Department of
Mental Health &
Substance Abuse Services

Tennessee PATH

Project for Assistance in Transition from Homelessness

PROGRAM MANUAL

PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

TN Department of Mental Health & Substance Abuse Services

Division of Mental Health Services
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PURPOSE

The manual describes the framework for implementing the Project for Assistance in Transition from Homelessness (PATH) programs, as authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, subject to Public Health Service Act Part C, Section 521 and administered by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, Homeless Programs Branch.

SCOPE

These standards apply to PATH programs to ensure the requirements set forth in the PATH Grant are fulfilled. Managing Entities and PATH providers are encouraged to refer to the funding opportunity announcement (FOA) of the current fiscal year (FY) for which they are applying as some requirements may change.

TERMS

The Department approved term “individual,” will be used when referring to individuals that may be eligible or served by PATH programs. These terms are used interchangeably in this document and must be adopted by PATH providers.

DEFINITIONS

For the purpose of the PATH Program Manual, the following definitions apply:

a. Co-occurring Serious Mental Illness and Substance Use Disorder. An individual who has at least one serious mental health disorder and a substance use disorder, where the mental health disorder and substance use disorder can be diagnosed independently of each other.

b. Individual Experiencing Homelessness. An individual experiencing homelessness must be as least restrictive as defined by the Public Health Service (PHS) Act: "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.

c. Imminent Risk of Becoming Homeless. The criteria commonly include one or more of the following: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/ utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.

d. Serious Mental Illness. An individual 18 years of age or older with a diagnosable mental health disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

Additional definitions can be found in

PATH OVERVIEW

The PATH program supports the delivery of services and resources to individuals who have serious mental illnesses, may have a co-occurring substance use disorder, and are homeless or at imminent risk of homelessness. The PATH Legislation allows states to implement the PATH Program to fit the needs of the state to identify, engage, enroll and transition individuals that meet PATH eligibility to community mental health services.

Tennessee's PATH grant is managed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Office of Housing and Homeless Services (OHHS). The Department contracts with private, not-for-profit intermediaries, Managing Entities, to manage the funding for substance abuse and mental health services. Managing Entities assist PATH providers through collaboration with Continuums of Care (CoCs) and HMIS Lead Agencies

to facilitate access to the Coordinated Entry system and other local resources to link people with safe, and affordable housing.

The PATH Grant is the only dedicated mental health and substance use treatment funding for individuals with a mental illness who are homeless or at risk of homelessness. The United States Housing and Urban Development (HUD) prioritizes housing for individuals who are literally and chronically homeless. Therefore, PATH providers and CoCs share a small but high-cost, high-need population that require housing and services. Because HUD awards all competitive homeless assistance program funding through CoCs, it is essential for PATH providers to participate in the CoC planning process to improve local service coordination and help secure resources to benefit PATH-enrolled individuals who are experiencing homelessness or at risk of homelessness. The ultimate goal is for PATH-enrolled individuals to attain permanent housing, with a choice of mental health and substance abuse services and supports as an integral step in recovery.

The Office of Housing and Homeless Services employs the State PATH Contact (SPC) responsible for grant management and the provision of technical assistance to the Managing Entities, and PATH providers. Collaboratively the SPC and OHHS staff work to ensure that federal PATH grant requirements and SAMH standards are met. Additionally, the Assistant Director within the OHHS is the designated State Team Lead (STL) for SSI/

ELIGIBLE SERVICES

Although PATH funds can be used to support an array of services, applicants are encouraged to use these resources to fund street outreach, case management, and services which are not financially supported by mainstream services and/or behavioral health programs. Examples include:

Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation, habilitation and rehabilitation, prevocational and vocational training, and housing;

Allowable PATH-Funded Services

A. Outreach services;

B. Screening and diagnostic treatment services;

C. Habilitation and rehabilitation services;

D. Community mental health services;

E. Alcohol or drug treatment services;

F. Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are experiencing homelessness and serious mental illness seek services;

G. Case management services, including:

- Preparing a plan for the provision of community mental health and other supportive services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
- Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
- Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
- Referring the eligible homeless individual for other services as needed; and

H. Supportive and supervisory services in residential settings;

I. Referrals for primary health services, job training, educational services, and relevant housing services;

J. Housing services, including:

- Minor renovation, expansion, and repair of housing;
- Planning of housing;
- Technical assistance in applying for housing assistance;
- Improving the coordination of housing services;

PART II
PROGRAM SPECIFICATIONS

PATH programs are not required to deliver the full array of services. However, PATH programs must be capable of linking PATH-enrolled individuals with needed services. PATH programs must place emphasis on street outreach and case management activities to engage individuals who are or are at risk of homelessness and are not already connected with mainstream services (e.g. substance abuse, mental health, housing, employment, etc.). Programs are encouraged to prioritize individuals that meet PATH eligibility who are Veterans and/or are part of the annual Disparity Impact Statement target population.

