

2013 PATH ANNUAL REPORT FORM QUESTIONS AND ANSWERS

Table of Contents

GENERAL QUESTIONS 2

REPORTING TIME PERIOD..... 4

QUESTIONS RELATED TO THE BUDGET INFORMATION SECTION (BIS)..... 5

QUESTIONS RELATED TO THE DATA SECTION (DS) 6

GENERAL QUESTIONS 6

QUESTIONS RELATED TO DS #1, 2, & 3 7

QUESTIONS RELATED TO DS #4 8

QUESTIONS RELATED TO DS #5 9

QUESTIONS RELATED TO DS #6 9

QUESTIONS RELATED TO DS #7 11

QUESTIONS RELATED TO DS #8 11

QUESTIONS RELATED TO DS #9 12

QUESTIONS RELATED TO DS #10 12

QUESTIONS RELATED TO DS #11 14

QUESTIONS RELATED TO DS #12 16

QUESTIONS RELATED TO HMIS..... 18

GLOSSARY 23

GENERAL QUESTIONS

1. Where do I send questions that are not addressed in this document?

- Please e-mail your questions to path@samhsa.hhs.gov

2. Where can the new PATH Annual Report form and the accompanying Provider Guide be found?

- The new PATH Annual Report form and Provider Guide can be downloaded here: <http://pathprogram.samhsa.gov/Resource/2013-PATH-Annual-Reporting-Tools-55943.aspx>

3. Since this new PATH Annual Report form is approved until 2016, should we anticipate changes from year to year until 2016, or will the form contain the same questions, process, and definitions for determining answers for the next three years?

- This new PATH Annual Report form (considered a transitional report form) will be used for the next two to three years, with the same questions and process for determining answers. SAMHSA considers these two to three years a transition period during which all PATH providers will transition to collecting their annual report data in HMIS.
- During this transition period SAMHSA, in close consultation with HUD, will begin the process of revising this form and ensuring that it aligns with the 2013 HMIS Data Standards.
- SAMHSA will submit a new form that will align fully with HMIS Data Standards for OMB approval in the next two years.

4. Why have all of these new elements been added three quarters of the way through the PATH funding/data collection year? Why not wait until October 1, 2013, when the new fiscal year begins?

- Since states collect data on different fiscal year schedules, there is no standard date that would be convenient to introduce new data elements.
- The new data elements were developed in response to the old PATH Annual Report form's expiration on October 31, 2012. The new data elements were introduced when OMB approved the new form.
- SAMHSA recognizes that many providers may not be able to report data on the new data elements in this year's report.
- Many providers began collecting data on the new elements on July 1, 2013, in order to report this data in the 2014 report.

5. Are definitions listed in writing anywhere? Have any of the definitions changed?

- Definitions of PATH Services are listed on pages 18-22 of the Provider Guide. The definitions have not changed; they are the same definitions that were used for the previous PATH Annual Report form.
- An abbreviated Glossary is at the end of this Q&A document.

6. The Quarterly Performance Report (QPR), Services Provided, does not match the Services Provided in the PATH Annual Report form. Will this be changed so that they match?

- The Quarterly Performance Report mentioned here is likely a state-specific document.
- Please check with your State PATH Contact regarding this question.

7. How does PATH define serious mental illness? What Diagnostic and Statistical Manual of Mental Disorders (DSM) codes are included?

- The definition of serious mental illness is established by states.
- Please check with your State PATH Contact about the definition of serious mental illness for your state.

8. Will a standardized screening/assessment tool be developed?

- A standardized screening/assessment tool has not been developed for use in PATH programs nationwide.
- In many localities, there are standardized screening and assessment tools being developed to meet HUD requirements for a centralized or coordinated assessment system. These systems will help to locate housing and services resources for PATH clients.
- Some states are designing systems that will utilize the same screening and assessment tools statewide.

9. Will there be a maximum percentage of time that a program can do in-reach vs. outreach?

- At this time, there is no federal requirement about the percentage of time that a PATH program can do in-reach versus outreach. However, individual states may develop their own requirements related to this issue.
- SAMHSA encourages states and PATH providers to maximize the amount of PATH funding used for street outreach.
- Providers should check with their State PATH Contacts about this question.

10. The criteria for PATH-eligible individuals includes being "at risk of homelessness." Does this mean "Imminently losing housing" or "Unstably housed"?

- "Imminently losing housing" and "Unstably housed" can both be considered as being "at risk of homelessness."

11. How should providers report data for new data elements on the new (transition) PATH Annual Report form since estimated counts are no longer allowed?

- For the 2013 PATH Annual Report, providers may leave blank responses for any questions for which they have not been collecting data.
- Many providers began collecting these new data elements on July 1, 2013, in order to report actual counts for these questions in the 2014 report.

12. Given that estimates were allowed for any data element on the previous PATH Annual Report form, how will providers who have not been collecting actual counts report these elements this year?

