

## The Next Chapter Part I: PATH Data Collection

Caroline Fernandez  
Ryan Burger  
Mike Lindsay  
Chris Pitcher



**Putting It All Together:**  
Uniting Data, Technology, and People



## The Next Chapter Part I: PATH Data Collection

# Learning Objectives

- Clarify HUD and SAMHSA policy of street outreach data collection
- Provide a forum for understanding how the PATH data collection policy set forth in the PATH Program HMIS Manual affects the PATH Annual Report
- Provide opportunities for PATH and HMIS Leadership to coordinate for street outreach data collection
- Provide context for PATH Annual Report expectations in 2017

# The Only Constant Is Change: 2017 HMIS Data Standards for PATH





The Next Chapter Part I: PATH Data Collection

## The Only Constant Is Change

- HUD and SAMHSA are making changes to lessen the data collection burden for the PATH Program
- Philosophy: If you collect it, use it for reporting. If you do not use it for reporting, do not collect it.



## The Only Constant Is Change: 4.9

- Mental Health Problem
- Change: Remove 1. “(if yes for mental health problem) Documentation of the disability and severity on file”
- Change: Remove 2. “(if yes for mental health problem) Currently receiving services/treatment for this condition”



## The Only Constant Is Change: 4.9

- Mental Health Problem
- Change: Remove 3. “(Required for PATH only) (if yes for mental health problem) How confirmed”
- Change: Remove 4. “(Required for PATH only) (if yes for mental health problem) Serious Mental Illness (SMI) and, if SMI, how confirmed”



## The Only Constant Is Change: 4.10

- Substance Abuse
- Change: Remove 1. “(if alcohol abuse, drug abuse, or both alcohol and drug abuse problem)  
Documentation of the disability and severity on file”
- Change: Remove 2. “(if alcohol abuse, drug abuse, or both alcohol and drug abuse problem) Currently receiving services/treatment for condition”



The Next Chapter Part I: PATH Data Collection

## The Only Constant Is Change: 4.10

- Substance Abuse
- Change: Remove 3.“(Required for PATH only) (if alcohol abuse, drug abuse, or both alcohol and drug abuse problem) How confirmed”





The Next Chapter Part I: PATH Data Collection

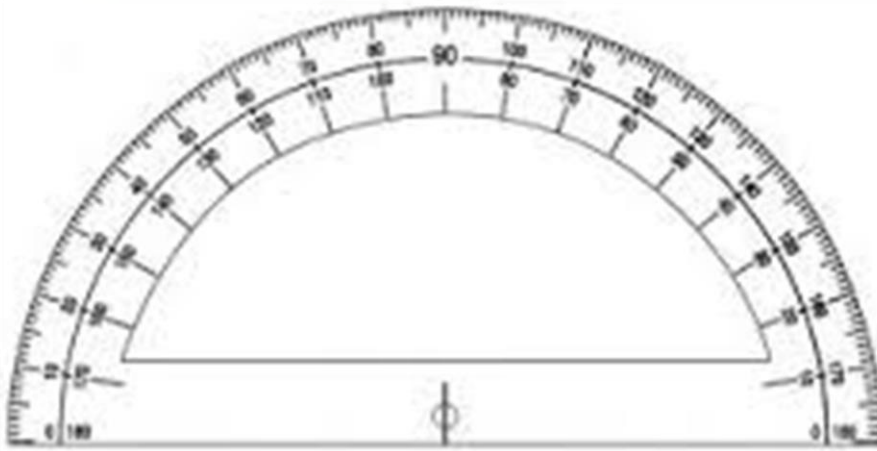
## The Only Constant Is Change: 4.12

- Contact
- Change: Remove “location of contact” and replace with “staying on streets, ES or SH”



The Next Chapter Part I: PATH Data Collection

# PATH Guidance: The HMIS Leadership Angle





## The Next Chapter Part I: PATH Data Collection

### SPC Decision Points

- There is nothing in PATH rules or regulations that prescribe data collection decision points
- SAMHSA and HUD see these decisions points as critical to consistent data collection for the PATH program
- SAMHSA and HUD have defined HMIS terms but HMIS can be operationalized differently at the CoC level, based on local considerations