LINKING PATH-ENROLLED INDIVIDUALS WITH NEEDED SERVICES

After-Care Exit

After- care allows PATH providers to maintain the relationship with the PATH-enrolled individual and assure they remain stable. PATH staff may continue to work with PATH-enrolled individuals who have are residing in permanent housing or referred to mainstream resources for a maximum of 90 working days. After 90 days, PATH-enrolled individuals must be exited from the PATH program.

Assessment

Clinical PATH staff may conduct clinical assessments to determine PATH eligibility. All other PATH staff must assess eligibility through observation and conversation, and the justification must be clearly documented in the Homeless Management Information System (HMIS), and once enrolled transferred to the individual's medical record until a clinical assessment can be made (i.e. determination of eligibility for PATH-funded services).

Automatic Exit

An automatic exit is the maximum amount of time that is allowed to pass without contact with the PATH -enrolled individual before they can be exited from the PATH program. PATH-enrolled individuals who have not been contacted by PATH staff for 90 working days will be automatically exited in HMIS from the PATH program.

Although, auto-exits are not entirely avoidable due to the transient nature of some PATH individuals it is highly encouraged that PATH Program providers leverage all possible resources and strategies so that no PATH-enrolled individual leaves the program with an automatic exit. If an automatic exit is used for an individual's record the exit date should be documented as the date of last contact.

Case Management

The National Association of State Mental Health Program Directors (NASMHPD) defines case management as a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human service needs. This includes providing linkages and training for the PATH-enrolled individual served in the use of basic community resources and monitoring of overall service delivery.

PATH case managers should ensure that PATH-enrolled individuals get the services and supports that

they need and want through a collaborative, person-centered, and planned approach. The case manager assesses the needs and wants of the individual and, where appropriate, arrange, coordinate and advocate for delivery and access to a range of programs and services designed to meet the individual's needs.

Records

PATH programs must maintain individual files for PATH-enrolled individuals containing an intake form, a service plan, and progress notes for each person served with PATH funds.

a. The intake form must contain information to determine eligibility for PATH services, such as living situation and disability, and obtain data needed for quarterly and annual progress reports. If HMIS contains a suitable substitute for a paper intake form and can record the required elements of an individual's file, or an electronic medical record system may be used for this purpose. The Managing Entity must provide prior approval.

b. PATH Programs must involve all PATH-enrolled individuals in the development a service plan including:

   - The individual's goals to obtain community mental health services;
   - Coordinating and obtaining needed services for the individual, including services relating to shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing;
   - Assistance to obtain income and income support services, including housing assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI);
   - Referrals to other appropriate services; and
   - Review of the plan not less than once every three months.

Contact

Contacts may range from a brief conversation between the PATH-funded staff and the individual about their well-being or needs, to a referral to service. A contact must always include the presence of the individual—the facilitation of a referral between a PATH staff and another case manager or service provider without the involvement of the individual is not to be considered a contact. A contact may

occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center.

Engagement

Engagement occurs when an interactive individual relationship results in a deliberate assessment or the beginning of a case plan. It is a one-time event, may occur on or after the project start date, and must occur prior to PATH enrollment and project exit. Individuals cannot be enrolled in PATH without being engaged. Although some interactions with an individual may result in a positive outcome such as assisting an individual access a shelter bed, without a deliberate assessment or the beginning of a case plan, those interactions are not considered to be an engagement. The assessment does not have to be of a clinical nature, and neither HUD nor SAMHSA have established minimum criteria for what the assessment must include, other than the individual deliberately engaging with the staff to resolve the housing crisis.

Once PATH outreach staff have made initial contact with potential PATH-eligible individuals, they must establish a relationship to promote engagement, so individuals are comfortable and well equipped to access services, resources and re-integrate into the community. Relationships should be fostered at the pace and wishes of the individual, pursuing his or her goals, as opposed to those of the PATH staff.

