Path Program HMIS Manual

A GUIDE FOR HMIS USERS AND HMIS LEADS/SYSTEM ADMINISTRATORS

U.S. Department of Housing and Urban Development

ALIGNS WITH FY 2026 HMIS DATA STANDARDS | RELEASED OCTOBER 2025

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Revision History

Date	Update
October 2025	Updated the PATH annual reporting period in the PATH Reporting Notes section Add 4.21 Sex to Data Collection Requirements Minor updates throughout to align with FY 2026 HMIS Data Standards

Introduction

The *PATH (Projects for Assistance in Transition from Homelessness) Program HMIS Manual* is intended to support data collection and reporting efforts of Continuums of Care (CoCs), Homeless Management Information System (HMIS) Leads and System Administrators, State PATH Contacts (SPCs), and PATH Program grantees. PATH Program participation in HMIS provides for client care coordination and the generation of the PATH Annual Report, in addition to other benefits to clients and PATH Program grantees. This Manual provides information on HMIS project setup and data collection guidance specific to the PATH Program.

The guidance provided in this document aligns with requirements around using HMIS as stated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and refers to the data elements required of PATH Program grantees to enter in an HMIS as established in the FY 2026 HMIS Data Standards. This document is not a replacement for any specific program guidance, requirements, regulations, notices, and training materials on the PATH Program. This Manual only addresses the use of HMIS for the PATH Program.

PATH Resources

Additional information about the PATH Program and its requirements can be found by selecting the following resource links:

- PATH HMIS Resources
- Final HMIS Programing Specifications – PATH Annual Report
- PATH Data Exchange (PDX)

Additional HMIS Resources

There are a variety of documents available on the HUD Exchange HMIS page that detail all HMIS Data and Technical Standards, federal partner Information, and information about HMIS forums for HMIS Leads, System Administrators, and Vendors.

- The HMIS Data Standards page contains a suite of HMIS Data Standard resources, which are briefly described below. Each of the documents has a specific purpose and intended audience. The HMIS Lead should be familiar with all the documents and collectively use them as their HMIS reference materials along with specific materials provided by the software provider.
  - FY2026 HMIS Data Manual represents the foundation for the data contained within an HMIS, project setup instructions, and data collection instructions.
  - FY2026 HMIS Data Dictionary Table Shells contain the data element tables with relevant programming instructions, system logic and other issues to be used by vendors for HMIS programming. The information in the tables shells aligns with the information contained herein.
- Data Exchange Resources:
  - FY2026 CSV Programming Specifications
  - HMIS Federal Partner Program Manuals
  - Federal Partner Reporting and Programming Specifications
  - HMIS Project Setup Tool

To ask a question about any PATH Program HMIS requirement, go to the Ask A Question section of the HUD Exchange. Please be sure to select "HMIS" for your question under "My Question is Related To" federal HMIS and PATH Program staff are working together to answer questions

submitted on Ask A Question related to PATH and HMIS. If you encounter a PATH related question that is specific to the PATH Data Exchange (PDX), then go to the Ask A Question section of the HUD Exchange. Please be sure to select "PDX" for your question under "My Question is Related To."

Definition of Terms

PATH providers conducting street outreach may encounter challenges related to HMIS data collection due to factors such as the infrequency of contacts or the length of time it takes to collect accurate information from a client, among others. The data collection process is designed to support PATH projects as they connect to individuals and families that are experiencing homelessness, and as relationships are built between the street outreach worker and the client. Several key terms specific to the PATH Program are defined below:

Contact: An interaction between a PATH-funded worker(s) and an individual who is potentially eligible for PATH or 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 presence of or interaction with the client—the facilitation of a referral between a PATH-funded worker and another case manager or service provider without the involvement of the client would not be considered a contact. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center. Contacts are recorded in HMIS using *Current Living Situation* (data element 4.12).

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 within any given project enrollment, may occur on or after the *Project Start Date* (data element 3.10), and must occur prior to PATH enrollment (recorded in HMIS using *PATH Status* (data element P3)) and *Project Exit Date* (data element 3.11*). Clients cannot be enrolled in PATH without being engaged*. Although some interactions with a client may result in a positive outcome, such as assisting a client to access a shelter bed, without a deliberate client assessment or the beginning of a case plan, those interactions are not considered to be an engagement. The assessment does not have to be of a clinical nature, and neither HUD nor SAMHSA have established minimum criteria for what the assessment must include, other than the client must deliberately engage with the worker(s) to resolve the housing crisis. Engagement is recorded in HMIS using *Date of Engagement* (data element 4.13).

Enrollment: The point at which the PATH-funded worker 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 individual and a PATH provider must have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual. Enrollment is recorded in HMIS using *PATH Status* (data element P3), which provides additional information regarding PATH enrollment.

Project Exit: SAMHSA has not established a policy regarding the specific amount of time that must pass from the date of last contact for the client to be considered exited from the PATH project. However, your local State PATH Contact (SPC) should set a local statewide benchmark for

this. Please contact your SPC directly for information on local standards for project exit. Project Exit is recorded in HMIS using *Project Exit Date* (data element 3.11).

Project Exit, No Contact with Client: Each SPC is encouraged to set a standard length of time that must pass without a client contact before the client is exited from the PATH project. In general, the period of time that passes from the date of last contact until project exit should be between 30 days and 90 days (or other length of time as established by the SPC). Reengagement may happen within this timeframe but cannot occur after project exit has occurred. Once the established period of time has lapsed since the date of last contact, the *Project Exit Date* (data element 3.11) in HMIS will be backdated to the date of last contact, recorded in HMIS as the date of the last recorded *Current Living Situation* (data element 4.12).

