

PATH ANNUAL REPORT PROVIDER GUIDE



Prepared for:

Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Homeless Programs Branch

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Introduction

Background

The Projects for Assistance in Transition from Homelessness (PATH) program provides funds to each state; the District of Columbia; Puerto Rico; and the U.S. Territories of the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands to support services for individuals with serious mental illnesses, as well as individuals with serious mental illnesses and substance use disorders, who are homeless or at risk of becoming homeless. Public Law 101-645, 42 U.S.C. 290cc-21, section 521 et seq. of the Public Health Service Act authorizes the PATH program.

Among the statutory requirements for state participation in the PATH program is the provision of annual reports. Section 528(a) of the Public Health Service Act specifies that the Secretary may not make payments to states under the program unless each state agrees that it will provide, on an annual basis, a report containing information to be necessary for:

- (1) “Securing a record and a description of the purposes for which amounts received under Section 521 were expended during the preceding fiscal year and of the recipients of such amounts; and
- (2) Determining whether such amounts were expended in accordance with the provisions of this part.”

To comply with federal requirements, provider organizations that receive funds under the program must report data relating to the implementation of the program (see Reporting Burden, page 16, for statutory requirements). Each of the PATH-funded provider organizations, hereinafter referred to as PATH Providers, must report annual data using the PATH Online Provider Annual Report Form.

Use of Reporting Information

The reporting of this information is a crucial component of the implementation and operation of the PATH program. Project officers within the Center for Mental Health Services, Homeless Programs Branch of the Substance Abuse and Mental Health Services Administration (SAMHSA), utilize the data to describe and evaluate the PATH program on a national basis and for essential program planning purposes. Further, the data is critical to maintain program accountability and assist in program monitoring.

The analysis of PATH data can help identify many features of the program. Among these items are the following:

- The types of services offered by PATH Providers
- The number and characteristics of the persons receiving services from PATH Providers
- The contribution of PATH funds toward the support of services provided to persons who are homeless and have serious mental illnesses.

Homeless Management Information Systems and PATH

PATH and homeless service providers funded through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care have been advocating for the alignment of reporting requirements for their respective programs. In response, SAMHSA and HUD have conducted an assessment and evaluation of the commonalities between PATH and Supportive Housing Projects (SHP) funded through HUD's Continuum of Care. The assessment reviewed data collection needs, reporting requirements, and the investigation of the broader use of the Homeless Management Information Systems (HMIS) for PATH data collection and reporting. At the same time, SAMSHA began a process to revise PATH data collection and reporting to be more responsive to congressional needs for outcome measures and program evaluation.

To support SAMSHA's efforts, the PATH Data Advisory Committee (DAC) worked with HUD representatives to modify the HMIS Data and Technical Standards to specifically accommodate PATH program data collection and reporting needs. This alignment allows PATH Providers to utilize the local Continuum of Care (CoC) HMIS to collect, manage, and report their PATH data. It is expected that by the time the new PATH Annual Report is approved and implemented, PATH Providers will have collected client-level PATH data in their local HMIS for at least one year. Based on this expectation, the annual reporting process relies on obtaining most of its data directly from HMIS.

It is anticipated that a PATH HMIS Provider Guide will be developed and published before the new PATH Annual Report will be used. The HMIS Provider Guide will offer details and rules on the HMIS data elements needed for PATH reporting after the 2011 Proposed HMIS Standards and Requirements document has been approved and adopted by HUD. The HMIS guide should be used in conjunction with this reporting guide as an aid in HMIS data entry.

Chart A, on page 24 of this guide, outlines the current HMIS Universal Data Elements and Program Specific Data Elements that are directly applicable to PATH Provider data collection and reporting requirements. It is anticipated this chart will be modified once the 2011 HMIS Standards and Requirements have been approved.

SAMHSA understands that full HMIS implementation will take time and many programs will not be able to have full implementation until 2014 or later.

Notes on Changes from Previous Report

1. **Format**
To create a PATH report that is easier to read, the formatting has been modified to include more tables. In addition, the language is more concise. Although the online form and report is similar in flow to the previous report, it is necessary to thoroughly read all reporting instructions to insure proper data entry.
2. **Estimated Counts**
The new PATH report does not facilitate entry of estimated counts. Only actual counts should be entered.
3. **HMIS Data Integration**
The data section of the report is expected to be propagated from the local HMIS. This includes client counts, services, referrals, and demographics. This data will be automatically aggregated from client-level data.
4. **Demographic Responses**
In order to facilitate integration of PATH data into HMIS, all data responses have been modified to fully align with valid HMIS responses. For example, the “Hispanic” response has been separated from “Race” and placed in “Ethnicity.”
5. **Additional Data Items**
The PATH report now tracks demographic data for persons contacted, as well as those enrolled. Please note that SAMHSA is aware many PATH programs will not be able to collect demographic information on persons who are outreached but not enrolled. If a program cannot collect this information, the “Unknown” category should be used when completing the report.

For services and referrals, the report asks for the number of enrolled persons who received the service or referral, as well as a total count of the number of times this particular service was provided or a referral was made. For example, if a PATH program tried to connect someone to three different kinds of mental health services, this would count as one individual and three referrals.
6. **Voluntary Outcome Measures**
The data previously entered as voluntary outcome measures has now been moved to the referral section of the report and is no longer considered “voluntary.”

Process for Obtaining and Submitting Data

PATH Providers are encouraged to extract PATH data from their local Homeless Management Information System (HMIS) and forward it to the designated PATH data collection contact. PATH Providers who do not have HMIS data to report should inform their State PATH Contact (SPC) and request assistance. The funding/budgeting data required for the PATH Annual Report must be completed separately by logging into the PATH Annual Report website.

The SPC is the primary resource for guidance regarding PATH data and the process for submitting data for the PATH Annual Report. The details of the process will vary depending on the particular HMIS software. The following is a brief high-level process description:

1. PATH Providers obtain identification numbers (IDs) and passwords from SPCs.
2. PATH Providers initiate a PATH Reporting Data Extract from their local HMIS. This may be done by the providers themselves or through the local HMIS system administrator. Please note that the reporting period is the 12-month period for which providers submit data. The SPC determines the reporting dates. Providers should contact their SPC with questions regarding the reporting period.
3. PATH Providers initiate a transmission of the extracted PATH data to the Homeless and Housing Resource Network (HHRN) or other designated PATH data administration entity. As in step two, this may be done by the provider or by the local HMIS administrator.
4. PATH Providers should navigate to the “Data” tab (<http://pathprogram.samhsa.gov/Path/ProgramInformation.aspx>) on the PATH website and click on the “PATH Reporting” button (this button does not appear until reporting opens). PATH Providers then enter funding data into the web-based form; view and validate the detailed data that has been transmitted from HMIS; and print a copy of the PATH Annual Report.
5. The SPC will verify that the PATH Annual Report data is accurate by accessing the PATH website and viewing the data.

