

# PATH ANNUAL REPORT MANUAL

*With edits*



Prepared by

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

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## Introduction

### Background

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

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

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

To comply with federal requirements, provider organizations that receive funds under the program must report data relating to the implementation of the program. Each of the PATH funded provider organizations, hereafter referred to as PATH providers, must report annual data using the PATH Data Exchange (PDX) online system.

### Use of Report Information

The reporting of this information is a crucial component of the implementation and operation of the PATH program. Project officers within the Center for Mental Health Services, Division of State and Community Systems Development of the Substance Abuse and Mental Health Services Administration (SAMHSA) utilize the data to describe and evaluate the PATH program on a national basis and for essential program planning purposes. The data is also critical to maintaining program accountability and to assist in program monitoring.

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

- The types of services offered by PATH providers
- The number and characteristics of persons receiving services from PATH providers
- The contribution of PATH funds toward the support of services provided to persons who are experiencing homelessness and have a serious mental illness

## **Homeless Management Information Systems (HMIS) and PATH**

The PATH program is a critical part of a community's system of care for individuals who experience homelessness or are at risk of homelessness, often providing people who are unsheltered a first step into a larger system of services and supports. Participation in Homeless Management Information Systems (HMIS) provides a platform for coordinating care and improving access to mainstream programs and housing resources. Given that one of the goals of the PATH program is linking clients to resources in the community, effective PATH provider participation in the community's HMIS will allow for more effective and streamlined referrals and easier tracking of clients' current needs.

SAMHSA has required the use of HMIS for PATH providers since the end of FY2016. Any PATH providers that are not yet using HMIS should reach out to SAMHSA's Homeless and Housing Resource Center (HHRC) for technical assistance (TA) to meet the HMIS data collection and reporting requirement.

In May 2014, the U.S. Department of Housing and Urban Development (HUD) released the [HMIS Data Standards](#) which included PATH-specific data elements. In October of 2016, HUD released [HMIS Programming Specifications for the PATH Annual Report](#).

Both the HMIS Data Standards and the HMIS Programming Specifications are updated on an as needed basis. Therefore, PATH providers, State PATH Contacts (SPCs), HMIS vendors and HMIS Lead Agencies should all ensure that they are reviewing the most up to date versions of these documents and are following and integrating any updates made to these documents.

## **Notes on Changes from Previous Report**

### **HMIS Data Standards updates**

When needed, field response options and questions have been updated to align with the most recent version of the HMIS Data Standards.

In September 2023, HUD released updated HMIS programming specifications (Version 1.1 aligning with FY2024 HMIS Data Standards) for the PATH Annual Report. HMIS vendors received these programming updates and HUD encouraged them to implement the changes by October 1, 2023. When providers run their PATH Annual Report in HMIS, it should reflect Version 1.1 in alignment with the FY2024 HMIS Data Standards, including these most recent programming changes.

In November 2023, SAMHSA launched a new PDX website for SPCs and providers, who will use the site to enter provider-level data for their PATH Annual Report and progress reports. User guides were created to describe the features and functions of the new PDX site and provides guidance for reviewing and submitting PATH Annual Reports, setting up and reviewing progress reports, and accessing PATH resources.

## Process for Obtaining and Submitting Data

PATH providers should extract PATH data from their local HMIS. The funding/budget data required for the PATH Annual Report must be collected separately and cannot be generated from HMIS.

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

1. PATH providers initiate a PATH report data extract from their local HMIS. This may be done by the providers themselves or through the local HMIS system administrator. Please note that the reporting period is the 12-month period for which providers submit data. The SPC determines the reporting dates. Providers should contact their SPC with questions regarding the reporting period.
2. PATH providers log into the PATH Data Exchange (PDX) at [www.pathpdx.samhsa.gov](http://www.pathpdx.samhsa.gov). Once logged into the system, select “Open Annual Report” to begin the current year’s report.
  - a. An individual at the PATH provider level can request a PDX account from another PDX user at his/her agency or from the SPC.
  - b. SPCs can create PDX user accounts for users at any PATH provider agency in the state/territory and can create accounts for additional users at the state level. SPCs who do not have a PDX user account should e-mail [info@HHRCTraining.org](mailto:info@HHRCTraining.org) to request an account.
3. The system will automatically save data that is entered, and users can log off and return to complete the report at a later date.
4. The SPC will review each provider’s data and approve reports in PDX. Reports requiring corrections can be re-opened by SPCs and returned to providers for revisions. Providers must then review the data in HMIS, make corrections in HMIS as needed, extract the corrected data from HMIS, re-enter the data in PDX, and resubmit the report for the SPC’s review and approval.