Project Start Date: The date of first contact between the PATH-funded worker and the client. Project Start is recorded in HMIS using *Project Start Date* (data element 3.10).

Reengagement: The process of reestablishing interaction with PATH-enrolled individuals who are disconnected from PATH services in order to reconnect the client to services based on the previously developed case management or goal plan. Reengagement must occur after enrollment and prior to project exit. Reengagement is recorded in HMIS using *Services Provided – PATH Funded* (data element P1).

Referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service. Referrals are only reported for PATH-funded referrals provided to a PATH-enrolled individual. Referrals are different from services in that if the PATH provider does not actually deliver the PATH-funded service and must connect the client to a different agency, organization, or service to fulfill the client's need, it should be entered in HMIS as a referral. Referrals are recorded in HMIS using *Referrals Provided – PATH* (data element P2).

Services: A specific PATH-funded assessment, benefit, or form of assistance provided to a PATH-enrolled individual. PATH-funded services may include screening, clinical assessment, community-based mental health services, substance use treatment, and housing assistance. Services are only reported for PATH-funded services provided to a PATH-enrolled individual. Descriptions of PATH-funded services may be found in the PATH Annual Report Manual. Services are different from referrals in that if the PATH provider directly delivers the PATH-funded service, it should be entered in HMIS as a service. Services are recorded in HMIS using *Services Provided – PATH Funded* (data element P1).

HMIS Project Setup

It is important to be sure that communities understand the difference between a **program** and a **project** because they have distinct meanings in this context. A program is the source of funding that the organization is receiving to run its project (e.g., PATH Program funding for ABC Street Outreach project). A **project** refers to a distinct unit of an organization, which may or may not be funded by HUD or the federal partners, who provides services and/or housing. For data collection

purposes, HUD and its federal partners refer to categories of funding within a program as **components**.

Identify Projects for HMIS Participation

Identify all the **projects** within the HMIS implementation that receive PATH funding. Each state or territory's State PATH Contact can provide specific information about PATH projects in each jurisdiction.

Multi-State HMIS Implementation
The PATH Program funds states and territories which then distribute the funding to projects throughout their jurisdiction that operate PATH. If an HMIS implementation includes more than one state in its implementation (which is the exception), then two separate projects must be established in the HMIS (one for each state or territory) to support proper PATH reporting.

Identify Project Funding Components

Identify the **component** for each project funded by the PATH grantee (the state or territory). The PATH Program includes two components:

- The **Street Outreach** component of PATH is used by PATH projects that provide outreach and engagement to those living in places **not meant** for human habitation. These PATH activities are designed to meet the immediate needs of persons experiencing unsheltered homelessness by connecting them with emergency shelter, housing, and/or critical health and mental health services. Examples of persons who are living in places **not meant** for human habitation are those who sleep on the streets, under bridges, in camps, campgrounds, abandoned buildings, structure meant for animals, vehicles, and public places.

- The **Supportive Services** component is used by PATH projects to provide outreach and engagement to those living in places **meant** for human habitation. This includes both persons who are residing in shelter, and those doubled up in housing or at-risk of homelessness.

Note: A single PATH project in a local community may be funded to do both Street Outreach and Supportive Services. Nationally, most PATH projects provide both Street Outreach and Supportive Services and **will need to have two distinct projects set up in HMIS** (one for Street Outreach and one for Supportive Services). SAMHSA intends the PATH Program to be primarily used to provide outreach to the most vulnerable clients, including those who are least likely to seek out and engage in projects on their own.

PATH Project Descriptor Data Elements

For projects new to HMIS, the HMIS Lead will need to follow the usual project setup procedures that are required for HMIS. Existing projects in HMIS should be checked to make sure they meet the requirements outlined in this manual. All projects with existing HMIS records should be checked for accuracy and consistency with the FY2026 HMIS Data Standards and this guidance. This must include setup of the following Project Descriptor Data Elements (PDDE):

Organization Information (2.01)

The name of the agency or organization receiving PATH funding that is operating the project must be entered or identified with the PATH specific project. An identification number will be generated by the HMIS. There should be a single record in HMIS for each agency or organization, regardless of how many projects they operate.

Project Information (2.02)

The name of the project receiving PATH funding must be entered or identified with the PATH specific project. An identification number will be generated by the HMIS. HMIS Leads/System Administrators should note that often the name of the project on the grant agreement is not the same as the name the project is called by the organization and/or the common name in the community. HMIS Leads/System Administrators should maintain mapping information to correlate grant names and common names with the project identifiers either within the HMIS itself or separately. Projects that are operating more than one component serving two different populations may not be set up in the HMIS as a single project. For example, if your project is funded by both PATH and ESG, each project must be set up separately. Projects in HMIS implementations which cross state boundaries must be set up as separate projects in order to support proper PATH state reporting.

- **Operating Start Date (2.02.3)**: The Operating Start Date of a project must be completed in the HMIS on all projects. The Operating Start Date of the project is defined as the first day the project provided services and/or housing. Thus, this date must be no later than the date the first client served in the project was entered into the project. For projects which began operating prior to October 1, 2012, the operating start date may be estimated if not known.
- **Operating End Date (2.02.4)**: An Operating End Date must be entered when a project closes. The Operating End Date must be the last day on which the last client received housing/services. The Operating End Date should be left empty if the project is still in operation (refer to the specific HMIS instructions on project close out in an HMIS).