Note: This process may change before the first reporting period utilizing HMIS, and the steps will become more clearly defined.

The Homeless and Housing Resource Network (HHRN) works with SAMHSA to provide technical assistance to State PATH Contacts and PATH Providers throughout the annual reporting process. HHRN is responsible for collating and analyzing the submitted data. Members of the HHRN team will contact a State PATH Contact to clarify atypical reporting of data elements and revise any reporting errors.

Guide to the Online PATH Annual Report

Entering Data and Navigating the PATH Annual Report Form

- Do not leave fields blank. Enter a zero when necessary.
- Round figures to the nearest dollar. The form does not allow dollar signs and commas when entering numeric values.
- After answering each question, press the [TAB] key or use your mouse to move to the next question. To go back to a previous question press the [SHIFT][TAB] keys or the mouse. Do not press [ENTER] to move from question to question. This will cause the form to move to the next table.
- To scroll up and down the form, use the mouse and click the up and down arrows on the right side of the computer screen or use the [PAGE UP] or [PAGE DOWN] keys. Click the icons at the top right of the form to navigate to Provider Information, Funding, Services, Referrals, and Demographic sections. In addition, this guide is available by clicking on “Instructions.”
- To correct errors, place the cursor on the item for correction and make the changes.
- To save entered data, click “Save/Update Data,” located on the right/left side of the webpage. Providers can partially enter data into the PATH Annual Report and re-enter later for completion, as long as the data is saved.
- Data MUST be validated in order to complete the PATH Annual Report. See Understanding and Correcting Data Errors on page eight for more information about validation errors.
- Once the PATH Annual Report is validated, it is no longer accessible for viewing or updating. Providers must notify the SPC to reopen the PATH Annual Report. Once reopened, the PATH Annual Report must be validated again, regardless of whether there are any changes.

Printing the Completed PATH Annual Report Form

- Enter all requested data.
- Complete the validation process by clicking on “I am finished. Validate my entries.” Correct any validation errors, and then repeat the validation process (see Understanding and Correcting Data Errors on page eight for more information).
- If there are no errors, a “Validation Confirmation” screen will appear. Click on “Save and Continue,” to move to the next screen. Print the Summary Report by selecting “File” and then “Print” on the browser screen menu or click on the “Print” icon from the browser.

Hints on printing problems:

1. Make sure the printer is ONLINE.
 2. If the printer is online and not printing, turn the printer off and back on
 3. If the printer is on a network, check with your network administrator to make sure your computer has access to print to the desired printer.
- After printing the PATH Annual Report, close the window by clicking on the small “x” on the right hand corner of the screen. The form will return to the “Validate Entries” screen.

Understanding and Correcting Data Errors

The online PATH Annual Report will not validate if there are mathematical errors or missing answers. For each validation error, the rule number followed by a numeric explanation of the error will appear in a pop-up box. The letter in the equation indicates the table where the error is located, followed by the item number. Since the data in the Detail Section of the report comes from HMIS, any errors found should be investigated and corrected in HMIS. Then the data should be extracted again from HMIS and retransmitted into the online version of the report. If this is not possible, the SPC is contacted and will be able to allow data to be entered online. (This process may also be used for those PATH Providers who cannot use HMIS yet.) If data is to be changed online, click on the appropriate item on the form and make the necessary corrections. Print the “Error Check” window for easy reference. Changes **must be saved before proceeding** to validate the entries again, or the errors will remain.

Use the “Description of Possible Errors” document to assist in identifying errors and making appropriate revisions. This document is available while filling out the PATH Annual Report by clicking “Instructions” at the top of the page. Please direct questions regarding the data and/or revisions to the SPC.

On certain items, if there is a significant change in the data from the previous year, a pop-up window will appear for that item. The system will ask for verification of the entry to be sure it is accurate. If it is accurate, enter an explanation in the comments box at the end of the table. For example, if the number of persons enrolled is 50 percent less than the number reported in the previous reporting period, a message will appear asking for verification of the entry. If the entry is accurate, enter the explanation of the difference in the text box at the bottom of the page. If the entry is inaccurate, correct the entry before saving.

Editing/Adding Data After Validating the PATH Annual Report

It is important that data is accurate and final before submission. Revisions to the data on the web are possible until the PATH Provider validates the data. After the PATH Provider validates the data, the survey locks out the PATH Provider and **no** additional changes are possible. If changes are necessary, contact the SPC and request to reopen the PATH Annual Report. Once the SPC reopens the PATH Annual Report, the PATH Provider can make changes. The PATH Provider will need to validate the PATH Annual Report again after changes are complete, even if no changes are made.

General Definitions and Clarifications

Uniformity of definitions is essential in developing and reporting reliable information on services and programs. A list of definitions for PATH-funded services is in the Definitions section beginning on page 18 of this document. These definitions should be available for reference when entering client-level data in HMIS. The definitions are also accessible while completing the PATH Annual Report by clicking HELP. Contact the SPC with additional questions regarding these definitions.

Persons Included in Unduplicated Counts:

1. Individuals included in the PATH Annual Report are those who received a PATH-funded service between the first date of the reporting period and the last date of the reporting period. This includes individuals who may no longer receive services from the PATH Provider or may have been included in previous PATH Annual Reports. (The reporting period is the 12-month period for which providers submit data. The SPC determines the reporting dates. Providers should contact their SPC with questions regarding the reporting period.)
2. For PATH Providers working with homeless or at-risk families, **only adult family members who receive services related to their own serious mental illness** should be indicated as PATH-enrolled in HMIS and in the PATH report.

