



Questions and Answers
PATH Data Reporting Webcast
January 5, 2010 12:00pm EST

Our data on service point is not worded the same as the Annual Report. Many prompts are not as clear as we had hoped. For example my staff noted referrals from shelters as "referred" rather than "outreach," making it appear like we are doing much less outreach than we are. Should we estimate our numbers, then? Should we use what we have established in Service Point?

Rachael Kenney

If the referral is from a shelter and the shelter is connecting the person to the PATH program, then that would count as a referral and not an outreach. I apologize for not having it in front of me right now but there is an expanded definition of outreach that we can put on the PATH website and on that definition of outreach says that outreach includes street outreach where the provider is going out on the street and connecting with people and it also includes in reach where the provider is in the shelter connecting with people. If the people in the shelter are bringing the consumers to you, that would not count as outreach. If you, as the provider are in the shelter and bring yourself to the people in the shelter and connecting with them, it is not the shelters saying you need to talk to so and so, then it would count as outreach. So, if the person who had that question could please send an e-mail to the address on your screen, path@samhsa.hhs.gov, we will be sure to send you that definition today. That way, if you think that you are doing something that falls within outreach, we can talk about how you might estimate that.

Are PATH providers going to be required to report on the voluntary outcome measures for the 2010 Report? We did not receive the information until mid-November.

Rachael Kenney

The voluntary outcome measures are called the voluntary outcome measures because they are completely voluntary at this time. Before we can make them mandatory, we will have to give providers at least one year's notice so you can actually collect the information. There is not a date in mind for when the outcome measures will become mandatory at this time.

Is item Ch on the report supported and supervisory services in residential settings intended for programs who utilize PATH funds to support a residential program, or can we report on



consumers who were staying in a separate residential setting but still are being assisted by a PATH case manager?

Mattie Cheek

What this legislation says is that you can provide case management in supportive and supervisory services. You can provide supportive and supervisory services in residential settings as long as it is considered case management. Case management does include supportive and supervisory services in residential settings.

Is there a definition of enrollment or enrolled?

Rachael Kenney

Great questions because this is exactly what the webcast that we held in the early fall were intended to address. The definition of enrollment is that the individual meets all of the PATH criteria or have agreed to services and have had some sort of file open for of them and this file would look very different in different programs, but for more information on this if you an go to the PATH website, Topics, PATH Webcast Resources and look for the webcast on PATH reporting-excuse me, this is the webcast on PATH reporting, the webcast on national definitions, that is where you can find more information about that specific definition and the questions that came from those webcasts.

At what point is the client considered enrolled? For example, if the client was assessed on 2-1-09 and enrolled in PATH on 2-15-09.

Mattie Cheek

That comes under the same specifications of screening and diagnostic services. So, you can say screening and diagnostic treatment services. The screening tool that you talked about in one of the webcast, Laura, where some of these states are using screening devices. If you look under Section B, number two, it could be a Service and therefore you can consider that as an enrollment.

Rachael Kenney

That makes sense because the person became enrolled. You can count the service because if they did not become enrolled, you could not count that.

Where it says A3 regarding match: Does it only include cash match or also include in kind match?

Mattie Cheek

Yes, you can include in-kind matches, as well.

How do you report if you are giving more than the state match? How does that work? Can you shed some more light on that?

Rachael Kenney

When you are doing the PATH report, in 2009 you should be reporting on everyone and not as the federal percentage of persons served. If you go back to your intended use plan and you look at what was entered there and is a match that you are using, those funds would be counted towards the PATH program. Whatever you are reporting in your intended use plan as your match is what would be considered your match, regardless of whether that is less of them, equal to or more of the required match.

I am new to overseeing the PATH grant. I am wondering if there are criteria for when to consider a person to be disenrolled from the PATH program?

Rachael Kenney

This is something that a lot of State PATH Contacts have been bringing up in recent years. The PATH Technical Assistance center has not done a great deal of work around this but this is a question that the administrative work group will begin to address in the coming year. Do you have guidance for that, Mattie? Let me add one other thing. When you are transitioning people to housing, it is assumed that once the person is connected to mainstream services, you are going to transition them into that and then back off. If the person is connected to the mainstream services, they should become disenrolled. If the person is still receiving services but not really interested in getting involved in mainstream services and this time, that is where it becomes more confusing.

Mattie Cheek



Some states have interpreted that differently. What we will do at SAMHSA, we will look at it as we did with the national definitions, with the administrative work group to see what seems to be the common practice across the state and given, obviously, the unique characteristics of each state, so that we can come up with something that we can share with everyone. At this point we are leaving it up to the states and will be giving your some direction on this later on. After you have linked them to a service, you do not need to carry this individual.

A homeless person admitted temporarily to a substance abuse program and the PATH case Manager is working with them because they will be homeless again upon discharge—

Mattie Cheek

They would be considered individuals at risk. You can include individuals at risk of homeless, and eminent risk.

Mattie said that PATH funds cannot be used to support residential programs. My understanding is that PATH only restricts the use of funds in an inpatient psychiatric setting. Can you clarify that?

