Projects for Assistance in Transition from Homelessness HMIS Manual

Texas Health and Human Services
September 1, 2022

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Health and Human Services

Introduction

The Texas Projects for Assistance in Transition from Homelessness (PATH) Homeless Management Information System (HMIS) Manual is intended to support data collection and reporting efforts of HMIS lead agencies,[1] Health and Human Services Commission's (HHSC) State PATH Contact, and HHSC's PATH Program grantees. In the absence of a local Continuum of Care, the HMIS lead agencies is designated by the Balance of State CoC.[2]

This manual provides information on HMIS project setup and data collection guidance specific to the PATH Program. The data collection process should support PATH projects as street outreach workers connect and build relationships with people experiencing homelessness.

This manual aligns with requirements established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and refers to the data elements required for reporting by HHSC's State Path Contact.[3]

This document does not replace or supplant other program guidance, requirements, regulations, notices, or training materials for the PATH Program.

PATH Resources

Federal information and requirements are found on SAMHSA's PATH Program[4] webpage, which includes the following provider resources:

- PATH Annual Report Manual;[5]
- PATH HMIS Participation Guidance;[6] and

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[1] HMIS lead agencies are designated by the local Continuum of Care (CoC) to manage the CoC's Homeless Management Information System(HMIS) on the CoC's behalf.

[2] Balance of State CoCs cover the areas of the state that do not have the resources to establish their own CoC.

[3] https://www.hudexchange.info/programs/hmis/hmis-data-standards/standards/#t=HMIS-Data-Standards.htm

[4] https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path

[5] https://pathpdx.samhsa.gov/UserFiles/Attachment%20A-AnnualReportManual%2004.01.19.pdf

[6] https://www.hudexchange.info/news/technical-assistance-plan-for-path-program-participation-in-hmis/

- PATH Data Exchange (PDX).[7]

For additional information or questions, email AdultMH@hhsc.state.tx.us.

[7] https://pathpdx.samhsa.gov/

1. Key Terms and Definitions

- **Contact:** An interaction between a PATH-funded worker and a client potentially PATH eligible or enrolled in PATH. Contacts may range from a brief conversation between the PATH-funded worker and the client about needs to a referral to service. A contact must always include the presence of the client. Facilitating a referral between a PATH-funded worker and another case manager or service provider without the client's involvement would not be considered a contact. A contact may occur in a street outreach or service setting such as an emergency shelter or drop-in center.
- **Engagement**: The point at which an interactive client relationship results in a deliberate client assessment or the beginning of a case plan. Engagement is a one-time event that may occur on or after the project start date and must occur *before* PATH enrollment and project exit. Engagement is necessary for enrollment in PATH.
- **Enrollment**: The point at which the PATH provider can determine if a person is eligible for the PATH Program. Only persons eligible for PATH can receive a PATH-funded service or referral. Additionally, the PATH-eligible client and a PATH provider must mutually and formally agree to engage in services. The provider must have initiated an client file or record for that client. HMIS Data Element P3 PATH Status provides additional information regarding PATH enrollment.
- **Project Exit**: In Texas, a client is eligible for project exit after 90 days from the date of the last contact, successful linkage to community behavioral health services, client choice, no longer meeting eligibility requirements, or client death.
- **Project Exit: No Contact with Client** The standard length of time that must pass without a client contact before the client is eligible to exit the PATH project is 90 days. Reengagement may happen within this timeframe but cannot occur after project exit. In this case, the exit date is the date of the last contact.
- **Project Start Date:** The date of first contact between the PATH-funded worker and the client.
- **Re-engagement:** Re-engagement is the reestablishing interaction with PATH-enrolled clients who are disconnected from PATH services to reconnect the client to services based on the previously developed case management or goal plan. Once the PATH-enrolled client disconnects from the program, re-

engagement may occur to reestablish the client in the program and reconnect the client to the developed case management or goal plan. Re-engagement must occur after enrollment and before project exit.

