

The Next Chapter Part II: The PATH Annual Report

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



Learning Objectives

1. Clarify HUD and SAMHSA policy on the PATH Annual Report
2. Provide forum for understanding how the PATH data collection policy set forth in the PATH Program HMIS Manual affects the PATH Annual Report
3. Discuss importance of data quality in PATH reporting efforts
4. Provide context for PATH Annual Report expectations in 2017



SAMHSA Policy on HMIS

- SAMHSA released formal HMIS participation guidance in 2015 <https://www.hudexchange.info/news/technical-assistance-plan-for-path-program-participation-in-hmis/>
- **SAMHSA HMIS Goals**
 1. Clients access permanent or temporary housing more effectively, efficiently through HMIS & Coordinated Entry System
 2. Clients can access a variety of supportive services that address their particular needs



SAMHSA Policy on HMIS

- **SAMHSA HMIS Considerations**

1. Sufficient number of data elements need to be entered into HMIS to facilitate PATH client referral to housing and services
2. PATH data elements must be entered to generate the PATH Annual Report
3. Client data entry into HMIS in a timely manner (according to local HMIS policy)



The Next Chapter Part I: PATH Data Collection

HUD and SAMHSA Philosophy on Reporting

- 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.



SAMHSA Policy on HMIS

- Ideally, SAMHSA wants
 1. Each PATH staff member should be an active and qualified HMIS user, have HMIS access, and attend all required HMIS trainings
 2. Real-time data entry in the field resulting in seamless client care coordination
 3. At least one staff member within a PATH provider agency who coordinates with HMIS staff
 4. At least one PATH provider staff member within a CoC who is an active member of any HMIS committee



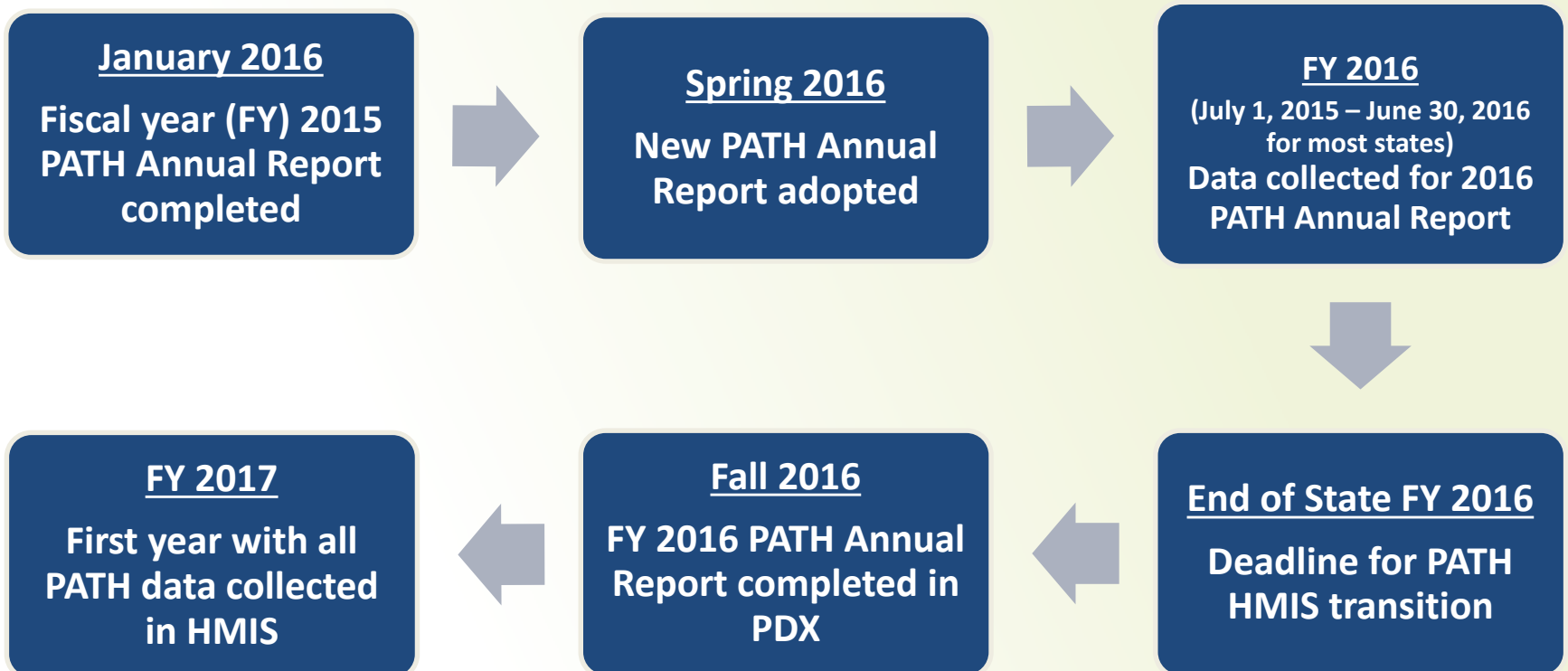
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PATH ANNUAL REPORT