Where to Go with Questions

- Throughout the PATH Annual Report, access instructions and definitions by clicking HELP. If the pop-up HELP window is not visible, it may be behind the PATH Annual Report window. If the HELP window is still not visible, check that the pop-up blocker is not enabled. Additionally, a list of all definitions is available in the Definitions section of this document beginning on page 18.
- PATH Providers should contact their SPC with questions regarding the PATH Annual Report. For HMIS questions, the local HMIS administrator should be contacted. Direct questions not resolved by the SPC or HMIS administrator to SAMHSA's Homeless and Housing Resource Network (HHRN) at (617) 467-6014 or path@samhsa.hhs.gov. Please copy the SPC on email correspondence to HHRN.

Instructions/Data Descriptions

Contact Information

The opening table of the PATH Annual Report gathers information about the reporting dates and contact information for the person responsible for completing the PATH Annual Report, should any follow-up questions arise. This person may or may not be the principal PATH contact person for the PATH Provider agency.

For FY Beginning: Enter the first date of the reporting period. If the PATH Provider submitted the PATH Annual Report in the previous year, this field automatically populates with the date used in the last PATH Annual Report. Ensure that this date is the start date for the PATH Annual Report data. **Providers must notify their SPC if there is a change in reporting dates.**

For FY Ending: Enter the last date of the reporting period. If the PATH Provider submitted a PATH Annual Report in the previous year, this field automatically populates with the date used in the last PATH Annual Report. Ensure that this date is the end date for the PATH Annual Report data. **Providers must notify their SPC if there is a change in reporting dates.**

Contact Person: Enter the name of the contact person, if there are questions regarding the reported PATH data. This person may or may not be the principal PATH contact for the PATH Provider agency or local entity.

Email/Phone/Fax: Enter the appropriate information for the contact person.

Budget Information Section (BIS)

This section collects budget and staffing information for the PATH Annual Report. PATH Providers must report actual budget values – not estimates. **Contact your SPC for help determining how to report the budget and before reporting estimated numbers.**

BIS #1. Federal PATH funds received this year. Enter amount of federal PATH funds received from the state. Be sure to enter only the funds received during the reporting fiscal year. Do not include matching funds, non-PATH funds, or PATH funds carried over from a previous reporting year. This amount must be greater than zero. **Round up to the nearest dollar.**

Data Check: Is the value 50 percent less or 100 percent more than reported in the previous year? $((BIS \#1 \text{ current} - BIS \#1 \text{ previous}) / BIS \#1 \text{ previous})$

BIS #2. Matching funds from state, local, or other sources used in support of PATH received this year. Enter the amount of matching PATH funds received or provided during the reporting fiscal year. **Round up to the nearest dollar.** For questions about what constitutes matching funds in your state, contact your State PATH Contact.

Data Check: Is the value 50 percent less or 100 percent more than reported in the previous year? ((BIS #2 current – BIS #2 previous) / BIS # 2 previous)

BIS #3. Total funds dedicated this year, agency-wide, to persons who have serious mental illness and are homeless or at-risk of homelessness (include PATH, matching and non-PATH funds). Enter total dollar amount for services dedicated **only to persons who are homeless and have serious mental illnesses** in the reporting fiscal year. This amount should be the sum of federal PATH funds (BIS #1), matching PATH funds (BIS #2), and any other non-PATH funds. This amount must be greater than zero. **Round up to the nearest dollar.** For questions about what constitutes matching funds in your state, contact your State PATH Contact.

BIS #4. Indicate the number of staff persons supported by PATH federal and matching funds. This number includes anyone whose salary includes PATH federal or matching funds. This amount must be a whole number.

BIS #5. Indicate the full time equivalent (FTE) of staff positions supported by PATH federal and matching funds. Calculate the FTE for each of the federal and/or matching PATH-supported staff reported in BIS #4. **The total number of FTEs should not exceed the number of staff reported in BIS #4 and may be a whole number or a decimal (please round to the nearest 10th, e.g., 0.1).** The number of FTEs cannot be zero if the number of federal and/or matching PATH-supported staff is greater than zero. To check for accuracy, multiply these FTEs by the average annual wage of the federally supported positions to ensure it is not more than the federal award.

The term FTE in the context of the PATH Annual Report represents the staff time required to provide and document services funded by PATH federal and matching funds. One FTE represents 40 hours of work per week for one year. One-half FTE represents 20 hours of work per week for one year. Include both positions fully funded by PATH federal and matching funds and the PATH-funded fraction(s) of any position(s) partially funded by PATH federal and matching funds in the count of total FTEs. **Include positions currently occupied, as well as those that are vacant.** Determining the answer to BIS #5 is a two-step process:

Step One: Determine the FTE for each PATH-funded staff member as follows:
Ascertain the number of hours per week performing PATH-funded work.
Divide the number of hours per week performing PATH-funded work by 40, and round to the nearest 10th.

Example A: A staff member works eight hours per week on PATH-funded tasks. The total hours of 8 divided by 40 is 0.2. This staff member's FTE is 0.2.

Example B: A staff member works 12.5 hours per week on PATH-funded tasks. The total hours of 12.5 divided by 40 is 0.3125. This staff member's FTE (rounded) is 0.3.

Step Two: Once the FTE for each staff member is determined, add up all the FTEs and enter the total in response to BIS #5.

Example A: The two staff members in the two examples of Step One who perform PATH-funded tasks have FTEs of 0.2 and 0.3, respectively. Adding 0.2 and 0.3 equals 0.5. Record 0.5 for BIS #5.

Example B: An organization supports 10 staff members with PATH funds. The 10 staff members have FTEs of 0.5, 0.2, 0.7, 1.0, 1.0, 0.3, 0.5, 0.6, 1.0, and 0.1, or a combined total of 5.9 FTEs. Record 5.9 for BIS #5.

BIS #6. Indicate the type of organization in which the PATH program operates. The question asks about the primary purpose of the organization, not the program. For example, if an organization primarily provides community mental health services, it is probably a community mental health center. If “other,” enter an explanation as to the function of the organization. Please be sure that the PATH-funded organization does not fit into any of the specific listed categories before selecting “other.”

Data Section (DS)

It is essential that PATH Providers include accurate information on the number of persons receiving services. By utilizing HMIS data for reporting, it is expected the annual reporting information will be an **unduplicated count** of persons served/individuals enrolled in PATH within each reporting category. A person may be counted in more than one category. Some duplication may occur, especially in services, such as outreach, where identifying individuals may not be possible; when individuals receive services from more than one PATH Provider; or individuals relocate from one geographic area to another.

