HMIS – Programming Specifications
PATH Annual Report

July 2018
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Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2017</td>
<td>1</td>
<td>Initial release of programming specifications.</td>
</tr>
<tr>
<td>August 2017</td>
<td>2</td>
<td>Updated document to comply with 2017 HMIS Data Standards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clarification in the Introduction on the report date range requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clarification in the Introduction on [date] table for Determining Which Clients to Include.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revised programming instructions for Q16.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clarified programming instructions for Q18 to state that individuals who received a referral multiple times should only be counted one time for that type of referral.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Updated Data Standard Fields and Responses for Q26 and Q27.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Updated instructions for Q22.</td>
</tr>
<tr>
<td>September 2017</td>
<td>2.1</td>
<td>Changed language in Q11 from “total enrollments” to “total new clients contacted”</td>
</tr>
<tr>
<td>November 2017</td>
<td>2.2</td>
<td>Changed instructions for Q16</td>
</tr>
<tr>
<td>January 2018</td>
<td>2.3</td>
<td>Changed instructions for Q26 and Q27 (bullet #5) to remove references to rows 42 and 49.</td>
</tr>
<tr>
<td>July 2018</td>
<td>2.4</td>
<td>Add guidance related to generation of PATH Annual Report in CSV export</td>
</tr>
</tbody>
</table>

Introduction


The specifications for each question are broken up into the following components:

1. **Report Table** – the full table from the Report Document template.
2. **Data Standards and Field Reference Table**
   a. **Project Types** – project types (as listed in the HMIS Data Dictionary) required to complete each question. This is a ‘translation’ of the Program Applicability from the terms used in the Report to the program types that the HMIS Data Standards require HMIS systems to store. Questions can be left blank or omitted entirely if they are not applicable to a particular project.
   b. **HMIS Standard Reporting Terminology Glossary** - When appropriate global definitions will be referenced to assist in programming using the document dated June 2017, version 1.
3. **Programming Instructions** - these are the steps to be taken to generate accurate report counts. They include the variables used, logic to select applicable client records, and the detail for how to populate each count within the question.
Selecting Relevant Client Project Stay Records for the Report Operating Year

- Date Range – a period to be identified by the end user and differing among each state and territory. Each state or territory’s State PATH Contact (SPC) sets the date range for the reporting period. Users must be able to enter the dates according to their individual state requirements. At minimum, the user will generate a report for a yearlong period. (Some states or territories also require quarterly submissions of the Annual Report, known as Progress Reports. Progress Reports can be submitted as either ‘Cumulative Progress Reports’ which include all data for a reporting period, or they can be ‘Discrete Progress Report’, which contains data for discrete periods that do not overlap. Grantees cannot use the ‘Discrete Progress Reports’ to populate the Annual Report.)

- When a Continuum of Care serves clients across multiple states, the geocode for the client (Data Standard 3.16 [Client Location]) can be used to filter clients based on the state in which the client resides.

CSV Export

To facilitate accurate HMIS data submission in PDX, SAMHSA is requiring a CSV format specific to this report. This format is similar to the APR and CAPER CSV files for Sage. The export must be a single .zip file containing only the five files listed below. The file names are not case-sensitive. Within each file, there must be exactly the number of rows and columns corresponding to the table shell for the relevant question. Be sure to include a comma for every cell in the table, even if it is blank, to make sure every row has the same number of fields. The row and column header text is not important; PDX will map each value during the import based exclusively on its row and column position. However, it is important that row and column headers be double-quoted like any string commonly found in a CSV file.