## The Next Chapter Part I: PATH Data Collection

### SPC Decision Points

- SAMHSA is empowering SPCs to make decisions for their State on PATH data collection
- SAMSHA encourages SPCs to make, document and share all of these decisions with their PATH providers, and to work in consultation with their CoC and HMIS Lead Agencies in the development and implementation of data collection decision points



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #1

- Generally Reside, has been defined to help PATH providers determine which project (Street Outreach or Support Service Only) the client shall be entered in using:
  - Where did you stay last night?
  - In cases where the client does not know, the guidance allows for a delay in HMIS data entry
- Generally Reside must occur before Project Entry



## The Next Chapter Part I: PATH Data Collection

### SPC Decision Point: #1

- To determine a client's primary place of residence at First Contact/Project Entry use the following:
- Where did you stay last night?
  - If the client responds with an answer consistent with a place **not meant** for human habitation, then enter the client in the Street Outreach project
  - If the client responds with an answer consistent with a place **meant** for human habitation, including emergency shelters, then enter the client in the Supportive Services project
  - If the client does not provide an answer, wait until you can get an answer and enter the client in HMIS at that point



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #1

- Generally Reside
- Generally Reside could occur after Date of First Contact:
  - If the client does not know where they stayed last night



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #1

- Generally Reside decision point:
  - How long after “Date of First Contact” can the PATH provider delay data entry if the client does not know “Where Did you Stay Last Night?”
  - Your Generally Reside decision point should be set to a length of time that does not create an abundance of “back-data” entry as data quality will suffer
  - For example 7 days could provide enough time to collect the data





The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #1

- Generally Reside decision point:
  - If your “Generally Reside” timeframe has passed instruct PATH providers to select the most appropriate program to enter the client into based on the knowledge at the time
  - This data only affects HUD System Performance Measure 7a
  - *If there are lots of instances of the use of the “Generally Reside” decision point that may indicate a PATH provider in need of training*



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #2

- Re-engagement is the service, formerly known as Outreach
  - The process of engaging with PATH-enrolled individuals who are disconnected from PATH services within a specified timeframe
- Re-engagement must occur after Date of Enrollment
- Re-engagement must occur before Project Exit (including Automatic Exits)



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #2

- Re-engagement Minimum decision point:
  - How long after Date of Enrollment can the service of Re-engagement occur?
  - The length of time cannot be the same or greater than the Automatic Exit decision point
  - If your Automatic Exit decision point is 90 days, your Re-engagement Minimum decision point could be 30 days but could not be 90 days or more per the example



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #3

- Project Exit is the final step in the data collection workflow:
  - A client is exited from the PATH project:
  - Stable permanent housing
  - Transitioned to mainstream resources
  - Client leaves the program
  - No contact with client for a set period of time



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #3

- Project Exit must occur after Date of First Contact and/or Project Entry
- If a CoC's HMIS is programmed to make an Automatic Exit, it must occur after a specified lag in Contact for all PATH providers in the CoC
- How long after the date of last contact will the Automatic Exit occur?
- The Automatic Exit decision point could be 60 or 90 days



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #3

- Remember that if an Automatic Exit is used for the client record:
  - The Exit Date will be set as the date of last contact
  - The client will be exited after the established period of time has passed since the date of last contact



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #4

- Project Exit is the final step in the data collection workflow:
  - Important when a client is exited from the PATH project to:
    - Stable permanent housing
    - Transitioned to mainstream resources
- After-care Exit allows PATH providers to continue to work with clients to assure a smooth transition



The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #4

- After-care Exit must occur after Date of Enrollment
- How long after the client is housed or transitioned to mainstream resources can the PATH provider keep the client enrolled?
- For example the After-care Exit decision point is 90 days, for the PATH provider to assure the client is stable





The Next Chapter Part I: PATH Data Collection

## SPC Decision Point: #4

- Remember that if an After-care Exit is used for the client record:
  - The Exit Date will be set to the last date of contact and/or service within the set period of time determined by the SPC



