

# 2009 PATH ANNUAL REPORT PROVIDER GUIDE



Prepared for:

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

Contract No. HHSS280200700029C

Prepared by:

Center for Social Innovation  
April 2009

## Table of Contents

<b>Introduction</b> .....	3
Process for Obtaining and Submitting Data.....	3
Changes to the 2009 PATH Report.....	4
Reminders.....	4
Due Date.....	5
<b>Guide to the PATH Online Report</b> .....	6
Entering Data and Navigating the Report Form.....	6
Printing the Completed Annual Report Form.....	6
Understanding and Correcting Data Errors.....	7
Editing/Adding Data After Having Submitted the Form.....	7
General Definitions and Clarifications .....	7
Where To Go With Questions.....	8
<b>Table-by-Table Instructions</b> .....	9
Contact Information.....	9
Table A: Budget Information.....	9
Table B: Persons Served.....	11
Table C: Services Provided.....	12
Table C: Voluntary Outcome Measures.....	13
Table D: Demographics.....	16
<b>Additional Information</b> .....	17
Reporting Burden.....	17
Background.....	17
Use of Reporting Information.....	18
Service Definitions.....	18
Homeless Management Information Systems (HMIS) and PATH.....	21
Chart A: PATH HMIS Universal Data Elements.....	23
Chart B: Voluntary Outcome Measure Calculation .....	37

## Introduction

To comply with Federal requirements, community provider organizations that receive funds under the Projects for Assistance in Transition from Homelessness (PATH) program must report data that relates to the implementation of the program (see *Reporting Burden*, page 16 for statutory requirements). Please read the following instructions carefully. **There are changes to the 2009 Report instructions. These changes are noted on page 4.** Local PATH-funded Providers (“PATH Providers”) are requested to report PATH program data using the web-based form. PATH Providers that cannot access the web should inform their State PATH Contact and request assistance in entering the data.

In some instances, states provide funds to political subdivisions, such as counties, or other local entities that, in turn, contract with other local agencies to provide services. For this report, the state may elect to report data from either the local direct recipient of PATH funds or its contractors, but not from both to avoid duplicate reporting.

The web-based software reduces errors and increases accuracy with built-in validation error checking. Data may be saved at any time; all data items do not need be entered at once.

PATH Providers can access the web form on the PATH website [www.pathprogram.samhsa.gov](http://www.pathprogram.samhsa.gov). The report requires an ID and password, which are distributed to Providers by the State Contacts.

The reporting website will open on November 11, 2009 and close on January 8, 2009.

### Changes in the 2009 PATH Annual Report Provider Guide

The structure of this Instruction Guide has changed. All definitions of services can be found in the “Additional Information” section of this document on page 17.

### *Process for Obtaining and Submitting Data*

The State PATH Contact is the primary resource for guidance regarding PATH data and the process for submitting the annual report. This process is described below:

1. Obtain an ID and password from the State PATH Contact.
2. Enter data into the web-based form found on the PATH website (<http://www.pathprogram.samhsa.gov>), validate the data, and print a copy of the report for the program’s files. If a provider cannot access the web, the State PATH Contact will enter the data.
3. The State PATH Contact reviews the completed report on the web and confers with local Providers to clarify any issues. If there are changes to the data after the report is validated the State PATH Contact reopens the report for Providers to make the necessary changes.
4. The State PATH Contact verifies that the provider report is accurate.

## ***Changes to the 2009 PATH Report***

In fall 2009, SAMHSA began a process to update PATH reporting. The intent of these changes is to:

- Reduce reporting burden,
- More accurately capture the effect of the PATH program,
- Capture outcomes, and
- Learn from technical and policy processes already vetted by other federal programs.

The changes below are a starting point to refine the reporting of data for the PATH program.

**Reporting on all Persons Served/Enrolled PATH clients:** Starting with the 2009 Report, PATH Providers will report on the total number of enrolled PATH clients, regardless of whether the services were provided by federal or match funds. In 2009, PATH Providers should NOT calculate the percentage of persons served with Federal path funds. This change will capture the full effect of the PATH program and reduce reporting burden. If information about the percentage of enrolled PATH clients is requested it can be extrapolated from the report.

**Estimated Reporting Guidelines:** PATH Providers are allowed to report either actual or estimated counts of enrolled PATH clients. Providers that indicate estimated counts are asked to explain the formula used to determine the estimates in the “warning explanation” box located in Table B under item B4. The purpose of this change is to encourage Providers to submit actual numbers as opposed to estimates.

**Voluntary Outcome Measures:** To support better understanding of the impact of the PATH program and respond to a performance based Congressional reporting environment, five optional outcome measures are added to Table C of the PATH report. PATH Providers are encouraged to report these optional outcome measures. However, completing these measures is not required to be in compliance with the Federal PATH legislation. See pages 13-15 and 37-42 for more information.

**Changes to the Race/Ethnicity Question (D3):** The categories in the Race/Ethnicity question have been changed to eliminate “other” and add “two or more races.” Please see page 16 for more information.

### ***Reminders***

**Table C, Community Mental Health Services (Table C, item Cd):** The number of enrolled PATH clients receiving community mental health services should include the number of enrolled PATH clients who were **successfully linked to mental health services** as a result of the PATH program. Even if the mental health services are not PATH funded the time and effort of the PATH worker is PATH funded. This does not apply to any other service specification such as Housing Services, Habilitation and Rehabilitation Service, etc. because these are reported in Table C, item Cj “Referrals for primary health services, job training, educational services, and relevant housing services.” See page 12 for more information.

**Table C, Services Provided:** If a service is 100% or partially PATH funded, enter the number of enrolled PATH clients served in the box for the number of enrolled PATH clients. This number cannot be larger than the number entered in Table B, item B3 (total number of enrolled PATH clients). If a service is not PATH-funded or is not provided, enter zero (0) in the number of enrolled PATH clients served. See page 12 for more information.

