LSF Health Systems Path Monitoring Tool FY20-21

PATH provider agency: _____

Main Contact: _____

Coverage Area (County Specific): _____

What are the goals and objectives of PATH at the local site? _____

_____

_____

Personnel and Staff Development

1. Is there a PATH program director or individual who is administratively responsible for PATH? If yes, list his or her name, title, and credentials (degree/experience):

2. What is the staffing pattern of the program?

Name of Staff	Position	Duties	Qualifications (MHP; MA; BA; Consumer)	FTE %

3. Describe PATH staff turnover rates.

    High   Medium   Low   Give Percent: _____%

4. Is there a PATH orientation/training curriculum?

    Yes   No

5. Is there evidence that orientation/training was provided to PATH staff prior to assumption of duties?

    Yes   No

If yes, who provided the training? _____

Is there evidence that a staff development program is in place?

Yes   No

If yes, have the following topics been addressed?

TOPIC	YES	NO
Serious mental illnesses		
Substance use		
Co-occurring substance use/ mental illness		
HIV/AIDS		
Recovery and community integration		
Community resources		
Benefits acquisition		
Housing		
Employment		
Crisis intervention		
Other topics (list)		
Other topics (list)		

Policies/Procedures/QA & Activities

7. Is there a PATH program-specific policy and procedure manual?

Yes   No

Covered by agency policy—not PATH-specific

8. If no, are there PATH program-specific policies and procedures included in an agency-wide manual?

Yes   No

Covered by agency policy—not PATH-specific

9. Is there an internal procedure for reporting PATH-related incidents?

Yes   No

Covered by agency policy—not PATH-specific

10. Is there a quality assurance and quality improvement process for the PATH program?

Yes   No

Consumer Involvement

11. Does the PATH agency employ consumers as staff?

Yes   No

12. Are consumers involved in policy and program decisions?

Yes   No

If yes, in what ways are they involved? _____

_____

_____

13. Is there evidence that the PATH program utilizes a consumer satisfaction survey?

Yes   No

14. Have any modifications been made to PATH service delivery as a result of quality improvement activities or consumer satisfaction results?

Yes   No

If yes, give examples: _____

_____

_____

15. Are there confidentiality procedures in place?

Yes   No

Services

16. Which of the following services are provided with PATH funding?

Street outreach   Screening and diagnostic treatment   Community mental health treatment

Substance use disorder treatment   Staff training   Case management

Supportive and supervisory services in residential settings

Referrals for other services (e.g., primary health, job training, educational, relevant housing)

Other: (describe) _____

17. Does each PATH client have an individual chart that identifies PATH services separate from other services?

Yes   No

18. Identify the documentation for each of the PATH services provided in the chart below.

ACTIVITY	DOCUMENTATION
OUTREACH	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____
SCREENING AND DIAGNOSTIC SERVICES	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____
COMMUNITY MENTAL HEALTH SERVICES	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____
SUBSTANCE USE DISORDERS TREATMENT	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____
STAFF TRAINING	DAILY LOG NARRATIVE PROGRESS NOTES OTHER (SPECIFY)_____

ACTIVITY	DOCUMENTATION
CASE MANAGEMENT	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____
SUPPORTIVE AND SUPERVISORY SERVICES IN RESIDENTIAL SETTINGS	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY) _____
REFERRALS	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____
OTHER SERVICES	DAILY LOG NARRATIVE PROGRESS NOTES HMIS OTHER (SPECIFY)_____

Additional comments on documentation:

19. Which of the following PATH-eligible housing services are provided?

    Minor renovation, expansion, and repair of housing

    Planning of housing

    Technical assistance in applying for housing

    Improving the coordination of housing services

    Security deposits

    Costs associated with matching eligible individuals experiencing homelessness with appropriate housing situations

    One-time rental payments to prevent eviction

20. Is there documentation available to support funds expended on any of the PATH-eligible housing services?

    Yes   No

If yes, give examples of the supporting documentation:

    Invoices

    Expense reports

    Meeting notices or minutes of housing meetings attended

    Clinical documentation regarding client-specific housing service

Other (describe): _____

_____

21. Does the PATH provider participate in the HUD Continuum of Care in their community?

    Yes   No

Client Eligibility

22. Is there evidence that PATH funds are being used to serve individuals are homeless or at risk of homelessness with a serious mental illness and may have a co-occurring substance use disorder?

    Yes   No

Cultural Competency

23. Does the program have translations of written materials in the identified languages?

    Yes   No

24. Have efforts been made to recruit and hire staff with diverse cultural backgrounds?

    Yes   No

If no, describe why: _____

_____

25. Are current staff trained in cultural competency?

    Yes   No

26. Has the program defined the major non-English languages for the consumer population?

    Yes   No

27. Does the program provide services in the major non-English languages?

    Yes   No

28. Does the program have translations of written materials in the identified languages?

    Yes   No

Questions for PATH Provider

Outreach

29. Describe the outreach activities conducted by PATH staff.

_____

_____

30. Who does the outreach and how is the staff trained?

_____

_____

31. Where does outreach occur?

_____

_____

32. What is considered an outreach contact and how is that data collected?

_____

_____

33. How does your data collection address the duplication of consumers?

_____

_____

34. At what point is a client considered enrolled in services?

_____

_____

35. On average, how many outreach contacts occur before enrollment into services?

_____

_____

36. What is the average time between the first contact and enrollment?

_____

_____

37. What percentage of outreach contacts takes more than one year to enroll?

_____

_____

38. What is your most effective outreach strategy to reach the "hardest to serve"?

_____

_____

Housing

39. Into what types of housing do PATH services place individuals?

_____

_____

40. What types of housing programs are the most successful with your consumers?

_____

_____

41. On average, how long do clients remain in housing after placement?

Clients

42. Where do new referrals or admissions come from?

_____

_____

43. Describe the homeless population currently being served.

_____

_____

44. Describe the outcome measures tracked in the program.

_____

_____

Program Operation

45. What are the hours of operation?

_____

_____

46. What are the strengths of the program and the areas for growth?

_____

_____

Training/Technical Assistance

47. What is the training/technical assistance needs of your PATH program?

_____

_____

Reporting and Fiscal Controls

48. Describe the fiscal controls in place for PATH funds.

_____

_____

49. What are your fiscal controls for discretionary
    funds?

_____

_____

Questions for Consumer Interviews

50. How did you find out about the program?

_____

_____

51. Describe the services you have received from [name of program and/or PATH staff].

_____

_____

52. Did the staff help you right away or did it take a while to get what you needed?

_____

_____

53. Did the staff make you feel respected, like they were on your side?

_____

_____

54. When you were on the street, what was your greatest need?

_____

_____

55. Were you able to get off the street? What made

56. What are your goals for the future? What will you need to meet your goals?

_____

_____

57. How often do you see staff? Do you see just one person or a team of people?

_____

_____

58. Did staff appear to be knowledgeable about community resources?

_____

_____

Did staff help you find:

m Housing   m Shelter   m Employment
m Health services   m Benefits
m Substance use disorder treatment

Other (specify)

_____

_____

60. Are you involved in developing your treatment plan?

    Yes   No

61. Are you involved with program decisions?

    Yes   No

62. Are you satisfied with the services you received?

    Yes   No

Describe what you like and what would you like to be different:

_____

    this happen?

63. Would you recommend this program to someone
    in need?

    Yes   No