# PATH Guidance: SPC & HMIS Leadership Coordination





The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Street Outreach Data Collection Policies and Procedures
  - Each CoC should have data collection policies and procedures that explain how street outreach programs collect data in HMIS
  - Often these policies will be a part of the overall HMIS Policies and Procedures
  - The Record Building Protocols should be part of this documentation



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Street Outreach Data Collection Policies and Procedures
  - SPCs should meet with local CoC and HMIS leadership to determine if there are HMIS Policies and Procedures that govern street outreach data collection
  - If there are street outreach data collection policies and procedures do they meet the PATH data collection workflow and guidance in the PATH HMIS Program Manual Version 5?
  - Often the HMIS Solution Provider may have work flow procedures the community follows



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Recording Building Protocols
  - Can only occur prior to “Date of Engagement”
  - Allow outreach workers to enter data on clients as the relationship evolves
  - Outreach is not conducive to timely, accurate and complete data collection
  - Often there is never enough data to create a complete HMIS client record
  - Adopt a consistent policy for street outreach data collection



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Recording Building Protocols
  - Outreach programs may initially enter records that are non-identifiable
  - Outreach programs shall continue to engage the client to obtain client-identifiable data
    - This not a blank check for poor data quality
  - Outreach data will not affect overall data quality until the Date of Engagement



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Non-identifiable Data
  - Outreach programs need to keep track of the non-identified client and alias information as not create a new record if one already exists
  - Often occurs through case conferences, but may occur through appropriate data sharing in HMIS, even with just aliases or other partial information
  - HUD and SAMHSA set general parameters for outreach data collection policy in the [PATH Program HMIS Manual Version 5](#)



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Recording Building Protocols
  - Are there protocols on how to capture client de-identified data in HMIS prior to “Date of Engagement”?
  - Do PATH outreach workers coordinate when there are de-identified clients to assure there are not two de-identified “Red HatLady” records?
  - Is there a process to remediate known duplicated, de-identified client records?





The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Service and Referral Data Collection
  - Multiple Service & Referral instances in HMIS
  - Many PATH providers want to collect all instances of service and referral data for internal purposes or for other funding sources
  - SAMHSA encourages SPC and PATH providers to collect all appropriate data in HMIS regardless of the PATH Annual Report Requirements



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Service and Referral Data Collection
  - SPC should meet with local CoC and HMIS leadership to determine if multiple services and referrals can be collected in HMIS AND NOT APPEAR in the PATH ANNUAL REPORT
  - If we collect multiple services in HMIS will it affect our PATH Annual Report?
  - Some HMIS solutions have this ability while others do not
  - Many HMIS Solutions will have a different answer pre-4.1.2017 and post-4.1.2017



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Service and Referral Data Collection
  - Service & Referral instances in HMIS prior to Date of Enrollment
  - Many PATH providers need to collect service and referral data prior to Enrollment for internal purposes or for other funding sources
  - SAMHSA encourages SPC and PATH providers to collect all data necessary to meet the requirements of the agency and/or other funders in addition to meeting the requirements of the PATH Annual Report



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- Service and Referral Data Collection
  - Service & Referral instances in HMIS prior to Date of Enrollment
  - SPC should meet with local CoC and HMIS leadership to determine if services and referrals can be collected in HMIS AND NOT APPEAR in the PATH ANNUAL REPORT
  - If we collect services prior to Date of Enrollment in HMIS will it affect our PATH Annual Report?
  - SPC can only investigate this if the local HMIS has the capability to capture multiple service and referral information



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Data Collection Coordination
- In many communities, PATH is not the only street outreach program (CoC, ESG, RHY, VA, private, local or state funded)
- Often street outreach programs cross the same jurisdiction and clients
  - If street outreach programs do not cross jurisdictions, often clients migrate



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Data Collection Coordination
- Street Outreach programs can also focus their efforts on certain sub-populations:
  - Veterans, Severely Mentally Ill, Substance Users, Youth, Families
  - Clients can be members of many different populations and cross between street outreach programs



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Data Collection Coordination
  - Are there multiple street outreach programs in your community?
  - If so, how many and what are their sub-population(s)?
  - Is there a coordinated effort for these street outreach programs?
  - Are there protocols in place for street outreach programs that work with the same client to coordinate data entry?