**Table D, Demographics:** Demographic data is reported only on enrolled PATH clients rather than all persons contacted or served. Therefore, the sum of persons reported for any category of Table D, *Demographic Data*, (e.g. age, gender, race/ethnicity) must be equal to the number of persons reported in Table B, item B3.

There is one exception. For item D8 (Length of time living outdoors or in short term shelter at first contact), the sum of all the entries must equal D7a (housing status at first contact outdoors) + D7b (housing status at first contact short term shelter), because this question only asks about individuals who are literally homeless.

**Ensure the accuracy of the agency's name:** The name of the provider agency cannot be changed on the online report. If the provider name needs to be changed, please contact the PATH TA Center at 617-467-6014.

### ***Due Date***

The FY 2009 reports may be submitted between November 13, 2009 and January 8, 2010. Providers who cannot submit their report before January 8, 2010 should immediately contact their State PATH Contact.

# Guide to the PATH Online Report

## *Entering Data and Navigating the Report Form*

- Do not leave fields blank. Enter a zero (0) when necessary.
- In Table A, round figures to the nearest dollar. Dollar signs and commas are not allowed when entering numeric values.
- After answering each question, press the [TAB] key or use the mouse to move to the next question. To go back to a previous question use [SHIFT][TAB] or the mouse. Do not press [ENTER] to move from question to question. Pressing [ENTER] will cause the form to move to the next table.
- To scroll up and down the form, use the mouse to click on 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, Tables A, B, C, or D. 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 and/or at the end of each table, click “Save/Update Data and Move to the Next Table.” Data can be partially entered into the report and the report can be exited and reentered later for completion as long as the data is saved.
- Data MUST be validated in order to complete the Annual Report. See “Understanding and Correcting Data Errors” on page 7 for more information about validation errors.
- Once the Annual Report is validated, it can no longer be accessed for viewing or updating. The State PATH Contact must be notified to re-open the report. Once re-opened the report must be validated again regardless of whether any changes are made.

## *Printing the Completed 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” 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, reset the printer.
  3. If the printer is on a network, check with the network administrator to make sure the computer has access to print to that printer.
- After the report is printed, close the window by clicking on the little “x” in the right hand corner of the screen. This will return to the “Validate Entries” screen. Comments can be entered here before logging off.

## ***Understanding and Correcting Data Errors***

The online 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, followed by the item number. Click on the appropriate table 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 report by clicking “Instructions” at the top of the page. Questions regarding the data and/or revisions should be directed to the State PATH Contact.

On certain items in the B table, if there is a significant change in the data from FY 2008 to FY 2009, 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 in FY 2009 (item B2b) is 50% less than the number reported in FY 2008, a message will appear asking for verification of the entry for B2b. If the entry is accurate, enter the explanation of the difference between FY 2008 and FY 2009 in the text box at the bottom of the page. If the entry is inaccurate, correct the entry before saving.

## ***Editing/Adding Data after Completing the Annual Report Form***

It is important that data are accurate and final before submission. Revisions to the data on the web can be made until the data is validated. After the data is validated, the Provider is locked out of the survey and **no** additional changes can be made. If changes are needed, contact the State PATH Contact and request that the report be re-opened. Validate the report again once the changes are made.

## ***General Definitions and Clarifications***

Uniformity of definitions is essential in developing reliable service system information. Definitions for PATH-funded services are listed in the Definitions of Services section located in the “Additional Information” section of this instruction guide. These definitions should be referenced in completing the reporting for Table C and can be accessed by clicking HELP. Additional questions regarding the use of these definitions should be forwarded to the State PATH Contact.

### **Tables B, C, and D: Persons To Be Included in Unduplicated Counts:**

1. Individuals eligible for inclusion in the report are those who have a service date that falls on or between the first date of the reporting period and the last date of the reporting period. These criteria allow for the inclusion of enrolled PATH clients who received PATH services during the reporting period and who may no longer be receiving services from the provider or may have been included in previous reports.

2. For Providers working with homeless or at-risk families, there may only be one or a few family members who receive intensive PATH services although each family member may receive some level of service. Count only those family members who receive services related to their own serious mental illness as enrolled PATH clients.
3. In some instances, a provider may only be able to provide an estimate of these numbers. Estimates should be noted; explanations of estimation methodology of the reported data are encouraged and may be added in the comments box or the comments section after the report is validated.

### ***Where to Go with Questions?***

- For each of the items in Tables A, B, C, and D additional instructions can be accessed by clicking HELP. If the pop-up HELP window is not visible it may be behind the report window. If you still cannot see the HELP window, ensure that you do not have a pop-up blocker enabled.
- Call the State PATH Contact for questions concerning PATH report guidelines.
- Problems with using the online report that cannot be resolved by the State PATH contact should be directed to the PATH Technical Assistance Center at 617-467-6014.

## Table by Table Instructions

### *Contact Information*

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

**For FY Beginning:** Enter the first date of the reporting period. If the provider submitted a PATH report in the previous year, this field automatically populates with the date used in the last report. Ensure that the date is the start date for the 2009 report data. **The State PATH Contact must be notified if there is a change in reporting dates.**

**For FY Ending:** This is the last date of the reporting period. If the provider submitted a PATH report in the previous year, this field automatically populates with the date used in the last report. Ensure that the date is the end date for the 2009 report data. **The State PATH Contact must be notified if there is a change in reporting dates.**

**Contact Person:** Enter the name of the individual that can be contacted if there are questions regarding the reported PATH data. They may or may not be the principal PATH contact for the provider agency or local entity.

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

### *Table A: Budget Information*

This table collects all of the required budget and staffing information for the PATH report. Providers are requested to report actual budget values, not estimates, if at all possible. Contact the State PATH Contact for help determining how to report the budget.

