



National Definitions of PATH Eligibility and PATH Enrollment

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Mattie Curry Cheek, PhD, Director, PATH Program

Hank Balderrama, SPC, Washington

Monica Bellamy, SPC, Michigan

Laura Gillis, PATH Technical Assistance Center

Rachael Kenney, PATH Technical Assistance Center

Introduction and Welcome by Mattie Cheek, PhD

Hello everyone, and welcome to today's PATH webcast. PATH is a Formula Grant that we give all of the states and the territories. The states don't have to compete for these grants. They are given the grants once they have completed their applications. You are among over 480 providers out there who are providing services to clients and we appreciate your work.

I am pleased to have joining us Hank Balderrama. Hank is the State PATH Contact from the state of Washington and he is Co-Chair of the Administrative Workgroup. Monica Bellamy is the fellow Co-Chair. She was on the earlier webcast. Hank and Monica have years of experience working on the PATH Program. They were tapped to participate in and join the Administrative Workgroup. They provide support to us here at SAMHSA and to our Technical Assistance contractor on policy and related issues. They are our partners. They are our eyes and ears on how to best provide services to our states and our providers.

Hank and the other members of our workgroup have worked tirelessly for the last 2 years to come up with common definitions for PATH eligibility and PATH enrollment. In coming up with these definitions, we felt that it would be something that would allow our state and providers to have some universality and consistency when addressing and speaking about what we mean when we say someone is PATH eligible or PATH enrolled. I want to thank them for their work and this is why we have asked Hank to serve as one of our major presenters today. In addition to Hank we have Laura Gillis, Director of the PATH Technical Assistance Center and Rachael Kenney,



Deputy Director of the PATH Technical Assistance Center. We are also joined by Jonathan Metz, Alexander Steacy, Jason Wharff, and Neil Greene from the PATH TA Center.

Laura Gillis

Today we are going to be discussing an overview of the PATH Program, who the PATH Program serves, and the rationale for national definitions. We are going to talk about two definitions: eligibility and enrollment. And, finally, we will show you how you can access this information on the PATH website.

To begin with, the PATH Program has been funded since 1990. It's a formula program. It's directed toward individuals with severe mental illness and/or severe mental illness and substance use disorders who are homeless or at imminent risk of homelessness. Why national definitions? The number one reason is to have consistency in operational definitions among the 480 plus programs that are funded by PATH in the states and territories. If we have consistency then we all gather information in the same way and increase quality of data. An increase in the quality of our data means a better Annual Report. All information that you send to your State PATH Contacts comes to the PATH Technical Assistance Center. We are a data coordinating center. We clean up the data, get it prepared, and send it to SAMHSA and Mattie Cheek. It is then reviewed and presented to Congress. If we have a good Annual Report and it reflects the work that you are doing then we have the opportunity to go for additional PATH funding and to sustain the services that you are providing in your local community.

Let's look at PATH eligibility. To be eligible for PATH services you need to be a person who is literally homeless or at imminent risk of homelessness. You need to have a severe mental illness (SMI), or SMI and co-occurring substance use disorders (COD). It's important to note that PATH Outreach services prior to PATH enrollment should continue without the expectation or the burden on you for the identification of PATH eligibility. Once the person is determined to meet the homelessness or at risk for homelessness criteria and the SMI or SMI and COD criteria, they are determined to be PATH eligible.

Hank Balderrama

Laura has outlined for us the two basic criteria for PATH eligibility which is homelessness either literal or at imminent risk and SMI or SMI with COD.



The next few slides will go into a little more detail about it. Literal homelessness is “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.” Essentially a person who is literally homeless is a person who just doesn’t have any housing, including somebody who lives in a shelter or transitional housing. This definition includes conditions not normally considered fit for housing including living in your car, substandard housing, or short-term arrangements. The PATH legislation refers to the Public Health Service Act definition of homelessness as its reference point. In developing our definition the Administrative Workgroup recommended that we continue to use the Public Health Service definition as provided in the legislation. At the same time we want to provide you with additional details and clarification.

In addition to being literally homeless, the person may be at imminent risk of being homeless. That includes things like having received an eviction notice, living in a condemned building without a place to move, or living in transitional or temporary housing that carries time limits. It is important to note that imminent risk of homelessness does not carry with it a specific time frame. Imminent risk is meant to be a guideline. From state to state there are variations in how long a person has to take action once an eviction notice is given. There are conditions that locally prevail. It is also important to note that the intervention you provide may prevent a person from falling into literal homelessness.