Select the correct project type for each project. Each project in an HMIS must be set up for the correct project type. Although a single project may be funded to provide both Street Outreach and Supportive Services components, for reporting purposes no single project within an HMIS may have two project types. Therefore, no agency that receives an award consisting of multiple components may have both components set up in the HMIS as the same project. As mentioned earlier, a single PATH project that has both Street Outreach and Supportive Services component must have two distinct projects setup in HMIS.

Continuum of Care Information (2.03)

Each CoC is associated with a geographic area and has a code assigned by HUD. Select the CoC Code based on the location in which the project operates. A project with multiple CoC jurisdictions within its service area should list all applicable CoCs.

Funding Sources (2.06)

Projects funded in whole or in part by PATH funds are to be identified as **HHS: PATH – Street Outreach & Supportive Services Only**. The grant identifier for a PATH project may be the grant

number or any other identification system the local HMIS system elects to use. There are no requirements by PATH for this to be the state grant number received from SAMHSA or the local grant number received from the State.

Participation Status (2.08)

Projects funded in whole or in part by PATH funds are to be identified as **HMIS Participating.**

CE Participation Status (2.09)

CoCs **may choose** to include projects funded in whole or in part by PATH funds within the Coordinated Entry System (CES) design. However, there is no requirement to do so. CoCs, HMIS Leads/System Administrators, and PATH Grantees should work together to determine the correct response to this data element.

Understanding and Identifying PATH Project Type:

Appropriate project types will be critical to the CoC's ability to produce accurate HUD System Performance Measures and PATH project types should be set up as follows:

PATH Program Component	Population of Focus	HMIS Project Type
Street Outreach	Persons who reside in a place **not meant** for human habitation (e.g., streets, abandoned buildings, etc.)	Street Outreach
Supportive Services	Persons who reside in a place **meant** for human habitation, or who are at risk of homelessness	Supportive Services

PATH projects are not typed within an HMIS by where the client is contacted by the project, **but rather by the client's primary place of residence at the point of first contact (which is the same as project start)**. For example, a street outreach project focuses on outreaching to persons experiencing homelessness who are living on the streets and will collect and enter data under the Street Outreach PATH Program Component. While the PATH-funded worker may find it helpful to contact these clients in places where it is easier to find the client, like health clinics, drop-in centers, or shelter lobbies, the client should still be entered into the Street Outreach project because the client lives on the street.

PATH projects should use available data to determine the client's primary place of residence when selecting PATH Project Type in HMIS. In some instances, a client may be contacted in a project or living situation that is not representative of their place of residence. To aid in the proper identification of a client's primary place of residence and assure that the client is entered into the correct PATH Program and corresponding HMIS project type, use the guidance in "Identifying Client Primary Place of Residence."

Identifying Client Primary Place of Residence

HUD and SAMHSA have provided guidance on the question of "reside" that directs the worker at first contact (Project Start Date) to determine the client's primary place of residence. Collection of *Current Living Situation* (data element 4.12) at first contact (Project Start Date) will provide you with the data needed to determine which project type into which the client should be entered: Street Outreach or Supportive Services. Below, Current Living Situation responses are mapped to project type.

4.12 Response Category	Project Type
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	Street Outreach
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	Supportive Services
Safe Haven	Supportive Services
Other	Depends on "Other"
Worker Unable to determine	Needs more information

PATH Providers should use the following data collection methodology to determine which project 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, then enter the client in the Street Outreach project.
  - If the client responds with an answer consistent with a place **meant** for human habitation, including emergency shelters, then enter the client in the Supportive Services project.
  - If the client does not provide an answer, wait until you can get an answer, and enter the client in HMIS at that point.
  - If the client does not provide an answer to "Where did you stay last night?" and you never encounter the client again, you should enter them into the Supportive Services Only project. This will keep the client from being counted in the HUD System Performance Measure 7A.

If the PATH project initially enters a client in a project type based on the identification of client's primary place of residence, but later learns additional information about the client's primary place of residence that indicates that another PATH HMIS Project Type more appropriately represents that client's living situation, the PATH project is not required to exit the client from the project or otherwise alter the client's record in HMIS.

When Supportive Services Only is selected as a PATH Project Type, 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 is operating within an emergency shelter. Then the affiliation would be "yes" and the shelter(s) the project operates with would be listed.

PATH Data Collection Requirements

All PATH projects are required to collect all of the Universal Data Elements (3.0 series) and the relevant Program-Specific Data Elements (4.0 and P series). The Universal, Common Program-Specific, and federal partner Program Data Elements to be collected by each PATH project are as shown below:

Element Number	HMIS Program Specific Data Element	Street Outreach	Services Only
3.01	Name	x	x
3.02	Social Security Number*	x	x
3.03	Date of Birth	x	x
3.04	Race and Ethnicity	x	x
3.07	Veteran Status	x	x
3.08	Disabling Condition	x	x
3.10	Project Start Date	x	x
3.11	Project Exit Date	x	x
3.12	Destination	x	x
3.15	Relationship to Head of Household	x	x
3.16	Enrollment CoC	x	x
3.917	Prior Living Situation	x	x
4.02	Income and Sources	x	x
4.03	Non-Cash Benefits	x	x
4.04	Health Insurance	x	x
4.05	Physical Disability	x	x
4.06	Developmental Disability	x	x
4.07	Chronic Health Condition	x	x
4.08	HIV/AIDS	o	o
4.09	Mental Health Disorder	x	x
4.10	Substance Use Disorder	x	x
4.11	Domestic Violence	x	x
4.12	Current Living Situation	x	x
4.13	Date of Engagement	x	x
4.21	Sex	x	x
P1	Services Provided – PATH Funded	x	x
P2	Referrals Provided - PATH	x	x
P3	PATH Status	x	x
P4	Connection with SOAR	x	x

x = data collection required
o = data collection is not required but encouraged

* Beginning with the FY 2024 HMIS Data Standards, SAMHSA requires only the last four digits of a client's *Social Security Number* (3.02) to be collected and entered into HMIS for projects funded by the PATH Program.