PATH Providers should enter data into HMIS for all individuals, regardless of whether federal or matching funds provided the services. PATH Providers should NOT differentiate clients served with federal PATH funds when entering HMIS data. This will capture the full effect of the PATH program and reduce data entry and reporting burden.

DS #1. Total number of persons who received any PATH-funded service during the current reporting period. This is the total count of individuals who are PATH eligible and received services from the program, regardless of funding source. For the definition of “eligibility,” see Definitions beginning on page 18.

Note: Individuals enrolled in PATH who are reported in this category must be experiencing homelessness or risk of homelessness and severe mental illness simultaneously. This is *not* a sum of all persons experiencing homelessness added to all persons experiencing mental illness.

DS #2. Total number of persons who were outreached/contacted during the current reporting period. This is the total number of persons contacted through outreach. This

figure includes all persons contacted through outreach, regardless of enrollment, eligibility, relocation, or refusal of services.

The definition of outreach is as follows:

The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.

Active outreach is face-to-face interaction with individuals who are literally homeless on the streets, in shelters, under bridges, and in other nontraditional settings. In active outreach, workers seek out individuals who are homeless.

Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.

Outreach may also include “in-reach,” defined as when placement of outreach staff is in a service site frequented by individuals who are homeless, such as a shelter or community resource center, and direct, face-to-face interactions occur at the site. In this form of outreach, individuals who are experiencing homelessness seek out outreach workers.

Data Check: Are zero persons outreached? (DS #2 = 0)

DS #3. Total number of persons who were outreached/contacted who became enrolled during the current reporting period. This is the number of persons contacted through outreach who were enrolled in PATH this particular reporting period. DS #3 must be less than or equal to the total number of persons outreached.

Data Check: Are 100 percent of persons outreached enrolled? (DS #3 = DS #2)

DS #4. Total number of persons who could not be enrolled, because they were ineligible. This is the number of outreach contacts from DS #2 who were not enrolled due to ineligibility for PATH. Reasons for ineligibility may include no serious mental illness, not homeless, or at-risk of homelessness. For the definition of “eligibility,” see Definitions beginning on page 18. DS #4 must be less than or equal to DS #2.

Data Check: Is the percentage of eligible homeless persons who enrolled in services less than 44 percent? (DS #3 / (DS #2 – DS #4))

DS #5. Total number of persons currently enrolled in PATH. This is the total number of persons who are currently enrolled in PATH or were enrolled at some point in the reporting time period. This includes those persons newly enrolled this reporting period, as well as those enrolled in previous time periods but are still receiving services. This number includes individuals enrolled through outreach (DS #3), plus individuals enrolled in ways other than outreach (e.g., walk-ins and referrals) who are not recorded in the annual report.

***Data Check:** Is the value 50 percent less or 100 percent more than reported in the previous reporting time period? $((DS \#5 \text{ current} - DS \# 5 \text{ previous}) / DS \# 5 \text{ previous})$*

DS #6. Total number of contacts made this reporting period. This is the count of the number of contacts made during this reporting period. Rather than being a count of persons who were contacted, this indicates the total number of contacts made overall. For example, if a provider contacted 100 persons during the time period, and each person was contacted three times, DS #2 would be equal to 100 and DS #6 would be equal to 300 (100 persons contacted multiplied by 3 contacts per person).

DS #7. Total number of services provided during this reporting period. This is the count of the number of services offered this reporting period. Rather than being a count of persons who were provided services or a count of the types of services provided, this indicates how many services overall to all clients were provided. For example, if one client was provided case management, substance use treatment, and moving assistance and a second client was provided case management and substance use treatment, DS #7 would equal to five (Three services were provided the first client and two services were provided the second client).

DS #8. Total number of referrals given during this reporting period. This is the count of the number of referrals given to clients this reporting period. Rather than being a count of persons who were given referrals or a count of the types of referrals made, this indicates the number of overall referrals. For example, if one client was provided a referral to primary health services, job training, and two referrals to housing services, and a second client was given a referral to substance use treatment, DS #8 would equal to five (Four referrals were provided to the first client and one referral was provided the second client).

DS #9. Housing Status. This table reports, for each HMIS housing status, the number of persons contacted who during this reporting period were of this status at the time of the first contact. The total number for all statuses should be equal to the total number of persons contacted in DS #2.

***Data Check:** Is the value entered for “Stably Housed”, “Don’t Know,” or “Refused” greater than zero?*

DS #10. Services Provided. This table reports, for each HMIS PATH service, both the total number of times the service was provided and the total number of enrolled PATH clients who were provided this service. The count of the number of times each service is provided should be equal to, or less than, the total count of services provided as indicated by DS #7. The total number of enrolled PATH clients who received each service should be less than, or equal to, the total number of enrolled PATH clients as indicated in DS #5. Note that the total for the service count column is a sum of the totals for each service, but the total for the persons provided service column is the unduplicated, total number of persons receiving any of the services.

DS #11. Referrals Provided. This table reports, for each HMIS PATH referral type, the total number of times this referral was made, the total number of enrolled PATH clients who were given this type of referral, and the number of PATH clients who attained this type of referral. (Note that the attained number was utilized in previous PATH reports for voluntary outcome measures only.) The count of the number of times each referral is made should be equal to, or less than, the total count of referrals as indicated by DS #8. The total number of enrolled PATH clients who received each referral type should be less than, or equal to, the total number of enrolled PATH clients as indicated in DS #5. Note that the total for the referral count column is a sum of the totals for each referral, but the total for the persons given each referral column is the unduplicated, total number of persons receiving any referral.

DS #12. Demographics. For each HMIS PATH demographic category, this table reports both the number of contacted clients and the number of enrolled clients within the demographic. If a client was contacted and then enrolled within the same reporting period, the client would be counted in both the contacted and enrolled columns. Therefore, the total for the contacted persons column within a particular demographic category (Age, Race, Ethnicity, etc.) should equal the total number of persons contacted as indicated by DS #2. Likewise, the total for the enrolled persons column within a particular demographic category (Age, Race, Ethnicity, etc.) should equal the total number of persons enrolled in PATH as indicated by DS #5.

Note related to collecting demographic information for persons contacted in addition to persons enrolled: SAMHSA is aware many PATH programs will not be able to collect demographic information on persons who were outreached but not enrolled. If a program cannot collect this information, the “Unknown” category should be used when completing the report.