<table>
<thead>
<tr>
<th>File Number</th>
<th>File Name</th>
<th>Rows</th>
<th>Columns</th>
<th>View table shell</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Q8-Q16.csv</td>
<td>10</td>
<td>2</td>
<td>View table shell</td>
</tr>
<tr>
<td>2</td>
<td>Q17.csv</td>
<td>14</td>
<td>2</td>
<td>View table shell</td>
</tr>
<tr>
<td>3</td>
<td>Q18.csv</td>
<td>9</td>
<td>3</td>
<td>View table shell</td>
</tr>
<tr>
<td>4</td>
<td>Q19-Q27.csv</td>
<td>48</td>
<td>4</td>
<td>View table shell</td>
</tr>
<tr>
<td>5</td>
<td>Q28.csv</td>
<td>84</td>
<td>3</td>
<td>View table shell</td>
</tr>
</tbody>
</table>

Sample file – Q8-Q16.csv

"Persons served during this reporting period:" , "Count"
"8. Number of person contacted by PATH-funded staff this reporting period",423
"9. Number of new persons contacted this reporting period in a PATH Street Outreach project",353
"10. Number of new persons contacted this reporting period in a PATH Services Only project",0
"11. Total number of new persons contacted this reporting period (#9 + #10 = total new enrollments)",353
"12. Instances of contact, from first contact until the date of enrollment, for all active clients who became enrolled this reporting period",299
"13. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH",57
"14. Number of new persons contacted this reporting period who became enrolled in PATH",238
"15. Number with active, enrolled PATH status at any point during the reporting period",242
"16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period",102
Sample file fragment – Q28.csv

This sample fragment illustrates placeholder commas for cells that are blank in the table shell.

```
"Of those with an active enrolled PATH status during this reporting period how many individuals are in each of the following categories?"
"28a. Gender","Female",94
","Male",202
","Trans Female (MTF or Male to Female)",1
","Trans Male (FTM or Female to Male)",0
","Gender Non-Conforming (i.e. not exclusively male or female)",0
","Client doesn’t know",0
","Client refused",0
","Data not collected",0
","TOTAL",297
```

(remaining rows clipped)

Program and Project Type Applicability

The [federal partner funding source] equals response number 21 HHS: PATH-Street Outreach & Supportive Services only.

Each question on the Report has been identified as being applicable to particular project types. Questions which do not apply to a particular project type may not be visible to users in a reporting portal; the HMIS-generated Report may omit or leave blank questions that do not apply.

- A PATH-funded organization may have one or more projects in the HMIS, which are reported on one PATH annual report. If the organization uses both project types 4 and 6, the PATH Annual Report should be programmed to run across both project types on one report to de-duplicate individuals served by both project types. Project Type 4 – Street Outreach: PATH-Funded street outreach projects focus on people who reside in a place not meant for human habitation (e.g. streets, abandoned buildings, etc.).

- Project Type 6 – Services Only: PATH-Funded services only projects focus on people who reside in a place meant for human habitation, or who are at risk of homelessness (emergency shelters, Safe Havens, etc.).

All questions in the report apply to both project types except Q9 and Q10. Q9 reports only on project type 4 (street outreach). Q10 reports only on project 6 (services only).

Questions about PATH budgets (Q1 – Q7) are not extracted from an HMIS, so no programming instructions are being provided.

Determining Which Clients to Include

Unless otherwise specified, “all person counts” are the unduplicated count of clients within each row of a particular question. This report utilizes the HMIS Standard Reporting Terminology Glossary along with PATH-specific logic to define the universe of clients to be included in each report question. There are three universes used in the report: Active, New/Active and Active/Enrolled. Each universe is defined here; each question refers to one of the three universes.
Unless otherwise specified, use data from each client’s latest project stay (the stay with the latest [project start date]) during the reporting date range. Apply the logic below to this project stay to further determine the relevant clients.

1. **Active:** This Report uses Active Client - Method 2 (Active Clients by Date of Service) from the HMIS Reporting Glossary to determine which clients to include in the reporting universe. These criteria apply to all of the dates for the purposes of determining an active client. The table below lists the date fields to use.