Laura Gillis

Imminent risk of homelessness is the expectation that homelessness will occur in the immediate future without intervention or assistance. Persons who are living in substandard housing are by definition at imminent risk of homelessness. The Administrative Workgroup will not recommend a time frame for imminence as individual state laws vary. Focus PATH resources on people who are already homeless or almost certain to become homeless without immediate intervention. States and territories are encouraged to maintain flexibility and to support PATH workers to intervene for people at risk, especially at those at imminent risk, of homelessness. However, PATH Grantees should exercise discretion and maintain a balance between prevention and intervention in light of the need to support those already experiencing literal homelessness.



Hank Balderrama

We have talked about homelessness, now we are going to cover Severe Mental Illness (SMI). There isn't any formal or historic definition for SMI. However, there are certain things that are logical. The intent of the PATH Program is to provide outreach and engagement to those people otherwise not being served by the mental health system. And before their formal enrollment in the mainstream services it is critical that PATH has the ability to make a reasonably assumed eligibility without formal clinical supports. By that I mean a determination of PATH eligibility may be made by an informed, trained person who is not necessarily a mental health professional based on observations and reliable reports. And what you need to be looking for is whether the person is experiencing and displaying symptoms of mental illness, such difficulty in functioning. If person is homeless as a result of a mental illness it's reasonable to assume that person is having difficulty in functioning. If that person has a history of past use or need of mental health services you don't have to have formal documentation but you do want to note something about it in the person's file to help support it. SMI usually has an onset of adulthood. Sometimes a person may be of an appropriate age to be diagnosed with SMI and not qualify legally as an adult. People such as transition age youth may be eligible. The determination that you make locally must follow state definition of SMI.

How do you know if a person has a SMI? You make observations and good faith determinations. The person is not expected to document their own mental illness. Those of you in the field, or who have been in the field for any period of time, know that is not a reasonable expectation. The person needs help and we don't expect them to carry around paperwork. Hopefully they can provide some history but the burden is not on them. The PATH programs are not expected to have a full diagnostic workup in order for a person to be determined to be eligible. The PATH programs are legislatively directed to serve people with SMI but they are not going to be held at fault if person later turns out not to be eligible. The outreach component of PATH is an opportunity to reach out to people to determine in good faith what their needs may be, if they are interested in services, and if they are eligible. We know that paraprofessionals including the peer provider movement have shown how people who are not licensed providers can make a reasonable determination of the mental health of the people we are serving. Several states have noted that when PATH eligibility has been determined by a mental health impression they are usually considered clinically eligible by the mental health system subsequent to a full diagnostic workup.



Laura Gillis

Let's look at Co-Occurring Substance Use Disorders as eligibility criteria. Individuals experiencing substance use disorders only are not eligible for PATH services. However, PATH providers are expected to serve individuals with Co-Occurring Substance Use Disorders and provide documentation of this in the PATH Annual Report. The designation of a Co-Occurring Disorder takes place when the PATH worker, or in some cases the consumer, believes that the consumer is either in a period of active use that affects their functioning or in recovery from substance use and still requires support. The PATH definition does not require the consumer to be in treatment. Providers are encouraged to engage in a dialogue with the consumer to gain a consensus on this determination of Substance Use Disorder.

Let's look at age criteria. The PATH legislation states that individuals with SMI who are homeless, or at risk of homelessness, are eligible for PATH. It does not specify age. However, usually adults are diagnosed with SMI. Transition age youth who are homeless or at risk of homelessness, have an SMI, and who are otherwise considered adults (like emancipated youth), may be PATH enrolled. Youth who are still eligible for other human services may be served by PATH in the outreach setting and if appropriate then enrolled for the sole purpose of getting human service agencies, the mental health system, or the education system to serve them. The goal of PATH enrollment is to advocate for the youth, help them access the services available to them, and to prevent them from falling through the cracks. Serving youth who are minors without the purpose of connecting them to mainstream child services is not recommended for PATH programs.

Hank Balderrama

Now we are moving on to PATH enrollment. There are some simple things that need to happen in order to verify enrollment. Determine the individual to be PATH eligible. Establish engagement with individual and awareness that they are receiving PATH services. Open an individual file with demographic information, PATH eligibility, mutual agreement for the provision of services, and the services provided. Complete demographic information is not required but it is necessary to be consistent with Annual Report data set. A signature from the consumer is not needed. Sufficient information outlining eligibility is needed. This does not have to be a manuscript. Guidance from the legislation says an individual may be enrolled in PATH when PATH eligibility criteria are met and a record or file is started



for this individual. This is not a great deal of detail but we are trying to provide you with a little bit more. Although the goal of the PATH Program is to assist people in accessing mental health services and housing, services to begin the PATH relationship, the enrolled relationship, can be any service or provision of resources that the individual is willing to accept or any mutual work that the person identifies as important.

