

PATH Integration Into HMIS

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The Objective

- To include PATH-funded homeless service providers' information in a local or statewide HMIS
- A sense of better utilization of funds & project administration
- Provide information for policy directions
- Support of community need documentation
- Recognize the PATH program as a local agency player that values these efforts

What's Ahead

- Background on the the new HUD HMIS initiative
- Specific Goals and Objectives
- Tasks for PATH Providers & IT Administrators and Continuum HMIS Committees
- Vermont's Experience since 2002
- Specific Barriers, Options, Tools, and Benefits

What is PATH?



The Substance Abuse and Mental Health Administration's (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) funds are used to serve individuals experiencing serious mental illness and homelessness or risk of homelessness.



History of PATH and HMIS

Early 2000s-Present

Some PATH programs, including in VT (2002), begin to use HMIS for PATH data collection and reporting

2006-2008

HUD/HHS outreach workgroup align outcomes for outreach programs

December 2009:

SAMHSA announces that PATH funded programs are encouraged to enter data in their local HMIS

November 2009

SAMHSA introduces voluntary outcome measures on the Annual PATH Report

2002

2004

2006

2008

2010

Benefits to HMIS Participation

- Builds community support for PATH/HMIS through education, training, and funding
- Develops meaningful reporting capacity for the CoC, individual PATH providers PATH State Contact, and SAMHSA
- Improves accuracy and timeliness of PATH reporting with a capacity for securing additional funding sources

Steps to Build Community Support

- Educate, Share knowledge, capacity, and funds
- Take into account other reporting requirements and multiple program reporting needs of PATH Provider agencies
- Demonstrate where various agency efficiencies can be created by joining PATH in HMIS
- Work with local PATH agencies to customize and develop individual agency program reports for PATH and other programs they administer where possible

CoC First Steps

- Education, developing a strategy, and developing a timeline are key
- Recognize that PATH programs are not a priority for CoCs because PATH participation in CoCs is not required
- Recognize that IT Administrators will need increased resources

Provider First Steps

- Solicit buy in from agency Board, staff, consumers
- Provide training on details and software use
- Demonstrate to funders that HMIS is multi purpose and has multi benefits
- Ensure daily supervision of data entry staff
- Implement frequent data quality monitoring

Roadmap For PATH and HMIS

1. Announce Intent
2. Prepare for Implementation
3. Complete PATH and HMIS Worksheets
4. Conduct Planning Meetings
5. Develop contracts & agreements
6. Develop data entry & reporting procedures
7. HMIS user training
8. Final implementation checklist
9. Implementation
10. Follow-up

Technical Challenges

- Privacy and confidentiality
- Security standards
- Systems integration
- Sharing data
- Aggregate options
- Cost
- Training and ongoing support

Provider Challenges

- Client resistance
- Provider resistance
- Issues around security and confidentiality
- Need for daily data entry
- Regular data quality checks to catch mistakes and correct them

National Challenges

- Differences in reporting fields and response categories
- Differences in definitions
- Variation of HMIS implementations between and within states

Vermont's Experience

1. In 2002, the state Commissioner supports including HHS/PATH providers in HMIS to insure unduplicated counts and timely reports
2. The state Mental Health Authority agrees to financially support PATH/HMIS with capacity grants to those agencies who participate
3. The Department of Mental Health (DMH) supports development of a not for profit patterned after the National Human Services Data Consortium (NHSDC) to secure licenses and oversee project

Vermont's Experience (continued)

4. Participating VT PATH agencies contract for independent IT services through the VHSDC
5. VT PATH providers join HUD Mc Kinney Vento agencies and provide monthly data on the number of new clients
6. VT PATH providers join an HHS national initiative along with Tennessee, Texas, Utah, and to pilot potential outcome measures for homeless mentally ill

Vermont's Experience (continued)

- VT PATH providers expand HMIS to include other programs including food shelves etc.
- Food Shelf data merged with other agency data becomes useful tracking tool
- Community agencies using HMIS in an opened system to better serve and track clients and avoid duplication

Summary

- The goal of including PATH providers in HMIS is to develop a more comprehensive system that recognizes the strengths and capacities within a community.
- PATH participation in HMIS brings providers together to identify challenges, needs and solutions together, with Mc Kinney Vento / Hearth This initiative can create more effective programs and efficiencies together.

Questions to Ask

- Who should be included?
- How to outreach?
- What is the best approach to accomplish this goal for you as a PATH Contact, a PATH Provider, or a COC IT Administrator?