   
   ```
   [date] >= [report start date]
   And [date] <= [report end date]
   And [date] >= [project start date]
   And ([date] <= [project exit date] or [project exit date] is null)
   ```

   Where [date] is any of the following:

<table>
<thead>
<tr>
<th>Field</th>
<th>Data Standards</th>
<th>Additional qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>[contact]</td>
<td>4.12</td>
<td>Requires that [contact] is identifying contacts with the client, not a case worker or housing specialist. If an HMIS is designed to capture other types of contacts, only count contacts with the client.</td>
</tr>
<tr>
<td>[date of engagement]</td>
<td>4.13</td>
<td>Where there is not a contact on the [date of engagement] count the date of engagement as a contact.</td>
</tr>
<tr>
<td>[PATH status - date of status determination]</td>
<td>P3</td>
<td>Use this date if there is not already a [contact] on the date and [client became enrolled in PATH] = 1 (“yes”).</td>
</tr>
<tr>
<td>[services provided – PATH funded]</td>
<td>P1</td>
<td>Use this date if there is not already a [contact] on the date.</td>
</tr>
</tbody>
</table>

2. **New/Active:** New/Active clients are those identified in the Active universe but only those with [project start date] (3.10) during the reporting period should be included. Clients should be counted regardless of PATH enrollment.

   ```
   (“Active” as defined in #1)
   And [project start date] >= [report start date]
   And [project start date] <= [report end date]
   ```

3. **Active/Enrolled:** Active/Enrolled clients are those identified in the Active universe but only those with a [PATH status] (P3) of “enrolled” (1) prior to or on the end of the reporting period.

   ```
   (“Active” as defined in #1)
   And [PATH status - client became enrolled in PATH] = 1
   And [PATH status - date of status determination] <= [report end date]
   And [PATH status - date of status determination] >= [project start date]
   And ([PATH status - date of status determination] <= [project exit date] or [project exit date] is null)
   ```
Determining Age Related Variables

Per the HMIS Reporting Glossary, Age is a global variable determined from a client’s [date of birth]. These reporting specifications comply with the recommended methods of determining age per the Glossary.

**Relevant HMIS Data Standard Fields**

The HMIS Data Standards that are used in the calculation of the report are listed here along with the applicable questions.