SAMHSA Virtual Data Collection Guidance During Emergencies, Disasters, and Pandemics

SAMHSA recognizes that data collection for the PATH program is challenging, and unique challenges existed during the COVID-19 pandemic. Given the need to provide PATH services during emergencies, disasters, or pandemics, SAMHSA has provided clarification on the data collection requirements for the PATH program during such events. PATH programs may use these exemptions **only** when there is a Presidential declaration of emergency, disaster, or pandemic.

SAMHSA encourages PATH-funded programs to maintain services during emergencies, disasters, or pandemics virtually if necessary, and programs may provide these services via telephone, web-based meeting platforms, and/or tele-medicine models. During such emergencies SAMHSA also permits PATH providers to collect and report these virtual contacts and PATH services data into HMIS.

SAMHSA does not encourage virtual service and data collection where in-person service and data collection is safe and appropriate. SAMHSA prefers in-person methodology to create meaningful connection with clients to help prevent and end homelessness. PATH-funded programs should plan in advance to transition back to in-person service and data collection as soon as practical after the end of an eligible emergency, disaster, or pandemic.

Data Element 4.12 Current Living Situation

The HMIS "Contact" data element was updated in the FY2020 HMIS Data Standards to 4.12 Current Living Situation. Current Living Situation is a more robust way of detailing the data collection of contacts. Every time the PATH provider contacts a client, they will answer certain components of the Current Living Situation data element. While the components of the data element were modified under Current Living Situation, the PATH data collection methodology remains unchanged (collect Current Living Situation at project start and at every contact throughout the PATH program data collection process, even after a client has a Date of Engagement recorded).

Current Living Situation has several dependent questions, but PATH providers are required only to record the following at each instance of contact:

- Information Date
- Current Living Situation (although the data element has other options from which to choose, select from the options below):
    - Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
    - Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
    - Safe Haven
    - Other
    - Worker Unable to determine

Data Element P1 Services Provided- PATH Funded

The HMIS data element P1 Services Provided–PATH Funded is used to determine the PATH-funded services that are provided to a client during and throughout project enrollment and prior to project exit. The PATH Annual Report only requires that you collect one response for each service provided; however, State PATH Contacts (SPCs) may choose to require that their providers collect multiple instances of each service. Regardless, each instance of each type of service provided will only appear once for each unique client receiving the service in the PATH Annual Report. PATH providers are not required to record each instance of PATH-funded services provided to PATH-enrolled clients, but this may be useful in local analysis and planning. The HMIS Data Dictionary and the PATH Annual Report Programming Specifications direct HMIS solutions to allow multiple service occurrences without affecting the PATH Annual Report.

PATH-Funded Service	Definition
Re-engagement	The process of engaging with PATH-enrolled individuals who are disconnected from PATH services.
Screening	An in-person process during which a preliminary evaluation is made to determine a person's needs and how they can be addressed through the PATH Program.
Clinical assessment	A clinical determination of psychosocial needs and concerns.
Habilitation/rehabilitation	Services that help a PATH client learn or improve the skills needed to function in a variety of activities of daily living.
Community mental health	A range of mental health and/or co-occurring services and activities provided in non-institutional settings to facilitate an individual'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.*
Substance use treatment	Preventive, diagnostic, and other services and supports provided for people who have a psychological and/or physical dependence on one or more substances.
Case management	A collaboration between a service recipient and provider in which advocacy, communication, and resource management are used to design and implement a wellness plan specific to a PATH-enrolled individual's recovery needs.
Residential supportive services	Services that help PATH-enrolled individuals practice the skills necessary to maintain residence in the least restrictive community-based setting possible.
Housing minor renovation	Services, resources, or small repairs that ensure a housing unit is physically accessible and/or that health or safety hazards have been mitigated or eliminated.
Housing moving assistance	Funds and other resources provided on behalf of a PATH- enrolled individual to help establish that individual's household. *Note: This excludes security deposits and one-time rental payments, which have specific definitions.*
Housing eligibility determination	The process of determining whether an individual meets financial and other requirements to enter public or subsidized housing.
Security deposits	Funds provided on behalf of a PATH-enrolled individual to pay up to two months' rent or other security deposits in order to secure housing.

One-time rent for eviction prevention	One-time payment on behalf of PATH-enrolled individuals who are at risk of eviction without financial assistance.

Data Element P2 Referrals Provided- PATH

The HMIS data element P2 Referrals Provided–PATH is used to determine the referrals that are made on behalf of a client during project enrollment. A referral has been attained once the PATH-enrolled client begins receiving services as the result of PATH referral. PATH providers are not required to record each instance of PATH-funded referrals made on behalf of PATH-enrolled clients, but this may be useful in local analysis and planning. It is up to the discretion of each SPC whether all referrals need to be collected in HMIS. If it is determined that all referrals are collected in HMIS, if a PATH-funded worker makes three referrals for the same service for the same PATH-enrolled client between project start and exit, all three referrals should be recorded. Each referral should be marked as "Attained," "Not Attained," or "Unknown" as of project exit. The HMIS Data Dictionary and the PATH Annual Report Programming Specifications direct HMIS solutions to allow multiple referral occurrences without affecting the PATH Annual Report.