*Note: PDX User Guides for both PATH providers and SPCs can be downloaded from the [PDX Resources](#) page. These guides describe how to add new PDX users and how to complete and submit the PATH Annual Report.*

| PATH Data Collection Process                                                                   |                                                                                                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 1                                                                                         | 2                                                                                                                                                 | 3                                                                                                                       | 4                                                                                                                                                                                                                                                                                                                                                          | 5                                                                                                                          | 6                                                                                                                                                                                                                              |
| PATH provider enters client data into the local Homeless Management Information System (HMIS). | PATH provider extracts PATH Annual Report data from HMIS (12 months of data).                                                                     | PATH provider uploads or inputs provider-level data into the PATH Data Exchange (PDX) during the PATH reporting period. | PDX runs two tests as data is entered: <ul style="list-style-type: none"> <li>• Validation tests ensure that the data entered aligns with the logic of the data elements. Reports cannot be submitted with validation errors.</li> <li>• “Warnings” identify atypical data. Providers must enter a comment in PDX to explain the atypical data.</li> </ul> | When all data fields are complete and validation errors and warnings are cleared, PATH provider submits the report in PDX. | State PATH Contact reviews all PATH provider reports; if errors are identified, State PATH Contact can re-open the provider’s report and request that the provider review the data in HMIS and make changes as needed in HMIS. |
| 7                                                                                              | 8                                                                                                                                                 | 9                                                                                                                       | 10                                                                                                                                                                                                                                                                                                                                                         | 11                                                                                                                         |                                                                                                                                                                                                                                |
| When the reports are finalized, State PATH Contact approves the reports in PDX.                | Data from “Warnings” in PDX is reviewed by SAMHSA. State PATH Contacts are contacted to obtain additional explanations and information as needed. | Data is finalized and data tables reflecting state-level and national PATH data are developed.                          | SAMHSA reports to Congress on national PATH data measures.                                                                                                                                                                                                                                                                                                 | PATH receives funding from Congress to continue providing PATH services.                                                   |                                                                                                                                                                                                                                |



## PATH Annual Report Form

### Reporting Period

The first item on the PATH Annual Report gathers information about the provider's reporting dates. States set reporting period dates for their PATH providers. Contact your State PATH Contact if you have questions regarding your agency's reporting period.

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

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

**Note:** Providers whose PATH contracts began or ended midway through the reporting period should adjust the report start and/or end dates to reflect the correct time period during which PATH services were provided. The PDX system will require that a comment is entered to explain why the reporting dates differ from the default dates set by the SPC.

### Budget Information Section

This section collects budget and staffing information for the PATH Annual Report. PATH providers must report actual budget values. Please contact your State PATH Contact for help with determining how to report funding information.

|                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Budget Information (NOT collected in HMIS)</b>                                                                                                                                                                |
| <b>1. Federal PATH funds received this reporting year</b>                                                                                                                                                        |
| <b>2. Matching funds from state, local, or other sources used in support of PATH received this year</b>                                                                                                          |
| <b>3. Total funds dedicated this year, agency wide, to persons who have serious mental illness and are experiencing homelessness or are at risk of homelessness (include PATH, matching, and non-PATH funds)</b> |
| <b>4. Number of staff supported by PATH and matching funds</b>                                                                                                                                                   |
| <b>5. Full-time equivalent (FTE) of staff supported by PATH and matching funds</b>                                                                                                                               |
| <b>6. Number of trainings provided by PATH-funded staff this reporting year</b>                                                                                                                                  |

|                                                                                 |
|---------------------------------------------------------------------------------|
| <b>7. Type of organization in which your PATH program operates (select one)</b> |
| 7a. Community mental health center                                              |
| 7b. Consumer-run mental health agency                                           |
| 7c. Other mental health agency                                                  |
| 7d. Social service agency                                                       |
| 7e. Health Care for the Homeless/other health agency                            |
| 7f. Substance use treatment agency                                              |
| 7g. Shelter or other temporary housing resource                                 |
| 7h. Other housing agency                                                        |
| 7i. Other (please specify)                                                      |

### Explanatory Notes

- 1. Federal PATH funds received this reporting year:** Enter the amount of federal PATH funds received from the state. Enter only the funds received during the reporting fiscal year. Do not include matching funds, non-PATH funds, or PATH funds from a previous reporting year. This amount must be greater than zero. Numbers should be rounded up to the nearest dollar.
- 2. Matching funds from state, local, or other sources used in support of PATH received this year:** Enter the amount of matching PATH funds received or provided during the reporting fiscal year. Numbers should be rounded up to the nearest dollar. Per the PATH legislation, matching funds “may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.”
- 3. Total funds dedicated this year, agency wide, to persons who have serious mental illness and are experiencing homelessness or at risk of homelessness (include PATH, matching, and non-PATH funds):** Enter the total dollar amount for services dedicated in the reporting fiscal year specifically to persons who are experiencing homelessness and have a serious mental illness. This amount should be the sum of federal PATH funds (#1), matching PATH funds (#2), and any other non-PATH funds dedicated to this population. This amount must be greater than zero. Numbers should be rounded up to the nearest dollar.
- 4. Number of staff supported by PATH funds and matching funds:** Count any staff whose salary includes PATH federal or matching funds. This must be a whole number.
- 5. Full-time equivalent (FTE) of staff supported by PATH and matching funds:** Calculate the FTE for each of the federal and/or matching PATH-supported staff reported in #4. **The total number of FTEs should not exceed the number of staff reported in #4 and may be a whole number or a decimal (please round to the nearest 10<sup>th</sup>, e.g., 0.1).** The number of FTEs cannot be zero if the number of PATH-supported staff is greater than zero.

The term FTE in the context of the PATH Annual Report represents the staff time required to provide and document services funded by PATH federal and matching funds. One FTE represents 40 hours of work per week for one year. One-half FTE represents 20 hours of work per week for one year. Include positions that are 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. Include positions that were occupied at any point during the reporting period. Determining the answer to #5 is a two-step process:

**Step One:** Determine the number of hours per week that a staff member spends performing PATH-funded work. Divide this number by 40 and round to the nearest 10<sup>th</sup>.