Additional Information

Reporting Burden

For SPCs: The reporting burden is 19 hours per annual response, including the time for becoming familiar with the form and reporting requirements; sending ID numbers and passwords to local PATH Providers; obtaining data from local PATH Providers; reviewing the data for accuracy; and coordinating data revisions in response to federal review.

For Local PATH Providers Using HMIS Data and the Web Report: The reporting burden is 19 hours per annual response, including time for becoming familiar with the form and reporting requirements; initiating and monitoring the process of extracting local HMIS data and transmitting to the PATH national database; recording the budget data onto the official form; reviewing the data for accuracy; submitting the data; and revising the HMIS or budget data in response to state review.

For Local PATH Providers Using the Web Report Only Without HMIS Data: The reporting burden is 34 hours per annual response, including time for becoming familiar with the form and reporting requirements; obtaining consumer and activity data; aggregating the data; recording the data onto preliminary forms; recording the data onto the official form; reviewing the data for accuracy; submitting the data; and revising the data in response to state review.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

SAMHSA Reports Clearance Officer
Paperwork Reduction Project (0930-0205)
7th Floor, 1 Choke Cherry Road
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0205.

Data Checks

Each year, SAMHSA's Homeless and Housing Resource Network (HHRN) reviews the PATH Annual Reports for a variety of "flags," listed below. Please note these flags do not necessarily indicate an error but indicate data that is unusual for a "typical" PATH program. Also, note that these may or may not be the flags used for every reporting period.

If the PATH Annual Report flags any of these items, the recommendation is to provide a short explanation for why the data is correct in the text box on Table B. If the explanation does not fit in the text box, send it to the SPC (please indicate the provider ID and copy path@samhsa.hhs.gov on the email). If there is no explanation provided, SAMHSA's HHRN will work with the SPC to obtain an explanation at a later date.

- Federal dollars decreased by 50 percent or increased by 100 percent ($((\text{BIS \#1 current} - \text{BIS \#1 previous}) / \text{BIS \#1 previous})$)
- Matching dollars decreased by 50 percent or increased by 100 percent ($((\text{BIS \#2 current} - \text{BIS \#2 previous}) / \text{BIS \#2 previous})$)
- Zero individuals outreached (DS #2 = 0)
- One hundred percent of persons outreached enrolled (DS #2 = DS #3)
- Percentage of eligible persons experiencing homelessness who enrolled in services is less than 44 percent* ($\text{DS \#3} / (\text{DS \#2} - \text{DS \#4})$)
- The number of individuals enrolled in PATH decreased by 50 percent or increased by 100 percent ($((\text{DS \#5 current} - \text{DS \#5 previous}) / \text{DS \#5 previous})$)
- The number of persons contacted who have a housing status of "Stably Housed," "Don't Know," or "Refused" is greater than zero (DS #9 Stably Housed, Don't Know, or Refused persons contacted > 0)
- Percentage of enrolled persons who receive community mental health services is less than 37 percent* ($\text{DS \#10 Number of persons receiving Community Mental Health Services} / \text{BIS \#5}$)
- Persons under the age of 18 enrolled is greater than zero (DS #12 Number of persons aged 17 and under > 0)

* Targets derived from the Government Performance and Results Act measures for PATH. If you wish to learn more about the targets, please see the congressional justification.

Definitions

The following definitions are from preexisting documents and have not been altered.

Assisted Referral: A referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities conducted by the program on behalf of or in conjunction with the consumer (if some, but not all, of these activities were conducted, it does not count as a complete assisted referral):

- Assisting the consumer in obtaining the application, AND
- Assisting the consumer in obtaining the appropriate supporting documentation, AND
- Assisting the consumer with completion of the application, AND
- Assisting the consumer in filing the application with the appropriate agency or organization (business, if employment).

- OR Referral to a program that specializes in assisting consumers with an application process and can provide certification that the application has been successfully filed by the consumer.

PATH Annual Report Instructions 2009 (PATH TA Center, 2009)

Attainment: The PATH Provider confirms that the client attained the indicated service through client self-report or confirmation by other providers. A client is counted as attaining a service when they begin receiving the service. The client is not counted as attaining a service when the application process for a service is complete. PATH Providers are not required to obtain written documentation from another provider to confirm attainment. *PATH Annual Report Instructions 2009 (PATH TA Center, 2009)*

Case Management: Services that develop case plans for delivering community services to PATH-eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing, and/or care of individuals tailored to individual needs and preferences. Case managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc. "*Case Management Services*" *Services Definitions (Administrative Work Group (AWG), 2005)*

Community Mental Health: Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category **does not include** case management, alcohol or drug treatment, and/or habilitation and rehabilitation, since they are defined separately in this document. "*Community Mental Health Services*" *Services Definitions (AWG, 2005)*

Co-Occurring Substance Use Disorders: 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 would occur when the worker, and in

some cases the consumer, believes that the consumer is in a period of active use that affects his/her functioning *or* recovery from substance use and continues to require support. This definition does not require the consumer to be in treatment. Providers are encouraged to engage in a dialogue with the consumer to gain consensus on this determination. *Services Definitions (AWG, 2005)*

Eligibility: Once an individual is determined to meet the homeless or at risk of homelessness criteria *and* the mental health or co-occurring criteria, he/she is determined to be PATH eligible. *National Definitions (AWG, 2009)*

Enrollment: PATH enrollment implies that there is the intent to provide services for an individual other than those provided in the outreach setting. The term enrolled means that there is a mutual intent for the services to begin. PATH enrollment is when:

- 1) The individual has been determined to be PATH eligible;
- 2) The individual and the PATH Provider have reached a point of engagement where there is a mutual agreement that “services” will be provided; and
- 3) The PATH Provider has started an individual file or record for the individual that includes at a minimum:
 - a. Basic demographic information needed for reporting,
 - b. Documentation by the provider of the determination of PATH eligibility,
 - c. Documentation by the provider of the mutual agreement for the provision of services, and
 - d. Documentation of services provided.

