

Introduction to PATH Data Collection for Providers

SAMHSA requires PATH providers to collect and report data to document how their programs use their PATH funding, measure outcomes, and coordinate services across their community's homeless service system. This resource provides an overview of PATH reporting requirements and can help providers ensure that they accurately collect and report their PATH data.

Why do PATH Providers collect data?

PATH data collection is required to meet federal and state grant requirements. Data collection and analysis help to improve services for the PATH population. PATH data can help providers:

- Connect clients to needed services.
- Track client progress after interactions with PATH providers.
- Track and report outcomes.
- Adjust resource allocations and services provided with PATH funds.
- Better understand which approaches and interventions are most helpful in addressing homelessness.

Data helps providers better understand the characteristics of the homeless population in their community. PATH data can show:

- Where individuals stayed before experiencing homelessness.
- The assistance they received while experiencing homelessness.
- The length of time they experienced homelessness.
- Rates of individuals returning to homelessness.

How is PATH data collected and reported?

PATH providers input client-level data into their local Homeless Management Information System (HMIS), an electronic data collection system that stores data about individuals experiencing or at risk of homelessness and the services they receive. The local Continuum of Care (CoC) determines the specific HMIS database for an area.

- The [PATH Program HMIS Manual](#) provides detailed information about inputting PATH data into HMIS.
- Providers should receive training from their HMIS Lead Agency to learn how to accurately input data into HMIS, build client records, and enter data in a timely manner. Providers should also be familiar with the community's policies for confidentiality and sharing data with the client's consent.
- Each CoC's HMIS is programmed to aggregate client-level PATH data to produce provider-level data about the number, characteristics, and needs of clients who received

services. Providers can run the PATH report in HMIS and download a CSV file that contains their provider-level data.

- PATH providers then upload the CSV file into the [PATH Data Exchange \(PDX\)](#), an online data reporting tool that stores provider-level data, to complete the PATH Annual Report and any progress reports required by their state or territory.

What data elements are PATH providers required to collect?

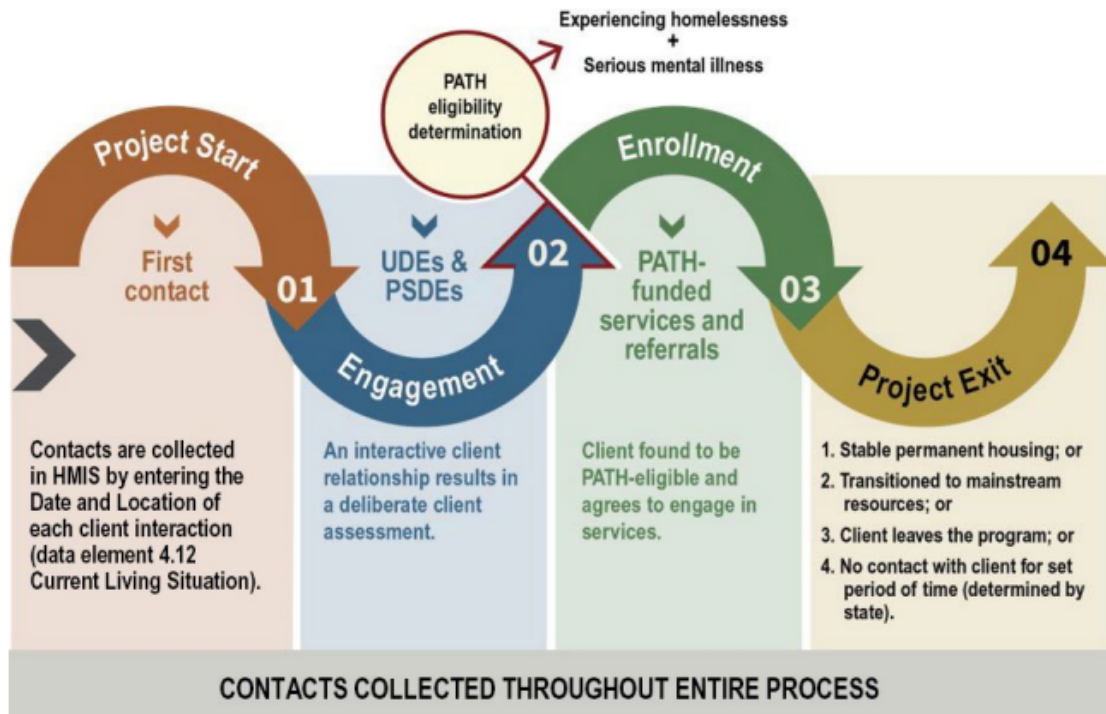
PATH providers are required to collect the following data elements in HMIS for the purposes of care coordination and to complete the PATH Annual Report. The [PATH Annual Report Manual](#) provides detailed information about each data element.

