

Homeless and Housing Resource Network

Frequently Asked Questions PATH Data Reporting

Getting Started

Are there any changes to this year's PATH Annual Report?

No, there are no changes to the report this year.

What are the dates that the 2012 PATH Data Report is covering?

The 2012 PATH Data Report covers Fiscal Year 2011. The exact dates vary from state to state. Please check with your State PATH Contact about your exact reporting window.

When is the 2012 PATH Data Report due?

Reports are due no later than October 31, 2012. Please note that your State PATH Contact may require your data to be submitted earlier than this date.

I'm confused about the reporting timeframe. Reports need to be submitted by October 31, 2012, but you are asking for data collected from January 1, 2012 through December 31, 2012?

Reporting years differ by state, and sometimes by individual provider. Unless otherwise directed by your SPC, all providers should report on the same dates as previous years. If you reported last year from January 1 through December 31, your report this year must be from January 1 through September 30 so that you can meet the October 31 deadline.

What is SAMHSA's preferred reporting timeframe?

SAMHSA does not have a preferred reporting timeframe. The reporting timeframe is determined by each individual state. SAMHSA, however, hopes to have a standardized reporting timeframe in the future.

Do I need to complete a report if I am a new PATH provider and only provided services during part of the reporting window?

Yes. Because you received PATH funds within the reporting window, you are required to report data, even if it is not for the full year.

It is recommended that you note that you only provided services for part of the year in the text box in Table B of the report. This will help prevent follow-up questions regarding incomplete data.

My program started receiving PATH funds after the final date for reporting in this annual report. Do we need to submit a report?

Review the timeframe for reporting in your state with your State PATH Contact. If your program began after the end date, you do not need to submit a report this year, but you will submit a report next year. If your program began before that date, please see the answer to the above question.

How do providers log in to the website to enter data?

Your State PATH Contact is responsible for distributing the provider IDs and passwords. The provider IDs and passwords do not change from year to year.

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Once you have your login information:

- Go to the PATH website (www.pathprogram.samhsa.gov)
- Either click the image on the right of the screen that says “Local PATH Providers 2012 Surveys” or click the “Data” tab and then click the “PATH Reporting” link; The yellow “Log in or Sign Up” button at the top of the PATH homepage is not associated with the PATH report
- The page that says “PATH 2012 Annual Provider Report Online Survey” has a space for “Provider Login;” This is where you enter the provider ID and password that you received from your State PATH Contact

How do I submit my report?

Once you have entered all of your information, click “Done” and “Validate my entries.”

Often, you will be unable to validate, and a pop-up window will come up with errors. Some of these errors are mathematical and some are because a question was not answered. The pop-up window will display the question numbers for the questions that need to be corrected. You can navigate through the report to find and fix those issues. Then try to validate again.

Be sure that you get a message that says your report is validated; until then, you are not finished.

How do I edit data once my report validates?

When you validate your report, it is locked. If you need to reopen your report, please contact your State PATH Contact. This is so that the State PATH Contact is aware of any changes that are made after the report is validated. If your State PATH Contact reopens the report so you can make changes, make sure that you validate the report again, regardless of whether any changes are made.

Questions about Items on the Report

Could you please clarify what sources to consider or include in the A1 question for overall budget?

You should check with your State PATH Contact about this to determine how this is done in your state. We know that this is complicated for a lot of providers. In many cases, this will be the sum of A2 + A3, but this is not always the case.

Questions B1-B4: Would any of these answers be the same number?

In most cases, no, these would not be the same number.

B1: Persons who are homeless and have serious mental illnesses served by PATH funds and other services. This question is intended to capture the universe of PATH-eligible individuals who are receiving services at your agency. This is an incredibly difficult number to capture and is often estimated. This number is the largest number in the B table.

B2a: Persons served by PATH federal and match funds—outreach. This question is intended to capture all of the people outreached during the year. It does not include people who are already enrolled, but it does include people outreached in previous years that continue to be outreached but have not enrolled yet. It is unlikely that this number would equal B1 because programs usually have some enrolled individuals carried over from the previous year and, therefore, it should be smaller than B1.

B2b: Number of outreach contacts who became enrolled in PATH during the year. This number is intended to capture those individuals counted in B2a who actually became enrolled. This number should

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always be smaller than B2a because, in an outreach program, it is inevitable that some contacts will be lost or decline enrollment. Therefore, this number is always smaller than B1 and B2a.