PATH Annual Report Transition





Current PATH Annual Report (FY17)

- HMIS vendors were expected to have the new PATH Annual Report programmed by April 1, 2017
- New report makes several optional questions required and integrates additional changes from the 2016 HMIS Data Standards



Current PATH Annual Report (FY17)

- PATH providers have been entering the data needed for the new report since October 1, 2016
- Since states and territories have unique reporting years, some states may not have a full program year of data collected for the FY17 PATH Annual Report submission
- All states and territories will submit their FY17 report in PDX by December 31, 2017



FY17 PATH Annual Report

- Key changes in the FY17 PATH Annual Report include:
 1. Clarify the reporting needs for Type 4 (Street Outreach) and Type 6 (Services Only) projects
 2. Report identical data for both Street Outreach and Services Only, *Except for Questions #9 and #10 (number of persons contacted)*
 3. Change in reporting methodology for service and referral calculations on the report
 4. Addition of outcome data



FY17 PATH Annual Report: Services

- The new PATH Annual Report changes the methodology for service reporting

Old Methodology: count every service instance for each service category

New Methodology: count only 1 service for each service category



FY17 PATH Annual Report: Services

- Re-engagement, formerly known as Outreach
 - The process of engaging with PATH-enrolled individuals who are disconnected from PATH services

- Re-engagement can only occur for enrolled PATH clients and must happen prior to ***SPC defined length of time that may pass without a client contact before the client is exited from the PATH project (30-60-90 days)***



FY17 PATH Annual Report: Referrals

- The new PATH Annual Report changes the methodology for referral reporting

Old Methodology: count every referral instance for each referral category

New Methodology: count only 1 referral for each referral category



FY17 PATH Annual Report

- All previously optional questions on the PATH Annual Report will now be required. This includes (but is not limited to)
 - Q8: # of persons contacted by PATH funded staff
 - Q9: # of persons contacted by street outreach project
 - Q10: # of persons contacted by services only project
 - Q12: Instances of contact until the date of enrollment
 - Q16: # of persons receiving community mental health services
 - Q19: Income questions
 - Q20: SSI/SSDI questions
 - Q21: Non-cash benefit questions
 - Q28: SOAR connection



FY17 PATH Annual Report: Implications

- The new PATH Annual Report changes the methodology for service and referral reporting will impact historical PATH data
- Service Counts will go down
- Referral Counts will go down
- Number of contacts is the only measure that provide insight into level of effort
- State PATH Contacts and PATH providers will be uncertain about the drastic change in “numbers”
- Do not blame HMIS and HMIS Lead Organizations for the decrease



Common PATH Reporting Issues





Common PATH Reporting Issues

- Understanding client universe for PATH Annual Report questions
 - Most questions on the PATH report will only include clients who have a “date of engagement” that falls during the PATH reporting period
 - Projects might not be clear on that, and often think that the report is under counting
- **Tip:** Ensure that local PATH training focuses on date of engagement data collection, and that providers understand the distinction between contacts and engagement



Common PATH Reporting Issues

- New reporting methodologies for services and referrals
 - SAMHSA guidance states that projects **can** still collect information in HMIS on all services and referrals (so long as it does not impact PATH Annual Reporting).
 - Projects are likely frustrated with this and worry that it under represents the hard work that they are doing with clients
- **Tip:** Work with the SPC to identify if all services and referrals are to be collected; if so, create a report that allows providers to see this data (as it will not show up in the PATH Annual Report)



Common PATH Reporting Issues

- Missing or incomplete data
 - Not all states and territories were able to meet the SAMHSA deadline for participation
 - These states will have missing or incomplete data for the FY17 Annual Report
- **Tip:** Make sure that SAMHSA knows about the issues with HMIS participation, so that the final reports have the appropriate context, and so that TA may be provided



The Next Chapter Part II: The PATH Annual Report

Data Quality and the PATH Annual Report





What is Data Quality?