- "**Attained**" means the client was connected to and received the service (if the referral is for housing, it is not attained until the housing placement starts).
- "**Not attained**" means the client was referred to, but may not have ever been connected with, the service or did not actually 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 Referral	Definition
Community mental health	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that stabilizes, supports, or treats people for mental health disorders or co-occurring mental health and substance use disorders.
Substance use treatment	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers preventive, diagnostic, and other services and supports for individuals who have psychological and/or physical problems with use of one or more substances.
Primary health/dental care	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers physical and/or dental health care services.
Job training	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that helps prepare an individual to gain and maintain the skills necessary for paid or volunteer work.
Educational services	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers academic instruction and training.

Housing services	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance with attaining and sustaining living accommodations.
Permanent housing	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers residence in a stable setting where length of stay is determined by the individual or family without time limitations, as long as they meet the basic requirements of tenancy.
Temporary housing	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers shelter in a time-limited setting.
Income assistance	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers benefits that provide financial support.
Employment assistance	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance designed to lead to compensated work.
Medical insurance	Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers coverage that provides payment for wellness or other services needed as a result of sickness, injury, or disability.

Only PATH-funded services and referrals are required to be collected in HMIS. However, many PATH projects and Continuums of Care (CoCs) may find value in collecting the services and referrals provided to a client prior to enrollment or funded by a source other than PATH for local reporting and analysis needs. The HMIS implementation may be configured to allow these services and referrals to be collected. However, any service or referral provided to a client prior to enrollment or provided to the client post enrollment that are not PATH-funded must be excluded from the PATH Annual Report. If the PATH Annual Report is capturing these services or referrals, contact your HMIS vendor to discuss.

PATH Services and Referrals are provided to enrolled clients only. The only service that should be provided before enrollment is outreach, which is recorded as a "contact" with *Current Living Situation* (data element 4.12). PATH providers may provide referrals without enrolling someone in PATH and record that referral in HMIS. However, a PATH-funded referral may not be provided until the person is enrolled in PATH. For example, a PATH provider can provide referrals such as a referral to another project the client may be eligible for, to the local soup kitchen, or the day shelter; however, a PATH provider cannot provide a PATH referral (where the PATH-funded worker plays an active part in making the referral) to someone who is not enrolled in the PATH project.

Data Element P3 PATH Status

The HMIS data element P3 *PATH Status* is used to determine whether a client is eligible for the PATH program. Clients that reach enrollment should have one of the following PATH Status options recorded:

- Client became enrolled in PATH
- Client was found ineligible for PATH
- Client was not enrolled for other reason(s)
- Unable to locate client

If a client becomes enrolled in PATH, then an enrollment date is collected to identify the date when 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 for that individual. The date of PATH enrollment should be entered into the HMIS at the point that the client has become enrolled. It may be on or after the *Project Start Date* (data element 3.10) or *Date of Engagement* (data element 4.13) and prior to *Project Exit Date* (data element 3.11).

If the client exits the project without becoming enrolled, the PATH Status element still needs to be completed, indicating that the client was not enrolled and the reason the client was not enrolled. If the client was contacted on the date that PATH Status was determined, a contact, recorded as a *Current Living Situation* (data element 4.12) must also be entered for that date.

The option "Unable to Locate Client" for Reason Not Enrolled can be used to account for the clients who are not enrolled in the PATH program because they are unable to be located.

Data Element P4 Connection with SOAR

The HMIS data element P4 *Connection with SOAR* is important to SAMHSA's federal reporting requirements. Connection with SOAR is intended to determine if the client has been connected to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, regardless of whether that connection was established by the PATH provider or not (the connection to SOAR can be made prior to PATH involvement or post-PATH involvement and should be treated as: "have you ever been connected to SOAR?"). Connection to SOAR can change during the client's involvement with the PATH program and should be updated accordingly.

Special Data Collection Instructions

HMIS System Administrators and HMIS users should be aware of several special data collection issues that apply to PATH-funded projects.

- **Coordinated Entry:** SAMHSA does not require PATH-funded projects to collect or report on Coordinated Entry projects. However, SAMHSA recognizes that many PATH projects, specifically street outreach projects, play an integral role in a community's Coordinated Entry System (CES). PATH grantees are encouraged to work with the CoC and HMIS leadership to determine data collection requirements for PATH-funded projects supporting the CES. If PATH-funded projects are an access point for CES, the applicable data elements (*CE Participation Status* (data element 2.09), *Coordinated Entry Assessment* (data element 4.19) and *Coordinated Entry Event* (data element 4.20)) should be recorded. Additionally, *Current*

Living Situation (data element 4.12) is collected, recorded, and used for CES projects. PATH providers and the community's CES should collaborate to ensure data collection processes are consistent across all users collecting information for *Current Living Situation* (data element 4.12) and any other CES data elements the community wishes PATH funded workers to collect. For more information on CES program data collection requirements, please refer to the 2026 HMIS Data Standards