Although the goal of the PATH program is to assist individuals in accessing mental health services and housing, services that begin the PATH enrolled relationship can be any service, assistance, or provision of resources the individual is willing to accept or any mutual work the individual identifies as important. PATH does not require that a service plan be developed unless case management services are part of the services provided to the individual. PATH Providers are expected to document all services and the outcomes in an individual file. *National Definitions (AWG, 2009)*

Habilitation/Rehabilitation: Community-based treatment and education services designed to promote maximum functioning, a sense of wellbeing, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorders. “*Habilitation and Rehabilitation Services*” *Services Definitions (AWG, 2005)*

Homeless Individual: Per the PATH legislation, “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.” *National Definitions (AWG, 2009)*

Housing Minor Renovation: Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards. “*Minor Renovation, Expansion, and Repair of Housing*” *Services Definitions (AWG, 2005)*

Housing Moving Assistance: Expenditures made on behalf of individuals enrolled in PATH to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing. *“Costs Associated With Matching Eligible Homeless Individuals With Appropriate Housing Situations” Services Definitions (AWG, 2005)*

Housing Technical Assistance: Targeted training, guidance, information sharing, and assistance to, or on behalf of, individuals enrolled in PATH who encounter complex access issues related to housing. *“Technical Assistance in Applying for Housing” Services Definitions (AWG, 2005)*

Imminent Risk: According to the McKinney-Vento Homeless Assistance Act, as amended by S. 896, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 [42 USCS 11302], an individual is at imminent risk if the individual will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing. *National Definitions (AWG, 2009)*

Literal Homelessness: Per the PATH legislation, “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.” *National Definitions (AWG, 2009)*

Mainstream Services: Programs and resources that are available to consumers with an understanding they will be able to remain available to the consumer 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 services that provide health care, employment/vocational training, community connection, support, and resources for daily needs. *Voluntary Performance Goals (VPG) Draft Implementation Guidelines (AWG, 2003)*

One-Time Rent for Eviction Prevention: One-time rental payments are made for individuals enrolled in PATH who cannot afford to make the payments themselves; who are at risk of eviction without assistance; and who qualify for this service on the basis of income or need. *“One-Time Rental Payments to Prevent Eviction” Services Definitions (AWG, 2005)*

Outreach: The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.

- Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
- Outreach may also include “in-reach,” defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face-to-face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

“Outreach Services” Services Definitions (AWG, 2005)

Residential Supportive Services: Services provided in residential settings that are designed to support individuals during their transition into mainstream services. *“Supportive and Supervisory Services in Residential Settings” Services Definitions (AWG, 2005)*

Serious Mental Illness: PATH Providers may determine individuals as meeting the Serious Mental Illness criteria if there is an informed presumption that the individual:

- Is experiencing or displaying symptoms of mental illness and experiencing difficulty in functioning as a result of these symptoms that indicates severity,
- Has shared or has a known history of engagement with mental health services OR has symptoms and functioning indicating there is a history of, or expected tenure of, significant mental health concerns, and
- Is of appropriate age to be diagnosed with a serious mental illness, where transition-age youth may be eligible. This determination should reflect and be consistent with the state’s definition of serious mental illness.

National Definitions (AWG, 2009)

Screening/Assessment: A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment. *Services Definitions (AWG, 2005)*

Security Deposits: Provision of funds for individuals enrolled in PATH who are 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. *“Screening and Diagnostic Treatment Services” Services Definitions (AWG, 2005)*

Staff Training: Materials, packages, or programs designed to increase the knowledge or skills of individuals 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. *Services Definitions (AWG, 2005)*

Substance Use Treatment: Preventive, diagnostic, and other outpatient treatment services, as well as support, for people who have a psychological and/or physical dependence on one or more addictive substances and a co-occurring mental illness. *“Alcohol or Drug Treatment Services” Services Definitions (AWG, 2005)*

Transition to Mainstream Services: Individuals enrolled in PATH make a formal change to housing and services funded through programs, such as Section 8, Medicaid, public health, Mental Health/Substance Abuse Block Grant, etc.

Voluntary Performance Goals (VPG) Draft Implementation Guidelines (AWG, 2003)

Chart A: Current HMIS Data Elements

The following chart is from a pre-existing document that reflects HUD HMIS standard terminology and has not been altered.

Universal Data Elements (UDEs)			
Client Name: Current	Response Categories	Rationale	Definitions/Instructions
- First Name		Client full name should be collected to support the unique identification of each person served.	Programs should seek to obtain legal names only and avoid aliases or nicknames.
- Last Name			
- Middle Name			
- Suffix			
Social Security Number			
- Social Security Number (SSN)		<u>Three Reasons for collection:</u> - Needed for de-duplication? - Can be used as a unique identifier - SSN is needed to increase use of mainstream programs by persons who are homeless	Record the 9-digit Social Security Number.
- SSN Data Quality Code	<ul style="list-style-type: none"> • Full SSN Reported • Partial SSN Reported • Don't Know or Doesn't Have SSN • Refused 	The SSN Data Quality Code is required as a companion element to the SSN to identify instances where the entire SSN cannot be collected and for assessing data quality.	When a full SSN is not collected, the known digits should be placed within a nine-digit placeholder as they would appear in the SSN itself: ___-__-1234
Date of Birth			
-Date of Birth (DOB)		The date of birth (DOB) is used to calculate the age of persons served at program entry or at any point in receiving services. It will also support the unique identification of each person served.	Collect the month, day, and year of birth from every client served.
- Date of Birth Type	<ul style="list-style-type: none"> • Full DOB Reported • Approximate or Partial DOB Reported • Don't Know • Refused 	The date of birth type is required as a companion element to the DOB to identify instances where the entire DOB cannot be collected and for assessing data quality.	When a full DOB is not collected, the known elements should be placed within the date format as appropriate. Approximate dates must allow calculation of a person's age within one year of their actual age.

Ethnicity and Race			
- Race	<ul style="list-style-type: none"> • American Indian (Native American?) or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Don't Know • Refused 	In accordance with Federal Register, (62 FR 58782) the Office of Management and Budget (OMB) requires the standardized collection of race information by all federal agencies.	<p>-American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)</p> <p>-Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</p> <p>-Black or African American (a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American.")</p> <p>-Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p>-White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p>
- Ethnicity	<ul style="list-style-type: none"> • Non-Hispanic/Non-Latino • Hispanic/Latino • Don't Know • Refused 	Ethnicity is to count the number of persons who identify themselves as Hispanic or Latino.	Ethnicity is client self-identified; staff observations should not be used. The definition of Hispanic or Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.
Gender			
- Gender	<ul style="list-style-type: none"> • Female • Male • Transgendered Male to Female • Transgendered Female to Male • Other • Don't Know • Refused 	To create separate counts of men, women, and transgendered clients served.	Based on client's self-perceived gender identity. Transgender is identification with, or presentation as, a gender that is different from the gender at birth.

