

PATH Monitoring

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Innovations



AGENDA

- Welcome – Kim Karanda
- Monitoring Goals
- PIT Count
- Available Tools
- 2021 Key Findings
- Consumer Surveys
- Monitoring Overview – Focus on Changes
- Training Resources
- Questions

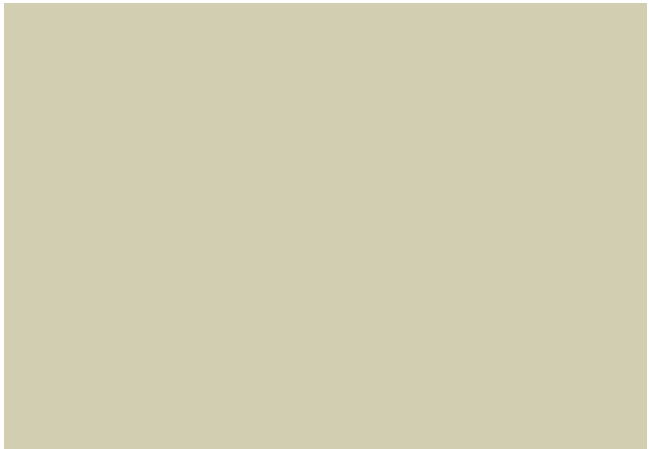


Monitoring Goals

Support coordinated and collaborative outreach effort in each CAN that:



- Rapidly connects unsheltered homeless persons to safe housing and supports, reducing length of homelessness;
- Identifies people living in unsheltered locations, reducing associated risks;
- Minimizes duplication of services; and
- Uses all available resources strategically to end unsheltered homelessness for as many people possible prioritizing most vulnerable and those who have been homeless the longest.



Unsheltered Point-in-Time Count

- 60% reduction in unsheltered homelessness in CT (2007 – 2020)
- Total Unsheltered Count 2021: 429 (new methodology)
- **PIT COUNT DATE: Tuesday, January 25, 2022**
- [2022 PIT Count Information](#)



Tools

NEW: [Modified Mini Screen](#)

NEW: [BNL Report](#)

[Required Documentation](#)

Consumer Survey ([English](#), [Spanish](#))

[Outreach Plan Template](#)

[Outreach Plan Sample](#)

[Assessment & Service Plan](#)

[Housing Target Tracking Tool](#)



2021 PATH Monitoring

8 PROJECTS MONITORED BY HOUSING INNOVATIONS

Common Monitoring Findings

Staff demonstrate:

- Resiliency in response to pandemic
- Commitment to risk reduction
- Creativity in finding ways to build trust with and help clients get housed
- Adaptability in navigating difficult situations with changing demands & limited resources

Most projects demonstrate progress each year on resolving previous findings – EVEN IN THE MIDST OF THE PANDEMIC!



Common Findings (2)



- Most projects did not meet contract requirements for clients enrolled & contacted.
- Staff turnover often results in disruptions to client care and difficulty managing state and federal requirements.
- Data quality remains an issue and could impact reliability of PIT count.
- Projects have not consistently determined if meeting all monitoring standards is feasible or requested exemptions when not feasible.
- Due to limited resources, providers struggle to coordinate CAN-wide outreach plans.
- Documentation of services has improved but still varies widely – staff frequently report that documentation does not consistently represent actual services provided, particularly during pandemic.

Why is documentation important?



- To ensure no one falls through the cracks and everyone has someone checking in with them.
- To ensure every unsheltered person is prioritized and connected to housing as quickly as possible.
- To conserve scarce resources and avoid service duplication.
- To establish an agreement about what you are working on together and what you are going to do by when.
- To keep track of what you agreed to do and make sure it's done promptly.
- So other people can find your clients, know something about them and what you were working on together in case you cannot continue to provide services.

2021 Consumer Survey - Key Findings

- 10 of 12 (83%) agencies submitted survey data.
- Number of surveys submitted ranged from 17 to 1.
- 94% reported that services they would like to get from outreach are available always or most of the time.
- 89% reported that they are always treated with dignity and respect.
- 89% reported that staff is available always or most of the time to help if they have a problem or complaint.
- Housing Services was the most commonly reported service that consumers would like to get but don't receive (34%).