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

**Example B:** A staff member works 12.5 hours per week on PATH-funded tasks. The total hours of 12.5 divided by 40 is 0.3125. This staff member's FTE (rounded) is 0.3. **Step Two:** Once the FTE for each staff member is determined, sum the FTEs and enter the total in #5.

**Example A:** The two staff members in the examples above have FTEs of 0.2 and 0.3, respectively. Adding 0.2 and 0.3 equals 0.5. Record 0.5 for #5.

**6. Number of trainings provided by PATH-funded staff this reporting year:** Record the total number of trainings that PATH-funded staff members have provided to individuals at other social service agencies. Note: This is a record of trainings *provided by* PATH-funded staff, and not a record of trainings that PATH-funded staff have attended.

**7. Type of organization in which your PATH program operates:** Select the option that best matches the primary purpose of the organization within which PATH operates. If the organization's purpose does not match any of the options, select "Other" and enter a description of the organization type.

### Persons Served During This Reporting Period

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| <b>Persons served during this reporting period</b>                                                |
| <b>8. Number of persons contacted by PATH-funded staff this reporting period</b>                  |
| <b>9. Number of new persons contacted this reporting period in a PATH Street Outreach project</b> |
| <b>10. Number of new persons contacted this reporting period in a PATH Services Only project</b>  |
| <b>11. Total number of new persons contacted this reporting period (#9+#10)</b>                   |
| <b>12a. Instances of contact this reporting period prior to date of enrollment</b>                |
| <b>12b. Total instances of contact during the reporting period</b>                                |

|                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>13a. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH</b>                                     |
| <b>13b. Number of new persons contacted this reporting period who could not be enrolled because provider was unable to locate the client</b>                      |
| <b>14. Number of new persons contacted this reporting period who became enrolled in PATH</b>                                                                      |
| <b>15. Number with active, enrolled PATH status at any point during reporting period</b>                                                                          |
| <b>16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period</b> |

### Explanatory Notes

It is essential that PATH providers include accurate information on the number of persons receiving services. By utilizing HMIS data for reporting, it is expected that the annual reporting information will be an **unduplicated count** of persons for each element. A person may be counted in more than one element.

**8. Number of persons contacted by PATH-funded staff this reporting period:** This is the total count of all individuals, regardless of PATH eligibility or enrollment, who were contacted by PATH-funded staff during this reporting period.

**9. Number of new persons contacted this reporting period in a PATH Street Outreach project:** Record all new persons contacted this reporting period who are in a PATH Street Outreach project and were not enrolled in PATH at the start of the reporting period. Persons should be counted regardless of PATH eligibility/enrollment, relocation, or decision to decline PATH services.

**10. Number of new persons contacted this reporting period in a PATH Services Only project:** Record all new persons contacted this reporting period who are in a PATH Services Only project and were not enrolled in PATH at the start of the reporting period. Persons should be counted regardless of PATH eligibility/enrollment, relocation, or decision to decline PATH services.

**11. Total number of new persons contacted this reporting period (#9+#10):** This is the sum of all new persons contacted this reporting period (#9+#10).

**12a. Number of times PATH enrolled clients were contacted before project enrollment during the reporting period:** Record the total instances of contact that occurred with PATH enrolled individuals this reporting period prior to the date of enrollment. Note: Includes all instances of contact with each PATH-enrolled individual who became enrolled in PATH this reporting period.

**12b. Total instances of contact during the reporting period:** Record the total instances of contact that occurred with PATH-enrolled individuals during the reporting period. This will include all contacts that occurred prior to, during and after the date of enrollment.

**13a. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH:** Of the total number of persons contacted (recorded in #11), record the number of persons who were not enrolled in PATH because of ineligibility for PATH (i.e., individual does not have a serious mental illness and/or is not experiencing homelessness or at risk of homelessness).

**13b. Number of new persons contacted this reporting period who could not be enrolled because provider was unable to locate the client:** Of the total number of persons contacted (recorded in #11), record the number of persons who were not enrolled in PATH because of the provider could not locate the client.

**14. Number of new persons contacted who became enrolled in PATH:** Of the total number of new persons contacted (recorded in #11), record the number of persons who became enrolled in PATH.

**15. Number with active, enrolled PATH status at any point during reporting period:** Record the total number of PATH-enrolled individuals who had an active record at any point during this reporting period. This includes individuals who were contacted/enrolled in a previous reporting period and continued to receive PATH services during this reporting period (i.e., “stayers” with at least one instance of contact or service), as well as those who were contacted and became enrolled during this reporting period.

**16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period:** Of the number of PATH-enrolled individuals (recorded in #15), record the number who received community mental health services through any funding source at any point during the reporting period.