**A1. Total annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses (includes PATH, matching, and non-PATH funds):** Enter total dollar amount for services dedicated **only to persons who are homeless and have serious mental illness** in the fiscal year being reported. This amount should be the sum of federal PATH funds (Item A2), matching PATH funds (Item A3) and any other non-PATH funds. This amount must be greater than zero. **Round to the nearest dollar.**

**A2. Federal PATH funds received from state:** Enter amount of federal PATH funds received from the state. Be sure to enter only the funds received during the fiscal year being reported. Do not include matching funds, non-PATH funds, or PATH funds carried over from a previous reporting year. If the correct amount is unknown, please consult the State PATH Contact. Please consult the State PATH Contact before reporting an estimate. This amount must be greater than zero. **Round to the nearest dollar.**

**A3. Matching funds from state, local, or other resources to support the provision of PATH services.** Enter amount of matching PATH funds received or provided during the reporting fiscal year. If the correct amount is unknown, please consult the State PATH Contact.

Please consult the State PATH Contact before reporting an estimate. **Round to the nearest dollar.**

**A4. Indicate the number of staff persons supported by PATH federal and matching funds.** This must be a whole number.

**A5. Indicate the full time equivalent (FTE) of staff positions supported by PATH federal and matching funds.** Calculate the Full Time Equivalent (FTE) for each of the Federal and/or match PATH-supported staff reported in Item A4. **The total number of FTEs should not exceed the number of staff reported in Item A4 and may be a whole number or a decimal (please round to the nearest 10<sup>th</sup> 0.1).** The number of FTEs cannot be zero if the number of Federal and/or match PATH-supported staff is greater than zero. To check for accuracy, multiply these FTEs by the average annual wage of the federally supported positions and ensure that 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 (1) FTE represents 40 hours of work per week for one year. One half ( $\frac{1}{2}$ ) 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 that are currently occupied as well as those that are vacant. Determining the answer to Item A5 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 10<sup>th</sup>.

**Example A:** a staff member works eight (8) hours per week on PATH-funded tasks. Eight divided by 40 is .2. This staff member's FTE is .2.

**Example B:** a staff member works 12.5 hours per week on PATH-funded tasks. 12.5 divided by 40 is .3125. This staff member's FTE (rounded) is .3.

**Step Two:** Once the FTE for each staff member is determined, add up all the FTEs and enter the total in response to Item A5.

**Example A:** the two staff members in the two examples of Step One who perform PATH-funded tasks have FTEs of .2 and .3, respectively. Adding .2 and .3 = .5. Record .5 for Item A5.

**Example B:** an organization supports 10 staff members with PATH funds. The 10 staff members have FTEs of .5, .2, .7, 1.0, 1.0, .3, .5, .6, 1.0, and .1, or a combined total of 5.9 FTEs. Record 5.9 for Item A5.

**A6. Indicate the type of organization in which the PATH program operates.** The question is asking about the primary purpose of the organization, not the program. For example, if an

organization primarily provides community mental health services, they are 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 categories listed in a-h before selecting “other.”

### ***Table B: Persons Served***

It is essential that service providers include accurate information on the number of persons receiving services. The annual reporting information should be an **unduplicated count** of persons served/enrolled PATH clients within each reporting category. A person may be counted in more than one category. It is recognized that some duplication may occur, especially in services such as outreach where clear client identification may not be achieved or when individuals receive services from more than one provider or when individuals relocate from one geographic area to another.

**Starting with the 2009 Report, PATH Providers will report on the total number of enrolled PATH clients, regardless of whether the services were provided by federal or match funds. In 2009, PATH Providers should NOT calculate the percentage of persons served with Federal path funds.** This change will capture the full effect of the PATH program and reduce reporting burden. If information about the percentage of enrolled PATH clients is requested it can be extrapolated from the report.

**B1. Persons who are experiencing homelessness and serious mental illness served by Federal and Matching PATH funds and Other Sources:** Enter the total number of clients who are experiencing homelessness and serious mental illnesses that were served by the program, regardless of funding source. Note: Enrolled PATH clients eligible for reporting in this category must be experiencing homelessness and mental illness simultaneously, and is not a sum total of all persons experiencing homelessness added to all person experiencing mental illness.

**B2a. Persons Served by PATH Federal and Matching Funds—Outreach:** Enter the total number of persons contacted through outreach. This figure should include all persons contacted through outreach, regardless of enrollment, eligibility, relocation or services refusal status.

**B2b. Number of Outreach contacts who became enrolled during the year as PATH clients:** Enter the number of persons contacted through outreach who became enrolled as PATH clients.

**B2c. Number of outreach contacts who did not become enrolled during the year as PATH clients:** Enter the number of persons contacted through outreach who did not become enrolled as PATH clients. Item B2c (persons not enrolled)=Item B2a (person served) – Item B2b (persons enrolled).

**B2d. Number of outreach clients (in item B2c above) not enrolled because they have been found to be ineligible:** Enter the number of outreach clients from Item B2c who were contacted but not enrolled due to ineligibility. Reasons for ineligibility may include no

serious mental illness or not homeless or not at risk of homelessness. Item B2d must be less than or equal to Item B2c.

**B3. Persons served by PATH Federal and Matching Funds —Enrolled PATH Clients:**

Enter the number of persons enrolled in PATH during the program year. Item B3 includes the number of PATH clients enrolled through outreach (B2b), clients enrolled in ways other than outreach (such as walk-ins and referrals), and clients enrolled in previous year and still receiving services in FY 2009. Item B3 is the control number for Tables C and D. (see Definitions of Service in the “Additional Information” section for the definition of “PATH Enrolled”)

**B4. Total Number of persons receiving any PATH Federal or Matching-supported services during the year:** Enter the total number of persons served by the program. Item B4 (total number of persons receiving any services) = Item B2c (outreach contacts not enrolled) + Item B3 (enrolled clients).

***Table C: Services Provided***

Table C, *Services Provided*, collects information on the funding of services and the number of persons who receive the service. Definitions of services are available in the Service Definitions section of this document beginning on page 18. These definitions are available by clicking [HELP](#).

**Funding:** Indicate whether the service is 1.) 100% PATH funded, 2.) partially PATH funded, 3.) service provided but not PATH funded, or 4.) service not provided. Consult the State PATH Contact with questions about how to report the funding of services.