Enrollment

Enrollment occurs when the PATH staff can determine if a person is eligible for the PATH Program. Individuals referred from a state hospital, inpatient hospital, or crisis stabilization unit should be given priority. Only persons eligible for PATH can receive a PATH-funded service or referral. Additionally, an individual can only be enrolled in the PATH program when both the eligible individual and the PATH provider mutually agree to engage in services and the provider has created a PATH record or file for the individual. Once enrolled, information gathered is completed and entered into the HMIS system to aid in the utilization of coordinated entry.

Exclusionary Criteria

The following includes, but is not limited to, conditions which would exclude an individual from enrolling in PATH:

a. Persons with a diagnoses of substance use disorder without a co-occurring primary diagnosis mental illness.

b. Symptoms and/or behavior that present a danger to self, or others.

c. Persons with medical conditions requiring skilled nursing care.

Generally Reside

PATH providers have a maximum of seven working days to identify a response to the question "Where did you stay last night?" After seven working days the PATH Provider must enter the individual into the most appropriate program based on the knowledge gained to date (i.e. PATH Street Outreach or Supportive Services).

Housing

PATH programs should have detailed strategies for providing and/or obtaining housing for PATH - eligible individuals. If PATH programs do not directly provide housing, formal agreements with housing organizations outlining prioritization, coordination, and tracking of PATH individuals is required. In order to ensure an individual is able to maintain stable housing, PATH programs may continue to provide or ensure provision of supportive services for up to 90 working days after a PATH individual is housed. After 90 days, the individual must be discharged/exited from the PATH program. Programs may extend the timeframe if sufficiently justified.

Habilitation

Habilitation is the development of an improved level of functioning to achieve an optimum state of health through medical, psychological, and social interventions.

Outreach

Outreach, including street outreach, is deliberately organizing activities to meet potential PATH eligible individuals where they naturally congregate rather than waiting for them to seek services at a specific place. During effective outreach, the goal is to engage with potential PATH eligible individuals and developing the critical relationships necessary for supporting transition to housing and/or needed behavioral health services. Collaboration with community agencies is important and may span many sectors, including faith-based organizations, hospitals, correctional institutions, free clinics, law

enforcement, meal sites, homeless shelters, libraries, and day centers.

PATH programs that only provide outreach must have written policies, and formal agreements when appropriate, in place outlining referrals to services and/or systems of care in the community that can meet the needs of PATH eligible individuals. For PATH programs that collaborate with community agencies for outreach, there should be clearly defined strategies to promote coordination among outreach agencies. Additionally, in-reach to individuals in jails, residential detox, crisis stabilization units, and mental health treatment facilities is allowed; however, every effort must be made to ensure there are no duplication of services.

PATH Eligibility

To qualify as PATH eligible, the individual must be:

a. Homeless or at risk of homelessness and have a primary mental illness such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression or co-occurring mental health and substance use disorder.

b. 18 years of age or older.

c. Adequately stable such that he/she does not require inpatient services.

Priorities

Program priorities for use of PATH funds by providers, at a minimum, must include:

a. Targeting adults in the priority population who are experiencing homelessness or are at risk of homelessness and maximize serving the most vulnerable adults who are literally and chronically homeless; and

b. Conducting street outreach and/or case management as priority services.

Project Start Date

The project start date is the date of first contact between the PATH-funded staff and the individual.

Re-engagement

Re-engagement is the process of re-establishing interaction with a PATH-enrolled individual who is disconnected from PATH services for more than 15 working days and less than 30 calendar days in order to reconnect them to services based on the previously developed case management or service plan. Reengagement must occur after enrollment and prior to project exit.

Referral

Referrals are not services, if the PATH Program does not directly deliver a PATH-funded service it should be recorded as a referral not a service.

PATH programs should build a referral network to complement the services available within their agency. Once enrolled in any type of PATH program, PATH individuals should have the opportunity to access a variety of support services to assist them in their recovery and end their homelessness.

Rehabilitation

Rehabilitation is the restoration to a previous level of functioning to achieve an optimum state of health by medical, psychological, and social means, including peer group support.