<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Relevant Data</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3</td>
<td>Date of Birth</td>
<td>mm/dd/yyyy</td>
<td>28b</td>
</tr>
<tr>
<td></td>
<td>DOB Date Quality</td>
<td>8, 9, 99</td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>Race</td>
<td>1, 2, 3, 4, 5, 8, 9, 99</td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>Ethnicity</td>
<td>0, 1, 8, 9, 99</td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td>Gender</td>
<td>0, 1, 2, 3, 4, 8, 9, 99</td>
<td>28a</td>
</tr>
<tr>
<td>3.7</td>
<td>Veteran Status</td>
<td>0, 1, 8, 9, 99</td>
<td>28e</td>
</tr>
<tr>
<td>3.8</td>
<td>Disabling Condition</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>3.917</td>
<td>Living Situation</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 99</td>
<td>28h</td>
</tr>
<tr>
<td></td>
<td>Approximate date homelessness started</td>
<td>mm/dd/yyyy</td>
<td>28i</td>
</tr>
<tr>
<td></td>
<td>Number of times the client has been on the streets, in ES, or SH in the past three years including today</td>
<td>1, 2, 3, 4, 8, 9, 99</td>
<td>28i</td>
</tr>
<tr>
<td></td>
<td>Total number of months homeless on the street, in ES, or SH in the past three years</td>
<td>101, 102-112, 113, 8, 9, 99</td>
<td>28i</td>
</tr>
<tr>
<td>3.10</td>
<td>Project Start Date (formerly called -project entry date)</td>
<td>mm/dd/yyyy</td>
<td>All</td>
</tr>
<tr>
<td>3.11</td>
<td>Project Exit Date</td>
<td>mm/dd/yyyy</td>
<td>All</td>
</tr>
<tr>
<td>4.2</td>
<td>Income and Sources – Information Date</td>
<td>mm/dd/yyyy</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Income and Sources – Income from any source</td>
<td>0, 1, 8, 9, 99</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Income and Sources – SSI</td>
<td>0, 1</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Income and Sources – SSDI</td>
<td>0, 1</td>
<td>20</td>
</tr>
<tr>
<td>4.3</td>
<td>Non-cash Benefits – Information Date</td>
<td>mm/dd/yyyy</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Non-cash benefits from any source</td>
<td>0, 1, 8, 9, 99</td>
<td>21</td>
</tr>
<tr>
<td>4.4</td>
<td>Health Insurance – Information Date</td>
<td>mm/dd/yyyy</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Covered by health insurance</td>
<td>0, 1, 8, 9, 99</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>0, 1</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>0, 1</td>
<td>24</td>
</tr>
<tr>
<td>Number</td>
<td>Name</td>
<td>Relevant Data</td>
<td>Question</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>4.5</td>
<td>Physical Disability</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td></td>
<td>Physical Disability – Indefinite duration</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>4.6</td>
<td>Developmental Disability</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td></td>
<td>Developmental Disability – Indefinite duration</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>4.7</td>
<td>Chronic health condition</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td></td>
<td>Chronic health condition – indefinite duration</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>4.8</td>
<td>HIV/AIDS</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS – Expected to substantially impair ability to live independently</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>4.9</td>
<td>Mental health problem</td>
<td>1</td>
<td>16, 26, 28f, 28i</td>
</tr>
<tr>
<td></td>
<td>Mental health problem – indefinite duration</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>4.10</td>
<td>Substance Abuse</td>
<td>1, 2, 3</td>
<td>27, 28f, 28i</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse – indefinite duration</td>
<td>1</td>
<td>28i</td>
</tr>
<tr>
<td>4.12</td>
<td>Date of Contact</td>
<td>mm/dd/yyyy</td>
<td>8, 12 - 16</td>
</tr>
<tr>
<td>4.13</td>
<td>Date of Engagement</td>
<td>mm/dd/yyyy</td>
<td>12 - 28</td>
</tr>
<tr>
<td>P1</td>
<td>Services Provided – PATH Funded – Date of Service</td>
<td>mm/dd/yyyy</td>
<td>15 - 17</td>
</tr>
<tr>
<td></td>
<td>Services Provided – PATH Funded – Type of Service</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14</td>
<td>17, 26, 27</td>
</tr>
<tr>
<td>P2</td>
<td>Referrals Provided – PATH – Date of referral</td>
<td>mm/dd/yyyy</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Referrals Provided – PATH – Type of Referral</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Referrals Provided – PATH – Outcome</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>P3</td>
<td>PATH Status - Date of Status Determination</td>
<td>mm/dd/yyyy</td>
<td>12 – 28</td>
</tr>
<tr>
<td></td>
<td>PATH Status - Client Became Enrolled in PATH</td>
<td>0, 1</td>
<td>12 – 28</td>
</tr>
<tr>
<td></td>
<td>PATH Status – Reason not enrolled</td>
<td>1, 2</td>
<td>13</td>
</tr>
<tr>
<td>P4</td>
<td>Connection with SOAR</td>
<td>0, 1, 8, 9, 99</td>
<td>28g</td>
</tr>
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</table>
### Report Details Q8 – Q16

Q8 – Q16: Report Table

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Persons served during this reporting period:</td>
<td>Count</td>
<td>Universe</td>
</tr>
<tr>
<td>2</td>
<td>8. Number of persons contacted by PATH-funded staff this reporting period</td>
<td>Active</td>
<td>4, 6</td>
</tr>
<tr>
<td>3</td>
<td>9. Number of new persons contacted this reporting period in a PATH Street Outreach project</td>
<td>New/Active</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>10. Number of new persons contacted this reporting period in a PATH Services Only project</td>
<td>New/Active</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>11. Total number of new persons contacted this reporting period (#9 + #10 = total new clients contacted)</td>
<td>New/Active</td>
<td>4, 6</td>
</tr>
<tr>
<td>6</td>
<td>12. Instances of contact, from first contact until the date of enrollment, for all active clients who became enrolled this reporting period</td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>7</td>
<td>13. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH</td>
<td>New/Active</td>
<td>4, 6</td>
</tr>
<tr>
<td>8</td>
<td>14. Number of new persons contacted this reporting period who became enrolled in PATH</td>
<td>New/Active</td>
<td>4, 6</td>
</tr>
<tr>
<td>9</td>
<td>15. Number with active, enrolled PATH status at any point during the date range</td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>10</td>
<td>16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period</td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
</tbody>
</table>

### Introduction

Count people according to the universe and project type as shown in the report table.