**Number of Enrolled PATH Clients:** This section reports on enrolled PATH clients only so the number indicated **cannot exceed** the number reported in item B3. If the service is 100% PATH funded or partially PATH funded enter the number of PATH clients that received the service. If the service is provided but not PATH-funded or not provided, enter zero (0) for clients served (see reminder 2 on page 5 for more information).

**Notes:**

**Item Cd Community Mental Health Services:** The number of enrolled PATH clients reported as receiving community mental health services should include the number of enrolled PATH clients who were **successfully linked to mental health services** as a result of the PATH program, even if the mental health services are not PATH funded. This does not apply to any other service specification such as Alcohol or Drug Treatment services, Housing Services, Habilitation and Rehabilitation service, Screening and Diagnostic Treatment service, etc. because these are reported in Table C, item Cj “Referrals for primary health services, job training, educational services, and relevant housing services.”

When deciding whether to report Community Mental Health Services as 100% PATH funded or partially PATH funded, examine the funding of that PATH worker. If the PATH worker’s time on this activity is 100% PATH funded then the service is 100% PATH funded. If the

PATH worker's time on this activity is not 100% PATH funded then it is partially PATH funded.

When determining the number of enrolled PATH clients to report as receiving community mental health services please refer to the following guidance:

- **Active Assistance & Confirmation:** A PATH worker helps a PATH Enrolled client identify a mental health provider, coordinates an intake appointment, and is involved in assuring that the intake results in successful acceptance into mental health services. The PATH worker may confirm successful acceptance by attending the intake meeting in person or following up with the client after the intake. In this instance, this consumer WOULD be counted in Table C, item Cd1. Providers must insure that documentation is placed in the case file notes. It is expected that this information would be obtained directly from consumers through the worker's follow-up contacts with them. Formal documentation from the mental health service provider is NOT required.
- **Unsuccessful Active Assistance & Coordination:** Regardless of the level of involvement of the PATH provider, unsuccessful referrals or attempts to engage a consumer in mental health services are NOT counted under Table C, item Cd1.
- **Simple Referral:** A PATH worker informs a PATH Enrolled consumer of the availability of a mental health service but is not actively involved in ensuring that the consumer is seen by the service. This would NOT be counted under Table C, item Cd1.

**Item Cf, Staff Training** does not require a number of enrolled PATH clients, only an answer of whether or not this is provided fully or partially with PATH funds. If the PATH staff is providing the training and their salary is fully or partially PATH funded, their time on this activity counts, even if the training costs were not.

### ***Table C: Voluntary Outcome Measures***

**Items Ck1-Ck5 Voluntary Outcome Measures:** The 2009 PATH report includes five voluntary outcome measures. These measures were developed in collaboration with a workgroup of State PATH Contacts and are in response to a Congressional reporting environment that holds programs to a high standard of outcome data collection and reporting. Reporting on these outcomes in 2009 is voluntary. Providers that opt not to report these outcomes are still in full compliance of the PATH data reporting requirement. Providers that collect this information are highly encouraged to report it in the 2009 report.

The voluntary outcome measures are:

1. Housing (transitional, supportive, or permanent);
2. Income Benefits;
3. Earned Income (employment);
4. Medical Insurance Program (Medicaid, Medicare, and/or state/local plans);
5. Primary Medical Care.

Definitions of these outcomes are determined at the state level.

## Calculating and Reporting the Voluntary Outcome Measures

The voluntary measures are split into two reporting categories:

- The number of unduplicated enrolled PATH clients who received an assisted referral for the service.
- The number of unduplicated enrolled PATH clients who are known to have attained the service.

Enrolled PATH clients may be counted both as an assisted referral and attainment if the criteria for both are met. Providers will enter the counts of unduplicated enrolled PATH clients into the 2009 Report and percentages will be automatically calculated using the total number of enrolled PATH clients (Table B, item B3) as the denominator.

There are two important definitions for calculating and reporting voluntary outcome measures:

**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 being 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 who can provide certification that the application has been successfully filed by the consumer.

**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.

**Report Placement:** The number of enrolled PATH clients for the voluntary outcomes are entered into the following report boxes:

Ck1. Housing (transitional, supportive, or permanent):

- Box Ck1a: The number of unduplicated enrolled PATH clients who received an Assisted Referral for Housing (transitional, supportive, or permanent).
- Box Ck1b: The number of unduplicated enrolled PATH clients who attained Housing (transitional, supportive, or permanent).

Ck2. Income Benefits:

- Box Ck2a: The number of unduplicated enrolled PATH clients who received an Assisted Referral for income benefits.
- Box Ck2b: The number of unduplicated enrolled PATH clients who attained income benefits.

Ck3. Earned Income (employment):

- Box Ck3a: The number of unduplicated enrolled PATH clients who received an Assisted Referral for Employment Services.
- Box Ck3b: The number of unduplicated enrolled PATH clients who attained employment.

Ck4. Medical Insurance Program:

- Box Ck4a: The number of unduplicated enrolled PATH clients who received an Assisted Referral for medical insurance.
- Box Ck4b: The number of unduplicated enrolled PATH clients who attained medical insurance.

Ck5. Medical Services:

- Box Ck5a: The number of unduplicated enrolled PATH clients who received an Assisted Referral for Primary Medical Services.
- Box Ck5b: The number of unduplicated enrolled PATH clients who received Primary Medical Services.

**Calculating the number of enrolled PATH clients for the voluntary outcome measures**

1. Identify all enrolled PATH clients who meet the criteria for the outcome (i.e., the client record shows they received some kind of assisted referral)
2. Of those enrolled PATH clients who received some kind of assisted referral, filter out all clients who meet the criteria but whose response values are not applicable to the outcome (if calculating the number of enrolled PATH clients for the housing outcome filter out all clients who received assisted referrals for services other than housing)
3. Count the number of unique IDs of the remaining enrolled PATH clients (this will result in the number of enrolled PATH clients).
4. Report the number of enrolled PATH clients in the appropriate voluntary outcome report box.