Residential Supportive Services

Services that help PATH-enrolled individuals acquire and practice the skills necessary to live in and maintain residence in the least restrictive community-based setting possible. Residential Supportive Services are various ancillary services and should be tailored to the specific needs of each individual. Examples include: understanding the rights and responsibilities outlined in a lease; on time rental payments; health and medication(s) management; housekeeping/laundry; meal planning/preparation; and financial management.

Services

PATH-funded services may include

PART III
PATH PROVIDER ADMINISTRATIVE RESPONSIBILITIES

- Agency Collaboration
- Individual Involvement
- HMIS – Data Entry and Collection Requirements
- Trainings
- Match Requirements
- Intended Use Plans and Budgets

Agency Collaboration

Increase resources by collaborating with other agencies through one or more of the following activities:

a. **Work with the local Continuum of Care entities (funded by the U.S. Department of Housing and Urban Development) to assist providers in using HMIS and to coordinate homeless services locally.**

b. **Collaborate with state homeless coalitions.**

c. **Identify new partners (e.g., mental health planning and advisory councils, peer organization groups, downtown business groups).**

d. **Explore options for collaborations with Mental Health and Substance Use Block Grant programs, the U.S. Department of Veterans Affairs, and other mainstream programs (e.g., Social Security**

Administration, Temporary Assistance for Needy Families [TANF], and Medicaid) to gain support for PATH individuals.

Individual Involvement

PATH programs offer opportunities for meaningful involvement of individuals served and their family members at the organizational level in the planning, implementation, and evaluation of PATH-funded services to ensure their voices and experiences shape PATH services and benefit current individuals. The lived experience of peers and individuals is vital in crafting effective programs. This goes beyond conducting a satisfaction survey, developing individualized treatment plans, or involving families in co-ordination of care. Examples may include a provider that has individuals who are PATH-eligible employed as staff or volunteers or serve on governing or formal advisory boards.

HMIS - Data Entry and Collection Requirements

PATH programs must fully participate and enter data in PDX regarding PATH program data and in the Homeless Management Information System (HMIS) for potential PATH individuals and PATH-engaged individuals. The State hosts several different vendors and systems with varying capabilities, and some providers may continue to track data in a secondary system if they are not yet able to extract all required data fields for PATH annual reports from the HMIS system. PATH funds may be utilized for HMIS data migration purposes. The CoCs may provide on-going training and technical assistance for HMIS users in their respective areas. The various software providers of HMIS should also provide technical assistance. HUD provides annual training on updates to requirements for the software to capture data elements as needed.

The HMIS and Coordinated Entry System (CES) facilitate placements in permanent supportive housing based on a vulnerability index (i.e.VI-SPDAT) and are tools for agency collaboration. PATH programs are required to collect all of the Universal Data Elements and the relevant Program-Specific Data Elements. The Program-Specific Data Elements to be collected by each PATH program are available in The PATH Program HMIS manual available in PDX. The manual provides information on HMIS project setup and data collection guidance specific to the PATH Program.

Trainings

PATH providers must have a training plan for all PATH employed and contract staff. PATH staff must receive periodic training in cultural competence, health disparities, and appropriate best practices such as Trauma Informed Care, Motivational Interviewing, Recovery- oriented care, and Housing First.

Match Requirements

SAMHSA requires that all participating PATH providers must match PATH funds directly or indirectly through donations from public or private entities in order to provide non-federal contributions in an amount that is not less than one dollar for every three dollars of federal PATH funds received. This match requirement is embedded in the providers' contract documents and verified through financial monitoring of PATH providers by the Managing Entities.

a. These funds must be available throughout the life of the grant period. Matching in-kind funds may be used only to support PATH-eligible services.

b. PATH providers may utilize a variety of match sources including state general revenue, private donations, county funding, non-federal grants, city funding, and fees to meet the match requirement. Each provider's source of match must be specified in the IUPs, alongside a detailed description of how matching funds will be used.

Intended Use Plans and Budgets

PATH programs must work in collaboration with their Managing Entities on developing their Local Area Provider-Intended Use Plan (IUPs) and budgets. The detailed description of IUP requirements can be found in the PATH Funding Opportunity Announcement (FOA) for the Grant year. PATH providers must annually review the most current FOA for new or amended IUP and budget requirements.

PART IV

MANAGING ENTITY RESPONSIBILITIES

Managing Entity requirements are outlined in the Department's Office of Substance Abuse and Mental Health Guidance 15 PATH document.