- If a provider has been collecting estimated data for any of the data elements for the 2013 annual reporting period, the State PATH Contact should be notified.
- Providers will be allowed to enter estimated data in the 2013 PATH Annual Report. However, providers should begin collecting actual counts as soon as possible, and, at the latest, by the beginning of their state/territory's next reporting year.
- Providers will be required to enter actual counts during the 2014 PATH annual reporting period.
- State PATH Contacts should notify their GPOs if any providers will be submitting estimated data during the 2013 PATH annual reporting period.
- Providers should not submit estimated data for any new data elements for the 2013 report. If actual counts were not collected for these elements, they should be left blank in the 2013 report. Providers should prepare to submit actual counts for these new data elements in the 2014 report.

REPORTING TIME PERIOD

13. For what reporting period will this new report form be used?

- The new (transition) PATH Annual Report form will be used to report PATH data for two program years:
 - 1) The 2013 PATH Annual Report form will be used to report data collected during your state's FY 2013 – for many states, the fiscal year runs from July 1, 2012, through June 30, 2013; and

- 2) The 2014 PATH Annual Report form will be used to report data collected during your state's FY 2014.
- A new report form that fully aligns with the 2013 HUD HMIS Data Standards will be developed for use in the future, but the exact year that this form will be released has not yet been determined.
 - SAMHSA views this new PATH Annual Report form as a **transition** PATH Annual Report form. It will be used for the transition period between July 1, 2013, and the date when the 2013 HMIS Data Standards and the PATH Annual Report form are fully aligned and approved by OMB (expected to occur between late 2014 and early 2015).

14. Please provide clarification on what is required to be reported for this year and what reporting form will be used.

- For this year's 2013 PATH Annual Report (which will report data collected during each state's FY2013), the transition reporting form that was introduced during the webinars that took place in June 2013 will be used.
- The new (transition) PATH Annual Report form and Provider Guide can be downloaded here: <http://pathprogram.samhsa.gov/Resource/2013-PATH-Annual-Reporting-Tools-55943.aspx>
- PATH providers are required to report all data that was on the previous PATH Annual Report form that has been carried over to the new (transition) PATH Annual Report form.
- PATH providers are not required to report on new data elements for 2013 (and will have the option to leave these questions blank when reporting), but providers should report on new data elements if they have already been collecting this information.
- Providers should have begun collecting data on new data elements on July 1, 2013, in order to submit a full report in 2014.

15. When will the online system open for providers to submit data? What is the deadline for submitting reports?

- The online system to submit 2013 PATH Annual Report data will open in late 2013 or early 2014. An exact opening date and deadline has not yet been determined.
- State PATH Contacts and PATH providers will be informed as soon as these dates are determined.

QUESTIONS RELATED TO THE BUDGET INFORMATION SECTION (BIS)

16. Are other federal funds such as Shelter Plus Care (S+C) considered appropriate to be included as a match?

- No other federal funds, such as Shelter Plus Care (S+C), should be included as PATH match funds.

17. For BIS #3, please confirm that the following is correct: This total should reflect all funds utilized by an agency (federal, state, and match dollars) to serve individuals who meet the PATH eligibility criteria and are enrolled in any agency program.

- This total should reflect all funds (which could also include non-PATH funds) that the agency dedicates to serving individuals experiencing both serious mental illness and homelessness (PATH-eligible population).
- This total amount can include funds used to serve this population, even if the individuals do not become enrolled in an agency program. For example, it can include funds dedicated to outreaching to this population, regardless of whether the individuals become enrolled in an agency program.

18. Does BIS #3 include non-PATH programs? Does it include anyone served by our agency who fits the category of PATH-eligible people?

- BIS #3 includes non-PATH programs and will total all funds from all sources used by the agency to serve the PATH-eligible population.

19. Should funds allocated for housing homeless individuals with mental illness (e.g., Shelter Plus Care housing) be included in BIS #3 (Total funds dedicated this year, agency-wide, to persons who have serious mental illness and are homeless or at risk of homelessness)?

- Funds that are allocated for housing individuals experiencing homelessness and mental illness, including Shelter Plus Care housing funds, can be included in question #3 of the budget section.

20. What are examples of non-PATH funds?

- Some examples of non-PATH funds are donations, state or local funds, or grants from foundations.

QUESTIONS RELATED TO THE DATA SECTION (DS)

GENERAL QUESTIONS

21. Please clarify which questions should include only contacts, which should include only enrolled clients, and which should include both contacts and enrolled clients.

- The following questions on the new (transition) PATH Annual Report form include only **individuals who were outreached/contacted**:
 - DS #2 (Total number of persons who were outreached/contacted)
 - DS #4 (Total number of persons who could not be enrolled because they were ineligible)
- The following questions only include/relate to **enrolled clients**:
 - DS #5 (Total number of persons currently enrolled in PATH)
 - DS #7 (Total number of services provided)
 - DS #8 (Total number of referrals given)
 - DS #10 (Services Provided)
 - DS #11 (Referrals Provided)
- The following questions include/relate to **both contacts and enrolled clients**:
 - DS #1 (Total number of persons who received any PATH-funded service)
 - DS #3 (Total number of persons who were outreached/contacted that became enrolled)
 - DS #6 (Total number of contacts made)
 - DS #9 (Housing Status)
 - DS #12 (Demographics)

22. How should telephone calls be counted in the new PATH Annual Report form? Do they count as contacts/instances of outreach? Can telephone calls with enrolled PATH clients count as services/referrals given?