- Components of data quality include
 1. Completeness
 2. Timeliness
 3. Accuracy
 4. Consistency



SAMHSA's Vision for Data Quality

- It is essential for SPCs and PATH providers to talk openly and regularly about HMIS data quality and its impact in understanding the effectiveness and impact of the PATH project
- HMIS Leads should
 - Ensure that PATH providers are aware of, understand and have access to the data quality framework
 - Have a clear process for providing support to PATH providers who encounter data quality issues



DQ Component #1: Completeness

- Completeness is defined as the degree to which HMIS records do not include partial or missing data (e.g. partial date of birth)
 - Client and project-level completeness
- Completeness can also capture the lack of data from projects not participating in HMIS (e.g. low bed coverage rate)
 - CoC and system-level completeness



DQ Component #2: Timeliness

- Timeliness reflects the period between when client data is collected/known and when that information is entered into HMIS
- If data is not entered into HMIS shortly after it is known, then there is likely an increase in the potential for inaccuracies or errors in the data once it is in HMIS



DQ Component #3: Accuracy

- Accuracy is evident when the data in HMIS reflects the actual characteristics and experiences of clients
- Inaccurate data significantly limits the ability of HMIS to serve as a tool in the community's efforts to reduce homelessness



DQ Component #4: Consistency

- Consistency is the degree to which the data is collected and stored in a uniform manner, across all users of the HMIS
- If users do not have a shared understanding of when, how and why data should be collected in HMIS, then it is likely that the data will not be accurate



HUD's Data Quality Framework

- Intended to allow for standard data quality guidance across HUD reports
- HMIS software must be updated to include the data quality framework by April 1, 2017
 - CoCs will first submit this data in the SPM reports submitted between April 3-May 31, 2017
 - Projects will first submit to HUD in their APRs ([beginning April 1, 2017](#))



HUD's Data Quality Framework

- Only clients with a **date of engagement** *prior* to the report period end date, will show up in the HUD Data Quality Framework report
- Clients without a date of engagement are not held to a data quality standard by HUD or SAMHSA



HUD's Data Quality Framework

DQ Report- Q1 Validation

	A	B
1	Total number of persons served	
2	Number of adults (age 18 or over)	
3	Number of children (under age 18)	
4	Number of persons with unknown age	
5	Number of leavers	
6	Number of adult leavers	
7	Number of adult and head of household leavers	
8	Number of stayers	
9	Number of adult stayers	
10	Number of veterans	
11	Number of chronically homeless persons	
12	Number of youth under age 25	
13	Number of parenting youth under age 25 with children	
14	Number of adult heads of household	
15	Number of child and unknown-age heads of household	
16	Heads of households and adult stayers in the project 365 days or more	



HUD's Data Quality Framework

DQ Report – Q2 Personally Identifiable Information (PII)

2= Element DQ Reponses

	A	B	C	D	E
1	Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	% of Error Rate
2	Name (3.1)	= [8 or 9]	= missing	= [2]	= [total]/VAL.B1
3	Social Security Number (3.2)	= [8 or 9]	= missing	= [rule]	= [total]/VAL.B1
4	Date of Birth (3.3)	= [8 or 9]	= missing	= [2]	= [total]/VAL.B1
5	Race (3.4)	= [8 or 9]	= missing		= [total]/VAL.B1
6	Ethnicity (3.5)	= [8 or 9]	= missing		= [total]/VAL.B1
7	Gender (3.6)	= [8 or 9]	= missing		= [total]/VAL.B1
8	Overall Score				= [total]/VAL.B1



HUD's Data Quality Framework

DQ Report – Q3 UDE

	A	B	C
1	Data Element	Error Count	% of Error Rate
2	Veteran Status (3.7)	= [8, 9, missing or rule]	= B2/VAL.B2
3	Project Entry Date (3.10)	= [rule]	= B3/VAL.B1
4	Relationship to Head of Household (3.15)	= [missing or rule]	= B4/VAL.B1
5	Client Location (3.16)	= [missing or rule]	= B5/(VAL.B14+VAL.B15)
6	Disabling Condition (3.8)	= [8, 9, missing or rule]	= B6/VAL.B1