B2c: Number of outreach contacts who did not become enrolled in PATH during the year. This is simply calculated by subtracting B2a-B2b. This number is always smaller than B1 and B2a and is usually smaller than B2b.

B2d: Number of outreach contacts (in item B2c above) not enrolled because they were ineligible. This number is always smaller than B1, B2a, and B2c.

B3: Persons served by PATH—individuals enrolled in PATH. This captures all people enrolled in PATH, regardless of how they were enrolled. This number should always be larger than B2b because it is inevitable that some contacts will be carried over from previous years or will enter the PATH program through referral.

B4: Total number of persons receiving any PATH-supported services during the year. This number is intended to capture everyone the PATH program touches and is calculated by adding together B2c (Number of outreach contacts who did not become enrolled in PATH during the year) and B3 (Persons served by PATH—individuals enrolled in PATH). If PATH is the only funding stream dedicated to individuals experiencing homelessness and serious mental illness, then this number may equal B1.

What is the difference between B2c and B2d?

B2c is everyone who was outreached but was not enrolled. B2d is those people who were outreached and were not enrolled specifically because they were not eligible. The distinction between B2c and B2d is eligibility. B2c must be greater than or equal to B2d.

How would individuals who are enrolled via self-referral be recorded?

Individuals who are self-referred would be counted in Item B3 (Persons served by PATH—individuals enrolled in PATH) but would not be counted in the B2 items because B2 deals specifically with outreach.

Where can we find the definitions for “outreached” and “engagement?”

The PATH Report does not require “engagement” as an item, so this is not defined. You may be thinking of “enrollment.” Enrollment in PATH is similar to how engagement is defined by HUD. The definitions for both “outreached” and “enrollment” can be found in the [PATH Annual Report Provider Guide](#) which is posted on the “2012 PATH Reporting Tools” webpage on the PATH website.

Is there ever a case in which the answer to Question B1 (Persons who are homeless and have serious mental illnesses served by PATH funds and other sources) would be less than the answer to B3 (Persons served by PATH—individuals enrolled in PATH)?

No. Question B1 (Persons who are homeless and have serious mental illnesses served by PATH funds and other sources) includes everyone who is eligible for PATH during the year that is served by your agency. Since everyone enrolled in PATH would be included in this number, it is impossible for this number to be smaller than B3 (Persons served by PATH—individuals enrolled in PATH). B1 is usually the largest number on the B Table. In cases where PATH is the only funding stream specifically serving individuals who are homeless and experiencing mental illness, this may be equal to B4, which includes anyone receiving PATH services in the year regardless of whether they were enrolled. B1 is a very difficult number to capture, and there are many nuances. Please contact your State PATH Contact with questions.

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What about individuals who are carried over from previous years?

Individuals carried over from the last fiscal year who are still being served do not count in the B2 outreach questions but they do count in Question B3 (Persons served by PATH—individuals enrolled in PATH).

What about individuals who are no longer PATH eligible?

If an individual is no longer PATH eligible, meaning they are no longer homeless or are no longer experiencing a serious mental illness or co-occurring substance use disorder, you can still count them as you would anyone else who enrolled during the year.

Does the number of individuals receiving services in the C Table relate to the total in Question B3, which includes individuals carried over and newly enrolled? For example, would we include those who received case management services (Cg) funded by PATH in the prior year in addition to those who received these services in the current year?

When reporting on services and when percentages are calculated, they are based on the total number of individuals reported in B3. When reporting in Table C, report the total number of individuals—carried over and newly enrolled—in your PATH group that received a service in that year. If an individual began receiving case management services from PATH in the previous year and received case management services for at least part of the current year, then they would be counted as receiving case management services. If they stopped receiving case management services prior to the current year, then they would not be counted.

Regarding Questions Cg (Case management) and Cd (Community mental health services), if our community refers most people to case management, should we put this number in Question Cg even if it lowers the number in Cd?

If the case management services are not provided by PATH funds, the individuals should not be included in Question Cg (Case management). Question Cd (Community mental health services) is the only question in the C Table where you can include services *not* provided by PATH funds.

That said, you can count the same person for every service that they receive as long as the service they are receiving meets the definition provided in the 2012 PATH Provider Guide and the services are paid for with PATH funds (except for Cd, Community mental health services, which you may report even if the services are not paid for with PATH funds). So if the case management services that are provided with PATH funds meet the definitions of both case management and community mental health services, then you may count the individual in both places.