### Instructions

1. Do not output columns C and D.
2. Column B Rows 2, 3, 4, 5 and 9: Count people according to the universe and project type as shown in the report table.
3. Column B Row 6: Of the total new persons contacted (Column B, Row 5), count the number of contacts between first [contact] and the [date of enrollment].
   a. Start with the universe of active clients.
   b. Of those project stays, further restrict the universe to only stays that have a [PATH status – date of status determination] dated during the reporting period where [client became enrolled in PATH] equals 1. Note that this may result in more than one project stay for some clients who were present at a project more than once in the report date range.
   c. Using data from all of those project stays, count the total number of contacts that occurred >= [project start date] and <= [date of enrollment].
d. A person may have more than one contact on a given date and each contact should be included in the count.
e. Use any of the records in Determining Which Clients to include – 1. Active as a “contact” with the client. This includes a normal [contact] (4.12) record as well as other date fields described in that section.

4. Column B Row 7: Of the total new persons contacted (Column B Row 5) count the clients that have a [PATH status – date of status determination] dated during the reporting period where [client became enrolled in PATH] equals 0 and [reason not enrolled] equals 1.

5. Column B Row 8: Of the total new persons contacted (Column B Row 5) count the clients that have a [PATH status – date of status determination] dated during the reporting period where [client became enrolled in PATH] equals 1.

6. Column B Row 10: Of the active/enrolled clients (Column B Row 9), count those where A or B (or both) are true:
   a. Have [services provided PATH funded] = 4 (community mental health) with [date of service] <= [report end date]
   b. OR ([referrals provided - PATH] equals 1 (community mental health) AND [referral made outcome] equals 1 (attained) AND [date of referral] <= [report end date])

Report Details Q17: Services Provided

Q17: Report Table

<table>
<thead>
<tr>
<th>Blank</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of Service</td>
<td>Number of people receiving service</td>
<td>Universe</td>
<td>Project Type</td>
</tr>
<tr>
<td>2</td>
<td>17a. Reengagement</td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>3</td>
<td>17b. Screening</td>
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</tr>
<tr>
<td>4</td>
<td>17c. Clinical Assessment</td>
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<td>4, 6</td>
</tr>
<tr>
<td>5</td>
<td>17d. Habilitation/rehabilitation</td>
<td></td>
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</tr>
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<td>6</td>
<td>17e. Community mental health</td>
<td></td>
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<td>4, 6</td>
</tr>
<tr>
<td>7</td>
<td>17f. Substance use treatment</td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>8</td>
<td>17g. Case management</td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>9</td>
<td>17h. Residential supportive services</td>
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<td>4, 6</td>
</tr>
<tr>
<td>10</td>
<td>17i. Housing minor renovation</td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>11</td>
<td>17j. Housing moving assistance</td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>12</td>
<td>17k. Housing eligibility determination</td>
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<td>4, 6</td>
</tr>
<tr>
<td>13</td>
<td>17l. Security deposits</td>
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</tr>
<tr>
<td>14</td>
<td>17m. One-time rent for eviction prevention</td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
</tbody>
</table>

Introduction

Report the number of active/enrolled clients (Q15) that received each service during the reporting period.
Instructions

1. Do not output columns C and D.

2. Individuals who received more than one type of service (e.g. screening and case management) should be reported once in all service categories that apply.