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Coordinated Entry System Coordination
  - PATH and other street outreach programs are often a “front-door” to the Coordinated Entry System
  - CoC efforts are underway to bring the Coordinated Entry System into compliance with new HUD guidance by January 23, 2018
    - <https://www.hudexchange.info/resources/documents/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system.pdf>





The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Coordinated Entry System Coordination
  - Notice States: “street outreach efforts...must be linked to the coordinated entry process. Written policies must describe a process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons assessed through site-based access points.”



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Coordinated Entry System Coordination
  - Notice States: “CoC may decide whether to incorporate the assessment process, in part or whole, into the street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of the outreach efforts.”



The Next Chapter Part I: PATH Data Collection

## SPC & HMIS Leadership Coordination

- PATH & Other Street Outreach Coordinated Entry System Coordination
  - Are PATH street outreach workers an access and/or assessment point for the local CoC Coordinated Entry Process?
  - If so, are there written policies regarding a standardized Coordinated Entry Process?
  - How can the PATH street outreach workers be involved in the CoC Coordinated Entry Process?



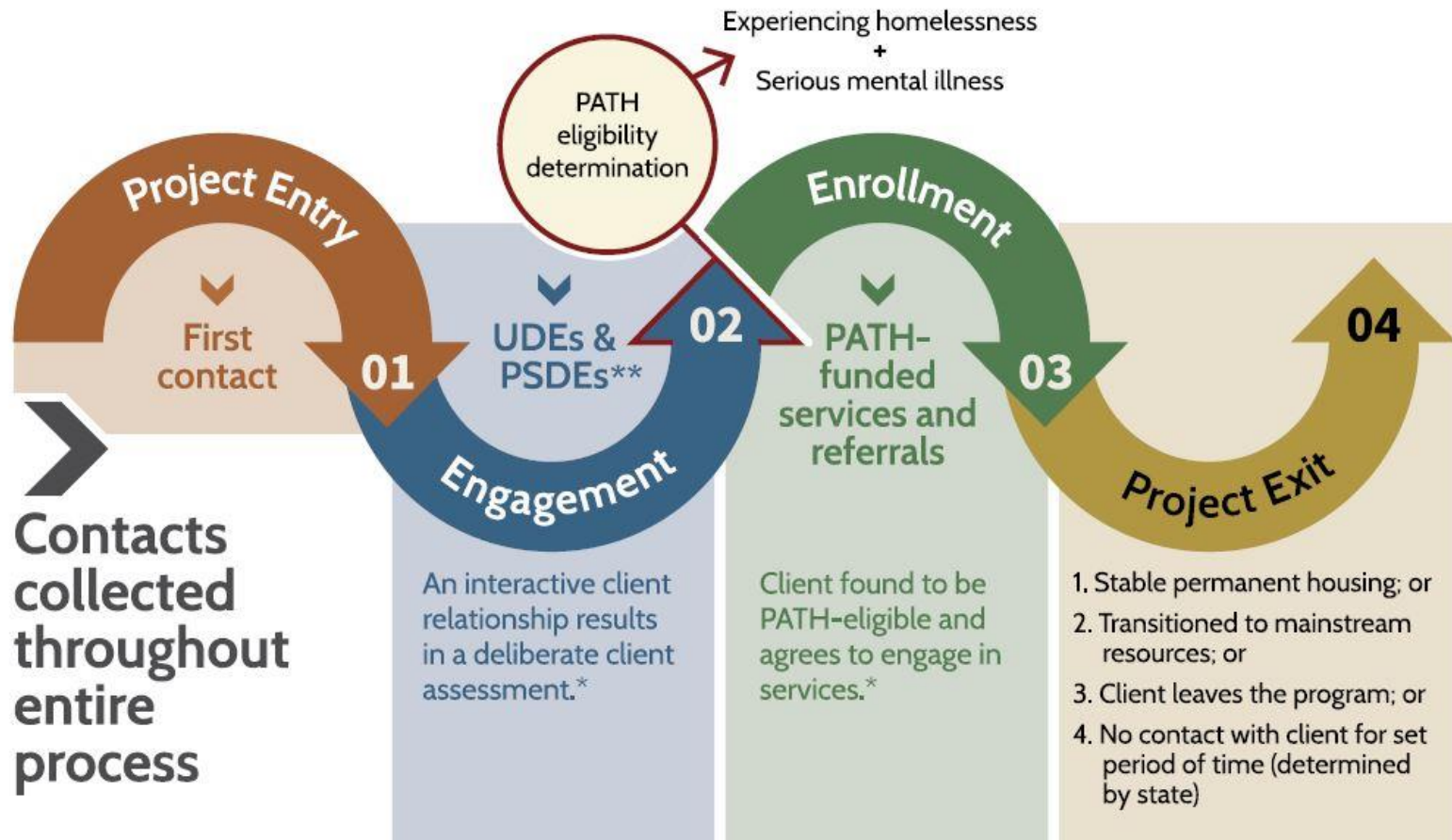
The Next Chapter Part I: PATH Data Collection

