

## Attachment D: Comments

**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: New York State Office of Mental Health---FRN comments

**From:** Ann Marie Lavallo [mailto:AnnMarie.Lavallo@omh.ny.gov]  
**Sent:** Friday, July 06, 2012 10:09 AM  
**To:** King, Summer (SAMHSA/OPPI)  
**Cc:** Moira Tashjian  
**Subject:** Federal Register 6/12 PATH Annual Report Revisions

Hi Summer, please see below my comments re the above referenced document:

In the intro, I think it would be helpful to mention the role of the TA providers who administer the annual report. It is confusing to the providers who the various players are that may be contacting them. Or the SPC.

Pg 3, 4th Para. - The word 'must' is not consistent with later sections of document, which suggest that a phase in is more likely. I think there needs to be an overview of HMIS - reference that they are local systems administered by CoCs. Who are the 'designated PATH data collection contacts?' Explain ... 'PATH providers that do not have HMIS.....' SPC will work w/ CoC. Last sentence in this paragraph is confusing.

Pg 4 - Not sure if this reflects accurate description of HUD. HUD CoC ? What about S+C? Should there be a description of phase in? Reference to 2011 Proposed HMIS Standards - are they not approved? 2011 reference is confusing.

Pg 5 - #5 - 2nd sentence is confusing. Process section - 'The details of the process are general but may vary ...' and 'brief high-level process description' - not clear what this means???

Pg 8 - Understanding data errors - 1st para confusing - errors should be investigated, corrected, re-extracted, re-transmitted - all in one sentence???. Phase in begins to be mentioned here, yet pg 1 says 'must'. Reference to contacting SPC not consistent w/ pg 9 last bullet. Last sentence - should be re-valdate....

Pg 9 - #1 - discussion re reporting period should be in beginning of document. #2 - should this be 'adult' family members only?

BIS #2 and #3 are confusing. #2 - is this total 'PATH program'? Explain matching funds, plus PATH funds, equal total PATH program budget. (this may or may not be equal to #3.)

Pg 16 - Reporting Burden - How were total hours 19, 19, 34 derived? I'm not sure if this is accurate.

Thank you for the opportunity to comment.

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Conserve resources. Print only when necessary.

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**Thomas, Tison (SAMHSA/CMHS)**

**Subject:** FW: Loudoun COunty Virginia--FRN comments

**From:** Blnns, Bernadette [Bernadette.Blnns@loudoun.gov]  
**Sent:** Monday, July 09, 2012 11:50 AM  
**To:** King, Summer (SAMHSA/OPPI)  
**Subject:** Loudoun COunty Virginia HMIS response

Ms. King, the PATH program needed to respond in the 2013 RFA regarding the programs compliance to use of HMIS. Below is the information I provided in the application.

*The short answer is: the use of HMIS is a duplicating our process for electronic data collection, some consumers are adverse providing their information for entry into the database, and most agencies that support the homeless in our jurisdiction don't use HMIS. In our area, the HMIS database provides a perspective of when, what and how the consumer access resources.*

\*\*\*\*

PATH staff enter consumers into the HMIS data base on a monthly basis. The data provided includes the consumer's name, date of birth, race, and ethnicity, location at time of contact, social security number, and gender, Veteran status, disabling conditions, marital status and family size. The opening date which indicates first point of contact with a PATH provider is entered. To ensure privacy the PATH team is not identified as PATH but coded as Homeless Program 1. This prevents consumers from being identified by other providers, as having a serious mental illness and/or co-occurring disorder.

All consumer data is stored with the Loudoun Department of Information Technology, there all information is readily accessible. The Department of Family Services maintains the HMIS/Harmony Database and it is active and available. The consumer case information is collected in the Loudoun County's electronic health care record database (Anasazi) and the initial contact with the consumer is entered into the HMIS/Harmony database. The use of the Anasazi system is beneficial to discharge planning and case transfers within the CSB. It is recommended that all data be entered into the agency database and migrated to the HMIS/Harmony system.

The challenges the PATH program will face is the duplication of data entry in the two systems to fulfill the local and federal requirements; outpatient CSB clinical staff do not utilize the HMIS/Harmony system which makes case coordination with the agency difficult. Also, the consumers are apprehensive providing any vital information to the clinician if the information is entered into a national wide database. They want to ensure confidentiality and if the consumer refuses consent is provided to the consumer, the use of HMIS/Harmony would be limited.