- **Referral**: A referral is when an active and direct PATH staff member works on behalf of or in conjunction with a PATH-enrolled client to connect them to an appropriate agency, organization, or service. *Referrals are not services*. If the PATH provider does not deliver the PATH-funded service, it is a referral, not a service.
- **Services:** Specific PATH-funded assessments, benefits, or forms of assistance provided to a PATH-enrolled client. PATH-funded services may include screening, clinical assessment, community-based mental health services, substance use treatment, and housing assistance.[8] Only PATH-enrolled clients are eligible for PATH-funded services. Services are not the same as referrals, so if the PATH provider does not deliver the PATH-funded service, it is correct to enter in HMIS as a referral, not a service.

[8] PATH Annual Report Manual provides descriptions of PATH-funded services.

2. PATH-funded Services

PATH-funded services are provided to clients during project enrollment, after project enrollment, and before project exit. The PATH Annual Report only requires providers to collect one response for each service providedhowever, HHSC strongly encourages PATH providers to record each instance of PATH-funded services provided to PATH-enrolled clients.

Path-funded services include the following:

PATH-Funded Service	Definition
Case management	A collaboration between a client and provider in which the design and implementation of a wellness plan are specific to a PATH-enrolled client's recovery needs and identified through advocacy, communication, and resource management
Clinical assessment	A clinical determination of psychosocial needs and concerns
Community mental health	A range of non-institutional mental health or co-occurring services and activities to facilitate a client's recovery Note: This category does not include case management, alcohol or drug treatment, habilitation, or rehabilitation, as they are standalone services with distinct definitions
Habilitation/rehabilitation	Services that help a PATH client learn or improve the daily living skills needed to function in various activities
Housing eligibility determination	The process of determining whether a client meets financial and other requirements to enter public or subsidized housing
Housing moving assistance	Funds and other resources are provided on behalf of a PATH-enrolled client to help establish that client's household Note: This excludes security deposits and one-time rental payments, which have specific definitions
Minor housing renovation	Services, resources, or minor repairs that ensure a housing unit is physically accessible and safe to a client
PATH-Funded Service	Definition

PATH-Funded Service	Definition
One-time rent for eviction prevention	One-time payment on behalf of PATH-enrolled clients at risk of eviction without financial assistance
Reengagement	Process of engaging with PATH-enrolled clients disconnected from PATH services
Residential supportive services	Services that help PATH-enrolled clients practice the skills necessary to maintain residence in the least restrictive community-based setting possible
Screening	An in-person preliminary evaluation to determine a person's needs and PATH Program benefits
Security deposits	Funds are provided on behalf of a PATH-enrolled client to pay up to two months' rent or other security deposits to secure housing
Substance use treatment	Preventive, diagnostic, and other services and supports for people who have a psychological and physical dependence on one or more substances

3. Referrals

A referral is when a PATH provider assists a client with linking to a community resource. Providers are required to record one instance for each referral, and may choose to record additional instances (although this is not required). HHSC strongly encourages PATH providers to record each instance of a referral provided to PATH-enrolled clients. A referral is reported once on the PATH Annual Report, but the PATH providers must record it at the time of the referral. Therefore, a PATH-funded worker should record each referral when making multiple referrals for the same service between project start and exit. Each referral should be marked as "Attained," "Not attained," or "Unknown" as of project exit.

- "**Attained**" means the client was connected and received the service (Note: a housing referral does not "attained" until the housing placement starts).
- "**Not attained**" means the client was referred to but may not have been connected with the service or did not receive the service.
- "**Unknown**" means the status of the client's connection or receipt of service is unknown to the provider entering the data.

PATH-funded services and referrals are provided to enrolled clients only and reported in HMIS. Outreach is the only service provided before enrollment and should be recorded as "contact" through data element 4.12 Current Living Situation.

PATH providers may provide referrals without enrolling someone in PATH, and they have the option to record that referral in HMIS. The HMIS Data Standards Manual provides additional information on collection points, subjects, and instructions for each element.