HUD's Data Quality Framework

DQ Report – Q4 Income & Housing DQ

	A	B	C
1	Data Element	Error Count	% of Error Rate
2	Destination (3.12)		=B2/VAL.B5
3	Income and Sources (4.2) at Entry		=B3/(VAL.B2+VAL.B15)
4	Income and Sources (4.2) at Annual Assessment		=B4/VAL.B16
5	Income and Sources (4.2) at Exit		=B5/VAL.B7



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HUD's Data Quality Framework

DQ Report – Q5 Chronic Homelessness

	A	B	C	D	E	F	G	H
1	Entering into project type	Count of total records	Missing time in institutions (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
2	ES, SH, Street Outreach							
3	TH							
4	PH (all)							
5	Total	=B2+B3+B4						



HUD's Data Quality Framework

DQ Report – Q6 Timeliness

	A	B	C
1	Time for Record Entry	Number of Project Entry Records	Number of Project Exit Records
2	0 days		
3	1-3 days		
4	4-6 days		
5	7-10 days		
6	11+ days		



HUD's Data Quality Framework

DQ Report – Q7 Inactive Records in Street Outreach

	A	B	C	D
1	Data Element	# of Records	# of Inactive Records	% of Inactive Records
2	Contact (Adults and Heads of Household in Street Outreach or ES – NBN)			=C2/B2
3	Bed Night (All clients in ES – NBN)			=C3/B3

Data Quality Standards for PATH





Data Quality Standards

- All programs utilizing HMIS are held to a data quality standards
- These data quality standards are set by the CoC and HMIS leadership in each community
- Street Outreach programs are held to a different standard:
 - Data Quality does not count until “Date of Engagement”



Data Quality Standards

- What are the local data quality standards for street outreach programs (completeness, accuracy, timeliness, and consistency)?
- Were PATH providers involved in the development of local data quality standards?



Data Quality Standards

- Are there standard reports that can be run for PATH data quality?
- Can the HMIS report on the SPC decision points (Generally Reside, Re-engagement Minimum, Automatic Exit and After-care Exit”)?



Data Quality Standards

- The Balancing Act
 - Need to balance the client relationship vs. data collection
 - Without the client relationship there is not data
 - Without the data client care isn't well coordinated
 - Without the data the program may not be funded



Data Quality Standards

- Non-identifiable Data
 - Outreach programs need to keep track of the non-identified client and alias information, to ensure that duplicate client records aren't created
- Record building protocols allow outreach workers to enter data on clients as the relationship evolves
- HUD and SAMHSA set general parameters for outreach data collection policy in the PATH Program HMIS Manual

Forthcoming Changes





Forthcoming Changes

- This is only intended to give you a sense of potential changes, based on what we know now
- Be on the lookout for final guidance from HUD and SAMHSA on these
- Changes will **not** affect the FY17 PATH Annual Report, which will be submitted by December 31, 2017
- The earliest that these changes would be implemented, would be for the FY18 PATH Annual Report (due by December 31, 2018)



Forthcoming Changes

- Reporting methodology for dual diagnosis
 - The current HMIS Programming Specifications will be updated to more accurately reflect the process for identifying clients that have both a serious mental illness and a substance abuse or alcohol problem (current guidance does not include reference to serious mental illness)



Forthcoming Changes

- Questions about contacts
 - The current PATH Annual Report does not include questions on contacts that occur after the date of engagement; however, the PATH data collection guidance, requires that contacts be collected throughout someone's time in PATH (which includes after the date of engagement)
 - Data collection guidance may change on this, or the report may change to be inclusive of this information
 - Either way, SAMHSA is committed to ensuring that people are not collecting data that is not used



Forthcoming Changes

- Referral types
 - There are three types of PATH referrals that are listed as optional in the data collection guidance, and that do not appear on the PATH Annual Report
 - Job training
 - Education services
 - Housing services
 - Likely solution is for these to be made required, and to have these referral types appear on the PATH Annual Report



Forthcoming Changes

- Data uploads for reporting
 - SAMHSA is interested in exploring a data upload process for projects to use to submit their PATH Annual Report data
 - Currently, projects still run a report in HMIS and then enter it into PDX
 - This leaves ample room for human error, or for a manipulation of the data

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Questions





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