- Phone calls can be counted as instances of outreach/contact if there has been an interaction with a client prior to enrollment.
- Phone calls and e-mail exchanges with enrolled PATH clients can be counted as a service provided or referral if the content of the phone call or e-mail exchange is listed in the Services Provided (DS #10) or Referrals Provided (DS #11) tables on the report form.

23. Are providers limited to selecting one service during a contact or can they include multiple services during the same time period?

- Providers can provide more than one service during a contact. For example, a PATH worker may provide both outreach and a screening/assessment during the same contact.

QUESTIONS RELATED TO DS #1, 2, & 3

24. Does DS #1 (Total number of persons who received any PATH-funded service during the current reporting period) include contacts not enrolled?

- DS #1 includes contacts not enrolled because these contacts are still receiving a PATH-funded service (outreach).

- However, contacts not enrolled will be counted here only if they were PATH-eligible. Contacts who were not enrolled because they were not PATH-eligible will not be counted here.

25. Should unduplicated counts be used for DS #1, DS #2, and DS #3?

- The Data Information Section is asking for unduplicated counts of individuals.

26. The ability to track the number of persons outreached versus the number of times outreached is unrealistic without an online system. How do you recommend we go about this without using an estimate?

- Local HMIS systems will have the ability to track the number of persons outreached as well as the number of times each person is contacted/outreached.
- Providers who have not yet transitioned to using their local HMIS but have been using a different online system should adjust their system to be able to track the new data elements prior to joining their local HMIS.
- For providers that have not been using an online system, a sample Excel spreadsheet is available to use for tracking these elements prior to joining their local HMIS.

QUESTIONS RELATED TO DS #4

27. For DS #4, when calculating the total number of persons who could not be enrolled due to ineligibility for PATH, should we count clients who are working with our other Supportive Service Only grants (non-PATH), who are either homeless and not severely mentally ill, or who have a serious mental illness but are not homeless?

- These individuals are counted in DS #4 (Total number of persons who could not be enrolled because they were ineligible) only if they were initially outreached/contacted by a PATH worker (and counted in DS #2, Total number of persons who were outreached/contacted during the current reporting period) for the purpose of screening for PATH eligibility.

28. For DS #4 (Total number of persons who could not be enrolled because they were ineligible), could *ineligible* also mean that the individual is already linked to mental health treatment and thus not eligible for PATH services?

- For DS #4, providers will report individuals who were not enrolled in PATH because they were found not to have a serious mental illness, not to be experiencing homelessness, or not to be at-risk of homelessness.
- Individuals who meet PATH eligibility criteria but were already linked to mental health treatment are still considered eligible for PATH services under the federal

PATH statute, as they may need services other than mental health treatment (e.g., housing services, income assistance, etc.).

QUESTIONS RELATED TO DS #5

29. Where are the referrals or walk-ins recorded/counted?

- Clients who are either referred to a local PATH program or self-referred/walk-ins and who become enrolled in PATH are counted in DS #5 (Total number of persons currently enrolled in PATH).
- Self-referrals/walk-ins are also counted in DS #2 (Total number of persons outreached/contacted).
- If clients who are referred or walk in do not become enrolled in PATH (due to ineligibility or any other reasons), then they are not counted in DS # 5.

30. Doesn't DS #5 (Total number of persons currently enrolled) duplicate DS #3 (Total number of persons who were outreached/contacted that became enrolled)?

- DS #5 may duplicate DS #3 for some PATH programs, but this is not necessarily the case.
- DS #3 does not include PATH clients who were initially outreached or enrolled in a previous reporting period and are still enrolled in the PATH program.
- DS #3 also does not include clients who became enrolled by means other than outreach (e.g., referral or walk-in).
- In most instances, DS #5 will be a larger number than DS #3.

QUESTIONS RELATED TO DS #6

31. What is the difference between the number of contacts in DS #6 (Total number of contacts made) and the definition of outreach in DS #10 (Services Provided)?

- In DS #6, providers will report the total number of instances of outreach contacts that were made throughout the reporting period.
- If one individual was outreached to ten times throughout the period, this is counted as ten for DS #6.
- DS #10 requests information about services provided only to enrolled PATH clients.
- For the "Outreach" category, providers will report the number of enrolled PATH clients who received outreach services throughout the reporting period. (This number is entered into the second column labeled, "Number of persons receiving this service.")
- Providers will also report the number of instances of outreach contacts made to those enrolled PATH clients. (This number is entered into the first column labeled, "Total Number of Times this Service was Provided").

32. For DS #6, does number of contacts require that the person be present or does it include contacts with other providers without the individual present?

- DS #6 reports only contacts made with the individual present.

33. For DS #6 and DS #7, if a PATH worker meets with a client and two services are provided, is this counted as one contact and two services?