3. Individuals who received one service multiple times should only be counted one time for that type of service.

4. Column A Rows 2 – 14: Each row represents a different [services provided – PATH funded] (P1) – Type of Service as follows:

   a. Reengagement = where type of service equals 1
   b. Screening = where type of service equals 2
   c. Clinical assessment = where type of service equals 14
   d. Habilitation/rehabilitation = where type of service equals 3
   e. Community mental health = where type of service equals 4
   f. Substance use treatment = where type of service equals 5
   g. Case management = where type of service equals 6
   h. Residential supportive services = where type of service equals 7
   i. Housing minor renovation = where type of service equals 8
   j. Housing moving assistance = where type of service equals 9
   k. Housing eligibility determination = where type of service equals 10
   l. Security deposits = where type of service equals 11
   m. One-time rent for eviction prevention = where type of service equals 12
### Q18: Report Table

<table>
<thead>
<tr>
<th>Blank</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of Referral</td>
<td>Number receiving each referral</td>
<td>Number who attained</td>
<td>Universe</td>
<td>Project Type</td>
</tr>
<tr>
<td>2</td>
<td>Community mental health</td>
<td></td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>3</td>
<td>Substance use treatment</td>
<td></td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>4</td>
<td>Primary health/dental care</td>
<td></td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>5</td>
<td>Temporary housing</td>
<td></td>
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<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>6</td>
<td>Permanent housing</td>
<td></td>
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<td>4, 6</td>
</tr>
<tr>
<td>7</td>
<td>Income assistance</td>
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<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>8</td>
<td>Employment assistance</td>
<td></td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
<tr>
<td>9</td>
<td>Medical Insurance</td>
<td></td>
<td></td>
<td>Active/Enrolled</td>
<td>4, 6</td>
</tr>
</tbody>
</table>

**Introduction**

Report the number of active/enrolled (Q15) clients provided with referrals by referral type during the reporting period. Report the number of active/enrolled clients that attained services from referrals during the reporting period.

**Instructions**

1. Do not output columns D and E.
2. Individuals who received more than one type of referral (e.g. employment assistance and community mental health) should be reported once in all categories that apply.
3. Individuals who received a referral multiple times should only be counted one time for that type of referral.
4. Column A Rows 2 – 9: each row represents a different [referrals provided – PATH] (P2) Type of Referral as follows:
   a. *Community mental health* = where type of referral equals 1.
   b. *Substance use treatment* = where type of referral equals 2.
   c. *Primary health/dental care* = where type of referral equals 3.
   d. *Temporary housing* = where type of referral equals 11.
   e. *Permanent housing* = where type of referral equals 7.
   f. *Income assistance* = where type of referral equals 8.
   g. *Employment assistance* = where type of referral equals 9.
   h. *Medical insurance* = where type of referral equals 10.
5. Column B Rows 2 – 9: Each row is an unduplicated count of people who received each referral.
6. Column C Rows 2 – 9: Each row is an unduplicated count of people who attained each referral. Column C should be less than or equal to the count in column B.
## Q19 – Q27: Outcomes