Mattie Cheek

I am glad you asked the question. And wanted to make sure I got to that. What I said is that if you look under the specification of the services in the statute, legislation, what it does say is that you can include, under case management, you can include - under case management - supportive and supervisory services of in residential settings. Inpatient, no. In other words you cannot go and provide in-patient services to a client. You can support supervisory and supportive services in residential settings under the rubric of case management. Ask another question if that is not clear to you all. I wanted to make sure I did not confuse you. You might want to follow up on it if you are not okay with it or not.

Clients enrolled in the program prior to the fiscal year reporting period, are they still accounted in the annual Report? For instance, clients admitted prior to July first, 2008 are still considered active after July first but receive no services and are discharged after July1, 2008. Would these clients be counted in the annual reporting period between July 1– Jun 30?

Rachael Kenney



Because the PATH report is an annual report, your consumers can be counted in multiple years. If you have someone who is on your “roster” as a PATH consumer and the year closes out and they are still being served by the PATH and still considered on part of your program in the next year that, you would still count them as enrolled in PATH.

How can you figure the number of clients that benefited from the activity?

Rachael Kenney

I think this question is probably referring to one of the questions on the C table that have to do with housing or something similar to that where you can not, necessarily, tell me how many consumers benefit from the activity - The planning of housing. I think that is where this comes in. For most of these, you should be able to know exactly how many consumers you provided referrals to or exactly how many consumers that you gave a rental payment for. For other items, you might want to-for example, that one was just mentioning for improving the coordination of Housing Services, you might want to make an estimate based on how many people are receiving that housing service that you approved the coordination of. If you have more specific questions, please e-mail us and we will do our best to help you sort them out.

I am the State PATH Contact. According to the PATH website, the behavioral health regions in the state are scheduled to report in 2009 and indicates they have reported data in the past. However, the region staff indicates they have never reported data separately from their providers. Do I remove the region contacts from the dates are reporting or just leave the information blank?

Rachael Kenney

If you could please get in touch with us so that we can find out what is going on. The way we set up the reporting for the State Contacts is we copy exactly what was indicated in the previous year and we mark those same providers as reporting. We will want to check with you to find out which state you are and look to see if they did report last year and if there-there are numbers in there, we will want to figure out who it was that did fill out the report. There is a little bit of investigative work that we will need to do to help you figure out what is going on there. Please send us an e-mail and we will get in touch with the right away to make sure we get this done as soon as possible.



How do we handle the matching information when you have multiple PATH funds that use the same matching funding source? For example, PATH one, do we count the total staff or FTEs that work specifically with that PATH project or for all?

Rachael Kenney

What I think I am hearing is that there are individuals that are working across multiple PATH projects and the provider is trying to figure out which PATH project to tell them in.

Is it true that we do not have to do the calculation? Can we just take them out of the HMIS report?

Rachael Kenney

Yes, it is true that you do NOT have to do the calculation to figure out how many people are served with federal PATH funds. You can use the exact same numbers that your HMIS report gives you.

If a homeless client is in a psychiatric hospital, do we count them on the PATH reporting while they are in the hospital? I am referring to the services we give to them while in the hospital such as placement assistance or discharge planning.

Rachael Kenney

Yes, you may count the services that the client receives while in the psychiatric hospital as long as the individual still meet's your state's definition of imminent risk of homelessness. You may want to confirm with your State PATH Contact to check your state's specific definition of imminent risk. Imminent risk does include impending discharge from a hospital but states are allowed to make stricter definitions or add time frames.

Regarding your previous answer regarding the point of enrollment (when a person can be considered enrolled), I would like some more clarification. We are doing a street outreach, and we only consider a client enrolled when they sign the admission agreement and set up a case plan. Can we consider a person enrolled when we meet with them and do the assessment, without their written consent?

Rachael Kenney



The person needs to agree to work with you before you can consider them enrolled. This may be a verbal agreement. If you have determined that the person meets the PATH criteria (serious mental illness and homeless or at imminent risk of homelessness), the person agrees to services (verbally or written), and you have opened a file you may count them as enrolled. Be careful to make sure that they have agreed to services, either verbally or in writing, before counting them as enrolled.

In regards to the voluntary outcome measures, will next years annual report ask for both assisted and attained numbers?

Rachael Kenney

The voluntary outcome measures of assisted referral and attained will be included again on next year's report but they will remain voluntary. Providers will be given at least one year's notice before these outcome measures become mandatory.

Our "available services" in service point are not the same as the "services provided" in HMIS. Again, the problem is this makes actual data difficult as we seem to need to estimate to the best of our ability how these various services (sorry, can only see one word at a time here). Trying to integrate services provided from two different lists. Hope this is clear.

Rachael Kenney

You will want to work with your State PATH Contact to determine how service point matches up with the PATH report. If you continue to have questions please have your State PATH Contact email us and we will do our best to help. This is another reason why we would like PATH programs to move towards HMIS, the PATH and HMIS definitions don't always perfectly match and it will be easier to have everyone on the same system.