## Services Provided

|                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>17. Services Provided (unduplicated count of PATH-enrolled individuals only)</b><br>Of those with an active, enrolled PATH status during this reporting period, which PATH funded services did they receive? |
| <b>17a. Re-engagement</b>                                                                                                                                                                                       |
| <b>17b. Screening</b>                                                                                                                                                                                           |
| <b>17c. Clinical assessment</b>                                                                                                                                                                                 |
| <b>17d. Habilitation/rehabilitation</b>                                                                                                                                                                         |

|                                                   |
|---------------------------------------------------|
| <b>17e. Community mental health</b>               |
| <b>17f. Substance use treatment</b>               |
| <b>17g. Case management</b>                       |
| <b>17h. Residential supportive services</b>       |
| <b>17i. Housing minor renovation</b>              |
| <b>17j. Housing moving assistance</b>             |
| <b>17k. Housing eligibility determination</b>     |
| <b>17l. Security deposits</b>                     |
| <b>17m. One-time rent for eviction prevention</b> |

### Explanatory Notes

**17. Services Provided (unduplicated count of PATH-enrolled individuals only):** This table reports the unduplicated total number of enrolled PATH clients who received each PATH service during the reporting period. Individuals who received more than one type of service (e.g., clinical assessment and case management) should be recorded once in all service categories that apply.

### Referrals Provided

| <b>18. Referrals Provided (unduplicated count of PATH-enrolled individuals only)</b><br>Of those with an active, enrolled PATH status during this reporting period, which referrals did they receive? <i>Note: Referrals provided prior to PATH enrollment should not be counted here.</i> | <b>18a. Number receiving each referral</b> | <b>18b. Number who attained the service from the referral</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|
| <b>Community mental health</b>                                                                                                                                                                                                                                                             | <b>18a1.</b>                               | <b>18b1.</b>                                                  |
| <b>Substance use treatment</b>                                                                                                                                                                                                                                                             | <b>18a2.</b>                               | <b>18b2.</b>                                                  |
| <b>Primary health/dental care</b>                                                                                                                                                                                                                                                          | <b>18a3.</b>                               | <b>18b3.</b>                                                  |
| <b>Job training</b>                                                                                                                                                                                                                                                                        | <b>18a4.</b>                               | <b>18b4.</b>                                                  |
| <b>Educational services</b>                                                                                                                                                                                                                                                                | <b>18a5.</b>                               | <b>18b5.</b>                                                  |
| <b>Housing services</b>                                                                                                                                                                                                                                                                    | <b>18a6.</b>                               | <b>18b6.</b>                                                  |
| <b>Permanent housing</b>                                                                                                                                                                                                                                                                   | <b>18a7.</b>                               | <b>18b7.</b>                                                  |
| <b>Temporary housing</b>                                                                                                                                                                                                                                                                   | <b>18a8.</b>                               | <b>18b8.</b>                                                  |

|                              |               |               |
|------------------------------|---------------|---------------|
| <b>Income assistance</b>     | <b>18a9.</b>  | <b>18b9.</b>  |
| <b>Employment assistance</b> | <b>18a10.</b> | <b>18b10.</b> |
| <b>Medical insurance</b>     | <b>18a11.</b> | <b>18b11.</b> |

### Explanatory Notes

**18a. Number of persons receiving each referral:** For each referral category, record the number of PATH-enrolled individuals who received at least one referral. Individuals who received more than one type of referral (e.g., community mental health and substance use treatment) should be recorded once in each of the referral categories that apply.

**18b. Number who attained the service from the referral:** For each referral category, record the number of PATH-enrolled individuals reported in #18a who attained the service as a result of the referral. Individuals who attained more than one type of service as a result of the referral should be recorded once in each of the referral categories that apply.

### Outcomes

| <b>Outcomes (unduplicated count of PATH-enrolled individuals only)</b><br>Of those with an active, enrolled PATH status during this reporting period, how many were receiving the items below at PATH project entry and at PATH project exit or at the end of the reporting period? | <b>At PATH project entry</b> | <b>At PATH project exit (for clients who were exited from PATH this year–Leavers)</b> | <b>At report end date (for clients who were still active in PATH as of report end date– Stayers)</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>19. Income from any source</b>                                                                                                                                                                                                                                                   |                              |                                                                                       |                                                                                                      |
| <b>Yes</b>                                                                                                                                                                                                                                                                          | <b>19a1.</b>                 | <b>19a2.</b>                                                                          | <b>19a3.</b>                                                                                         |
| <b>No</b>                                                                                                                                                                                                                                                                           | <b>19b1.</b>                 | <b>19b2.</b>                                                                          | <b>19b3.</b>                                                                                         |
| <b>Client doesn't know</b>                                                                                                                                                                                                                                                          | <b>19c1.</b>                 | <b>19c2.</b>                                                                          | <b>19c3.</b>                                                                                         |
| <b>Client prefers not to answer</b>                                                                                                                                                                                                                                                 | <b>19d1.</b>                 | <b>19d2.</b>                                                                          | <b>19d3.</b>                                                                                         |
| <b>Data not collected</b>                                                                                                                                                                                                                                                           | <b>19e1.</b>                 | <b>19e2.</b>                                                                          | <b>19e3.</b>                                                                                         |
| <b>Total</b>                                                                                                                                                                                                                                                                        | <b>19f1.</b>                 | <b>19f2.</b>                                                                          | <b>19f3.</b>                                                                                         |
| <b>20. SSI/SSDI</b>                                                                                                                                                                                                                                                                 |                              |                                                                                       |                                                                                                      |
| <b>Yes</b>                                                                                                                                                                                                                                                                          | <b>20a1.</b>                 | <b>20a2.</b>                                                                          | <b>20a3.</b>                                                                                         |
| <b>No</b>                                                                                                                                                                                                                                                                           | <b>20b1.</b>                 | <b>20b2.</b>                                                                          | <b>20b3.</b>                                                                                         |
| <b>21. non-cash benefits from any source</b>                                                                                                                                                                                                                                        |                              |                                                                                       |                                                                                                      |
| <b>Yes</b>                                                                                                                                                                                                                                                                          | <b>21a1.</b>                 | <b>21a2.</b>                                                                          | <b>21a3.</b>                                                                                         |

