports the PATH program but does not directly engage in outreach might also be considered for purposes of this outcome as long as that person is providing input into the delivery of PATH services.

TABLE C

The number of Enrolled consumers placed into housing (Transitional, Supportive or Permanent)

We support the tracking of persons "Enrolled" into the PATH program placed into housing. Housing is vital to a homeless person's recovery, inasmuch as connection to treatment.

The number of Enrolled consumers ~~that~~ who were assisted with successfully obtaining income benefits (SSI, SSDI, VA, etc).

Access to income benefits for persons who are severely mentally ill and homeless, who fit eligibility criteria, is critical to their recovery. In 2005, some of Ohio's PATH programs piloted an SSI/SSDI initiative. In 2006, the state's Interagency Council on Homelessness and Housing piloted the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative in six areas of the state. In 2008, the state undertook to build out the state's Benefit Bank to include a module on SSI/SSDI, to create a tool that would improve the success of SSI and SSDI applications and lead to faster approvals of these benefits. This new Benefit Bank module will be piloted this summer and Ohio's PATH programs are expected to become end users of the program. We support the decision to track outcomes for individuals who are linked to income benefits, including SSI and SSDI, as we believe that access to benefits is an integral part of stabilizing PATH clients. However, perhaps this may be divided into two (2) outcomes – number of enrolled clients for whom an application for SSI/SSDI was made, and number of enrolled clients for whom an application was approved. By measuring this outcome in this way, clients who engaged quickly, whose files were closed, who then later received this benefit, could be accounted for.

The number of Enrolled consumers ~~that~~ who were assisted with successfully obtaining or increasing their earned income (employment).

While ODMH values and supports the role that employment plays in a person's recovery, tracking employment for PATH clients may prove difficult due to the inconsistency from day to day, week to week, with regard to earnings. And, depending upon the tracking methodology adopted by SAMHSA, the information gleaned may or may not be useful. For these reasons, ODMH would submit that SAMHSA should determine what they find useful about tracking employment for PATH clients and subsequently develop a tracking methodology that effectively evaluates for those criteria. In light of the above, SAMHSA might consider the outcome being employment *or* the opportunity to participate in vocational services of their choice, including, but not limited to job try outs or supportive employment.

The number of Enrolled consumers who were assisted with successfully obtaining medical insurance of medical plans (Medicaid, Medicare, and/or state local plans).

ODMH supports the tracking of those linked to a medical insurance plan in light of its inextricable link to their ongoing mental health treatment. However, perhaps this may be divided into two (2) outcomes – number of enrolled clients for whom an application for medical insurance was made, and number of enrolled clients for whom an application was approved. By measuring this outcome in this way, clients who engaged quickly, whose files were closed, who then later received this benefit, could be accounted for.

The number of Enrolled consumers who were assisted with successfully obtaining primary medical care.

As the objective of PATH is to connect people with mental health services, ODMH is unclear of the intent behind collecting primary healthcare linkage but predicts that it is tied to the provision of integrated care. In light of PATH program goals, we would urge SAMHSA to examine whether information about linkage to primary healthcare should be collected on an outcome basis, or simply on an informational basis. If SAMHSA desires to collect this to inform or as an outcome, they might more specifically inquire as to whether a client has been provided with a physical health screening in light of a client's need to be informed about their healthcare choices and needs.

Thank you for the opportunity to provide feedback on these important outcomes measures. Should you desire additional information, the best way to contact me is by email: givensd@mh.state.oh.us.

Respectfully submitted,

Deborah Givens, B.A.
Ohio PATH State Contact

Cc: Deborah Nixon-Hughes, Deputy Director, PPD
Sherry Boyd, Chief, OCRS
Amy Price, Chief, CAP
Jeannette Welsh, Housing Manager, OCRS

April 9, 2009

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 7 – 1044
One Choke Cherry Road
Rockville, MD 20857
Ph/Fax: (240) 276-1243

Dear Ms. King:
Please find attached the Comments on the annual burden related to the proposed changes to the PATH reporting requirements. This is an estimate based on the Cumberland County Guidance Center PATH program expected caseload for the year 2010.

Thank you for the opportunity to place this information. Please feel free to contact me if you have questions.

Sincerely,

Mary Sauceda
Program Administrator
Cumberland County Guidance Center
Ph: (856) 825 – 6810, Extension 256
Fax: (856) 825 - 6342
msauceda@ccgcnj.org

Cumberland County Guidance Center

Comments on the annual burden related to the proposed changes to the PATH reporting requirements

- Reporting on all persons served with PATH Federal and matching State funds.
  No additional burden

- The number of staff persons who are consumers, peer providers, or prosumers supported by PATH Federal and State matching funds. (Table A)
  No additional burden

- The number of enrolled consumers placed into housing (Transitional, Supportive, or Permanent). (Table C)
  No additional burden

- The number of Enrolled consumers who were assisted with successfully obtaining income benefits (SSI, SSDI, VA, etc.) (Table C)
  10 hours burden

- The number of Enrolled consumers who were assisted with successfully obtaining or increasing their earned income (employment). (Table C).
  5 hours burden

- The number of Enrolled consumers who were assisted with successfully obtaining medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans). (Table C)
  5 hours burden

- The number of Enrolled consumers who were assisted with successfully obtaining primary medical care. (Table C)
  10 hours burden