### Q19 – Q27: Report Table

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<tr>
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<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Outcomes</td>
<td>At PATH project entry</td>
<td>AT PATH project exit</td>
<td>At report end date</td>
<td>Data Standard Fields and Responses</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>19. Income from any source</td>
<td></td>
<td></td>
<td></td>
<td>4.2 Income and Sources Field 2</td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td>Client doesn’t know</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Client refused</td>
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</tr>
<tr>
<td>8</td>
<td></td>
<td>Total</td>
<td>=sum(b3:b7)</td>
<td>=sum(c3:d7)</td>
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</tr>
<tr>
<td>9</td>
<td></td>
<td>20. SSI/SSDI</td>
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<td>4.2 Income and Sources Fields 5 and 6</td>
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<td>21. Non-cash benefits from any source</td>
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<td>4.3 Non-Cash Benefits Field 2</td>
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<td>=sum(c13:d17)</td>
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</tr>
<tr>
<td>19</td>
<td></td>
<td>22. Section 8, public housing, or other ongoing rental assistance</td>
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<td></td>
<td>n/a Field removed in 2017 Data Standards</td>
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<tr>
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<td>22</td>
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<td>23. Covered by health insurance</td>
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<td>C</td>
<td>D</td>
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<td>------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
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</tr>
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<td>1</td>
<td>Outcomes</td>
<td>At PATH project entry</td>
<td>AT PATH project exit (for clients who were exited from PATH this year – leavers)</td>
<td>At report end date (for clients who were still active in PATH as of report end date – stayers)</td>
<td></td>
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</tr>
<tr>
<td>23</td>
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<td>=sum(c23:d27)</td>
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<tr>
<td>29</td>
<td>24. Medicaid/Medicare</td>
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<td>4.4 Health Insurance Fields 3 and 4</td>
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<td>30</td>
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</tr>
<tr>
<td>32</td>
<td>25. All other health insurance</td>
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<td>4.4 Health Insurance Fields 5, 6, 7, 8, 9, 10, 11, 12</td>
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<td>33</td>
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</tr>
<tr>
<td>35</td>
<td>26. Mental health services</td>
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<td>P1 Services Provided – PATH Funded Field 2</td>
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</tr>
<tr>
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<td>=c37+d37</td>
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<tr>
<td>42</td>
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<td>P1 Service Provided – PATH Funded Field 2</td>
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<tr>
<td>43</td>
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<tr>
<td>44</td>
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<td>Total</td>
<td>=b44</td>
<td>=c44+d44</td>
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</tr>
</tbody>
</table>
**Introduction**

An unduplicated count of active/enrolled clients at project start and at exit (leavers) or at report end (stayers).

**Universe**

At project start (column B) – active/enrolled. At project exit (column C) – leavers/enrolled. At report end (column D) – stayers/enrolled.

**Instructions**

1. Do not output column E.
2. Column B is an unduplicated count of active/enrolled clients at data collection stage 1.
3. Column C is an unduplicated count of leavers/enrolled clients at data collection stage 3.
4. Column D is an unduplicated count of stayers/enrolled clients at data collection 1 OR 2, whichever is later.
5. Column B, rows 8, 18, and 28 are totals and each should equal Q15.
   a. Columns C and D, rows 8, 18, and 28 are totals and should equal Q15 when column C and D are summed.
6. Rows 2, 9, 12, 19, 22, 29, 33, 36, and 43 are header rows. There are no calculations in these rows but should appear in the output.
7. Rows 10 and 11: SSI/SSDI
   a. If [SSI] equals 1 AND/OR [SSDI] equals 1, count the client once as yes.
8. Rows 20 and 21 should remain in the table and will still appear in the report collection system, but should not contain data since the Data Standards retired this field.
9. Rows 30 and 31: Medicaid/Medicare:
   a. If [Medicaid] equals 1 AND/OR [Medicare] equals 1, count the client once as yes.
10. Rows 34 and 35: Other Health Insurance (Exclude [Medicaid] and [Medicare] from this calculation):
   a. If any one form of health insurance equals 1 AND/OR another form of health insurance equals 1, count the client once as yes.
   b. Count of clients as NO where all other forms of health insurance <> 1.
11. Rows 37-41: Mental Health Services
   a. If [Type of Path Funded Service Provided] = 4 (community mental health), count the client once as yes on row 37.
   b. Rows 38-41 will still appear in the report collection system, but should not contain data since the Data Standards no longer support this level of detail.
12. Rows 44-48: Substance Use Services
   a. If [Type of Path Funded Service Provided] = 5 (substance use treatment), count the client once as yes on row 44.
   b. Rows 45-48 will still appear in the report collection system, but should not contain data since the Data Standards no longer support this level of detail.
## Report Details Q28: Demographics