Services that you provide are fairly open. Refer to the Annual Request for Application as a solid reference point because that lists the specifically eligible services. But, generally speaking, this includes any services that the person is willing to accept. That includes mutual work that the person says they need. If case management is provided there must be a documented service plan. A rudimentary service plan is recommended if no case management services are provided. PATH providers are expected to document services in an individual file.

We would like you to have information about the PATH Website and where you can get more about this webcast and other information that is important to your programs.

Rachael Kenney

You can access the information from this webcast on the PATH website. To access the slides on the PATH website go to <http://www.pathprogram.samhsa.gov>. Go to the "Topics" tab in the top left and you will see different Topics pages. Click on "PATH Webcast Resources" and you can see the webcasts that the PATH Technical Assistance Center has done so far this year. Here you can access a podcast of the audio and a transcription. We will also be compiling the questions from all six webcasts that we have had into one Q&A document. If you have any problems please email us at path@samhsa.hhs.gov. You can also go to PATH website and click on "Contact Us."

QUESTIONS:

In determining whether a client has a SMI does it have to be by a Master's level staff member or can a QMHP use the DSM IV criteria?

Hank Balderama

It is essentially a two part question.



No, the person making the SMI determination does not have to be Master's level clinician. A person may be a paraprofessional or peer counselor who has had the opportunity to make observations of the potential PATH client, gather information from the individual or other sources, and document what has led to the reasonable conclusion that the individual has a SMI.

A formal SMI diagnosis is not required but it is on the PATH Annual Report. Hopefully your program has access to a psychiatrist or clinical psychologist who is qualified to make a formal diagnosis upon enrollment. Most important is being able to work with the individual to help get them plugged into housing, mental health, and other mainstream services.

Rachael Kenney

The mental health diagnoses you can choose from in the PATH Annual Report are: schizophrenia and related disorders, other psychotic disorders, affective disorders, personality disorders, and other SMI. The "other SMI" category is for diagnoses that don't fall into the previous four categories or if the formal diagnosis is unknown.

Mattie Cheek

I think we are talking about two different things. One has to do with the outreach worker making some presumptive eligibility determinations. In that case you can certainly use people who are not certified or qualified to make a diagnosis. If you are talking about making a formal diagnosis of an SMI then we need people who are certified to do this. Usually this includes a psychiatrist or clinical psychologist. We now allow PATH funds to be allocated to psychiatrists working with PATH clients. This time must be properly documented. Finally, yes, you can have your outreach worker determine presumptive eligibility, but an official SMI diagnosis must be made by a qualified professional.

What is the appropriate age for SMI diagnosis?

Hank Balderrama

The appropriate age for SMI diagnosis is typically adulthood. As with any illness there is variability in predicting when something starts. Generally speaking the person is at least in their late teens or early adulthood. If it is a transition age youth and it appears they have a SMI as opposed to a childhood Serious Emotional Disorder (SED) that person would qualify. If it is



somebody out on the street but still young enough to be referred to the foster care or other systems for assistance, then they maybe helped long enough in the outreach phase but you wouldn't necessarily enroll them in PATH for ongoing services. Generally speaking it is an adult or a youth in transition.

Mattie Cheek

What we are saying is that use your state definitions for how an adult is defined. In the Mental Health Block Grant Program your Commissioners of Mental Health do have separate definitions for what is meant by SMI and SED. What we are saying here for the PATH program is that adulthood is as it is defined in your state. I think Hank did a great presentation on that slide and how the Administrative Workgroup came up with that response. The PATH legislation is solid on an age-specific criteria.

When should people start using these definitions? Should we already be using them?

Hank Balderrama

We can't hold you accountable for something you are just learning about. We certainly want you to start using them as soon as possible. In the state of Washington we use the federal fiscal year as our report period and our providers have been requested to use the definitions as of the beginning of October of this year. For those of you who have a similar report period and it is feasible for you to go back and do that we would encourage you to do so. Please consult your State PATH Contact.

If someone has a substance use problem, becomes homeless and develops a mental illness but it is not a SMI, are they PATH eligible?

Hank Balderrama

They would be eligible for outreach services but without an SMI they, unfortunately, would not be eligible for PATH enrollment. The legislations points first to having an SMI. If a person has SMI and a Co-Occurring Substance Use Disorder it is not as important to determine which is primary.