- This is the correct way of reporting this example, given that the person is a PATH-enrolled client.
- DS #6 asks for the total number of times both enrolled and non-enrolled PATH clients are contacted throughout the reporting period – so one contact with an enrolled PATH client can be counted as “1” here.
- DS #7 asks for the total number of services provided to enrolled PATH clients. If the person in this example is an enrolled client and receives two services during this contact, then this would be counted as “2” for DS #7.

34. If a person is enrolled in PATH services, a PATH worker may have 20 contacts with this person throughout the year. Is this included in DS #6 (Total number of contacts made)? Should providers include all contacts even after a person is enrolled in PATH?

- DS #6 reports the number of contacts made prior to PATH enrollment (or for those who are outreached but do not become enrolled in PATH).
- Once a client is enrolled in PATH, future outreach contacts can be counted in DS #10, Services Provided under “Outreach.”
- For example, if a person is outreached to five times, then becomes enrolled in PATH, and is then outreached to ten times after becoming enrolled, for this client, DS #6 is reported as “5” and DS #10, “Outreach” is counted as “10” in the first column (Total Number of Times this Service was Provided) and “1” in the second column (Number of Persons Receiving this Service).

35. Does DS #6 (Total number of contacts made) include individuals who were not enrolled?

- DS #6 includes both enrolled individuals and those who were not enrolled.

36. Does DS #6 (Total number of contacts made) include services? And can it duplicate outreach contacts?

- DS #6 does not include services.
- Services are counted only for enrolled PATH clients.
- Providers will report the total number of contacts made overall. (This number could represent multiple contacts for an individual).

- This number is an unduplicated count of the total number of times an outreach contact was made.

QUESTIONS RELATED TO DS #7

37. For DS #7, does the total number of “services only” include services provided by PATH staff or only services that are received due to PATH staff referral and linkage to another program?

- For DS #7 (Total number of services provided), only services provided directly by PATH staff are included.
- If a client is referred to a service at a different agency or a different part of the PATH provider agency, this can be counted as a referral in DS #11 but is not counted as a service provided in DS #7 or DS #10.

38. For DS #7 (Total number of services provided), is each service counted only one time per client? For example, if a client received case management or psychiatric services numerous times, does that count as one service? Is this a count of the total number of times the service is provided throughout the data collection period or only while the client is enrolled in PATH?

- For DS #7, the total number of times each service is provided to all enrolled PATH clients is reported.
- If a client received case management or psychiatric services twice each, then the total number is reported as two instances of providing each particular service.
- If providers are recording this data in HMIS, the system will track and report the number of instances of PATH services that are provided to each enrolled client.
- If a PATH-enrolled client receives community mental health services from a PATH worker five times and then becomes ineligible for PATH services (i.e., receives permanent housing) and receives community mental health services ten times from a different, non-PATH program, only the first five instances of the service are counted in the report.

39. For DS #7 (Total number of services provided), “Outreach” is a service which may be provided to individuals who are found not to be eligible for PATH. Do we count outreach in DS #7 for persons not enrolled?

- DS #7 is asking for services provided only to PATH-enrolled clients. “Outreach” is only counted here as a service provided to PATH-enrolled clients.
- “Outreach” provided to individuals not enrolled in PATH is only counted in DS #2 (Total number of persons who were outreached/contacted) and DS #6 (Total number of contacts made).

QUESTIONS RELATED TO DS #8

40. For DS #8 (Total number of referrals given during this reporting time period), should assisted referrals or successful referrals (or both) be reported?

- For DS #8, the total number of assisted referrals is reported.
- The total of the first column in DS #11(Referrals Provided - Total number of times this referral was made) for all of the categories should equal the number entered for DS #8.

QUESTIONS RELATED TO DS #9

41. Is the Housing Status question (DS #9) the current PATH Annual Report question or the new HMIS Data Standard question?

- The options for answering this question are not yet an exact match for the 2013 Data Standards.
- Currently, the options “Don’t know” and “Refused” from the new (transition) PATH Annual Report form do not match the 2013 Data Standards. In the future, these options will change to “Client does not know” and “Client refused.”

QUESTIONS RELATED TO DS #10

42. Since the new PATH Annual Report form does not ask about the funding sources for DS #10 (Services Provided), should PATH providers report on PATH clients who received services that are funded by other programs? And should services provided to non-PATH clients be included in this report?

- For DS #10 (Services Provided), only services that are provided with PATH funds are reported.
- Services provided to non-PATH clients should not be counted in the new (transition) PATH Annual Report form.

43. If a PATH worker refers a PATH-enrolled client to substance use treatment at a different agency and the client receives substance use treatment three times from that agency while also working with the PATH worker, would this be included in DS #10 as the client receiving three services under substance use treatment?

- In the situation described here, this client would not be counted in DS #10 as having substance use treatment provided by PATH since the treatment is not being provided directly by the PATH provider.
- The situation described here would be counted in DS #11 (Referrals Provided) as the client is receiving an assisted referral to substance use treatment and is attaining this referral.