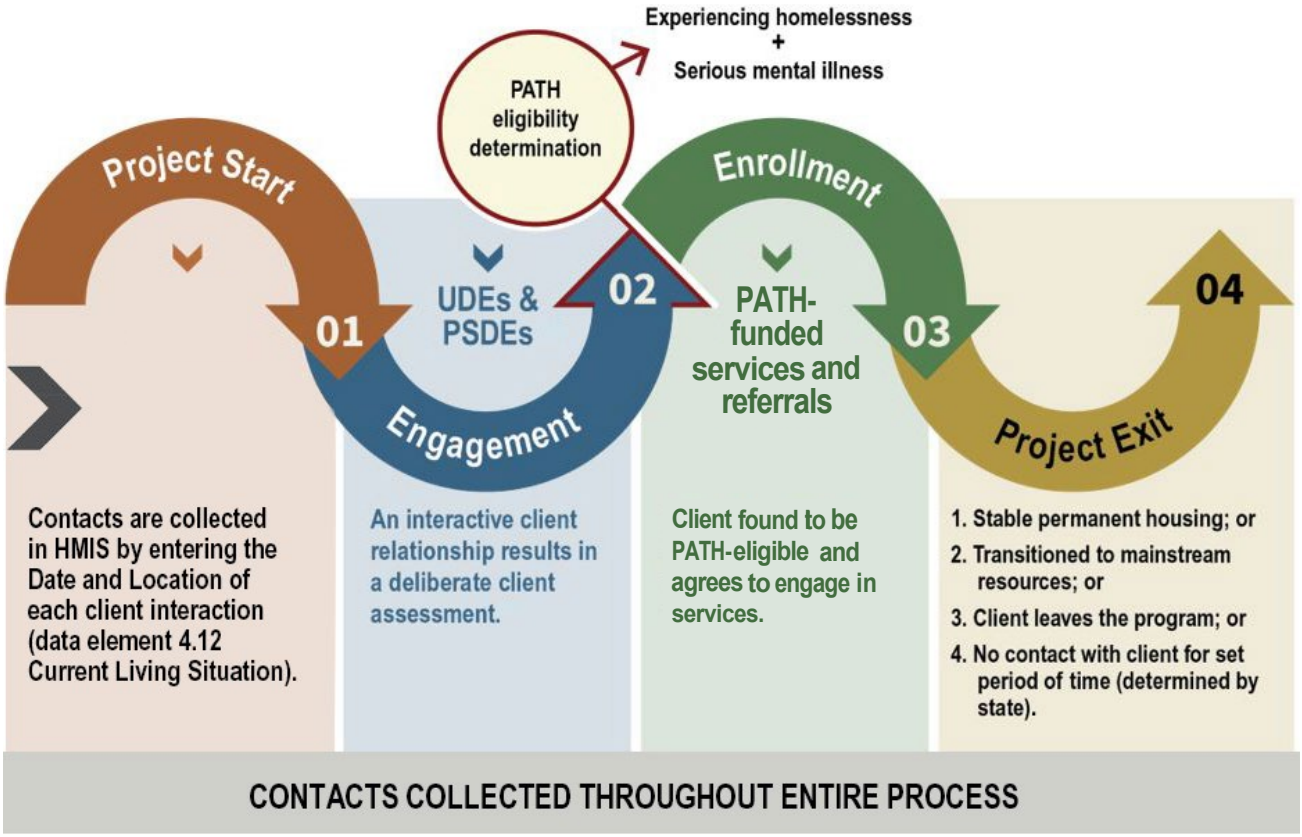
- **Data Collection Challenges**: A street outreach project is likely to encounter difficulty engaging persons experiencing homelessness. Street outreach projects may record a *Project Start Date* (data element 3.10) with limited information about the client and improve upon the accuracy and completeness of client data over time by editing data in an HMIS as they engage the client. The initial entry may be as basic as the project start date and an alias or other "made-up" name (e.g., Redhat Tenthstreetbridge) that would be identifiable for retrieval by the PATH-funded worker in the system. Over time, the data must be edited for accuracy (e.g., replacing "Redhat" with "Robert") as the worker learns that detail.
- **De-Duplication of Client Records:** It is possible in a street outreach setting that a single client may be contacted by multiple street outreach workers over a period of time in different locations. Local protocols should be established to determine how coordination among PATH projects and other street outreach projects effectively manages the identification and data collection of clients. In smaller CoCs, it may be possible to coordinate street outreach efforts and reduce duplication of client records through case conferences or other efforts to coordinate outreach services. In all CoCs, client search functionality may be made available in HMIS so that street outreach workers can perform queries or client searches by a "made-up" name or alias, or other informal identifier shared with street outreach workers in order to manage the identification of clients. The use of temporary "made-up" names should not be an excuse for excessive de-identified clients or poor data quality. PATH projects and local HMIS leadership should work together to minimize the use of "made-up" names and attain high data quality.
- **Data Quality**: Reporting on data quality for PATH is limited to clients with a *Date of Engagement* (data element 4.13). Therefore, it is important that PATH-funded workers record the engagement date and review all of the Universal, Common Program Specific, and Federal Partner Program Specific Data Elements for completeness and accuracy. The *Date of Engagement* is the point at which data quality begins to be measured for the PATH Program; therefore, all Universal Data Elements should be entered into HMIS on or before the *Date of Engagement*. PATH grantees are encouraged to work collaboratively with their HMIS Lead Organizations to understand and comply with local data quality requirements and expectations.

PATH Data Collection Workflow

PATH data collection workflow is designed to support the interactions and development of relationships with clients over time. As such, HMIS data quality does not begin until the *Date of Engagement* (data element 4.13), defined as the point at which an interactive client relationship results in a deliberate client assessment. The date of enrollment may be on or after the *Project Start Date* (data element 3.10) and on or after the *Date of Engagement*.