# PATH Data Collection: In Depth



The Next Chapter Part I: PATH Data Collection

# PATH Data Collection Workflow





## The Next Chapter Part I: PATH Data Collection

### Step #1: Contact

Contacts are collected throughout the entire data collection process Steps 1-4, when:

- There is an interaction between a PATH-funded worker(s) and an individual who is potentially PATH eligible or enrolled in PATH
- Contacts may range from a brief conversation between the PATH-funded worker and the client about the client's well-being or needs, to a referral or service
- Contacts may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center
- **Contacts must be with the client and not with a 3<sup>rd</sup> party**



The Next Chapter Part I: PATH Data Collection

## Step #1: Project Entry

- First Contact is also known as Project Entry
- At project entry we must identify where the client “generally resides” to determine which project the client record will be created in (street outreach or supportive service)
- HUD and SAMHSA have developed [new guidance](#) on how to identify the client's primary residence— “where they generally reside”



## The Next Chapter Part I: PATH Data Collection

### Step #1: Project Entry

- To determine a client's primary place of residence at First Contact/Project Entry use the following:
- Where did you stay last night?
  - If the client responds with an answer consistent with a place **not meant** for human habitation, then enter the client in the Street Outreach project
  - If the client responds with an answer consistent with a place **meant** for human habitation, including emergency shelters, then enter the client in the Supportive Services project
  - If the client does not provide an answer, wait until you can get an answer and enter the client in HMIS at that point





## The Next Chapter Part I: PATH Data Collection

### Step #1: Project Entry

- First Contact/Project Entry does not require a high level of data collect burden
- In Step #1, a client record is to be created with whatever data is available, follow local Record Building Protocols
- In Step #1, there are multiple contacts where more data can be collected, until we reach Step #2



## The Next Chapter Part I: PATH Data Collection

# Step #2: Engagement

Engagement is defined as:

- The point at which an interactive client relationship results in a deliberate client assessment or beginning of a case plan
- Engagement is a one-time event, may occur on or after the project entry date, and **must** occur prior to PATH enrollment and project exit
- Clients cannot be enrolled in PATH without being engaged
- Although some interactions with a client may result in a positive outcome (such as assisting a client access a shelter bed), without a deliberate client assessment or the beginning of a case plan, those interactions are not considered to be an engagement



## The Next Chapter Part I: PATH Data Collection

### Step #2: Engagement

- Engagement is clearly defined but many PATH Providers still have questions
  - Engagement is the “A-ha Moment” when the client and PATH-funded worker begin a plan or assessment
  - Engagement carries a higher data collection burden than Step #1
  - In Step #2 we need to have all Universal Data Elements, except 3.11 Project Exit Date and 3.12 Destination
  - In Step #2 we need to have the majority of Program Specific Data Elements, except 4.14A Services Provided: PATH Funded and 4.16A Referrals Provided: PATH Funded
- **Data Quality begins at Step #2**