|                                        |              |              |              |
|----------------------------------------|--------------|--------------|--------------|
|                                        |              |              |              |
| <b>No</b>                              | <b>21b1.</b> | <b>21b2.</b> | <b>21b3.</b> |
| <b>Client doesn't know</b>             | <b>21c1.</b> | <b>21c2.</b> | <b>21c3.</b> |
| <b>Client prefers not to answer</b>    | <b>21d1.</b> | <b>21d2.</b> | <b>21d3.</b> |
| <b>Data not collected</b>              | <b>21e1.</b> | <b>21e2.</b> | <b>21e3.</b> |
| <b>Total</b>                           | <b>21f1.</b> | <b>21f2.</b> | <b>21f3.</b> |
| <b>22. Covered by health insurance</b> |              |              |              |
| <b>Yes</b>                             | <b>22a1.</b> | <b>22a2.</b> | <b>22a3.</b> |
| <b>No</b>                              | <b>22b1.</b> | <b>22b2.</b> | <b>22b3.</b> |
| <b>Client doesn't know</b>             | <b>22c1.</b> | <b>22c2.</b> | <b>22c3.</b> |
| <b>Client prefers not to answer</b>    | <b>22d1.</b> | <b>22d2.</b> | <b>22d3.</b> |
| <b>Data not collected</b>              | <b>22e1.</b> | <b>22e2.</b> | <b>22e3.</b> |
| <b>Total</b>                           | <b>22f1.</b> | <b>22f2.</b> | <b>22f3.</b> |
| <b>23. Medicaid/Medicare</b>           |              |              |              |
| <b>Yes</b>                             | <b>23a1.</b> | <b>23a2.</b> | <b>23a3.</b> |
| <b>No</b>                              | <b>23b1.</b> | <b>23b2.</b> | <b>23b3.</b> |
| <b>24. Other health insurance</b>      |              |              |              |
| <b>Yes</b>                             | <b>24a1.</b> | <b>24a2.</b> | <b>24a3.</b> |
| <b>No</b>                              | <b>24b1.</b> | <b>24b2.</b> | <b>24b3.</b> |

### Explanatory Notes

For each category, record the status of PATH-enrolled individuals receiving each of the benefits/services at PATH project entry (column 1). In column 2, record the status at PATH project exit (only for PATH clients who were exited from the PATH project during the reporting period). In column 3, record the status as of the end of the reporting period, only for PATH clients who were still active in the PATH project as of the end of the reporting period (i.e., stayers).

Each of the categories and response selections fully align with the HMIS Data Standards.

### Housing Outcomes

| 25. Destination at Exit | Homeless Situations                                                                                                           |       |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------|
|                         | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | 25a1. |

|                                                                                                               |               |
|---------------------------------------------------------------------------------------------------------------|---------------|
| <b>Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home Shelter</b> | <b>25a2.</b>  |
| <b>Safe Haven</b>                                                                                             | <b>25a3.</b>  |
| <b>Subtotal</b>                                                                                               | <b>25a4.</b>  |
| <b>Institutional Situations</b>                                                                               |               |
| <b>Foster care home or foster care group home</b>                                                             | <b>25a5.</b>  |
| <b>Hospital or other residential non-psychiatric medical facility</b>                                         | <b>25a6.</b>  |
| <b>Jail, prison, or juvenile detention facility</b>                                                           | <b>25a7.</b>  |
| <b>Long-term care facility or nursing home</b>                                                                | <b>25a8.</b>  |
| <b>Psychiatric hospital or other psychiatric facility</b>                                                     | <b>25a9.</b>  |
| <b>Substance abuse treatment facility or detox center</b>                                                     | <b>25a10.</b> |
| <b>Subtotal</b>                                                                                               | <b>25a11.</b> |
| <b>Temporary Housing Situations</b>                                                                           |               |
| <b>Transitional housing for homeless persons (including homeless youth)</b>                                   | <b>25a12.</b> |
| <b>Residential project or halfway house with no homeless criteria</b>                                         | <b>25a13.</b> |
| <b>Hotel or motel paid for without emergency shelter voucher</b>                                              | <b>25a14.</b> |
| <b>Host Home (non-crisis)</b>                                                                                 | <b>25a15.</b> |
| <b>Staying or living with family, temporary tenure (e.g., room, apartment, or house)</b>                      | <b>25a16.</b> |
| <b>Staying or living with friends, temporary tenure (e.g., room, apartment, or house)</b>                     | <b>25a17.</b> |
| <b>Moved from one HOPWA funded project to HOPWA TH</b>                                                        | <b>25a18.</b> |
| <b>Subtotal</b>                                                                                               | <b>25a19.</b> |
| <b>Permanent Housing Situations</b>                                                                           |               |