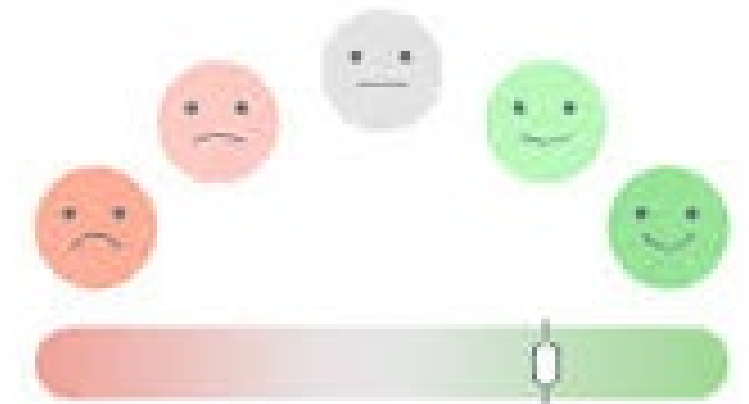
2022 Consumer Surveys

Deadline for submission of survey data in survey monkey: **4/15/22**

Statewide standard survey format required:

- [English Survey](#)
- [Spanish Survey](#)
- Survey Monkey Links – to be distributed by email

Housing Innovations will analyze data and send each agency and DMHAS a report.





Monitoring Overview

2022 MONITORING GUIDE

Remote Monitoring

Until further notice all visits will be remote.

Options:

- Upload unredacted documents into client HMIS records.
- Give HI Time limited remote access to your electronic record system.



Elements of Monitoring – Same as 2021



- Pre-visit documentation submission and review
- Entrance/Exit Conferences
- Chart Review
- Staff Interview
- Consumer Interview
- Report & Follow-up Plan

2022 Monitoring Guide Sections

Same as 2021:

- Visual Observation (N/A in 2022 - On-Site Only)
- Written Policies
- Administrative Requirements
- Eligibility Determinations
- Outreach & Engagement Services
- Housing Focused Case Management Services
- Coordination with Community Partners
- Emergency preparedness and response



REMINDER: Written Policies & Administrative Requirements



You need **only** submit:

- Policies you have **not** previously submitted
- Policies you have **changed**
- Policies you want us to consider to address previous findings

If you don't submit new policies, related findings will be carried forward from your 2021 report.

HMIS & DDAP PATH Participant List – Same as 2021

- In advance of monitoring, submission of active participant list generated via HMIS & DDAP is required – includes anyone who was active in the past 12 months (current and discharged)
- List generated manually or through other means not accepted.
- [Instructions](#)



Documenting Serious Mental Illness (SMI)

- Only people determined or suspected to be experiencing SMI are eligible for enrollment in PATH projects.
- SAMHSA definition: *“Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.”*

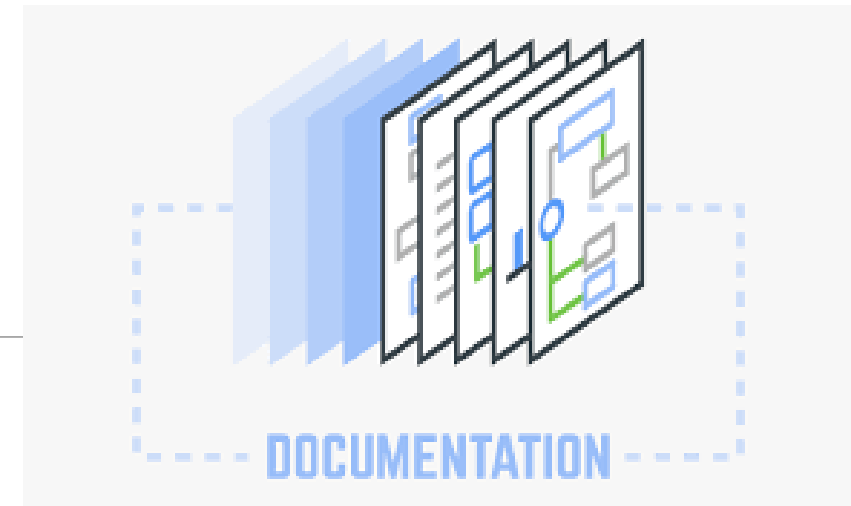


Documenting SMI (2)