How do I report Question Cd (Community mental health services)?

This item should include the number of individuals enrolled in PATH receiving community mental health services paid for by PATH funds AND the number of individuals enrolled in PATH successfully linked to other mental health services as a result of the PATH program.

SAMHSA is interested in gaining information about the number of PATH consumers who are receiving community mental health services, regardless of whether PATH is directly providing this service. If an individual was receiving community mental health services *prior* to becoming enrolled in the PATH program, then he/she would not be counted in this item. But if PATH played a role in an individual receiving community mental health services, regardless of whether PATH pays for the services, then the person would be counted here.

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Please note that this reminder does not apply to any other service in Table C, and it also does not apply unless the consumer or the service provider confirms consumer receipt of services either verbally or in writing.

What if I link people to mental health services, but they aren't from a community mental health center?

If you link people to mental health services that are not in a community mental health center, you may still count them as receiving community mental health services (Cd). The purpose of this question is to capture whether the mental health services are in the community, not the kind of agency that provided the services.

If a provider helps an individual apply for housing but the person doesn't qualify, does this service count as assisted or attained?

If the provider took every step to get that person into housing identified in the provider guide, this can be counted as "assisted."

The difference between "assisted" and "attained" is designed to capture the efforts of providers, which do not always lead to individuals receiving the service, for a variety of reasons.

Regarding the voluntary outcome measure of "accessing primary medical care," does "primary medical care" include urgent care?

Not usually. If the individual is only connected to urgent care, then, no, this would not be considered accessing primary care. If a service provider who is paid with PATH funds connects the individual to a primary care doctor that an individual can continue to see, then, yes, this would be considered accessing primary care. The purpose of this question, and all of the voluntary outcome measures, is to determine if the provider is connecting the individual to a mainstream service that the individual will be able to continue to use over time.

Regarding demographics, and particularly race and ethnicity data, is it true that the way this data is reported for the PATH Annual Report is different from how the U.S. Census Bureau reports this information?

Yes, that is true. The PATH Annual Report currently combines race and ethnicity into one category (Item D3: Race/Ethnicity), while the U.S. Census Bureau indicates that race and ethnicity should be reported separately. For the purposes of the PATH Annual Report, an individual who identifies as White and Latina should be reported as "Two or More Races" (D3g), while an individual who identifies as "Hispanic" should be reported as "Hispanic or Latino" (D3d).

How does SAMHSA define "veteran?" The Veterans Administration (VA) defines "veteran" as a person who is not dishonorably discharged. Is that the same for SAMHSA? Is that the same for HMIS?

A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty. Despite the discharge characterization, the person is still considered a veteran. However, the type of discharge could significantly change the type of benefits available to the veteran through the VA system. The PATH program definition of veteran status is aligned with that of HMIS.

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Will “at risk of homelessness” be identified as a category in the future?

There will be more categories for “housing status” in the future which will help to more clearly define risk of homelessness. HUD is also working on defining the stability of one’s housing status. This is something that will not likely be in the revised PATH report to be released next year, but will likely be added to future iterations of the new report.

If a client is in jail at first contact, does this need to be documented in the report?

Item D7 collects information about housing status at first contact. Item D7h indicates “jail or correctional facility,” so an individual who is in jail at first contact would be recorded here.

Does PATH expect the actual numbers of enrolled clients to increase from previous reporting years?

At this point, there is not an expectation that individual providers will increase their enrollment from year to year. The overall targets may increase from year to year, but this is not something that is looked at individually.

PATH Funding

Why can programs that connect individuals to community mental health services (Cd), but are not paying for the services with PATH funds, count this as “partially PATH-funded”?

Community mental health services (Cd) are one of the few outcomes reported to Congress for the national PATH program. Because of this additional focus on these services, many PATH providers put a substantial amount of time into linking people to these services, even if the services themselves are not funded by PATH. As a result, SAMHSA requests that if a PATH program links people to mental health services, then this be counted as “partially PATH-funded” (due to the PATH worker’s time linking the person) and that the individual be counted as receiving mental health services.

Does the term “PATH-funded” mean funded by federal funds only, by match funds only, or by federal funds and match funds combined?

“PATH-funded” includes both federal and match funds. The idea of match funds is that they are being combined with federal funds to provide PATH services; therefore, they are considered part of PATH funding.