|                                                                           |               |
|---------------------------------------------------------------------------|---------------|
| <b>Staying or living with family, permanent tenure</b>                    | <b>25a20.</b> |
| <b>Staying or living with friends, permanent tenure</b>                   | <b>25a21.</b> |
| <b>Moved from one HOPWA funded project to HOPWA PH</b>                    | <b>25a22.</b> |
| <b>Rental by client, no ongoing housing subsidy</b>                       | <b>25a23.</b> |
| <b>Rental by client, with ongoing housing subsidy</b>                     | <b>25a24.</b> |
| <b>Owned by client, with ongoing housing subsidy</b>                      | <b>25a25.</b> |
| <b>Owned by client, no ongoing housing subsidy</b>                        | <b>25a26.</b> |
| <b>Subtotal</b>                                                           | <b>25a27.</b> |
| <b>Other</b>                                                              |               |
| <b>No exit interview completed</b>                                        | <b>25a28.</b> |
| <b>Other</b>                                                              | <b>25a29.</b> |
| <b>Deceased</b>                                                           | <b>25a30.</b> |
| <b>Client doesn't know</b>                                                | <b>25a31.</b> |
| <b>Client prefers not to answer</b>                                       | <b>25a32.</b> |
| <b>Data not collected</b>                                                 | <b>25a33.</b> |
| <b>Subtotal</b>                                                           | <b>25a34.</b> |
| <b>PATH-enrolled clients still active as of report end date (stayers)</b> | <b>25a35.</b> |
| <b>Total</b>                                                              | <b>25a36.</b> |

### Explanatory Notes

For each category, record the number of PATH-enrolled individuals who exited the PATH program to each response category. The total of all Destinations 25a36 must match the total number of active, PATH-enrolled individuals (Q#15).

Each of the categories and response selections fully align with the HMIS Data Standards.

## Demographics

|                         |                                                                                      |
|-------------------------|--------------------------------------------------------------------------------------|
| <b>26. Demographics</b> | Of those with an active, enrolled PATH status during this reporting period, how many |
|-------------------------|--------------------------------------------------------------------------------------|

|                    |                                                        |                                                      |
|--------------------|--------------------------------------------------------|------------------------------------------------------|
|                    |                                                        | individuals are in each of the following categories? |
| <b>26a. Gender</b> | <b>Woman (Girl, if child)</b>                          | <b>26a1.</b>                                         |
|                    | <b>Man (Boy, if child)</b>                             | <b>26a2.</b>                                         |
|                    | <b>Culturally Specific Identity (e.g., Two-Spirit)</b> | <b>26a3.</b>                                         |
|                    | <b>Transgender</b>                                     | <b>26a4.</b>                                         |
|                    | <b>Non-Binary</b>                                      | <b>26a5.</b>                                         |
|                    | <b>Questioning</b>                                     | <b>26a6.</b>                                         |
|                    | <b>Different Identity</b>                              | <b>26a7.</b>                                         |
|                    | <b>Client doesn't know</b>                             | <b>26a8.</b>                                         |
|                    | <b>Client prefers not to answer</b>                    | <b>26a9.</b>                                         |
|                    | <b>Data not collected</b>                              | <b>26a10.</b>                                        |
|                    | <b>Total</b>                                           | <b>26a11.</b>                                        |
| <b>26b. Age</b>    | <b>17 and under</b>                                    | <b>26b1.</b>                                         |
|                    | <b>18-23</b>                                           | <b>26b2.</b>                                         |
|                    | <b>24-30</b>                                           | <b>26b3.</b>                                         |
|                    | <b>31-40</b>                                           | <b>26b4.</b>                                         |
|                    | <b>41-50</b>                                           | <b>26b5.</b>                                         |
|                    | <b>51-61</b>                                           | <b>26b6.</b>                                         |
|                    | <b>62 and over</b>                                     | <b>26b7.</b>                                         |
|                    | <b>Client doesn't know</b>                             | <b>26b8.</b>                                         |

|                                |                                                      |               |
|--------------------------------|------------------------------------------------------|---------------|
|                                | <b>Client prefers not to answer</b>                  | <b>26b9.</b>  |
|                                | <b>Data not collected</b>                            | <b>26b10.</b> |
|                                | <b>Total</b>                                         | <b>26b11.</b> |
| <b>26c. Race and Ethnicity</b> | <b>American Indian, Alaska Native, or Indigenous</b> | <b>26c1.</b>  |
|                                | <b>Asian or Asian American</b>                       | <b>26c2.</b>  |
|                                | <b>Black, African American, or African</b>           | <b>26c3.</b>  |
|                                | <b>Hispanic/Latina/e/o</b>                           | <b>26c4.</b>  |
|                                | <b>Middle Eastern or North African</b>               | <b>26c5.</b>  |
|                                | <b>Native Hawaiian or Pacific Islander</b>           | <b>26c6.</b>  |
|                                | <b>White</b>                                         | <b>26c7.</b>  |