**NOTE:** Clients can have more than one assisted referral but should only be counted one time in each category.

**See “Chart B. Voluntary Outcome Measure Calculation and Response Categories on page 37 for more information.**

## ***Table D: Demographics***

Table D collects demographic information for enrolled PATH clients. Therefore, the sum of enrolled PATH clients reported in items D 1 - 7 should be the same as the number recorded in Item B3, which is displayed at the top of “Table D.”

There is one exception. Item D8 requests information only about those enrolled PATH clients who are literally homeless, which includes only those who were living outdoors (Item D7a) or in short term shelter (Item D7b) at first contact. Therefore, Item D8 = Item D7a + Item D7b.

Providers should include all demographic information available on each enrolled client. Some demographic information, (for example, age) may change during the year. When available, information should reflect the status of individual at first contact. For enrolled PATH clients who leave and re-enter the service system, use their demographic data upon re-entry and only count them one time.

It is important to not have a significant number of unknowns in this section. Carefully evaluate any “unknown” entries in this section before submitting the data. Additionally, it is requested that the actual number of persons, not estimates, be reported in this table if at all possible.

The definitions of some of the demographic questions, such as what the different housing status categories mean, are defined by each state. Contact the State PATH Contact with any questions about these items.

**Race/Ethnicity:** In 2009, the Office of Management and Budget requested changes to the Race/Ethnicity question in accordance with requirements published in the October 30, 1997 Federal Register.

There is no longer an option for an “other” category. However, a “two or more races” category was added. Please remember that this question is based on consumer self-report. If a consumer states that he or she is “Hispanic” and “White” he or she should be included in “two or more races.” If a consumer states that he or she is “Hispanic” he or she should only be counted under “Hispanic.”

The categories now include:

- D3a. American Indian or Alaska Native;
- D3b. Asian;
- D3c. Black or African American;
- D3d. Hispanic or Latino;
- D3e. Native Hawaiian or Other Pacific Islander;
- D3f. White;
- D3g. Two or more races; and
- D3h. Unknown

## Additional Information

### *Reporting Burden*

*For State Path Contacts:* 26 hours per annual response, including the time for becoming familiar with the form and reporting requirements, sending ID numbers and passwords to local Providers, obtaining data from local Providers, reviewing the data for accuracy, and revising the data in response to federal review.

*For Local Providers using the Web Report:* 31 hours per annual response, including time for becoming familiar with the form and reporting requirements, obtaining client 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).**

### *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 to support services to 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. The PATH program is authorized by Public Law 101-645, 42 U.S.C. 290cc-21, section 521 et seq. of the Public Health Service Act.

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.”

## ***Use of Reporting Information***

The reporting of this information is a crucial component of the implementation and operation of the PATH program. The data are utilized by program managers within the Center for Mental Health Services (CMHS) to describe and evaluate the PATH program on a national basis and will be used for essential program planning purposes. Further, the data are 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 being 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.

## ***Service Definitions***

**Alcohol or drug treatment services:** 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.

**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 being 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 who can provide certification that the application has been successfully filed by the consumer.

**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.

**Case management services:** 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.

**Community mental health services:** 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. Individuals who are successfully linked to mental health services as a result of the PATH program should be included in this measure (see reminder 1 on page 4 for more information).

**Costs associated with matching eligible homeless individuals with appropriate housing situations:** Expenditures made on behalf of PATH-enrolled individuals 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.

**Earned Income:** See *employment*

**Employment:** Employment is any instance where services are performed that is subject to the will and control of an employer and for which wages are received by the worker. This definition of employment is not limited to full, part or seasonal employment, a minimum number of hours worked per week, or the availability of benefits.

**Employment Services:** Services designed to assist consumers with obtaining employment. Services may include, but are not limited to, application completion, resume development, interview training, and providing access to job listings.

**Habilitation and rehabilitation services:** Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorder.

**Housing Services:** Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. For each enter the number of PATH Enrolled consumers who benefited from or received the service. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.

**Improving 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 selection of the most effective combination of available resources to best meet the residential needs of the target population.

**Income Benefits:** Income supports that are not earned income (wages), non-cash benefits (food stamps/Supplemental Nutrition Assistance Program (SNAP), etc), or temporary financial assistance (security deposits, rental assistance, utility or energy assistance). Income supports are financial supports that can be used at the consumer’s discretion and are not limited to specific uses. Examples include SSI, SSDI, TANF, and pensions.

**Medical Insurance Program:** A program designed to provide medical insurance and/or medical co-pay assistance.

**Minor renovation, expansion, and repair of housing:** 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.

**One-time rental payments to prevent eviction:** One-time rental payments are made for PATH-enrolled individuals 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.

**Outreach Services:** 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 “inreach,” 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.

**PATH Enrolled:** A PATH enrolled client is defined as a person (1) who is homeless or at imminent risk of becoming homeless and has a serious mental illness and/or a co-occurring substance use disorder; (2) who receives services supported in some measure with federal PATH funds, and (3) for whom a clinical or other formal record has been prepared, indicating formal PATH enrollment.

**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.

**Primary Medical Care:** Medical care that is overseen by a licensed medical primary care provider.

**Referrals 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.

**Screening and diagnostic treatment services:** A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

**Security deposits:** Provision of funds for PATH-enrolled individuals 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.

**Staff training:** Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse 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. Sites are not required to report the number of staff receiving this service.

**Supportive and supervisory services in residential settings:** Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

**Technical assistance in applying for housing assistance:** Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.

### ***Homeless Management Information Systems (HMIS) 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. SAMSHA and HUD have been conducting 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 Homeless Management Information Systems (HMIS) for PATH data collection and reporting. At the same time, SAMSHA began a process to revise the PATH data collection and reporting to be more responsive to Congressional needs for outcome measures and program evaluation.

The voluntary outcome measures in Table C (Ck1 – Ck5) are a first step towards improving reporting for PATH Providers. To support SAMSHA's efforts, HUD has integrated a number of elements in the revised HMIS Data and Technical Standards to specifically accommodate PATH program data collection and reporting needs. This alignment provides an opportunity for PATH Providers who have access to or who are already required to use the local Continuum of Care (CoC) HMIS for other programs to collect, manage, and report their PATH data through the HMIS. Using HMIS can decrease provider staff burden by eliminating one source of duplicated data collection and management.