Veteran Status			
- Veteran Status	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To determine the number of homeless veterans.	This data element is best obtained by asking if the person served in the U.S. Military or Armed Forces. Persons who served in National Guard are included as veterans if they were called up for active duty.

Disabling Condition			
- Disabling Condition	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	Needed to identify Chronic Homeless, special considerations for sheltering, and, in some cases, program eligibility.	Data should be collected any time AFTER the client has been admitted to the program (unless disability is a program eligibility criteria). See Section 223 of the Social Security Act and Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act for definitions on disability.

Residence Prior to Program Entry			
- Type of Residence	<ul style="list-style-type: none"> • Emergency shelter, including hotel or motel paid for with emergency shelter voucher • Transitional housing for homeless persons (including homeless youth) • Permanent housing for formerly homeless persons (such as SHP, S&C, or SRO Mod. Rehab.) • Psychiatric hospital or other psychiatric facility • Substance abuse treatment facility or detox center • Hospital (non-psychiatric) • Jail, prison, or juvenile detention facility • Rental by client, no housing subsidy • Owned by client, no housing subsidy 	To identify the type of residence and length of stay at that residence just prior to (e.g., the night before) program admission.	Residence is a <u>place</u> – not a situation. If a client was receiving a subsidy in the prior residence, then responses should reflect that subsidy rather than just the residence type ("Rental by client, with other (non-VASH) housing subsidy" vs. "Rental by client, no housing subsidy").

	<ul style="list-style-type: none"> • Staying or living in a family member's room, apartment, or house • Staying or living in a friend's room, apartment, or house • Hotel or motel paid for without emergency shelter voucher • Foster care home or foster care 		
- Length of Stay in Previous Place	<ul style="list-style-type: none"> • One week or less • More than one week, but less than one month • One to three months • More than three months, but less than one year • One year or longer • Don't Know • Refused 		This data element does not preclude the collection of residential history information beyond the residence experienced the night prior to program admission.
Zip Code of Last Permanent Address			
- Zip Code		To identify the former geographic location of persons experiencing homelessness or current geographic location of person who are at risk of homelessness.	Enter the five-digit area code of the apartment, room, or house where the client last lived for 90 days or more. This data element is best collected by asking the city/state of the apartment, room, or house where the client last lived for at least three months. Best practices include collecting city/state information at intake and the data used by data entry staff to find and enter the five-digit zip code. At-a-glance documents listing the most commonly occurring zip codes that incorporate business rules for primary zip code in cities/towns with multiple zip codes are effective resources to expedite zip code identification and entry. HPRP, prevention programs, and PATH activities conducted while the client is in transitional or permanent housing situations should record the zip code of the apartment, room, or house where the client is currently living.

- Zip Code Data Quality Code	<ul style="list-style-type: none"> • Full or Partial Zip Code Reported • Don't Know • Refused 	The Zip Code Data Quality Code is required as a companion element to the zip code to identify instances where the entire zip code cannot be collected and for assessing data quality.	
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Housing Status			
- Housing Status	<ul style="list-style-type: none"> • Literally homeless • Housed and at imminent risk of losing housing • Housed and at risk of losing housing • Stably housed • Don't Know • Refused 	To identify clients who, at program entry and exit, are literally homeless; housed, but at imminent risk of losing their housing; housed, but at risk of losing their housing; or in a stable housing situation. Allows for the separation of housed vs. non-housed populations.	This data element is not intended to be used for program eligibility determination purposes, as program eligibility may vary by program and/or funding source.
Program Entry Date			
- Program Entry Date		To determine the start of a client's period of program involvement with a program. Need for reporting purposes for all programs and to measure lengths of stay for residential programs and lengths of service for non-residential programs.	Record the month, day, and year of the first day of service or program entry.
Program Exit Date			
- Program Exit Date		To determine the end of a client's period of program involvement with a program. Need for reporting purposes for all programs and to measure lengths of stay for residential programs and lengths of service for non-residential programs.	Record the month, day, and year of the last day of service or program exit.

Computer-Generated UDEs			
Personal Identification Number			
- Personal Identification Number		Every client receiving services is assigned a Personal Identification Number (PIN), which is a permanent and unique number generated by the HMIS application.	Should be assigned by the HMIS application and be a randomly assigned, computer-generated number. Cannot contain personally identifying information.
Household Identification Number			
- Household Identification Number		To count the number of households served in a program and to distinguish household membership characteristics.	A household is a single individual or a group of persons who together apply to a program for services. A unique ID number is assigned to each household served and members of the household are associated with the unique ID. This ID can be a randomly assigned, computer-generated number.
PATH Related Program-Specific Data Elements (PATH-PDEs)			
Income and Sources			
- Financial Resources: Income received from any source in past 30 days?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	Income and sources are important to: <ul style="list-style-type: none"> - understand service needs of clients - determine access to all eligible income sources - describe characteristics of homeless population 	Enter whether or not the client has received income from any source in the past 30 days.
Source and Amount of Income			
- Source of Income	<ul style="list-style-type: none"> • Earned income (i.e., employment income) • Unemployment insurance • Supplemental Security Income (SSI) • Social Security Disability Income (SSDI) • Veteran's disability payment • Private disability insurance • Worker's compensation 		Enter source of any income the client has received in the past 30 days.

	<ul style="list-style-type: none"> • Temporary Assistance for Needy Families (TANF) (or other local name) • General Assistance (GA) (or other local name) • Retirement income from Social Security • Veteran's pension • Pension from a former job • Child support • Alimony or other spousal support • Other source 		
- Receiving Income Source	<ul style="list-style-type: none"> • Yes • No 	To clearly delineate between income sources received and not received.	All income sources must be marked with a Yes or No.
- Amount from Source		To document the amount of each income source.	Income sources not received should be documented as \$0.
- Total Monthly Income		To understand the ongoing income resources available to the client.	This is a summation of the dollar amounts of income sources indicated "Yes" (Received).
Non-Cash Benefits			
- Non-Cash Benefits received from any source in past 30 days?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	Income and sources are important to: <ul style="list-style-type: none"> - understand client's access to mainstream benefits - ascertain the complete economic circumstances of the client 	Enter whether or not the client has received non-cash benefits from any source in the past 30 days.
- Source of Non-Cash Benefit	<ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) • MEDICAID health insurance program (or local name) • MEDICARE health insurance program (or local name) • State Children's Health Insurance Program (or local name) • Special Supplemental Nutrition Program for Women, Infants, and 		Enter source of any non-cash benefit the client has received in the past 30 days.