It is possible that project start, engagement, enrollment, and project exit may all occur during a single contact at a single point in time. However, it is much more likely that *Project Start Date* will

be followed by multiple contacts, recorded using *Current Living Situation*, prior to *Date of Engagement*. The chart below illustrates the necessary sequence of data collection, which may happen in a day, or over a number of days, weeks, or even months, depending on the client's willingness to engage with the PATH project, eligibility for PATH-funded services and referrals, and continued connection to the project.



The only data that must be captured prior to *Date of Engagement* is *Project start Date*, *Current Living Situation* (all contacts from Project Start/First Contact to Date of Engagement), and some form of name/alias that allows the street outreach project to identify the client in HMIS. Any data collection beyond that, whether it be "Data Not Collected" or "Client prefers not to answer" or a default category that details the data has not yet been collected is a local community decision and not a HUD requirement.

Data Collection Points

The tables below detail the different points in which HMIS data should be collected.

Universal Data Elements	At Project Start	By Date of Engagement	At Date of Enrollment	At Project Exit
3.01 Name	X			
3.02 Social Security Number		X		
3.03 Date of Birth		X		
3.04 Race and Ethnicity		X		
3.07 Veteran Status		X		
3.08 Disabling Condition		X		
3.10 Project Start Date	X			
3.11 Project Exit Date				X
3.12 Destination				X
3.15 Relationship to Head of Household	X	X	X	X
3.16 Enrollment CoC	X	X	X	X
3.917 Living Situation	X	X	X	X

Common Program Specific Data Elements	At Project start	By Date of Engagement	At Date of Enrollment	At Project Exit
4.02 Income and Sources		X		
4.03 Non-Cash Benefits		X		
4.04 Health Insurance		X		
4.05 Physical Disability		X		
4.06 Developmental Disability		X		
4.07 Chronic Health Condition		X		
4.08 HIV/AIDS		X		
4.09 Mental Health Disorder		X		
4.10 Substance Use Disorder		X		
4.11 Domestic Violence		X		
4.12 Current Living Situation	X	X	X	X
4.13 Date of Engagement		X		
4.21 Sex	X			

Federal Partner Program Data Elements	At Project start	By Date of Engagement	At Date of Enrollment	At Project Exit
P1 Services Provided - PATH Funded			X	X
P2 Referrals Provided - PATH			X	X
P3 PATH Status			X	
P4 Connection with SOAR	X	X	X	X

Policy Decision Points and Data Quality

Policy decision points are critical decisions that affect standardized data collection and data quality. These decisions are made at the state level. HUD does not make these decisions for states. SPCs are encouraged to make these decisions and document them in a statewide PATH policy manual so that their data is reliably compiled across the state. If you are a HMIS Lead/System Administrator or PATH-funded worker and are not familiar with state decision point policies, please contact your SPC.

There are four key decision points: Generally reside maximum, re-engagement minimum, automatic exit maximum, and aftercare exit maximum. For more detail and sample SPC policies, please also review the State PATH Contact HMIS Data Collection Decision Tool.

Generally Reside Maximum

The generally reside decision point is the maximum amount of time that can pass before the PATH-funded worker must choose what program to enter their client into in HMIS (Street Outreach or Supportive services only)(e.g. 3-14 days). PATH funded workers are required to ask clients "where did you sleep last night" (3.917) to determine which program a client is entered (Street Outreach or Supportive Services Only). If a client does not know where they stayed last night, or the PATH provider is unable to obtain that information for other reasons, the PATH provider is to delay data entry into HMIS until that question can be ascertained. This decision point is intended to allow the SPC to set the amount of time that a PATH provider is allowed to determine which program the PATH client is to be entered in.

Re-engagement Minimum

The re-engagement minimum is the amount of time that must pass from date of last contact before the service of re-engagement can be provided (e.g., 31-60 days). PATH clients can be disconnected from services for various reasons and for various lengths of time. Some length of time is a normal part of the client relationship while longer periods of time are not normal and require effort to reconnect the client to PATH-funded services. This decision point is intended to allow the SPC to set the minimum amount of time that must pass without client contact before the service of Re-engagement can be provided. The services of re-engagement can only be recorded for services provided after the re-engagement minimum is met and cannot be recorded for contacts that happen after project exit.

Automatic Exit Maximum

SAMHSA has set a policy regarding PATH data collection and the use of an automatic exit function (e.g., 61-120 days). PATH clients can be disconnected from services for various reasons and various lengths of time. The policy is intended to allow the SPC to set the amount of time that must pass without client contact before the client is exited from the program. This policy is a collaboration between SAMHSA and HUD and attempts to balance the data collection guidance of SAMHSA with the data quality framework of HUD (see the State PATH Contact HMIS Data Collection Decision Tool). Check with your HMIS Lead to determine if the HMIS software has automatic exit functionality.

This data collection policy will especially affect the HMIS Data Quality Framework measure of data entry timeliness. Both SAMHSA and HUD understand this impact and encourage the CoC to analyze this portion of the HMIS Data Quality Framework considering this policy. SAMHSA intends for the PATH Program providers across the country to work diligently so that no client exits the project with an automatic exit, a marker of disconnection from service. While auto-exits are not entirely avoidable due to the transient nature of some PATH clients, SAMHSA recommends limited use of the automatic exit.
In the cases where an Automatic Exit is State Policy and used by a PATH provider, the exit will appear to be entered more than 11+ days on the data quality framework (Q6). This is an accurate representation of how the data was collected, and both HUD and SAMHSA understand the impact on timeliness.