PATH Providers, unless required under a non-PATH funding stream, are not required to participate in the local HMIS. PATH Providers are encouraged to contact their local CoC to investigate the opportunities in participating in the HMIS and the CoC. PATH Providers can obtain CoC contact information at <http://www.hudhre.info/index.cfm?do=viewCocContacts>.

Below is a chart that outlines the HMIS Data Elements that are directly applicable to PATH provider data collection and reporting requirements<sup>1</sup>.

---

<sup>1</sup> 2009 PATH Annual Survey

Chart A: PATH HMIS Universal Data Elements (PATH 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			
<b>Social Security Number</b>			
- Social Security Number		<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"> <li>• Full SSN Reported</li> <li>• Partial SSN Reported</li> <li>• Don't Know or Don't Have SSN</li> <li>• Refused</li> </ul>	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 9-digit placeholder as they would appear in the SSN itself: ___-__-1234
<b>Date of Birth</b>			
-Date of Birth		The Date of Birth 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"> <li>• Full DOB Reported</li> <li>• Approximate or Partial DOB Reported</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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, then 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.

<b>Ethnicity and Race</b>			
- Race	<ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>White</li> <li>Don't Know</li> <li>Refused</li> </ul>	In accordance with Federal Register (62 FR 58782) the Office of Management and Budget (OMB), require the standardized collection of race information by all federal agencies.	<p><b>-American Indian or Alaska Native</b> (a person having origins in any of the original peoples of North and South America, including Central American, and who maintain tribal affiliation or community attachment).</p> <p><b>-Asian</b> (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><b>-Black or African American</b> (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><b>-Native Hawaiian or Other Pacific Islander</b> (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)</p> <p><b>-White</b> (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"> <li>Non-Hispanic/Non-Latino</li> <li>Hispanic/Latino</li> <li>Don't Know</li> <li>Refused</li> </ul>	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.
<b>Gender</b>			
- Gender	<ul style="list-style-type: none"> <li>Female</li> <li>Male</li> <li>Transgendered Male to Female</li> <li>Transgendered Female to Male</li> <li>Other</li> <li>Don't Know</li> <li>Refused</li> </ul>	To create separate counts of men, women, and transgendered clients served.	Based on client's self-perceived gender identify. Transgender is identification with, or presentation as, a gender that is different from the gender at birth.
<b>Veteran Status</b>			
- Veteran Status	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't Know</li> <li>Refused</li> </ul>	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"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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"> <li>• Emergency Shelter, including hotel or motel paid for with emergency shelter voucher</li> <li>• Transitional housing for homeless persons (including homeless youth)</li> <li>• Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)</li> <li>• Psychiatric hospital or other psychiatric facility</li> <li>• Substance abuse treatment facility or detox center</li> <li>• Hospital (non-psychiatric)</li> <li>• Jail, prison or juvenile detention facility</li> <li>• Rental by client, no housing subsidy</li> <li>• Owned by client, no housing subsidy</li> <li>• Staying or living in a family member's room, apartment or house</li> <li>• Staying or living in a friend's room, apartment or house</li> <li>• Hotel or motel paid for without emergency shelter voucher</li> <li>• Foster care home or foster care</li> </ul>	To identify the type of residence and length of stay at that residence just prior to (i.e., 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").

<p>- Length of Stay in Previous Place</p>	<ul style="list-style-type: none"> <li>• One week or less</li> <li>• More than one week, but less than one month</li> <li>• One to three months</li> <li>• More than three months, but less than one year</li> <li>• One year or longer</li> <li>• Don't Know</li> <li>• Refused</li> </ul>		<p>This data element does not preclude the collection of residential history information beyond the residence experienced the night prior to program admission.</p>
<p><b>Zip code of Last Permanent Address</b></p>			
<p>- Zip code</p>		<p>To identify the former geographic location of persons experiencing homelessness or current geographic location of person who are at risk of homelessness.</p>	<p>Enter the 5 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 3 months. Best practices include collecting city/state information at intake and the data used by data entry staff to find and enter the 5-digit zip code. At-a-glance documents that list 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.</p>
<p>- Zip code Data Quality Code</p>	<ul style="list-style-type: none"> <li>• Full or Partial Zip Code Reported</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	<p>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.</p>	

<b>Housing Status</b>			
- Housing Status	<ul style="list-style-type: none"> <li>• Literally homeless</li> <li>• Housed and at imminent risk of losing housing</li> <li>• Housed and at-risk of losing housing</li> <li>• Stably housed</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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.
<b>Program Entry Date</b>			
- 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.
<b>Program Exit Date</b>			
- 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 first day of service or program exit
Computer Generated UDEs			
<b>Personal Identification Number</b>			
- 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.
<b>Household Identification Number</b>			

- 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.
<b>PATH HMIS Program-Specific Data Elements (PATH-PDEs)</b>			
<b>Income and Sources</b>			
Financial Resources: Income received from any source in past 30 days?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	Income and sources are important to: -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.
<b>Source and Amount of Income</b>			
-Source of Income	<ul style="list-style-type: none"> <li>• Earned Income (i.e., employment income)</li> <li>• Unemployment Insurance</li> <li>• Supplemental Security Income (SSI)</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Veteran's disability payment</li> <li>• Private disability insurance</li> <li>• Worker's Compensation</li> <li>• Temporary Assistance for Needy Families (TANF) (or other local name)</li> <li>• General Assistance (GA)(or other local name)</li> <li>• Retirement income from Social Security</li> <li>• Veteran's pension</li> <li>• Pension from a former job</li> <li>• Child support</li> <li>• Alimony or other spousal support</li> </ul>		Enter to source of any income the client has received in the past 30 days.