The tracking and reporting data elements can be accessed from the HMIS/Harmony database to support the SAMHSA goal. A program interface must be obtained in order to exchange the data from one system to the other as long as there is a "1:1 relationship" in the data set-up. Harmony will be solicited by the Loudoun DFS HMIS Administrators for the interface program. The HMIS administrator and the Anasazi Data Manager will collaborate on the platform.

It is recommended by the Anasazi Data Manager a universal platform be built by Anasazi directly for the active Anasazi users in Virginia who have a PATH program. There is funding in place for statewide initiatives like this. Additional grant funds need to be awarded to for this requirement. The estimated cost of the Harmony interface is \$10,000.00 and a 3 -6 months set up and testing period is required before the system is active.

After the system is designed and active, all staff will require approximately 8 hours of training to ensure accurate delivery of the mandated reporting.

Thank you for the time and effort r

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**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: Thresholds of Chicago, Ill-- FRN comments

**Importance:** High

**From:** Esposito, David [<mailto:desposito@thresholds.org>]

**Sent:** Thursday, July 05, 2012 10:55 AM

**To:** King, Summer (SAMHSA/OPPI)

**Subject:** (OMB No. 0930-0205)

**Importance:** High

PATH in order to avoid causing undue burden on agencies should consider limiting the required use of HMIS to the same standards of use and data entry as require by HUD Mckinney-Vento Supportive Housing Program otherwise increased funding to agencies for data entry staff will be necessary. Most agencies use their own Data/Records applications and mandating use of HMIS requires double entry of notes taking time from the clients in which we are supposed to be serving. One option is to make Integration with other software applications easier as to allow those agencies to upload the required data from their own systems to HMIS. In addition, some Continuums of Care will be charging agencies use of the HMIS system if the program is outside of the HUD McKinney-Vento Supportive Housing Program. Please consider these comments in determining the next steps of mandating use of the HMIS system for PATH providers.

Respectfully submitted this 5<sup>th</sup> day of July by,  
David Esposito  
Director of Strategic Housing Initiatives  
Thresholds



**David Esposito | Director of Housing and Sponsored Funds**  
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**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: Colorado Coalition for the Homeless-- FRN comments

From: tom lucas [tlucas@coloradocoalition.org]  
Sent: Friday, July 13, 2012 1:25 PM  
To: King, Summer (SAMHSA/OPPI)  
Subject: FRN regarding the use of HMIS for the annual PATH report

Summer King  
SAMHSA Reports Clearance Officer  
Room 2 1057  
One Choke Cherry Road  
Rockville, MD 20857

Dear Ms. King

I am writing to comment on the FRN regarding the use of HMIS to complete the revised PATH report. Specifically, I have two questions/concerns regarding the revisions of the PATH report:

- 1) "The PATH report now tracks demographic data for persons contacted as well as those enrolled." How is this to be accomplished? Not all contacts occur in sufficient depth to obtain all the demographic data we currently collect for enrolled clients. Also, on a related note will HMIS have a field for psychiatric diagnosis and if so, how will the client's right to confidentiality be safeguarded in HMIS?
- 2) "... there is a total count of the number of number of times that particular service was provided or referral made." Is the total count in aggregate or is total per individual client (e.g., total number of habilitation and rehabilitation services across all individuals served or total number of such services for each individual served).

Also, I'm assuming that once HMIS is configured to produce the new report PATH service providers will have sufficient notice to reconfigure their data collection practices to comply with the requirements of the new report.

A third point on the voluntary outcome measures becoming mandatory- bravo!

Thanks for your consideration.

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

"Be kind, for everyone you meet is fighting a hard battle." ~Plato

**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: NH DHHS Bureau of Homeless & Housing Services-- FRN comments  
**Attachments:** Response to PATH data proposals-NH PATH coordinator.doc

-----Original Message-----

**From:** [BBluhm@dhhs.state.nh.us](mailto:BBluhm@dhhs.state.nh.us) [mailto:BBluhm@dhhs.state.nh.us]  
**Sent:** Wednesday, July 25, 2012 12:31 PM  
**To:** King, Summer (SAMHSA/OPPI)  
**Subject:** Comments re proposed PATH reporting requirements

Good morning Ms. King.