	<ul style="list-style-type: none"> Children (WIC) • Veteran's Administration (VA) Medical Services • TANF child care services (or use local name) • TANF transportation services (or use local name) • Other TANF-funded services (or use local name) • Other source 		
- Receiving Non-Cash Benefit	<ul style="list-style-type: none"> • Yes • No 	To clearly delineate between non-cash benefits received and not received.	All non-cash benefits must be marked with a Yes or No.
Mental Health			
- Mental Health Problem	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To identify and count the number of persons with mental health problems served and assess the need for treatment.	Unless a requirement for program eligibility, ask this question AFTER the client has been admitted to the program. Mental health problems may include serious depression, serious anxiety, hallucinations, violent behavior, or thoughts of suicide.
(If client has mental health problem) Expected to be of long-continued duration and substantially impairs ability to live independently?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To identify potential of disability.	
(If client has mental health problem) Currently receiving services or treatment for this condition, or received services/treatment prior to exiting the program?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To determine the need for services and treatment.	

Substance Abuse			
- Substance Abuse Problem	<ul style="list-style-type: none"> • No • Alcohol abuse • Drug abuse • Both alcohol and drug abuse • Don't Know • Refused 	To identify and count the number of persons with substance abuse problems served and assess the need for treatment.	Unless a requirement for program eligibility, ask this question AFTER the client has been admitted to the program.
(If client has substance abuse problem) Expected to be of long-continued duration and substantially impairs ability to live independently?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To identify potential of disability.	
(If client has substance abuse problem) Currently receiving services or treatment for this condition, or received services/treatment prior to exiting the program?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To determine the need for services and treatment.	
Destination			
Destination Type	<ul style="list-style-type: none"> • Emergency shelter, including hotel or motel paid for with emergency shelter voucher • Transitional housing for homeless persons (including homeless youth) • Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) 	To determine program exit outcome measures.	Choose the response that best describes where the client will be staying after program exit. Destination is a place, not a situation. If residence has a subsidy, choose the response that best describes both the residence type and subsidy (i.e., "Rental by client, no housing subsidy" vs. "Rental by client, with housing subsidy").

	<ul style="list-style-type: none"> • Psychiatric hospital or other psychiatric facility • Substance abuse treatment facility or detox center • Hospital (non-psychiatric) • Jail, prison, or juvenile detention facility • Rental by client, no housing subsidy • Owned by client, no housing subsidy • Staying or living in a family member's room, apartment, or house • Staying or living in a friend's room, apartment, or house • Hotel or motel paid for without emergency shelter voucher • Foster care home or foster care group home • Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside), inclusive of "non-housing service site (outreach programs only)" • Other • Safe Haven • Rental by client, with VASH housing subsidy • Rental by client, with other (non-VASH) housing subsidy • Owned by client, with housing subsidy • Don't Know • Refused 		
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Date of Contact (required for SHP Street Outreach Programs)			
- Date of Contact		To record and count the number of contacts with homeless persons by street outreach programs.	Contact is defined as an interaction between the outreach worker and the client. Because multiple contacts can occur within a single day, a time stamp is also required.
- Location of Contact	<ul style="list-style-type: none"> • Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside that is not a Homeless Connect-type event) • Service setting, non-residential (e.g., Homeless Connect-type event, drop in center, day services center, soup kitchen, etc.) • Service setting, residential (e.g., emergency, transitional, or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend's room, apartment, condo, or house; foster care or group home) 	To understand the setting and concentration of effort by the outreach program to locate, identify, and engage persons experiencing homelessness.	
Date of Engagement (required for SHP Street Outreach Programs)			
- Date of Engagement		To count the number of homeless persons engaged by street outreach programs.	An engagement is defined as an interactive client relationship that results in a deliberate client assessment. For PATH programs, Date of Engagement most closely aligns with the definition of "Engagement" and should be considered synonymous with the HUD definition of Engagement.

Financial Assistance Provided (required for HPRP¹ programs)			
- Start Date of Financial Assistance		To determine length of financial assistance provided during the program.	
- End Date of Financial Assistance		To determine length of financial assistance provided during the program.	
- Financial Assistance Type	<ul style="list-style-type: none"> • Rental assistance • Security deposits • Utility deposits • Utility payments • Moving cost assistance • Motel & hotel vouchers 	To record the type of financial assistance provided to the client during the program.	Analysis is ongoing for additional applicability to PATH programs.
- Financial Assistance Amount		To record the amount of financial assistance provided to the client during the program.	Enter a dollar amount, rounded to the next highest dollar.
Housing Relocation and Stabilization Services Provided (required for HPRP programs)			
- Start Date of Service		To determine length of services provided during the program.	
- End Date of Service		To determine length of services provided during the program.	
- Type(s) of Service	<ul style="list-style-type: none"> • Case management • Outreach and engagement • Housing search and placement • Legal services • Credit repair 	To record the type of housing relocation and stabilization services provided to the client during the program.	Analysis is ongoing for additional applicability to PATH programs.

¹ The Homeless Prevention and Rapid Re-Housing Program (HPRP), under Title XII of the American Recovery and Reinvestment Act of 2009, designated \$1.5 billion for communities to provide financial assistance and services to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized. Providers awarded HPRP funding must use the HMIS in their Continuum of Care.

Employment			
- Employed	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To assess client's employment status.	
[If unemployed] Is client looking for work? [If employed] Is client looking for additional employment or increased hours at their current job?	<ul style="list-style-type: none"> • Yes • No • Don't Know • Refused 	To assess the client's need for employment services.	
Services Provided			
- Date of Service		To identify and count the number of services provided within a program year.	
- Type(s) of Service	<ul style="list-style-type: none"> • Food • Housing placement • Material goods • Temporary housing and other financial aid • Transportation • Consumer assistance and protection • Criminal justice/legal services • Education • HIV/AIDS-related services • Mental health care/counseling • Other health care • Substance abuse services • Employment • Case/care management • Day care 	To document and report the range of service types provided within a program year.	

	<ul style="list-style-type: none">• Personal enrichment• Referral to other service(s)• Outreach		
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