	<ul style="list-style-type: none"> <li>• Other source</li> </ul>		
-Receiving Income Source	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	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).
<b>Non-Cash Benefits</b>			
Non-Cash Benefits received from any source in past 30 days?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	<p>Income and sources are important to:</p> <ul style="list-style-type: none"> <li>-understand client's access to mainstream benefits</li> <li>-ascertain the complete economic circumstances of the client</li> </ul>	Enter whether or not the client has received non-cash benefits from any source in the past 30 days.

<p>-Source of Non-Cash Benefit</p>	<ul style="list-style-type: none"> <li>• Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps)</li> <li>• MEDICAID health insurance program (or local name)</li> <li>• MEDICARE health insurance program (or local name)</li> <li>• State Children's Health Insurance Program (or local name)</li> <li>• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</li> <li>• Veteran's Administration (VA) Medical Services</li> <li>• TANF Child Care services (or use local name)</li> <li>• TANF Transportation services (or use local name)</li> <li>• Other TANF-funded services (or use local name)</li> <li>• Other source</li> </ul>		<p>Enter to source of any Non-Cash Benefit the client has received in the past 30 days.</p>
<p>-Receiving Non-Cash Benefit</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>To clearly delineate between Non-Cash Benefits received and not received.</p>	<p>All Non-Cash Benefits must be marked with a Yes or No</p>

<b>Mental Health</b>			
Mental Health problem	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	To determine the need for services and treatment	
<b>Substance Abuse</b>			
Substance Abuse problem	<ul style="list-style-type: none"> <li>• No</li> <li>• Alcohol abuse</li> <li>• Drug abuse</li> <li>• Both alcohol and drug abuse</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	To identify potential of disability	

<p>(If client has substance abuse problem) Currently receiving services or treatment for this condition, or received services/ treatment prior to exiting the program?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	<p>To determine the need for services and treatment</p>	
<p><b>Destination</b></p>			
<p>Destination Type</p>	<ul style="list-style-type: none"> <li>• Emergency Shelter, including hotel or motel paid for with emergency shelter voucher</li> <li>• Transitional housing for homeless persons (including homeless youth)</li> <li>• Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)</li> <li>• Psychiatric hospital or other psychiatric facility</li> <li>• Substance abuse treatment facility or detox center</li> <li>• Hospital (non-psychiatric)</li> <li>• Jail, prison or juvenile detention facility</li> <li>• Rental by client, no housing subsidy</li> <li>• Owned by client, no housing subsidy</li> <li>• Staying or living in a family member's room, apartment or house</li> <li>• staying or living in a friend's room, apartment or house</li> </ul>	<p>To determine program exit outcome measures</p>	<p>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").</p>

	<ul style="list-style-type: none"> <li>• Hotel or motel paid for without emergency shelter voucher</li> <li>• Foster care home or foster care group home</li> <li>• 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)"</li> <li>• Other</li> <li>• Safe Haven</li> <li>• Rental by client, with VASH housing subsidy</li> <li>• Rental by client, with other (non-VASH) housing subsidy</li> <li>• Owned by client, with housing subsidy</li> <li>• Don't Know</li> <li>• Refused</li> </ul>		
<b>Date of Contact (required for SHP Street Outreach Programs)</b>			
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"> <li>• 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)</li> <li>• Service setting, non-residential (e.g., Homeless Connect-type event, drop in center, day services center, soup kitchen, etc.)</li> <li>• 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)</li> </ul>	To understand the setting and concentration of effort by the outreach program to locate, identify, and engage persons experiencing homelessness.	
<b>Date of Engagement (required for SHP Street Outreach Programs)</b>			
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.
<b>Financial Assistance Provided (required for HPRP<sup>2</sup> programs)</b>			

<sup>2</sup> 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.

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"> <li>• Rental Assistance</li> <li>• Security Deposits</li> <li>• Utility Deposits</li> <li>• Utility Payments</li> <li>• Moving cost assistance</li> <li>• Motel &amp; hotel vouchers</li> </ul>	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.
<b>Housing Relocation and Stabilization Services Provided (required for HPRP programs)</b>			
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"> <li>• Case Management</li> <li>• Outreach and Engagement</li> <li>• Housing search and placement</li> <li>• Legal Services</li> <li>• Credit Repair</li> </ul>	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.
<b>Employment</b>			
Employed	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Refused</li> </ul>	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"> <li>• Food</li> <li>• Housing Placement</li> <li>• Material Goods</li> <li>• Temporary housing and other financial aid</li> <li>• Transportation</li> <li>• Consumer assistance and protection</li> <li>• Criminal justice/ legal services</li> <li>• Education</li> <li>• HIV/AIDS-related services</li> <li>• Mental health care/counseling</li> <li>• Other health care</li> <li>• Substance abuse services</li> <li>• Employment</li> <li>• Case/care management</li> <li>• Day care</li> <li>• Personal enrichment</li> <li>• Referral to other service(s)</li> <li>• Outreach</li> </ul>	To document and report the range of service types provided within a program year.	

**Chart B. Voluntary Outcome Measure Calculation**

Survey Question ID	Voluntary Outcome Measure	Data Elements Needed	Calculation	Applicable Response Categories
Ck1a	Housing: Referral	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Services Provided: Assisted Referral</li> <li>• Referral Service Type</li> </ul>	<p>Count the unduplicated [Client unique ID]</p> <p style="text-align: center;">IF</p> <p style="text-align: center;">[Services Provided: Assisted Referral] is equal to “yes”</p> <p style="text-align: center;">AND IF</p> <p>[Assisted Referral: Referral Service Type] is equal to:</p> <p style="text-align: center;">Transitional housing for homeless persons OR Permanent housing OR Room, apartment or house that you rent OR Apartment or House that you own OR Foster care home or foster care group home</p>	<ul style="list-style-type: none"> <li>• Transitional housing for homeless persons (including homeless youth)</li> <li>• Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)</li> <li>• Room, apartment or house that you rent</li> <li>• Apartment or House that you own</li> <li>• Foster care home or foster care group home</li> </ul>
Ck1b	Housing: Attained	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Destination (at program exit)</li> </ul>	<p>Count the unduplicated [Client unique ID]</p> <p style="text-align: center;">IF</p> <p style="text-align: center;">[Destination] at program exit is equal to:</p> <p style="text-align: center;">Transitional housing for homeless persons OR Permanent housing</p>	<ul style="list-style-type: none"> <li>• Transitional housing for homeless persons (including homeless youth)</li> <li>• Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)</li> <li>• Room, apartment or house that you rent</li> <li>• Apartment or House that you own</li> <li>• Foster care home or foster care group home</li> </ul>