PART III

GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA) MEASURES

3.4.15 Percentage of enrolled homeless persons who receive community mental health services (Outcome);

3.4.15 Number of homeless persons contacted (Outcome);

3.4.17 Percentage of contacted homeless persons with serious mental illness who become enrolled in services (Outcome); and,

3.4.20 Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits (Output).

National targets are set annually for each GPRA measure, and the PATH program's nationwide performance is measured in comparison to these targets. Individual provider programs whose PATH Annual Report data indicates that they are below 80% of the target are asked to provide an explanation for their data. SAMHSA Government Project Officers (GPOs) and/or State PATH Contacts may contact PATH providers regarding programs who consistently underperform on these measures. Technical assistance may be considered to assist the provider in improving their performance on certain measures.

Additional information about PATH GPRA measures can be found in the Congressional Justification (http://www.samhsa.gov/budget).

ACRONYM GUIDE

CES ..... Coordinated Entry System

CoC ..... Continuum of Care

DCF ..... The Department of Children and Families

DIS ..... Disparity Impact Statement

FOA ..... Funding Opportunity Announcement

FY ..... Fiscal Year

GPO ..... Government Project Officer

GPRA ..... Government Performance and Results Act

HEARTH Act .... Homeless Emergency Assistance and Rapid Transition to Housing Act

HHRN ..... Homeless and Housing Resource Network

HHS ..... U.S. Department of Health and Human Services

HIPAA ..... Health Insurance Portability and Accountability Act

HMIS ..... Homeless Management Information System

HUD ..... U.S. Department of Housing and Urban Development

IUP ..... Intended Use Plan

NSMHPD ..... National Association of State Mental Health Program Directors

OAT ..... Online Application Tracking system

PATH ..... Projects for Assistance in Transition from

Homelessness

PDX ..... PATH Data Exchange

PHS ..... Public Health Service

PSH ..... Permanent Supportive Housing

SAMH ..... Office of Substance Abuse and Mental Health

SAMHSA ..... Substance Abuse and Mental Health Services Administration

SMI ..... Serious Mental Illness

SNAP ..... Supplemental Nutrition Assistance Program

SOAR ..... SSI/SSDI Outreach, Access, and Recovery

SPC ..... State PATH Contact

SSA ..... Social Security Administration

SSDI ..... Social Security Disability Insurance

SSI ..... Supplemental Security Income

STL ..... State Team Lead

SUD ..... Substance Use Disorder

TA ..... Technical Assistance

TANF ..... Temporary Assistance for Needy Families

USICH ..... United States Interagency Council on Homelessness

VA ..... U.S. Department of Veterans Affairs

WebBGAS ..... Web-based Block Grant Application System

PATH

Projects for Assistance in Transition from Homelessness program details including, the funding opportunity announcement can be found by following this link: https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path.

PDX

PATH Annual Report data are collected in the PATH Data Exchange (PDX) during the PATH reporting period, which typically occurs in the fall each year. PATH providers are notified when the reporting period is open and of the date of the federal deadline. The PDX has a "Resources" section where SPCs and PATH providers can access the PATH Annual Report Provider Guide and technical assistance resources. PDX link can be found here: www.pathpdx.org.

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Link to SAMHSA's website here: https://www.samhsa.gov/about-us.

SAMHSA's Homelessness Resource Center (HRC)

Targeted toward providers who work with people who are experiencing homelessness, the HRC website (http://homeless.samhsa.gov) shares state-of-the art knowledge, evidence-based practices, and practical resources. It provides an interactive learning opportunity for researchers, providers, individuals, and government agencies at all levels. It is an easy-to-manage resource with content that informs, features that engage, and training that is useful. These elements come together to

promote recovery-oriented and individual-centered homeless services.

SOAR

SSI/SSDI Outreach, Access, and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR resources and online training are available at this link: https://soarworks.prainc.com/.

OneCPD Resource Exchange

The OneCPD Resource Exchange (http://www.onecpd.info) is HUD's one-stop shop for information and resources for providers assisting persons who are experiencing homelessness or at risk of homelessness. Program guidance and regulations, TA and training resources, research and publications, and more are available for federal agencies, state and local government agencies, Continuum of Care organizations, homeless service providers, TA providers, persons experiencing homelessness, and other stakeholders. Information about HMIS is also available on this website.

