



# **Projects for Assistance in Transition from Homelessness Provider Manual**

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**Texas Health and Human Services  
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**TEXAS**  
Health and Human  
Services

# Purpose

This program manual is designed for use by Projects for Assistance in Transition from Homelessness (PATH) providers funded by the Health and Human Services Commission (HHSC). The manual includes resources, links, reporting tips, eligibility criteria, and guidance on program policies/protocols for 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.

The PATH program aims to reduce or eliminate homelessness for people with serious mental illnesses or co-occurring serious mental illness and substance use disorders experiencing homelessness, or who are at imminent risk of becoming homeless, through an array of allowable services, including street outreach, case management, and services that are not supported by mainstream mental health programs.

## PATH Resources

SAMHSA's [PATH Program](#)<sup>a</sup> webpage offers PATH information and requirements, including:

- [PATH Annual Report Manual](#)<sup>b</sup>;
- [PATH HMIS Participation Guidance](#)<sup>c</sup>; and
- [PATH Data Exchange \(PDX\)](#)<sup>d</sup>.

HHSC publishes Texas-specific information for HHSC-funded providers at [Projects for Assistance in Transition from Homelessness](#).

To request information or technical assistance, providers can email HHSC's State PATH Contact (SPC) at [AdultMH@hhs.texas.gov](mailto:AdultMH@hhs.texas.gov).

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<sup>a</sup> <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path>

<sup>b</sup> <https://www.hudexchange.info/resource/5212/final-hmis-programming-specifications-path-annual-report/>

<sup>c</sup> <https://www.hudexchange.info/news/path-specific-reporting-guidance-on-hmis-from-samhsa-and-hud/>

<sup>d</sup> <https://pathpdx.samhsa.gov/>

## PATH Reporting Tips

- Utilize PDX Learning Environment for testing
- Utilize and download PDX user guides for information on how to complete and submit the PATH annual report
- If issues or warning persist, contact HHSC's SPC at [AdultMH@hhs.texas.gov](mailto:AdultMH@hhs.texas.gov) or contact HMIS lead at their local CoC balance of state.

## PATH Program Overview

The PATH program supports delivering services and resources to people with serious mental illness who may have a co-occurring substance use disorder and are experiencing homelessness, or at imminent risk of homelessness. Each state implements the PATH program in accordance with their needs to identify, engage, enroll, and transition people who meet PATH eligibility to community mental health services.

HHSC manages the Texas PATH grant and as of September 2022, contracts with 14 local mental or behavioral health authorities (LMHAs/LBHAs) and two not-for-profit organizations to manage PATH funding. The managing entities collaborate with [Continuums of Care \(CoCs\)](#)<sup>e</sup> and [Homeless Management Information System \(HMIS\)](#)<sup>f</sup> provide PATH providers access to the [Coordinated Entry](#)<sup>g</sup> system and other local resources, in order to link people to safe affordable housing.

The United States Housing and Urban Development (HUD) prioritizes housing for people who are literally and chronically homeless. Therefore, PATH providers and CoCs share a small but high-cost, high-need population that requires housing and other services. The ultimate goal is for people enrolled in PATH people to attain permanent housing, with a choice of mental health and substance abuse services and supports as an integral step in recovery.

The PATH program includes two components:

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<sup>e</sup> [www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.7](http://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.7)

<sup>f</sup> <https://www.hudexchange.info/programs/hmis/>

<sup>g</sup> <https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf>

- **Street Outreach** provides outreach and engagement to those living in places not meant for human habitation. Street outreach activities meet the immediate needs of unsheltered homeless persons by connecting them with emergency shelter, housing, or critical health and mental health services. The street; under bridges; in camps, campgrounds, abandoned buildings, structures meant for animals, or vehicles; and public places are examples of non-traditional settings.
- **Supportive Services** provide outreach and engagement to those living in places meant for human habitation. For example, shelters, doubled-up in housing, or at risk of homelessness.

## PATH Eligibility

HHSC's SPC grants reimbursement for eligible PATH services to people who:

- Are age 18 or older;
- Have a serious mental illness (SMI) or co-occurring diagnosis of SMI and substance use disorder; and
- Are homeless or at imminent risk of becoming homeless. Imminent risk of homelessness can be determined if the client will lose residence within 14 days.