How about traumatic brain injuries? Would that be included as an SMI?



Mattie Cheek

That is state specific. Some states can include traumatic brain injury (TBI) as a SMI and other states do not. This would be governed by your state policies. SAMHSA has no PATH guidelines or regulations. We look at those diagnoses when a person has a SMI. Is it sustained? Do they present the characteristics or have they been identified as having an SMI over a long period of time? What is at the level of functionality? When you have these qualified professionals that make those decisions they're looking at all of those kinds of things before a determination is made. That is a good question.

How about psychotic disorders that may or may not be due to heavy methamphetamine abuse?

Hank Balderrama

The legislation does not guide us directly on that but the Administrative Workgroup has talked about that a little bit. If person has heavy use of methamphetamines with paranoia then they are PATH eligible. Once the psychosis subsides, unless they have a SMI with a Co-occurring disorder then you want to phase that person out.

Can imminent risk include being released from jail or prison having nowhere to go?

Hank Balderrama

Yes, it includes being released from jail, prison, community inpatient psychiatric units, and generally speaking other institutions that are not considered homes or permanent housing.

If somebody is already receiving community services and then become homeless are they eligible to receive PATH services?

Hank Balderrama

In most states or most parts of states PATH is a fairly small program and there are limited resources. Use wisely. You don't want to make that your primary function because the primary function of PATH is to find people who are in need of service and often most resistant even though they are in the greatest need. Having said that, if a person does require PATH services, and



is homeless, and there are no available resources otherwise to do follow-up or try to engage that person, then yes. PATH may be used for people who were in the public health system and may have dropped out or may need help to be redirected to that system. You should use your best judgment.

How long can a person be supported in the PATH program once connected to housing?

Hank Balderrama

That will vary state to state. It's important that we try to get a person housing as well as other mental health and supportive services. So, if you've got a person in a situation where you were fortunate enough to get them into a Housing First placement but they still require additional assistance in accessing mental health services, then again use your judgment. Sometimes a housing situation may be short term housing solution or the person is not connected to benefits assistance, mental health, or co-occurring disorder treatment. Continue to serve them and try to get them transferred to mainstream services. There is no absolute limit to the amount of time but generally speaking we want to make sure a transition to housing and mainstream services is affected as soon as that person can tolerate that.

Mattie Cheek

I wanted to add that, here at SAMHSA, we just funded over 40 Services in Supportive Housing (SSH) Grants and you should probably contact your SPC to see if you have a SSH grant in your state. We would like to see you access those services in addition to Housing First that Hank mentioned.

Is there a diagnosis needed in order to apply for income benefits such as SSI/SSDI?

Hank Balderrama

This is not strictly a PATH service question. It is among the things that we hope PATH folks would learn more about. In the event that you are not familiar yet, there is a National Initiative also sponsored by SAMHSA called SSI/SSDI, Outreach, Access, and Recovery (SOAR). SOAR is intended to help people, like PATH clients, gain expedited access to SSI/SSDI which will afford them the opportunity to have some kind of income and hopefully the ability to access mental health services as a result.



Mattie Cheek

We put an additional 11 million dollars into the SOAR contract and now SOAR will be available in all states within the next three years. They go out and they train the state team on how to work with case managers so that when they find individuals who are homeless they can help with fill out applications and get the medical diagnoses that are necessary to qualify for SSI/SSDI benefits. The other thing is, there is the Blue Book that Social Security Administration puts out which labels all disabilities that qualify under Social Security. You can link to the SOAR website thru PATH, Homelessness Resource Center (HRC), or Social Services Network.

Rachael Kenney

If you go to "Topics" on the PATH website, one of Topics Pages is SOAR. We worked with several PATH communities and wrote a PATH Spotlight on SOAR which you access under "Topics" and "Spotlights on PATH Practices and Programs."

Closing Remarks by Laura Gillis on behalf of Mattie Cheek.

Laura Gillis

I want to remind you all that you can get this webcast and all the resources on the PATH website under Topics. Just click on PATH Webcast Resources. This webcast plus all of the October webcasts Question and Answer sessions will be available for you there. You can also download the powerpoint presentation right now. Look at the File Share pod window and click on that.

I want to thank Hank Balderrama for being with us today from the state of Washington and I want to thank my colleague Rachael Kenney for presenting with us today. On behalf of the PATH Technical Assistance Center I'd like to thank all of you for coming and hearing about the National Definitions.

Mattie Cheek

Thanks everybody.