### Q28: Report Table

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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories?</td>
<td>Data Standard Fields</td>
<td>Data Standards Responses</td>
</tr>
<tr>
<td>2</td>
<td>28a. Gender</td>
<td>Female</td>
<td></td>
<td>3.6 Gender</td>
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</tr>
<tr>
<td>3</td>
<td></td>
<td>Male</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Trans Female (MTF)</td>
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<td>2</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Trans Male (FTM)</td>
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<td></td>
<td>Gender Non-Conforming</td>
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<td>Client refused</td>
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<td>Data not collected</td>
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<td></td>
</tr>
<tr>
<td>10</td>
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<td>=sum(c2:c9)</td>
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<tr>
<td>11</td>
<td>28b. Age</td>
<td>17 and under</td>
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<td>3.3 Date of Birth</td>
<td>Refer to HMIS Reporting Glossary for Age calculation</td>
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<tr>
<td>12</td>
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<td>17</td>
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<td>62 and over</td>
<td></td>
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<tr>
<td>19</td>
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<td>21</td>
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<tr>
<td>22</td>
<td>28c. Race (Note: An individual who identifies as multiracial should be counted in all applicable categories. This demographic element will not sum to total persons enrolled)</td>
<td>American Indian or Alaska Native</td>
<td>3.4 Race</td>
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<td>Native Hawaiian or Other Pacific Islander</td>
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<td>Literally Homeless</td>
<td>3.917 Living Situation Field 1</td>
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<td>Place not meant for habitation (e.g., a vehicle, an abandoned building, a bus/train/subway station, airport, or anywhere outside)</td>
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<td>54</td>
<td>Emergency shelter, including hotel or motel paid for with emergency shelter voucher</td>
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<td>55</td>
<td>Safe Haven</td>
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<td>56</td>
<td>Interim Housing</td>
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<td>57</td>
<td>Institutional Situation</td>
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<td>58</td>
<td>Foster care home or foster care group home</td>
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<td>59</td>
<td>Hospital or other residential non-psychiatric medical facility</td>
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<td>60</td>
<td>Jail, prison, or juvenile detention facility</td>
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<td>Long-term care facility or nursing home</td>
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<td>62</td>
<td>Psychiatric hospital or other psychiatric facility</td>
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<td>63</td>
<td>Substance abuse treatment facility or detox center</td>
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<td>Transitional and Permanent Housing Situation</td>
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<td>65</td>
<td>Hotel or motel paid for without emergency shelter voucher</td>
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<td>66</td>
<td>Owned by client, no ongoing housing subsidy</td>
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<td>67</td>
<td>Owned by client, with ongoing housing subsidy</td>
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<td>68</td>
<td>Permanent housing for formerly homeless persons (such as CoC project, HUD legacy programs or HOPWA PH)</td>
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<td>Rental by client, no ongoing housing subsidy</td>
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<td>70</td>
<td>Rental by client, with VASH subsidy</td>
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<td>Rental by client, with GPD TIP subsidy</td>
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<td>Rental by client, with other ongoing housing subsidy</td>
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<td></td>
<td>Residential project or halfway house with no homeless criteria</td>
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<td>74</td>
<td>Staying or living in a family member’s room, apartment, or house</td>
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<td>Staying or living in a friend’s room, apartment or house</td>
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<td>Transitional housing for homeless persons (including homeless youth)</td>
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<td>78</td>
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<td>28i. Chronically homeless (at project start)</td>
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<tr>
<td>83</td>
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<td>=sum(c82:c83)</td>
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### Instructions

1. Do not output columns D and E.
2. Column C rows 53, 58, and 65 are header rows. There are no calculations in these rows but should appear in the output.
4. Column C rows 22 – 30: An individual with multiple races identified should be counted in all applicable categories.
5. Column C rows 82 – 84:
   a. Yes = count of clients where [chronically homeless at project start] is true.
   b. No = count of clients where [chronically homeless at project start] is false (this includes clients with missing data required for the calculation).

### Introduction

An unduplicated count of active/enrolled clients (Q15).

### Universe

Active/Enrolled

### HMIS Reporting Glossary Reference

Age

CH at project start

### Instructions