|                                          |                                               |               |
|------------------------------------------|-----------------------------------------------|---------------|
|                                          | <b>Client doesn't know</b>                    | <b>26c8.</b>  |
|                                          | <b>Client prefers not to answer</b>           | <b>26c9.</b>  |
|                                          | <b>Data not collected</b>                     | <b>26c10.</b> |
|                                          | <b>Total</b>                                  | <b>26c11.</b> |
| <b>26e. Veteran status (Adults Only)</b> | <b>Veteran</b>                                | <b>26e1.</b>  |
|                                          | <b>Non-veteran</b>                            | <b>26e2.</b>  |
|                                          | <b>Client doesn't know</b>                    | <b>26e3.</b>  |
|                                          | <b>Client prefers not to answer</b>           | <b>26e4.</b>  |
|                                          | <b>Data not collected</b>                     | <b>26e5.</b>  |
|                                          | <b>Total</b>                                  | <b>26e6.</b>  |
| <b>26f. Co-occurring disorder</b>        | <b>Co-occurring substance use disorder</b>    | <b>26f1.</b>  |
|                                          | <b>No co-occurring substance use disorder</b> | <b>26f2.</b>  |
|                                          | <b>Unknown</b>                                | <b>26f3.</b>  |
|                                          | <b>Total</b>                                  | <b>26f4.</b>  |
| <b>26g. SOAR connection</b>              | <b>Yes</b>                                    | <b>26g1.</b>  |
|                                          | <b>No</b>                                     | <b>26g2.</b>  |
|                                          | <b>Client doesn't know</b>                    | <b>26g3.</b>  |

|                                    |                                                                         |       |
|------------------------------------|-------------------------------------------------------------------------|-------|
|                                    | Client prefers not to answer                                            | 26g4. |
|                                    | Data not collected                                                      | 26g5. |
|                                    | Total                                                                   | 28g6. |
| <b>26h. Prior Living Situation</b> | <b>Homeless Situations</b>                                              |       |
|                                    | Place not meant for habitation (e.g., a vehicle, an abandoned building, | 26h1. |

|  |                                                                                                        |        |
|--|--------------------------------------------------------------------------------------------------------|--------|
|  | bus/train/subway station/airport, or anywhere outside)                                                 |        |
|  | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter | 26h2.  |
|  | Safe Haven                                                                                             | 26h3.  |
|  | <b>Institutional Situations</b>                                                                        |        |
|  | Foster care home or foster care group home                                                             | 26h4.  |
|  | Hospital or other residential nonpsychiatric medical facility                                          | 26h5.  |
|  | Jail, prison, or juvenile detention facility                                                           | 26h6.  |
|  | Long-term care facility or nursing home                                                                | 26h7.  |
|  | Substance abuse treatment facility or detox center                                                     | 26h8.  |
|  | Psychiatric hospital or other psychiatric facility                                                     | 26h9.  |
|  | <b>Transitional Housing Situations</b>                                                                 |        |
|  | Transitional housing for homeless persons (including homeless youth)                                   | 26h10. |
|  | Residential project or halfway house with no homeless criteria                                         | 26h11. |
|  | Hotel or motel paid for without emergency shelter voucher                                              | 26h12. |
|  | Host Home (non-crisis)                                                                                 | 26h13. |
|  | Staying or living in a friend's room, apartment, or house                                              | 26h14. |
|  | Staying or living in a family member's room, apartment, or house                                       | 26h15. |

|                                                                                                                | Permanent Housing Situations                   |        |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|
|                                                                                                                | Rental by client, no ongoing housing subsidy   | 26h16. |
|                                                                                                                | Rental by client, with ongoing housing subsidy | 26h17. |
|                                                                                                                | Owned by client, with ongoing housing subsidy  | 23h18. |
|                                                                                                                | Owned by client, no ongoing housing subsidy    | 26h19. |
|                                                                                                                | Other                                          |        |
|                                                                                                                | Client doesn't know                            | 26h20. |
|                                                                                                                | Client prefers not to answer                   | 26h21. |
|                                                                                                                | Data not collected                             | 26h22. |
|                                                                                                                | Total                                          | 26h23. |
| 26i. Length of stay in prior living situation (Emergency shelter or place not meant for human habitation ONLY) | One night or less                              | 26i1.  |
|                                                                                                                | Two to six nights                              | 26i2.  |
|                                                                                                                | One week or more, but less than one month      | 26i3.  |
|                                                                                                                | One month or more, but less than 90 days       | 26i4.  |
|                                                                                                                | 90 days or more, but less than one year        | 26i5.  |
|                                                                                                                | One year or longer                             | 26i6.  |
|                                                                                                                | Client doesn't know                            | 26i7.  |
|                                                                                                                | Client prefers not to answer                   | 26i8.  |
|                                                                                                                | Data not collected                             | 26i9.  |
|                                                                                                                | Total                                          | 26i10. |
| 26j. Chronically homeless                                                                                      | Yes                                            | 26j1.  |
|                                                                                                                | No                                             | 26j2.  |
|                                                                                                                | Unknown                                        | 26j3.  |
|                                                                                                                | Total                                          | 26j4.  |
| 26k. Survivor of Domestic Violence (adults only)                                                               | Yes                                            | 26k1.  |
|                                                                                                                | No                                             | 26k2.  |
|                                                                                                                | Client doesn't know                            | 26k3.  |

|                                     |              |
|-------------------------------------|--------------|
| <b>Client prefers not to answer</b> | <b>26k4.</b> |
| <b>Data not collected</b>           | <b>26k5.</b> |
| <b>Total</b>                        | <b>26k6.</b> |

### Explanatory Notes

For each demographic element (e.g., gender, age, race), record the number of PATH-enrolled individuals who identify with each response category. The total of each demographic element must sum to the total number of active, PATH-enrolled individuals (#15) except for the two elements listed below:

**26c. (Race):** Individuals who identify as multiracial are counted in all applicable categories. As a result, the total of this demographic element may exceed the total number of active, PATH-enrolled individuals (#15).