Evidence of SMI can include:

- Disability Verification that specifies an SMI;
 - ✓ *Until a DV is obtained, document attempts to obtain*
- A standard mental health screening instrument that suggests that the client should be referred for further assessment for SMI. See below for additional guidance on one such tool (i.e., the Modified Mini Screen); or
- Case notes that document observation by an outreach worker of possible mental health symptoms and/or collateral information from another service provider accompanied by consultation with a clinician indicating that the client should be referred for further assessment for SMI.

[Guidance on Documenting SMI](#)



New: Use of Modified Mini Screen (MMS)

- 22 questions – identifies *possible* mental illness
- Does not result in diagnosis or replace a formal assessment by a licensed clinician
- 3 Sections:
 - *Mood Disorders*
 - *Anxiety Disorders*
 - *Psychotic Disorders*
- Can be administered by non-clinical staff or self-administered
- Takes about 15 minutes to administer

SCREENS ONLY FOR
THESE CONDITIONS



Use of MMS by PATH Projects

- PATH projects are required to document known/suspected SMI
 - MMS is one option to document suspected SMI when obtaining a Disability Verification is not immediately feasible
- Benefits of using MMS
 - Enables enrollment of someone who hasn't yet had a full mental health assessment.
 - Helps non-clinical staff to determine if someone should be referred for a full mental health assessment.
 - May identify suicidal ideation



Reminder: Low Barrier Services

Clients can choose to answer all of the questions, some of the questions, or none of the questions.

Clients who choose not to answer any or some of the questions may still be eligible for PATH services.

The MMS is just one way that you can document suspected SMI.





Webinar: Using
MMS to
document SMI



New: PATH By-Name List (BNL)Report

- HMIS view lists PATH enrolled clients and current BNL status
- Allows users to confirm inclusion on BNL and correct status to avoid people being left out of the housing matching process
- Submit to HI with other documents prior to monitoring

Changes: Outreach Plans

- DMHAS encourages PATH projects to use the plan to coordinate at CAN meetings with other outreach providers; DMHAS will approve plans that only include PATH project information.
- HI will only monitor if outreach plan was submitted to DMHAS as required.
- Submit to the CAN and DMHAS for approval every 6 months.
- Updated plans due to DMHAS
 - March 31, 2022
 - September 30, 2022
- Outreach Plan Training:
 - [Presentation slides](#)
 - [Webinar recording](#)



NEW: Vaccination Standards

- Build vaccine confidence, including culturally relevant and targeted engagement for diverse communities
- Work with public health partners to repeatedly offer convenient vaccination opportunities
- Track vaccination status and follow-up consistently to help ensure participants receive required doses in a timely manner.
- Also simplified Infection Control standards.



Upcoming Training: PATH Staff Onboarding – Part One

Target Audience: Recent PATH hires (Outreach Workers & Supervisors)

Date: 2/8/2022

Time: 10 - 11:30 a.m.

Zoom link: <https://us02web.zoom.us/j/81698307856?pwd=eDJOTVNPWUVvUXh0eGlhaUZQNFRrdz09>

Meeting ID: 816 9830 7856

Passcode: 924203

Phone: 646-876-9923

Recorded for future new hires.

Coming Soon: Onboarding - Part Two



Monthly Community of Practice – Case Conferencing



- 2 groups divided geographically (Cohort A: Second Thurs at 1pm; Cohort B: TBA)
- Prior to each session, HI will send out an agenda with the topic, questions to start the discussion, and a case conferencing outline.
- In advance think of someone you want to discuss who has either overcome or is struggling with the issue of the month.
- At the end of each session, group will prioritize the topic for the following month.
- All staff are invited. DMHAS requests that supervisors attend with staff.

Other Outreach Training Resources

- Housing Location & Stabilization
- Working with People with Mental Illness
- Assessment and Service Planning
- Working with People in Hotels
- Expectations in Housing
- Helping Program Participants to Understand Housing Options





Questions?

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