U.S. Interagency Council on Homelessness

The United States Interagency Council on Homelessness (USICH) is an independent agency within the federal executive branch that is tasked with coordinating the federal response to homelessness. A variety of resources can be accessed on the USICH website (http://usich.gov/) including Opening Doors, the federal plan to prevent and end homelessness, as well as articles, newsletters, videos, and webinars on topics related to preventing and ending homelessness.

WebBGAS

PATH

PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

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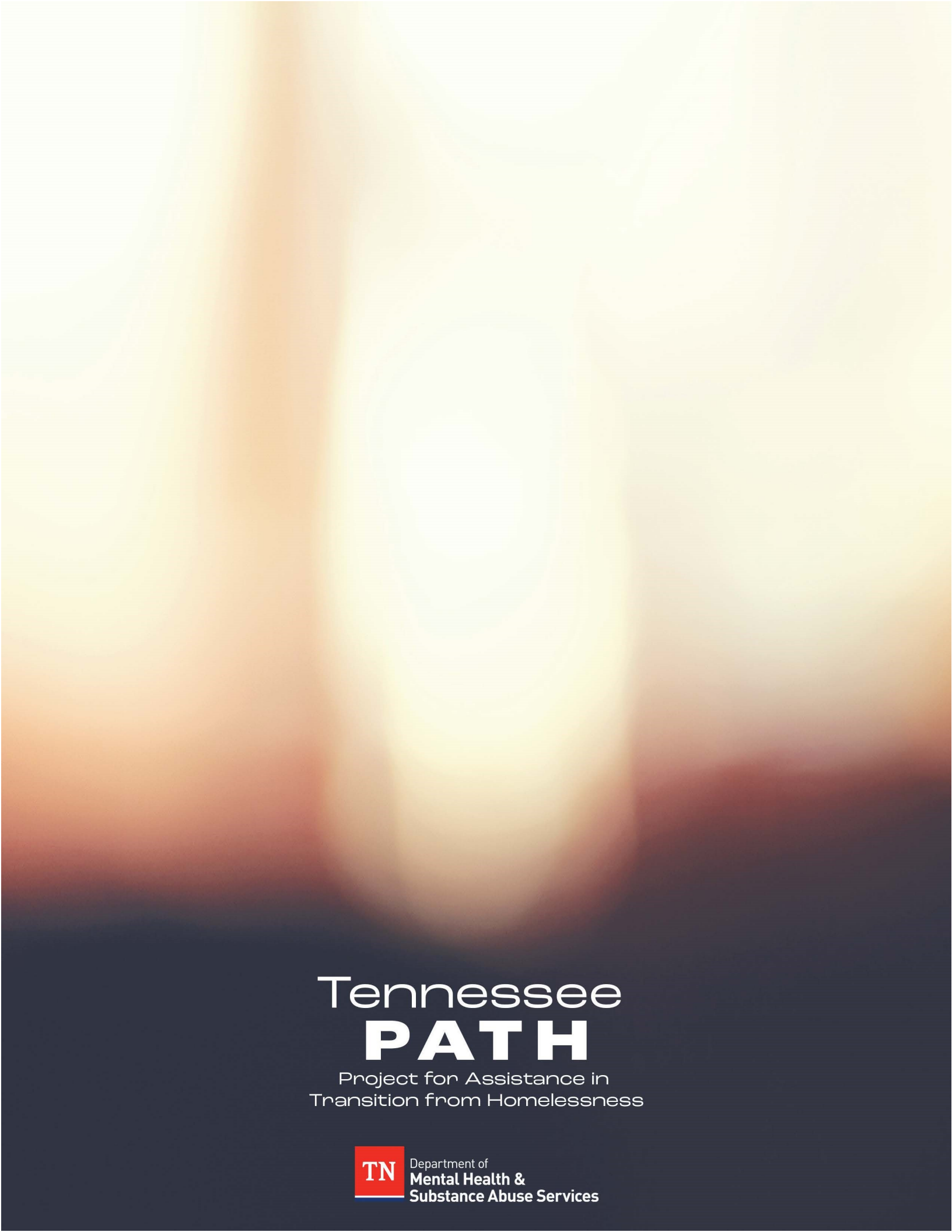

Tennessee PATH

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TN Department of Mental Health & Substance Abuse Services