In response to the June 12, 2012 Federal Register, page 34960; notice addressing proposed changes in data reporting requirements for Projects Assisting in Transition from Homelessness (PATH), I respectfully submit the following comments:

**Proposed change:** For services and referrals, in addition to gathering the number of enrolled persons receiving the service or referral, there is a total count of the number of times that particular service was provided or referral made.

**Comment:** Maintaining counts of both contacts and referrals for enrolled persons should not be required. There are no outcomes in the GPRRA measures that direct or imply that services, supports, or referrals must be provided within a set number of contacts. There are not outcomes that identify a PATH program as better or worse depending on the number of its overall contacts with people served, or with the number of referrals involved with linking a person to essential supports. SAMHSA currently recognizes that due to the extreme challenges involved in serving people who are homeless, living with serious mental illness, and disconnected from vital supports, intensive ongoing contacts and referrals are expected. Also, documenting specific counts of both contacts and referrals, for each service provided, for each enrolled individual will significantly increase data entry workload of PATH Outreach staff, resulting in a decrease of time available for direct service. This increased workload will occur regardless of the type of reporting mechanism, including the Homeless Management Information System (HMIS).

**Recommendation:** Rather than requiring counts of contacts and referrals as proposed, the inclusion of a short narrative section in the APR would allow a local program to describe the context of the numerical outcomes they are reporting. For example a program could report that in this APR reporting period, a small number of individuals required extensive PATH case management to achieve meaningful linkage to local treatment resources.

**Proposed change:** Current Voluntary Outcome Measures will become mandatory and moved to the Referral section of the APR.

**Recommendation:** Ensure inclusion of connection to Mental Health services, Substance Use Disorder Treatment Services, and veteran Administration Services.

These comments and recommendations are also included in the attached Word doc.  
(See attached file: Response to PATH data proposals-NH PATH coordinator.doc)

Please acknowledge that you have received this email, and let me know if you have any questions.

Thanks very much!  
Bernie Bluhm  
NH PATH State Coordinator



Program Planning and Review Specialist  
NH DHHS Bureau of Homeless & Housing Services  
105 Pleasant St.  
Concord, NH 03301  
Phone 603-271-8388  
Fax: 603-271-5139

NH Homeless Hotline: NH 211

**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: Greater Nashua Mental Health Center -- FRN comments

**From:** Susan Mead [mailto:meads@gnmhc.org]  
**Sent:** Wednesday, July 25, 2012 11:07 AM  
**To:** King, Summer (SAMHSA/OPPI)  
**Subject:** path

Hi Summer,

Thank you for the opportunity to continue to serve our community through the PATH funding. Believe this funding is critical to address those who are not engaging into needed services.

Some thoughts to suggest for future data elements:

1. Hoping you consider adding the element of engagement...period. I have a few outreach clients that are paranoid and unable to refer to any program...building the rapport in order to do so takes much time and seemingly is not captured in the report.
2. Demographics-wish you could have a separate section to reflect when someone is 'couch surfing' vs in an apt, - as it appears they have housing, yet they are really just staying with someone who is allowing them to stay temporarily on a couch.

Thanks again for your support,

Susan Mead, MA  
Community Educator & Outreach Director

**Our Mission:** Greater Nashua Mental Health Center works with the community to meet the mental health needs of its residents by providing evaluation, treatment, resource development, education & research.

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**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: Riverbend CMHC-- FRN comments

**Importance:** High

**From:** Joni Terry [<mailto:JTerry@riverbendcmhc.org>]  
**Sent:** Wednesday, August 08, 2012 11:44 AM  
**To:** King, Summer (SAMHSA/OPPI)  
**Cc:** Annemarie Dunn  
**Subject:** PATH Data Elements

*Hello Summer,*

*This email is in reference to the proposed PATH APR data elements.*

*Our agency, Riverbend Community Mental Health, is currently not using the HMIS system for PATH data. After reviewing the proposed PATH APR data elements, it appears that collecting counts of the numbers of contacts, services and referrals for each individual category mentioned is going to be additional administrative time for the PATH worker, taking away time from performing outreach.*

*We are interested in finding out if additional grant funds will be added to the PATH grant for increased administrative overhead.*

*Thank you for your time.*

*Annemarie Dunn,  
Director of Residential Services*

*Joni Terry  
Administrative Assistant*

Joni Terry,  
Administrative Assistant  
Riverbend CMHC  
603-226-7547, Ext. 3003  
Email: [jterry@riverbendcmhc.org](mailto:jterry@riverbendcmhc.org)

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**Thomas, Tison (SAMHSA/CMHS)**