## Eligible PATH Services

PATH funds are available to provide outreach services to contact and engage people experiencing homelessness not currently connected to local behavioral health services. Eligible services include:

- **Outreach** - The process of meeting basic needs, building trust, and establishing rapport with PATH-eligible clients who do not access traditional services and help connect these Consumers with housing, community mental health, and other services
- **Screening and diagnostic treatment** - A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment
- **Habilitation and rehabilitation** - Community-based treatment and education services designed to promote maximum functioning, a sense of

well-being, and a personally satisfying level of independence for people who are homeless and have mental illnesses and/or co-occurring disorders

- **Community mental health services** - Community-based supports designed to stabilize and provide ongoing support and services for PATH-eligible clients with mental illnesses and/or co-occurring disorders or dual diagnoses
- **Alcohol and drug treatment** - Preventive, diagnostic, and other outpatient treatment services as well as support for PATH-eligible Consumers who have a psychological or physical dependence on one or more addictive substances, and a co-occurring mental illness
- **Staff training** - Materials, packages, or programs designed to increase the knowledge or skills of people who work in shelters, mental health clinics, substance use programs, and other sites regarding the needs of the target population, job-related responsibilities, and service delivery strategies to promote effective services and best practices
- **Case management services** - Services that develop case plans for delivering community services to PATH-eligible Consumers. Case management services include:
  - ▶ Preparing a plan for the provision of community mental health and other supportive services for the eligible individual experiencing homelessness and reviewing such plan not less than once every three months;
  - ▶ Assisting in obtaining and coordinating social and maintained services for the eligible homeless individual, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;
  - ▶ Assisting the eligible individual experiencing homelessness in obtaining income supporting services, including housing assistance, food stamps, and Supplemental Security Income benefits;
  - ▶ Referring the person for such other services as may be appropriate; and providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act<sup>h</sup> if the eligible person experiencing homelessness is receiving aid under Title XVI

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<sup>h</sup> [SSA - POMS: GN 00603.025 - Dedicated Accounts for Disabled/Blind SSI Recipients Under Age 18 - 10/22/2008](#)

- **Supportive and supervisory services in residential settings** - Services provided in residential settings that are designed to support people during their transition into mainstream services
- **Referral for primary health services, job training, educational services, and relevant housing services** - Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers
- **Housing services** (as specified in [Section 522\(b\) \(10\) of the Public Health Service Act](#)), including:
  - ▶ Minor renovation/expansion/repair of housing: Services or resources provided to make essential repairs to a housing unit providing access to the unit and/or eliminating health or safety hazards;
  - ▶ Planning of housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population;
  - ▶ Technical assistance in applying for housing assistance: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled people who encounter complex access issues related to housing;
  - ▶ Improvement in the coordination of housing services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for the selection of the most effective combination of available resources to best meet the residential needs of the target population;
  - ▶ Security deposits: Provision of funds for PATH-enrolled Client who is in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in;
  - ▶ Costs associated with matching eligible people experiencing homelessness with appropriate housing situations: Expenditures made on behalf of PATH-enrolled clients to meet the costs, other than security deposits and one-time rental payments, of establishing a household; and
  - ▶ One-time rental payments to prevent evictions: One-time rental payments are made for PATH-enrolled clients who cannot afford to make

the payments themselves, who are at risk of eviction without assistance, and who qualify for these services on the basis of income or need.

## **PATH Provider Responsibilities**

HHSC's SPC conducts annual virtual or on-site desk reviews, focusing on project outcomes, risk concerns, data, and best practices. PATH providers must:

- Integrate SAMHSA's definition and principles of recovery into their programs to the greatest extent possible;
- Integrate positive programmatic involvement of people with SMI and their family members, when possible, into the program design. This reconnection should be facilitated meaningfully and span all aspects of the organization's activities as described below;
- Establish a working relationship with the local HUD CoC, housing authority, landlords, faith-based organizations, and other agencies providing services and supports to people who are experiencing homelessness;
- Ensure people enrolled in PATH transition to mainstream services, understanding that these services will remain available to that person after their transition out of homelessness. The PATH program encourages a focus on sustainable mental health services and housing. Other mainstream services of importance are health care, employment/vocational training, community connection, and resources for daily needs;
- Prioritize PATH services to veterans and people experiencing chronic homelessness who meet PATH eligibility;
- Provide PATH services in cooperation with the public health and emergency behavioral health response systems;
- Perform functions related to crisis services and jail diversion, when necessary; and
- Ensure PATH staff members receive the required training to perform the highest quality of work, such as:
  - ▶ Stages of change
  - ▶ Housing First
  - ▶ Motivational interviewing
  - ▶ Cultural and linguistic competency