44. Are the services in DS #10 in line with the Alliance of Information and Referral Systems (AIRS) Taxonomy?

- The AIRS Taxonomy is an organization that provides leadership and support for Information and Referral (I&R) providers. The AIRS Taxonomy is a standardized

system that provides definitions and common language for a wide range of human services.

- The services listed in DS #10 are not in line with AIRS taxonomy. The definitions of these services were developed by the PATH Administrative Workgroup and are listed on pages 18-22 of the Provider Guide.

45. For DS #10 (Services provided), does indicating that a client is receiving mental health and substance abuse treatment mean that the client was enrolled in this service during the reporting period, or should providers also count those who were already receiving mental health or substance abuse treatment prior to enrolling in PATH?

- In DS #10, Services Provided, for the “Community Mental Health” and “Substance Use Treatment” categories only, providers should count these services if they assisted the client with obtaining these services or if the client was already receiving these services before enrolling in PATH and the client continued to receive these services after becoming enrolled in PATH.

46. For DS #10 (Services Provided), is the first column in the table asking for “Total number of times this service was provided” only by PATH staff or by any provider?

- DS #10 reports services that are provided directly by a PATH staff member.
- If a client is referred to a service to be provided by a non-PATH staff member (either within or outside the agency), this is counted in DS #11 (Referrals Provided), but is not counted in DS #10.

47. Once connected to a mental health center, should providers count the number of services that a client receives at the center (e.g., case management, group therapy, individual therapy)?

- The number of services that a client receives is only counted if a PATH worker provides that service.
- A client who is referred to a mental health center that is not a PATH provider can be counted as a referral in DS #11, Referrals Provided, but the actual services being provided are not counted in DS #7 or DS #10.

48. On DS #10 (Services Provided), it was stated that the column on the right (Number of Persons Receiving this Service) would not exceed the total number of enrolled clients. If a client receives more than one service, wouldn't that total be greater than the total enrolled?

- If a client receives more than one service, then the column on the left (the first column in the table labeled, “Total Number of Times this Service was Provided”)

would exceed the total number of enrolled clients (DS #5), as this is a count of the total number of times enrolled clients are provided each of these services.

- The column on the right (the second column labeled, “Number of Persons Receiving this Service”), would not exceed the total number of enrolled PATH clients (DS #5) for each category of services listed.
- The “Total” for the first column (Total number of times this service was provided) is a sum of all of the numbers entered in the first column for all of the service categories.
- The “Total” for the second column (Number of persons receiving this service), however, indicates the “unduplicated, total number of persons receiving any of the services” (per the Provider Guide). For this total, providers indicate the number of enrolled PATH clients (DS #5) who received at least one PATH-funded service. If one hundred clients were enrolled and all one hundred clients received at least one PATH-funded service, then the total for the second column would be one hundred.

QUESTIONS RELATED TO DS #11

49. On the “Referrals Provided” table (DS #11), what are the definitions of *Relevant Housing Services, Housing Placement Assistance, Job Training, Primary Health Services, and Medical Assistance?*

- Given that PATH does not have mandated definitions for services or referrals provided, these items are to be defined at the state level based on the services that are available within the community to meet individual client needs.
- Examples of referrals that would fall in these categories are as follows:

Relevant Housing Services: Referral to an organization that assists in housing search or completing applications for housing placement or benefits

Housing Placement Assistance: Referral to an organization that provides assistance with moving into housing (e.g., furniture, case management, supportive transitional services)

Job Training: Referral to an organization that provides assistance with employment counseling or the development of job skills

Primary Health Services: Referral to an organization that provides primary health services

Medical Assistance: Referral to an organization that provides medical services other than primary health services

These examples are not meant to be exclusive. Rather, these types of referrals can be defined as the state has defined them based on the services available within the community, given that the definition aligns with services that best meet individual clients needs.

50. For DS #11 (Referrals Provided, first column): If it takes four meetings of discussing income benefits with a client before that client decides to sign up for benefits, would this be counted as “4” referrals?

- This is only counted as **one** “Income Assistance” referral for this client. Only completed “Assisted Referrals” (per the definition of “Assisted Referral in the Provider Guide on page 18) are counted for both “Number of times this type of referral was made” and “Number of persons receiving this service” in the table for DS #11.
- If PATH staff assisted the client with four different applications for income assistance, then this would be counted as “4” for “Total number of times this type of referral was made.” The four meetings with the client, however, can be counted as four instances of providing Case Management in DS#10 (Services Provided).

51. For DS #11 (Referrals Provided - Total number of times this referral was made): If it takes more than one session to complete an application, would each session be counted for the total number of times a referral was made?

- A referral is counted only once the qualifications for an “Assisted Referral” (as defined by the Provider Guide on page 18) are completed. Only the final session when the application is completed counts as an “Assisted Referral.”

52. When is a person considered to have “Attained” Housing Placement Assistance? Is this once the referral has been accepted and is being reviewed, or is this counted only once housing is actually attained?