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**Subject:** FW: Federation of Organizations-- FRN comments

-----Original Message-----

From: Tracy Falkner [<mailto:TFalkner@fedoforg.org>]  
Sent: Thursday, August 09, 2012 6:07 PM  
To: King, Summer (SAMHSA/OPPI)  
Cc: 'AnnMarie.Lavallo@omh.ny.gov'  
Subject: FW: Send data from TOSHPATCHOGUE 08/09/2012 17:57

Dear Mrs. King,

Attached please find Federation of Organizations' comments to the changes to the PATH Annual Report. We appreciate this opportunity to provide our input. If you have any questions, please contact me.

Thank you very much.

Sincerely,  
Tracy Falkner, LMSW  
Director of Community Services  
Federation of Organizations  
1 Farmingdale Road  
West Babylon, NY 11704  
Ph:(631)447-6460 x 2124  
Fax: (631)289-7098

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-----Original Message-----

From: Scans [<mailto:copier@fedoforg.org>]  
Sent: Thursday, August 09, 2012 9:58 PM  
To: Tracy Falkner  
Subject: Send data from TOSHPATCHOGUE 08/09/2012 17:57

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**Participating Agencies:**

THE FOUNDATION FUND



August 9, 2012

Mrs. Summer King  
Statistician/OMB Clearance Officer  
SAMSHA

Dear Mrs. King,

Federation of Organizations appreciates this opportunity to provide comments in response to the changes that are announced in the Federal Register for the revised PATH Annual Report.

One of the biggest challenges we have in completing the PATH Report is it changes from year to year. Some years the changes are more significant than others. We don't usually know what the changes will be until we receive the PATH Annual Report. By that time, the reporting period has ended. This makes it difficult to report accurately. It is important we be made aware of what data elements will be requested, before the reporting period starts. This will allow us to set up data tracking systems so we can report as accurately as possible.

The new PATH report will not facilitate entry of estimated counts. Specifically, this relates to question (D1.): the number of people who received any service and are PATH eligible and (D2.): the number of people that are contacted. Based on our program design the PATH report needs to allow estimations for these two questions. Federation's P.O.W.E.R. (Peer Outreach With Evening Recreation) Program is a program that is designed to provide outreach and referral services to individuals who have serious mental illnesses and are homeless or in danger of becoming homeless. The program has several components: a meal program, a food pantry, counseling services and street outreach. Most of the people we come in contact with during street outreach do not provide their last name. Additionally, people we meet on outreach may attend one of the other components of the program and therefore we need to factor in a certain percentage of duplication of individuals contacted.

Question DS.9 asks for the housing status of persons served at the time of the first contact. The housing status is not always received during the first contact. During street outreach the outreach team comprised of staff and volunteers some of whom are in recovery themselves and were formerly homeless, are attempting to engage the people with whom they come in contact with.



Many of the people we see have experienced stigma, are fearful of the mental health system, have mental illness, are using substances, are homeless, may be undocumented and are residing in non-traditional setting such as shelters and are extremely reluctant to share personal information. In order to be effective, the P.O.W.E.R. Program needs to demonstrate a non-threatening approach. We don't always ask one's housing status during our first contact. At the first contact we are attempting to build trust and engage the person on their terms in order to ultimately assist them.

Question DS 12. asks for the demographics of contacted clients as well as enrolled clients. In some cases it is difficult to obtain the demographic information you are requesting. We come in contact with hundreds of people through outreach. As afore mentioned, many people are unwilling to provide there last name and other demographic information. Sometimes it takes several contacts to obtain this information due to our population being cautious of answering questions about themselves.

For the reasons mentioned above, we will need to use educated estimations with regards to some of the people we come in contact with through street outreach however; we can obtain this information for individuals we formally enroll in the program.

Question D6: which requests the total number of contacts made this reporting period is a helpful addition to the report, as well as question DS8: total number of referrals given during the reporting period. These questions address work we do that was not being captured in the previous report.

We appreciate your taking time to review our comments. We are hopeful that this feedback will be taken into consideration as you further revise the Annual PATH report. If you have any questions, please contact me by phone at 631-447-6460 ext. 2124 or by e-mail at [TFalkner@fedoforg.org](mailto:TFalkner@fedoforg.org). Thank you.

Sincerely,

  
Tracy Falkner, LMSW  
Director of Community Services

CC: Anne Marie Lavallo