What do you report if you use more federal or match funds for services than listed in the intended use plan?

Re-budgeting is allowed, but please check with your State PATH Contact to ensure that this was reported to SAMHSA.

How can I know exactly which PATH funds are used to service PATH clients?

You should discuss this with your State PATH Contact or revisit the budget that you submitted for the annual PATH application.

HMIS and the PATH Report

What is HMIS?

An HMIS (Homeless Management Information System) is a local tool for collecting information on people experiencing homelessness, using the Department of Housing and Urban Development (HUD)

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data standards. There is no national HMIS, but Continuums of Care (CoCs) in communities around the country have individual systems that are run by the community. Each community has an HMIS administrator who is responsible for training and ensuring that the HMIS is functioning properly. Historically, only HUD programs were required to use HMIS but, in 2009, SAMHSA announced an initiative to encourage PATH programs to use HMIS. More information about this requirement and what it means for your program can be obtained by contacting your State PATH Contact and your local CoC.

Does the data that providers enter into HMIS throughout the year automatically populate into the PATH Annual Report?

No. You must export the data elements required for the PATH Report from your local HMIS and manually type the answers into the PATH Report. If you need information on how to export the data, contact your local HMIS administrator for more information on how to do this with your HMIS. Some systems have built in "PATH Reports" to export the data, while the local HMIS administrator must create a new report for other systems.

When will the 2013 Report be released so that providers may adjust to the new data elements?

The 2013 Report will be released as soon as it is approved by the Office of Management and Budget. It was published in the Federal Register and was open to comments in the summer of 2012. It will be published in the Federal Register again, along with responses to the initial comments, in early fall 2012, and will be open for comments again. It will likely be finalized and released around December 2012-February 2013. SAMHSA recognizes that, at first, providers will not be able to submit information for all of the data elements, as providers need time to incorporate the new data elements into their agency's data collection process.

Will HMIS be in place for PATH programs before the voluntary outcome measures become mandatory?

The voluntary outcome measures will become mandatory in the new PATH Report, expected to be released between December 2012-February 2013. Each PATH program is responsible for getting onto HMIS on their own timeframe, as long as it is within the next 3-5 years. Depending on where your program is in the process will determine whether or not HMIS will be in place before or after the voluntary outcome measures become mandatory.

Will HMIS track the outcome measures?

The new PATH Report is based on the projected HUD data standards, so all elements of the PATH report will be available in HMIS.

Are you working with HMIS providers to have software changes made in order to match reporting requirements?

We are changing the PATH Report to match HMIS and are working to make sure that the new PATH Report matches what HMIS collects. Like HUD, SAMHSA does not work directly with the HMIS providers/vendors.

For more information about reporting, please contact your State PATH Contact.

You can find your State PATH Contact's information here:
www.pathprogram.samhsa.gov/Path/ListStateContacts.aspx

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Additional Information for State PATH Contacts

How do we locate providers' login information?

As a State PATH Contact, you are responsible for providing providers with their login information. This is one of the ways that helps ensure that you are the first point of contact for providers and that you are in regular contact with them.

To find the provider login information:

- Log on to the PATH website with your PATH website ID and password by clicking the yellow “Log in or Sign Up” button at the top of the PATH homepage at www.pathprogram.samhsa.gov
- Click the “Grantee Resource Center” tab
- Click “SPC Resource Center”
- Click “Manage My Providers”

Here you will find provider IDs and passwords for each of your providers in the second two columns of the grid.

When sending IDs and passwords, be sure to send individual e-mails rather than a group e-mail. This will ensure that providers enter data under the correct ID. If a provider enters the data under an incorrect ID, they will need to re-enter the entire PATH Report.

My provider validated their report but needs to go in and make changes. How do I reopen the report?

To reopen a validated report, follow the above instructions to get to the “Manage My Providers” page. If a report is validated, a checkmark will appear in the “Report Validated” column all of the way to the right. Under the checkmark there will be a link that says “Reopen.” Click the link and then agree that you are sure that you want to reopen the report. Once the report is reopened it must be validated again after the provider finishes making changes.

Are State PATH Contacts allowed to change their providers' reporting dates?

State PATH Contacts do have the option to change their providers' reporting dates. Please contact path@samhsa.hhs.gov to discuss how to do this. In general, providers should report on the same timeframe that they used last year.