- A Housing Placement Assistance referral is considered “Attained” when confirmation is received from client self-report or from other providers that the client began receiving the assistance (i.e., attended an initial meeting with a case manager at the housing search organization to which the client was referred).
- The client does not need to attain housing in order for this referral to be considered “Attained.”
- However, if the PATH worker is assisting the client directly with housing placement assistance, the instance when the client attains housing would be when this particular referral is considered “Attained.”
- Please see the definition of “Attainment” on page 18 of the Provider Guide for more information.

53. Are referrals to Co-Occurring Disorder treatment services counted as substance abuse referrals?

- A referral to co-occurring disorder treatment services can be entered as either a community mental health service referral or a substance use treatment referral.
- The type of referral chosen is based on the primary focus of the treatment program to which the client was referred.

54. If a PATH provider started the SSI/SSDI process with the consumer for income assistance, but the person didn't receive their award until after they were no longer receiving PATH services, can the PATH program count it as attained? Or does the attainment have to occur while the client is enrolled in PATH?

- Attained referrals are only counted on the new (transition) PATH Annual Report form if the attainment occurred while the client was enrolled in PATH.
- It's possible that the assisted referral occurs in one reporting year and the attained referral occurs in the next reporting year. In this case, the assisted referral is counted on the first year's report and the attainment is counted on the second year's report, provided that the client is still an enrolled PATH client.

55. For DS #11(Referrals Provided), can food stamps be counted under "Income Assistance?"

- Assisting a client with applying for food stamps can be counted under DS #11 (Referrals Provided).
- Food stamps can be considered a form of income assistance.

QUESTIONS RELATED TO DS #12

56. Do you anticipate that "Don't know" (regarding contacts' demographics) will become an unacceptable answer on future annual reports?

- On the next version of the PATH Annual Report form, this response will be changed to "Client doesn't know" and "Client refused" in order to align with the 2013 HMIS Data Standards.

57. Since street outreach often takes an investment of time (e.g., trust issues, compliance, etc.), how do you suggest that providers gather some of the outreach demographics such as last night stay/veteran status/substance use, etc.?

- SAMHSA recognizes that it may not be possible to collect all demographic elements for all outreach contacts due to the nature of outreach services.
- SAMHSA encourages providers to collect this information as they are able and to utilize "Don't know" or "Unknown" when the data cannot be collected.

58. Since a key PATH requirement for enrollment is the presence of a mental health or dually disordered diagnosis, what happened to the question on Primary Mental Health Diagnosis from the previous reporting form?

- Based on SAMHSA's data needs and conversations with the Data Advisory Committee, it was decided that collecting specific data on a client's mental health diagnosis on the new (transition) PATH Annual Report form is not necessary.
- To support client eligibility for PATH, each client file should have documentation from a licensed practitioner stating that the client has a serious mental illness (as defined by the state).

59. Should demographics for those contacted include those that were not enrolled because they were found ineligible?

- Demographics for those contacted include all individuals who were contacted through outreach, even if they were they found to be ineligible for the PATH program.

60. In DS #12 (Demographics under "Age"), do the categories represent different age groupings than were used on the previous report form?

- The age groupings are different than those that were used on the previous PATH Annual Report form.
- The "Age" categories for the age groups 18-23 and 24-30 on the new (transition) PATH Annual Report form do not align exactly with HMIS data standards. They will be adjusted before 2016 so that they conform to those in HMIS.

61. Will SAMHSA count persons as homeless who are exiting an institution where (s)he has resided for 90 days or less, and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution?

- SAMHSA will utilize the definitions of homelessness that are used by HUD. The HUD definition includes people exiting an institution where they have resided for fewer than 90 days and were experiencing homelessness before entering that institution.

62. In DS #12, for the "Residence prior night to enrollment," how should data for the "Persons Contacted" column be collected? Should the data show the person's residence the night prior to the contact?

- When entering data for Persons Contacted for the "Residence Prior Night to Enrollment" category, please indicate the person's residence the night prior to the initial contact. (If this information is not known, please use the "Don't know" response.)

- If a person is contacted and then enrolled within the same reporting period, then the client would be counted in both the contacted and enrolled columns (entering information for the residence prior night to initial contact in the Persons Contacted column and residence prior night to enrollment in the Persons Enrolled column).

QUESTIONS RELATED TO HMIS

63. What training and training resources will be available related to the HMIS transition?

- State PATH Contacts will participate in Learning Communities and providers may be invited to discussions and presentations that are relevant to them.
- SAMHSA also plans to host quarterly virtual trainings in order to address challenges and issues that are common across Learning Communities.
- PATH providers should contact their State PATH Contact regarding state-specific training opportunities.

64. What initial steps can State PATH Contacts take immediately to begin preparing for the HMIS transition?

- State PATH Contacts can begin by creating a list of the Continuum of Cares (CoCs) in which their PATH Providers work and identifying the local HMIS used by each CoC. State PATH Contacts may also want to contact the HMIS System Administrator for each CoC to begin an initial conversation.
- State PATH Contacts can also create a list of challenges and barriers that the state or specific PATH Providers face related to the HMIS transition (e.g., the PATH Provider is also a Community Mental Health Center and must collect data in an electronic health record). State PATH Contacts can bring this list to their Learning Community meetings for discussion.

