HOMELESS MANAGEMENT INFORMATION SYSTEMS FOR PATH HMIS

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Coalition on Homelessness and Housing in Ohio | August 2017
GATHERING HMIS

Acknowledgment of data collection
Identify street outreach vs. supportive services only
PATH PROJECTS

Street Outreach
Supportive Services
STREET OUTREACH

A place not meant for habitation.

Client has a place to stay which may include owning or renting a home, an emergency shelter, staying with family or friends, or in a hotel.
IF UNKNOWN...

- Mindful of data quality
- If unknown, do not enter
<table>
<thead>
<tr>
<th>Universal Data Elements</th>
<th>At Project Entry</th>
<th>By Date of Engagement</th>
<th>At Date of Enrollment</th>
<th>At Project Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
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<td>3.2 Social Security Number</td>
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<td>3.3 Date of Birth</td>
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<td>3.4 Race</td>
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<td>3.5 Ethnicity</td>
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<td>3.6 Gender</td>
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<td>3.7 Veteran Status</td>
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<td>3.8 Disabling Condition</td>
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<td>3.917 Living Situation</td>
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<td>3.917A Living Situation</td>
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<td>3.917B Prior Living Situation</td>
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<td>3.10 Project Entry Date</td>
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<td>3.11 Project Exit Date</td>
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<td>3.12 Destination</td>
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<td>3.13 Personal ID</td>
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<tr>
<td>3.14 Household ID</td>
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<td>3.15 Relationship to Head of Household</td>
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<tr>
<td>3.16 Client Location</td>
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**HMHIS AT ENROLLMENT**
ENROLLMENT

Determination
Yes or No

Enrollment
Start of recording of referrals and services

PATH Annual Report
Any services and referrals after date of enrollment should be reflected in Annual Report
SERVICES

- Reengagement
- Screening
- Clinical assessment:
- Habilitation/rehabilitation
- Community mental health
- Substance use treatment
- Case management
SERVICES

- Housing moving assistance
- Residential supportive services
- Minor home repairs or modifications
- Housing eligibility determination
- Security deposits
- One-time rent for eviction prevention
REFERRALS

- Community mental health referral
- Substance use treatment referral
- Primary health/dental care referral
- Job training referral
- Employment assistance referral
- Educational services referral
REFERRALS

- Income assistance referral
- Medical insurance referral
- Housing services referral
- Temporary housing referral
- Permanent housing referral
Left the program voluntarily

Found stable permanent housing
After-care exit

Transitioned to other housing resources (RRH, PSH, TLP)
After-care exit

Disappeared
After 60 days no contact
PATH Data Collection Workflow

Contacts collected throughout entire process

Project Entry
- First contact

Engagement
- UDEs & PSDEs**
- An interactive client relationship results in a deliberate client assessment. *

Enrollment
- PATH-funded services and referrals
- Client found to be PATH-eligible and agrees to engage in services. *

Project Exit
- Stable permanent housing; or
- Transitioned to mainstream resources; or
- Client leaves the program; or
- No contact with client for set period of time (determined by state)

*The Date of Engagement and date of PATH enrollment may occur on the same date.
**UDEs=Universal Data Elements
PSDEs=Program Specific Data Elements
CONNECTION WITH SOAR

- Identify persons who are connected or have been connected to SOAR (SSI/SSDI Outreach, Access, and Recovery) program
- Choose one response category to indicate whether the client has been connected to the SOAR program
- Ohio’s SOAR program is through the SOAR Ohio project
RESOURCES

- https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path
QUESTIONS?
SOAR/PATH INTEGRATION
WHY?

- Increase PATH’s utilization of SOAR
- SAMHSA is strongly encouraging integration with PATH and SOAR
- Increases Income
- Increases potential housing stability
GATHERING INFORMATION

Contacted all providers
SOAR or community providers
Using PATH PDX quarterly report
WHAT DOES THE DATA TELL US?

Based on Q1 PATH PDX, we referred 35 out of 1,919, or 1.8%
WHY WAS THAT?

Lack of SOAR Specialist in community

Too many people for the SOAR Specialist to manage

People already have benefits
WHY WAS THAT?

Issues with referral process

Internally assessing people out

Challenges identifying what makes a "good" SOAR referral
WHAT WE DID

Developed action steps for the organization, Amy Lamerson, and myself
ACTION PLAN

- Sending SOAR documents
- Exploring community resources/referrals
- Increasing our utilization of SOAR
- Increasing internal conversation
ACTION PLAN (CONT.)

- Speaking with SOAR Specialists
- Setting realistic expectations
- Increasing advocacy in the community
Fourth Quarter Data Findings

Based on Q4 PATH PDX, we referred 147 out of 4,153, or 3.5%
LOOKING AHEAD

- We have a plan for the future
- Communities are increasing presence of SOAR Specialists
- Clearer understanding