**The Next Chapter Part I: PATH Data Collection**

# Step #2: Engagement

Universal Data Elements	At Project Entry	By Date of Engagement	At Date of Enrollment	At Project Exit
3.1 Name	X			
3.2 Social Security Number		X		
3.3 Date of Birth		X		
3.4 Race		X		
3.5 Ethnicity		X		
3.6 Gender		X		
3.7 Veteran Status		X		
3.8 Disabling Condition		X		
3.917 Living Situation		X		
3.917A Living Situation		X		
3.917B Prior Living Situation		X		
3.10 Project Entry Date	X			
3.11 Project Exit Date				X
3.12 Destination				X
3.13 Personal ID	X			
3.14 Household ID	X			
3.15 Relationship to Head of Household		X		
3.16 Client Location	X			


**The Next Chapter Part I: PATH Data Collection**

# Step #2: Engagement

Program Specific Data Elements	At Project Entry	By Date of Engagement	At Date of Enrollment	At Project Exit
4.1 Housing Status		X		
4.2 Income and Sources		X		
4.3 Non-Cash Benefits		X		
4.4 Health Insurance		X		
4.5 Physical Disability		X		
4.6 Developmental Disability		X		
4.7 Chronic Health Condition		X		
4.8 HIV/AIDS		X		
4.9 Mental Health Problem		X		
4.10 Substance Abuse		X		
4.12 Contact	X	X	X	X
4.13 Date of Engagement		X		
4.14A Services Provided: PATH Funded				X
4.16A Referrals Provided: PATH				X
4.20 PATH Status			X	
4.21 Connection with SOAR		X		



The Next Chapter Part I: PATH Data Collection

## Step #3: Enrollment

- Continue to collect contacts throughout step #3
- Step #3 begins with PATH Eligibility Determination:
  - Is the client experiencing homelessness?
  - Is the client seriously mentally ill?
- If the client is determined eligible, they are to be enrolled in PATH
- **If the client is determined ineligible, the program should find an appropriate service for the client**



## The Next Chapter Part I: PATH Data Collection

### Step #3: Enrollment

- In Step #3 PATH-funded Services and Referrals can begin
- Services and referrals provided prior to Step #3 can be collected in HMIS, only if they do not appear in the PATH Annual Report and are not PATH-funded



# Step #3: Enrollment

## The Next Chapter Part I: PATH Data Collection

### 4.14A Services Provided: PATH Funded

Re-engagement

Screening

Clinical Assessment

Habilitation/Rehabilitation

Community Mental Health

Substance Use Treatment

Case Management

Residential Supportive Services

Housing Minor Renovation

Housing Moving Assistance

Housing Eligibility Determination

Security Deposits

One-time Rent for Eviction Prevention





The Next Chapter Part I: PATH Data Collection

# Step #3: Enrollment

## 4.16 A Referrals Provided: PATH Funded

Community Mental Health

Substance Use Treatment

Primary Health/Dental Services

Job Training Referral

Educational Services

Housing Services

Permanent Housing

Temporary Housing

Income Assistance

Employment Assistance

Medical Insurance



## The Next Chapter Part I: PATH Data Collection

### Step #4: Project Exit

- Continue to collect contacts throughout Step #4, until the Project Exit Date
- Project Exit occurs when:
  - Stable Permanent Housing is achieved
  - Transitioned To Mainstream Resources
  - Client Leaves the Program
  - **No Contact with Client for a set period of time determined by the State PATH Contact**



## The Next Chapter Part I: PATH Data Collection

### Step #4: Project Exit

- When a client is exited from the program with “No Contact with Client for a set period of time” **The exit should be configured to produce an exit date equal to the date of the last contact**
- **This afternoon we will discuss two State PATH Contact data collection decision points:**
  - **Automatic Exit**
  - **After-care Exit**

The Next Chapter Part I: PATH Data Collection

# Questions





## The Next Chapter Part I: PATH Data Collection

# Contact Information

Caroline Fernandez

[Caroline.Fernandez@samhsa.hhs.gov](mailto:Caroline.Fernandez@samhsa.hhs.gov)

Ryan Burger, ICF

[Ryan.burger@icf.com](mailto:Ryan.burger@icf.com)

Mike Lindsay, ICF

[Michael.Lindsay@icf.com](mailto:Michael.Lindsay@icf.com)

Chris Pitcher, ICF

[Chris.pitcher@icf.com](mailto:Chris.pitcher@icf.com)