			<p>OR Room, apartment or house that you rent OR Apartment or House that you own OR Foster care home or foster care group home</p>	
Ck2a	Income Benefits: Referral	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Services Provided: Assisted Referral</li> <li>• Referral Service Type</li> </ul>	<p>Count the unduplicated [Client unique ID] IF [Services Provided: Assisted Referral] is equal to “yes” AND IF [Assisted Referral: Referral Service Type] is equal to:</p> <p>Unemployment Insurance OR Social Security Income (SSI) OR Social Security Disability Income (SSDI) OR Veteran’s Disability payment OR Private Disability Insurance OR Worker’s compensation OR Temporary Assistance for Needy Families (TANF) OR General Assistance OR</p>	<ul style="list-style-type: none"> <li>• Unemployment Insurance</li> <li>• Social Security Income (SSI)</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Veteran’s Disability payment</li> <li>• Private Disability Insurance</li> <li>• Worker’s compensation</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• General Assistance</li> <li>• Retirement income from Social Security</li> <li>• Veteran’s Pension</li> <li>• Pension from a former job</li> <li>• Child Support</li> <li>• Alimony or other spousal support</li> <li>• Other source (not Earned Income, i.e. employment income)</li> </ul>

			Retirement income from Social Security OR Veteran's Pension OR Pension from a former job OR Child Support OR Alimony or other spousal support OR Other source (not Earned Income, i.e. employment income)	
Ck2b	Income Benefits: Attained	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Income and Sources (at program exit)</li> </ul>	Count the unduplicated [Client unique ID] IF [Income Source] is equal to:  Unemployment Insurance OR Social Security Income (SSI) OR Social Security Disability Income (SSDI) OR Veteran's Disability payment OR Private Disability Insurance OR Worker's compensation OR Temporary Assistance for Needy Families (TANF) OR General Assistance	<ul style="list-style-type: none"> <li>• Unemployment Insurance</li> <li>• Social Security Income (SSI)</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Veteran's Disability payment</li> <li>• Private Disability Insurance</li> <li>• Worker's compensation</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• General Assistance</li> <li>• Retirement income from Social Security</li> <li>• Veteran's Pension</li> <li>• Pension from a former job</li> <li>• Child Support</li> <li>• Alimony or other spousal support</li> <li>• Other source (not Earned Income, i.e. employment income)</li> </ul>

			<p>OR Retirement income from Social Security OR Veteran's Pension OR Pension from a former job OR Child Support OR Alimony or other spousal support OR Other source (not Earned Income, i.e. employment income)</p>	
Ck3a	Earned Income: Referral	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Services Provided: Assisted Referral</li> <li>• Referral Service Type</li> </ul>	<p>Count the unduplicated [Client unique ID] IF [Services Provided: Assisted Referral] is equal to "yes" AND IF [Assisted Referral: Referral Service Type] is equal to:  Job Training OR Employment Services OR Employment Opportunities</p>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Job Training</li> <li>• Employment Services</li> <li>• Employment Opportunities</li> </ul>
Ck3b	Earned Income: Attained	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Income and Sources (at program exit)</li> </ul>	<p>Count the unduplicated [Client unique ID] IF [Income: Source] is equal to:  Earned Income (i.e., employment income)</p>	<ul style="list-style-type: none"> <li>• Earned Income (i.e., employment income)</li> </ul>

Ck4a	Medical Insurance: Referral	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Services Provided: Assisted Referral</li> <li>• Referral Service Type</li> </ul>	<p>Count the unduplicated [Client unique ID] IF [Services Provided: Assisted Referral] is equal to “yes” AND IF [Assisted Referral: Referral Service Type] is equal to:</p> <p>Medicaid health insurance program OR Medicare health insurance program OR State Children’s health insurance program OR Veteran’s Administration (VA) medical services</p>	<ul style="list-style-type: none"> <li>• Medicaid health insurance program</li> <li>• Medicare health insurance program</li> <li>• State Children’s health insurance program</li> <li>• Veteran’s Administration (VA) medical services</li> </ul>
Ck4b	Medical Insurance: Attained	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Non-cash Benefits (at program exit)</li> </ul>	<p>Count the unduplicated [Client unique ID] IF [Non-Cash Benefits] is equal to:</p> <p>Medicaid health insurance program OR Medicare health insurance program OR State Children’s health insurance program OR Veteran’s Administration (VA)</p>	<ul style="list-style-type: none"> <li>• Medicaid health insurance program</li> <li>• Medicare health insurance program</li> <li>• State Children’s health insurance program</li> <li>• Veteran’s Administration (VA) medical services</li> </ul>

			medical services	
Ck5a	Medical Care: Referral	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Services Provided: Assisted Referral</li> <li>• Referral Service Type</li> </ul>	Count the unduplicated [Client unique ID] IF [Services Provided: Assisted Referral] is equal to “yes” AND IF [Assisted Referral: Referral Service Type] is equal to:  General Medical Care OR Health Screening/Diagnostic Services	<ul style="list-style-type: none"> <li>• General Medical Care</li> <li>• Health Screening/Diagnostic Services</li> </ul>
Ck5b	Medical Care: Attained	<ul style="list-style-type: none"> <li>• Client unique ID (for de-duplication and counting)</li> <li>• Program Entry and Exit Dates</li> <li>• Services Provided</li> </ul>	Count the unduplicated [Client unique ID] IF [Services Provided] is equal to:  General Medical Care OR Health Screening/ Diagnostic Services	<ul style="list-style-type: none"> <li>• General Medical Care</li> <li>• Health Screening/ Diagnostic Services</li> </ul>