Data Element Type	Element Number	Data Element
UDE	3.01	Name
UDE	3.02	Social Security Number (last 4 digits)
UDE	3.03	Date of Birth
UDE	3.04	Race and Ethnicity
UDE	3.06	Gender
UDE	3.07	Veteran Status
UDE	3.08	Disabling Condition
UDE	3.10	Project Start Date
UDE	3.11	Project Exit Date
UDE	3.12	Destination
UDE	3.15	Relationship to Head of Household
UDE	3.16	Enrollment CoC
UDE	3.917	Prior Living Situation
PSDE	4.02	Income and Sources
PSDE	4.03	Non-Cash Benefits
PSDE	4.04	Health Insurance
PSDE	4.05	Physical Disability
PSDE	4.06	Developmental Disability
PSDE	4.07	Chronic Health Condition
PSDE	4.08	HIV/AIDS (data collection not required but encouraged)
PSDE	4.09	Mental Health Disorder
PSDE	4.10	Substance Use Disorder
PSDE	4.11	Domestic Violence
PSDE	4.12	Current Living Situation
PSDE	4.13	Date of Engagement
Federal Partner	P1	Services Provided – PATH Funded
Federal Partner	P2	Referrals Provided – PATH
Federal Partner	P3	PATH Status
Federal Partner	P4	Connection with SOAR

UDE = Universal Data Element PSDE = Program-Specific Data Element

What is the process for collecting PATH data?

The PATH Data Collection Workflow illustrated below shows the PATH data collection process.



Source: [PATH Program HMIS Manual](#)

Data collection begins with the first contact with a potential PATH client. This data point is known as *Project Entry*. Providers may need to open an HMIS record with minimal client information and build the record as a relationship develops and the provider gathers additional information. From this point forward, PATH providers record each interaction with the client in HMIS as a *contact* using the *4.12 Current Living Situation* data element.

The workflow illustrates the required order of data collection, which can occur in a single day or span several days, weeks, or even months, depending on the client's level of engagement with the PATH project, whether they meet the eligibility criteria for PATH-funded services, and whether they maintain a consistent connection with the PATH provider. Definitions of key terms are provided below.

Contact: A *contact* is an interaction between a PATH-funded worker(s) and an individual who is potentially PATH eligible or already 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 client's presence; facilitating a referral between a PATH-funded worker and another case manager or service provider without the client's involvement does not count as a contact.

- A contact may occur in a street outreach setting or a service setting such as an emergency shelter or drop-in center.

Date of engagement: The date when an interactive client relationship results in a deliberate client assessment or the beginning of a case plan. For PATH providers, the date of engagement must occur on or before the date of enrollment.

- By the point of engagement, PATH providers should complete an assessment that allows them to collect the required Universal Data Elements and Program-Specific Data Elements.
- Communities do not measure HMIS data quality until the date of engagement.

After the point of engagement, the PATH provider determines whether the individual is eligible for PATH services (that is, if they are experiencing or at risk of homelessness and have a serious mental illness). If the individual is found eligible for PATH and agrees to engage in services, the provider then enrolls the individual. Once enrolled in PATH, the provider enters data in HMIS documenting subsequent contacts with the client and the PATH services and referrals received.

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.

Project exit: A provider discharges, or exits, a PATH client from the program when:

- they have permanent, stable housing *or*
- they have transitioned to mainstream resources *or*
- the client leaves the program *or*
- there has been no contact with the client for a set period of time (determined by the state/territory)

What are the PATH GPRA measures?

PATH Government Performance and Results Act (GPRA) measures are specific goals and objectives SAMHSA submits to Congress to communicate progress in achieving the program's mission and justify continued annual funding. SAMHSA is required to report the annual nationwide total for the following PATH GPRA measures:

- Number of persons experiencing homelessness contacted
- Percentage of eligible persons contacted who become enrolled in PATH
- Percentage of enrolled PATH clients who receive community mental health services
- Number of PATH providers trained in SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible clients are receiving benefits

PDX calculates providers' performance on some of these measures and will flag a warning if a provider is below the GPRA measure target for that fiscal year. Providers must enter a comment in PDX to explain why their program did not meet the target for that measure.