4. PATH Program Components

PATH programs can provide street outreach, supportive services, or both. The annual report entered in PATH PDX utilizes the data entered in HMIS and requires programs to distinguish between the two components to accurately determine outcomes. The PATH Program may include one or both components:

1. PATH projects utilize the **Street Outreach Services** component to provide outreach and engagement to those living in places **not meant** for human habitation. Street outreach activities meet the immediate needs of unsheltered homeless persons by connecting them with emergency shelter, housing, or critical health and mental health services. Persons sleeping on the streets, under bridges, in camps, campgrounds, abandoned buildings, structures meant for animals, vehicles, and public places are examples of persons living in places not meant for human habitation.
2. PATH projects utilize the **Supportive Services** component to provide outreach and engagement to those living in places **meant** for human habitation. Persons residing in shelters, doubled up in housing, or at risk of homelessness are examples of places meant for human habitation.

Identify Client's Primary Place of Residence

PATH is unique because PATH programs can serve both people that are homeless and those at risk of homelessness. Therefore, it is important to accurately distinguish between different settings in order to properly identify the correct PATH program component, report in HMIS, and evaluate program outcomes. Housing and Urban Development and SAMHSA provide guidance on the definition of "reside"[9] that directs the worker at first contact (Project Start Date) to determine the client's primary place of residence.

PATH providers should use the following data collection method to determine which program component the client is entered into at first contact (Project Start Date):

- Where did you stay last night?
  - If the client responds with an answer consistent with a place not meant for human habitation, enter the client into the Street Outreach project.

[9] Reside is represented by where the client currently lives or sleeps at night.

- If the client responds with an answer consistent with a place meant for human habitation, then enter the client into the Supportive Services project.
- If the client does not provide an answer, HHSC requires provider wait until provider can obtain an accurate answer.
- If the client does not provide an answer and you never see the client again, you should always enter them into the Supportive Services Only project.

When the PATH Project type is Supportive Services, the response to the dependent field *"Affiliated with a residential project"* should be "*no,"* unless the project is funded as a Street Outreach component and operates within an emergency shelter.

5. Data Collection Requirements and Timelines

HHSC requires PATH providers to collect data elements in accordance with the HMIS Data Standards for PATH. These can be found in the HUD Exchange HMIS Data Standards.

6. PATH Client Status

There are four types of PATH status, and any client that reaches the enrollment stage should meet one of the following PATH Status criteria:

1. Enrolled in PATH
2. Ineligible for PATH
3. Not enrolled for other reason(s)
4. Unable to locate the client

If a client enrolls in PATH, then an enrollment date is collected to identify when a PATH-eligible client and a PATH provider have mutually and formally agreed to engage in services, and the provider has initiated a client file or record for that client.

If the client exits the project without enrolling, the PATH Status element still needs to be completed, indicating that the client was not enrolled and why the client was not enrolled.

Documenting Chronic Homelessness

The US Department of Housing and Urban Development's Defining Chronically Homeless Final Rule specifies that a written observation by an outreach worker of the conditions where the client was living may serve as evidence that the client lives in a place not meant for humans habitation, a safe haven, or an emergency shelter.

Additionally, third-party documentation of a single contact with a homeless service provider on a single day within one month is sufficient to consider a client as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for an entire calendar month (e.g., an encounter on May 5 counts for May 1 – May 31), unless there is evidence that there have been at least seven consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month.

Specific documentation of chronic homelessness may be necessary to prioritize clients for housing and to document eligibility for certain permanent housing resources. If necessary, PATH providers must provide evidence of a client's chronic

homeless status through procedures outlined by the Continuum of Care (CoC).[10] PATH provders should coordinate closely with their CoC and participate in the local coordinated entry system to ensure that clients have access to the appropriate permanent housing resources.

[10] Program authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389) designed to:(1) promote communitywide commitment to the goal of ending homelessness;(2) provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effective utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.