- ▶ Co-occurring substance use disorders
- ▶ Person-centered recovery planning
- ▶ Mental Health First Aid
- ▶ Trauma-informed care
- ▶ Current utilization management and assessment tools used by LMHAs/LBHAs

## **PATH Outreach**

The purpose of outreach is to meet basic needs, build trust, and establish rapport. Outreach is face-to-face interaction with people experiencing homelessness. Outreach happens on the streets, in camps, under bridges, in temporary motels, shelters, meal sites, and all places where persons experiencing homelessness habitate. In active outreach, workers seek out and connect with potential PATH-eligible people experiencing homelessness. Contact with an outreach worker is often the first step toward housing and stability and outreach is not a one-time event. PATH providers should use both active outreach and passive outreach (can also be called in-reach).

## **Outreach Principles**

Best practices for conducting outreach include implementing the following principles:

- Meet people where they are—geographically, emotionally, and physically
- Meet basic needs
- Be respectful and treat everyone with dignity
- Recognize that what is considered public space is personal space to some people
- Recognize that the relationship is central to outreach and engagement
- Create a safe, open, friendly space, regardless of the setting

## **PATH Screening and Assessment**

Screening and assessment are related but separate processes with unique goals. Generally, screening refers to activities intended to determine the degree to which a potential PATH-eligible individual may be eligible for program services. Screening



specific to PATH must, at a minimum, allow programs to determine whether people meet federal PATH eligibility criteria. The assessment generally refers to the activities provided once a client is considered a potential eligibility fit. The assessment gathers in-depth information about the client's needs, interests, and strengths to aid in service planning. In the context of PATH, the service model determines assessment processes but is likely to incorporate components related to mental health, co-occurring disorders, and housing or homelessness. Screening and diagnostic treatment are PATH-eligible services.

## Clinical Assessment

PATH providers use clinical assessments to gather information about the needs of the PATH-enrolled individual. When completed effectively, it provides a foundation for treatment planning, facilitates participant engagement, guides potential connections to ongoing mental health services, and helps to develop a participant-staff relationship characterized by respect and trust. PATH clinical assessments include but are not limited to:

- **Mental health** – current and past mental health needs; mental health service history and preferences; skills, strategies, and strengths related to coping with mental health challenges
- **Co-occurring disorder** – current and historical substance use patterns; stage of change and goals related to substance use; and substance use service history and preferences
- **Homelessness** - housing and housing service history; goals and needs related to housing; and preferences for housing and supportive services
- **Other environmental or psychosocial factors** include educational background, employment, vocational skills and interests, physical functioning and relevant medical background, legal concerns, family history, and community/social supports

## **List of Acronyms**

Acronym	Description
CoC	Continuums of Care
HHSC	Health and Human Services Commission
HMIS	Homeless Management Information System
HUD	Housing and Urban Development
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
PATH	Projects for Assistance in Transition from Homelessness
SAMHSA	Substance Abuse and Mental Health Services Administration

# Definitions

Chronic Homelessness- a single individual (or head of household) with a disabling condition who has experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, safe haven, or a place not meant for human habitation; or has experienced homelessness four or more times in the last three years.

Coordinated Entry (CE)- process to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Continuums of Care (COC)- a program authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389) designed to: (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effective utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

Homeless Management Information System (HMIS)- a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Imminent Risk- term used to describe an individual or family who will imminently lose their primary nighttime residence, provided that residence will be lost within 14 days of the date of application for homeless assistance, and for whom no subsequent residence has been identified; and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

Serious Mental Illness (SMI)- term used to describe a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment and that substantially interferes with, or limits, one or more major life activities.

Texas CoC Balance of State- collaboration comprised of service providers, advocates, local government officials, and citizens who work to eliminate homelessness.