Q6. Timeliness

Time for Record Entry	Number of Project Entry Records	Number of Project Exit Records
0 days		
1-3 days		
4-6 days		
7-10 days		
11+ days		

Aftercare Exit Maximum

Currently, there is no federal data collection requirement to track services provided after exit, or "aftercare," for PATH funded projects. SPCs are expected to define what (if any) services can be provided after exit, the method of data collection and the length of time those services can be provided after exit. The aftercare exit maximum is the amount of time that is allowed to pass after the client has transitioned to stable permanent housing or mainstream resources where the PATH program can provide services and record services provided (e.g., 0-120 days). Aftercare allows PATH providers to maintain the client relationship and assure the client remains stable for a set period of time. This decision point is intended to allow the SPC to set the amount of time that a PATH provider is allowed to provide services after exit.

Documenting Chronic Homelessness

The Defining Chronically Homeless Final Rule specifies that a written observation by an outreach worker of the conditions where the individual was living may serve as evidence that the individual lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter, for the time which the observation was made. Additionally, third-party documentation of a single contact with a homeless service provider on a single day within one month is sufficient to consider an individual as experiencing homelessness 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 7 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 both prioritize clients for housing and to document eligibility for certain permanent housing resources. If necessary, PATH-funded workers are expected to provide

evidence of a client's chronic homeless status through participation in the CoC. As such, PATH-funded workers 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.

PATH Reporting Notes

- PATH providers have the option of uploading their PATH Annual Report into the PATH Data Exchange (PDX) website in a Comma Separated Value (CSV) format. Doing so removes the need for PATH providers to hand enter their data into PDX (for those questions that are generated from HMIS); however, it requires that PATH providers have a high degree of data quality. For more information on the PATH Annual Report, as well as the submission process in PDX, please go to: https://pathpdx.samhsa.gov.

- The PATH Annual Report is submitted via the PDX website between September 15th and December 15th of each year. Each state or territory has a unique reporting period, though most states and territories have a July 1st through June 30th reporting period. Please check with your local SPC regarding state-specific submission deadlines, as well as reporting periods. Note: The PATH Annual Report CSV export from HMIS may not be available until October 1st. Grantees can still log into PDX to start working on their report submission prior to the report being available in HMIS. Additionally, grantees can work on data quality improvements in HMIS during this period.

- The PATH Annual Report does not require that PATH providers collect the full name, date of birth, or Social Security Number (SSN) of PATH contacted or enrolled clients to show up on the report; however, the full name of PATH clients, along with their date of birth and social security number (at least the last four digits) are required data elements and are necessary for the HMIS to determine an accurate count of client contacts and enrollments through a de-duplication process within HMIS.

- The PATH Annual Report does not report on each instance of a service that is provided to a PATH-enrolled client, but rather only one instance of each type of service that was provided during the reporting period. SPCs may instruct their PATH providers to collect every instance of service, which is allowable so long as the PATH report created by your local HMIS does not return duplicative service data.

- All contacts should be recorded in HMIS, regardless of when they occur during the time that a PATH provider is working with a client. Doing so helps ensure that PATH providers can generate accurate information on their level of effort in reaching and serving clients. Additionally, this information can be used by the PATH team to monitor which clients have not been contacted in a while and may need targeted outreach.

- The PATH Annual Report details clients with co-occurring substance use and mental health disorders. The HMIS Data Standards require the collection of substance use and mental health disorder data, that when combined, is used in the PATH Annual Report to determine whether a client has a co-occurring substance use and mental health disorder.

- Only PATH-enrolled clients are eligible to receive PATH-funded services and/or PATH-funded referrals. The PATH Annual Report reports out on the number of PATH-enrolled

clients receiving services (*Services Provided – PATH Funded*, data element P1), as well as the number of PATH enrolled clients receiving referrals (*Referrals Provided – PATH*, data element P2).

- When setting up a PATH project in HMIS, both a Street Outreach (SO) and Supportive Services Only (SSO) project setup should include all the same data collection requirements. Both SO and SSO projects are required to collect all Universal Data Elements and Program Specific Data Elements.

HUD System Performance Measures

Data collected for PATH projects in HMIS affects the HUD System Performance Measures that are reported for the entire CoC. Below is a brief explanation of the HUD System Performance Measures that are impacted by Street Outreach and Supportive Services Only projects.

- Measure 7a: Successful Placement from Street Outreach
- Client Universe: Persons in Street Outreach Projects that exited from Street Outreach during the reporting period.

Measure 7a evaluates how successful street outreach projects are at helping people move off the "street" and towards permanent housing, recognizing this process may be direct or may involve other temporary situations along the way. This is important because we know that people living on the street and other places not meant for human habitation are at an increased risk of death.

Measure 7a does not require a *Date of Engagement* for a client record to be included in the performance measure, only a *Project Exit Date*. Additionally, while data quality is only measured following the *Date of Engagement*, System Performance Measure 7a measures placement from street outreach beginning at the first contact/project start. This means that HMIS leadership and PATH providers need to work together to assure that street outreach data is of high quality at the time the HUD System Performance Measures are calculated, regardless of the presence of a *Date of Engagement* within any specific client record.

State PATH Contact HMIS Data Collection Decision Tool

Overview:

This tool was developed by HUD and the SAMHSA to assist SPCs to set HMIS data collection policy for their PATH-funded providers and to coordinate with local CoC, HMIS leadership, and other local data committees in coordinating street outreach data collection (including PATH). The tool is broken down into two sections 1. SPC Decision Points; and 2. SPC & CoC Data Collection Coordination.

State PATH Contact HMIS Data Collection Decision Tool (PDX account required)

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