65. For providers that are currently using HMIS for PATH data collection, do the current HMIS Data Standards include all the elements of the new PATH data requirements?

- The current HMIS Data Standards, from 2010, **do not include** all of the new PATH data elements. The new data elements in the 2013 standards are expected to be incorporated into HMIS software by each vendor by the end of the calendar year.
- HUD and SAMHSA provided HMIS vendors with instructions for programming the new (transition) PATH Annual Report form into each vendor's HMIS software.
- For any PATH data elements that cannot be collected by HMIS, providers need to track this information separately until HUD's new HMIS Data Standards are programmed into each HMIS. An Excel spreadsheet template will be made available for this purpose.

66. Will HMIS be set up to enter all these new data elements?

- The 2013 HMIS data standards include these new data elements. HMIS vendors have received program specifications to collect all new elements.

67. Will HMIS vendors be required to develop the new PATH Annual Report form as per the new specifications and be able to generate the PATH Annual Report form?

- HMIS vendors will be required to incorporate the new HMIS data standards, which include the PATH Annual Report data elements, when the HMIS Data Standards are final.
- HMIS vendors have been given programming instructions for generating the new (transition) PATH Annual Report form.
- HMIS software nationwide will be able to generate the new (transition) PATH Annual Report form. The timing of when this will happen has not yet been determined, but will occur after HUD's HMIS Data Standards are final.
- If providers are in a position of not having entered all the new data elements into their HMIS, SAMHSA does not expect them to be able to generate the entire PATH Annual Report form for 2013 if they have not collected the new data elements.

68. Will there be a specific PATH report that should be used to extract PATH data from HMIS for the Annual Report?

- When the 2013 HUD HMIS Data Standards are finalized and programmed by HMIS vendors into local systems, each provider should be able to report the specific data needed to complete the new (transition) PATH Annual Report form from HMIS.

69. The new data standards have not been finalized yet. What will SAMHSA do with the new PATH Annual Report form if HUD decides to change the data standards from what they originally proposed?

- SAMHSA views this new PATH Annual Report form as a *transition* report form and will make revisions to the form in the future so that it will fully align with HUD's final HMIS Data Standards.
- This transition report will be used during the next two to three years.

70. Should PATH providers continue to migrate to HMIS even though the new HUD HMIS data standards have not yet been released?

- PATH providers should continue the process of transitioning to using their local HMIS for data collection, even though the final 2013 HUD HMIS Data Standards have not been published yet.
- Data elements that cannot yet be entered into HMIS can be collected through separate means. An Excel spreadsheet template will be made available for this purpose.

71. What if a provider is not inputting data into HMIS right now?

- If providers are currently not using HMIS, they should continue to use the same data collection methods that they have been using.
- Providers should incorporate the new PATH data elements into this data collection method in order to report on the new data elements in the 2014 PATH Annual Report form.

72. Will SAMHSA recommend which vendor it believes has the most user-friendly HMIS system containing the new 2013 PATH Annual Report form?

- PATH providers should work with their Continuum of Care and HMIS Lead Agency to enter their data into the particular HMIS system *already in use* in their area.
- SAMHSA encourages PATH providers to work with their existing local HMIS.
- The benefit of using the local HMIS is to increase the effectiveness of services and service referrals for PATH clients.

73. What are the privacy and confidentiality requirements related to inputting and storing PATH data in HMIS?

- A provider entering data into HMIS, or into any comparable system, must comply with all requirements of federal, state, and local laws or regulations that protect personal health information. This includes HIPAA and 42 CFR Part 2, both of which require protection of health information.
 - Federal: HIPAA, 42 CFR, Part 2, and HUD HMIS Technical Standards
 - State: applicable state requirements, laws, regulations
 - Local: applicable local requirements, including those of the local HMIS
 - Agency: applicable agency requirements, policies, and procedures
- Current HMIS Technical Standards require that systems be HIPAA-compliant.
 - HUD is issuing updated Technical Standards for comment later this year that may specifically address 42 CFR Part 2.
- The requirement under 42 CFR to protect the content and nature of any substance use treatment pertains to programs that provide substance use diagnosis, treatment, or referrals for treatment. This requirement is not addressed in the current HMIS Technical Standards.
 - To be a “program” that falls under 42 CFR Part 2, a provider organization or entity must be federally assisted and provide alcohol or drug abuse diagnosis, treatment, or referral for treatment (42 CFR § 2.11).
 - Information protected by 42 CFR Part 2 is any information disclosed by a Part 2 program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a Part 2 program.
 - Information protected by Part 2 is any information disclosed by a Part 2 program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a Part 2 program.