**26j. Length of stay in prior living situation (emergency shelter or place not meant for habitation ONLY):** Of those identified in #26h (Living Situation) as staying in Place not meant for habitation (#26h1) or Emergency shelter (#26h2), record the length of time these individuals have been in this living situation. The total of this category must equal the sum of #26h1 + #26h2.

All demographic elements and response categories fully align with the HMIS Data Standards.

**26j. Chronically homeless:** An individual's chronic homelessness status is determined based on information entered in HMIS. HUD has [defined chronic homelessness](#) as a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven..

### Reporting Burden

*For SPCs:* The reporting burden is 15 hours per annual response, including the time for becoming familiar with the form and reporting requirements, supporting PATH providers in understanding and reporting data, reviewing the data for accuracy, and coordinating data revisions in response to federal review.

*For local PATH providers:* The reporting burden is 15 hours per annual response, including time for becoming familiar with the form and reporting requirements, initiating and monitoring the process of extracting local HMIS data and entering data into the PATH Data Exchange,

reviewing the data for accuracy, submitting the data, and responding to requests for data clarification.

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)  
Room 15E57B, 5600 Fishers Lane  
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.**

## Definitions

### General Terms

**Outreach:** The process of identifying and engaging with individuals who are potentially PATH eligible.

**Contact:** 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 to service. A contact must always include the presence of the client—the facilitation of a referral between a PATH-funded worker and another case manager or service provider without the involvement of the client would not be considered a contact. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center.

**Date of engagement:** Per the HMIS Data Standards Manual, date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. For PATH projects, the date of engagement must occur on or before the date of enrollment.

**PATH eligible:** Per the authorizing legislation,<sup>1</sup> PATH eligible means that an individual has a serious mental illness, or serious mental illness and substance use disorder, and is experiencing homelessness or is at imminent risk of becoming homeless.

**PATH enrolled:** A PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual.

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<sup>1</sup> Public Health Service Act, Title V, Part C, Section 521, as amended, 42 U.S.C 290cc-21 et seq; Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645.

**Staff training:** Professional development programs and materials that emphasize best practices and effective service delivery for workers who address the needs of people experiencing homelessness.

## Services

**Reengagement:** The process of reestablishing interaction with PATH-enrolled individuals who are disconnected from PATH services in order to reconnect the client to services based on the previously developed case management or goal plan. Reengagement must occur after enrollment and prior to project exit.

**Screening:** An in-person process during which a preliminary evaluation is made to determine a person's potential eligibility for the PATH program.

**Clinical assessment:** A clinical determination of psychosocial needs and concerns.

**Habilitation/rehabilitation:** Services that help a PATH client learn or improve the skills needed to function in a variety of activities of daily living.

**Community mental health:** A range of mental health and/or co-occurring services and activities provided in non-institutional settings to facilitate an individual's recovery. *Note: This category does not include case management, alcohol or drug treatment, habilitation, or rehabilitation, as they have definitions elsewhere in this document.*

**Substance use treatment:** Preventive, diagnostic, and other services and supports provided for people who have a psychological and or/physical dependence on one or more substances.

**Case management:** A collaboration between a service recipient and provider in which advocacy, communication, and resource management are used to design and implement a wellness plan specific to a PATH-enrolled individual's recovery needs.

**Residential supportive services:** Services that help PATH-enrolled individuals acquire and practice the skills necessary to live in and maintain residence in the least restrictive community-based setting possible.

**Housing minor renovation:** Services, resources, or small repairs that ensure a housing unit is physically accessible and/or that health or safety hazards have been mitigated or eliminated.

**Housing moving assistance:** Monies and other resources provided on behalf of a PATH-enrolled individual to help establish that individual's household. *Note: This excludes security deposits and one-time rental payments, which have specific definitions.*

**Housing eligibility determination:** Determining whether an individual meets financial and other requirements to enter into public or subsidized housing.

**Security deposits:** Funds provided on behalf of a PATH-enrolled individual to pay up to two months' rent or other security deposits in order to secure housing.

**One-time rent for eviction prevention:** One-time payment on behalf of PATH-enrolled individuals who are at risk of eviction without financial assistance.

## Referrals

**Referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service. Referrals are only reported for PATH-funded referrals provided to a PATH-enrolled individual. Referrals are not services, if the PATH provider does not actually deliver the PATH-funded service it should be entered as a referral not a service.

**Attained referral:** A PATH-enrolled client begins receiving services as the result of PATH assistance.

**Community mental health referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that stabilizes, supports, or treats people for mental health disorders or co-occurring mental health and substance use disorders.

**Substance use treatment referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers preventive, diagnostic, and other services and supports for individuals who have psychological and/or physical problems with use of one or more substances.

**Primary health/dental care referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers physical and/or dental health care services.

**Job training referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that helps prepare an individual to gain and maintain the skills necessary for paid or volunteer work.

**Employment assistance referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance designed to lead to compensated work.

**Educational services referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers academic instruction and training.

**Income assistance referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers benefits that provide financial support.

**Medical insurance referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization,

or service that offers coverage that provides payment for wellness or other services needed as a result of sickness, injury, or disability.

**Housing services referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance with attaining and sustaining living accommodations.

**Temporary housing referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers shelter in a time-limited setting.

**Permanent housing referral:** Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers residence in a stable setting where length of stay is determined by the individual or family without time limitations, as long as they meet the basic requirements of tenancy.