- Providers who are not currently using HMIS should contact their Continuum of Care (CoC) and/or their HMIS Lead Agency to review the policies and procedures governing privacy and confidentiality. It may also be helpful for providers to discuss questions about privacy and security with other providers in their Continuum who enter data for Shelter Plus Care residents.
- Providers should look at the MOUs or other agreements that they may have with their HMIS administrator and/or CoCs to ensure language about privacy and confidentiality are included. HMIS Technical Standards will soon be updated by HUD to address privacy and confidentiality concerns, and State PATH Contacts will be notified when this guidance is available.
- Any additional questions about HMIS privacy and confidentiality standards can be submitted through HUD's Ask A Question (AAQ) portal located here: <https://www.onecpd.info/ask-a-question/>. Please label any questions as being HMIS-related. HUD will be able to review these questions and provide a response.

74. We have many clients to whom we outreach and provide information but who would never agree to sign an HMIS release allowing us to enter them as a statistic in the system. Will this cause problems?

- If the client does not want any data entered into HMIS for any reason, providers should enter "Refused" where that response is an option.
- It may be possible for providers to enter minimal identifying information (see answer to question # 75) in order to count those clients as outreach contacts.
- Once a client is enrolled into a PATH program, it may be possible to allay the client's concerns about HMIS. The privacy and confidentiality policies and procedures of the Continuum of Care and its HMIS should be explained to the client in enough detail for the client to make an informed choice about this matter.

75. In terms of HMIS entry, how will providers be able to enter clients served in outreach if there is not enough data available on those clients? How does HMIS count outreached / contacted numbers in such cases?

- Until a relationship is developed with a client that allows a PATH worker to enter all the data elements that identify that client so the client record can be de-duplicated in HMIS, it may be possible to enter information about the client in less traditional ways (e.g., male living in vacant house on 621 5th Street).
- Some Continuum of Care (CoCs) have been collecting minimal identifying data elements for many years when doing their annual point in time count of persons experiencing homelessness and have developed guidelines to help providers and outreach workers.
- The HMIS Administrator may be able to suggest ways that the local CoC has decided to collect only minimal identifying data on clients.

- When additional identifying information about the client is available, the client record can be updated to include more accurate information, given that the client gives consent for this information to be entered.
- PATH providers should speak with their HMIS Administrator and/or their CoC about data collection for outreach contacts where identifying information is not readily available.

76. How will in-reach be entered into HMIS?

- At this time, SAMHSA considers in-reach as a form of outreach and will be entered as outreach. SAMHSA is considering ways to broaden street outreach whenever possible and encourages providers to do more street outreach with PATH funds.

77. Does HMIS, or will HMIS, be able to efficiently track referrals made?

- HMIS vendors will incorporate the 2013 HMIS Data Standards, which include all PATH Annual Report data elements, including referrals made.
- Providers will track referrals in order to generate the data needed for the new (transition) PATH Annual Report form.

78. The proposed HMIS Data Standards are adding the terms “Client doesn’t know” and “Client refused” – will PATH also utilize these terms in the Demographics section (DS #12)? Does “Don’t Know” in PATH mean “Client Doesn’t Know,” as it does for HUD projects, or does it mean the data entry staff person doesn’t know?

- These terms refer to the **client** not knowing the information or refusing to give the information, *not* the data entry staff person.
- Currently, these terms are not in use for PATH, but they are choices for other projects in HMIS.
- If providers are already using HMIS, they may use the terms “Client doesn’t know” and “Client refused” until their HMIS vendor programs the systems to contain the entries “Don’t know” and “Refused” into the system.

79. Many of the PATH providers work in an agency already utilizing an electronic record system. It will take several hours to make the changes within the system to account for these new data elements. Many of the pure outreach folks never reach the clinical record. Has SAMHSA developed a working database that we can easily track this information in a standardized manner?

- PATH providers are asked to begin collecting their data in the local HMIS, not to change their existing electronic record system.
- The benefit of collecting PATH data in HMIS is that clients will have electronic access, through HMIS, to the services and housing placements that are available in the local community.

- Referrals for services and housing can be made easily and efficiently within HMIS.
- HMIS is the standardized manner that SAMHSA is asking PATH providers to use.

80. How long will vendors have to program the new HMIS Data Standards?

- HUD will allow vendors adequate time after the HMIS Data Standards are published in final form to complete programming into their HMIS software.
- This is expected to happen in late 2014 or early 2015.

GLOSSARY

Annual Reporting Period: The time frame when the PATH Annual Report online system is open for providers to enter and submit data. This time frame has not yet been determined for the 2013 report.

Data Collection Period: PATH providers report data on the PATH Annual Report form based on a one-year cycle determined by their state. This period typically aligns with the state's fiscal year.

PDX (PATH Data Exchange): This is the new PATH Annual Report online system where providers will enter data into the online annual report form and submit reports for validation.

Provider Guide: A document that explains how to use and properly collect data for the Transition PATH Annual Report form. A copy of this guide can be accessed [here](#).

Reporting Deadline: The date by which all PATH providers must submit their data into the PATH Annual Report online system. This date has not yet been determined for the 2013 report.

Transition PATH Annual Report form: The PATH Annual Report form that was released in June 2013. A copy of this form can be accessed [here](#).