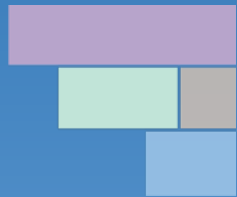




# Georgia PATH Program Projects for Assistance in Transition from Homelessness



Georgia Department of Behavioral Health  
and Developmental Disabilities



# PATH PDX Report Review and HMIS

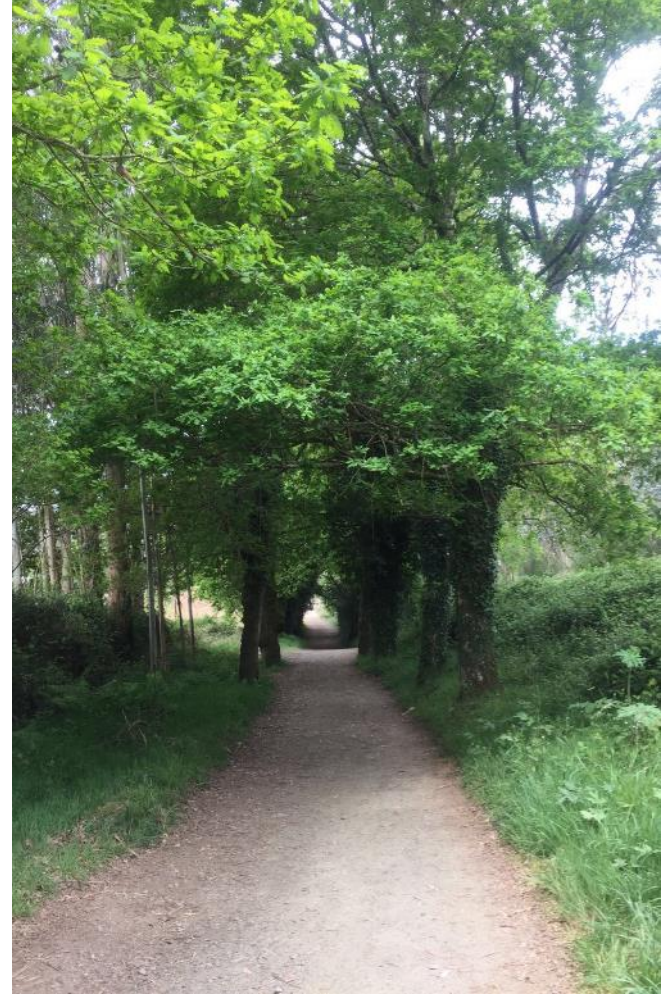
Letitia Robinson

Kate Rio

May 26, 2021



# Welcome and Introductions



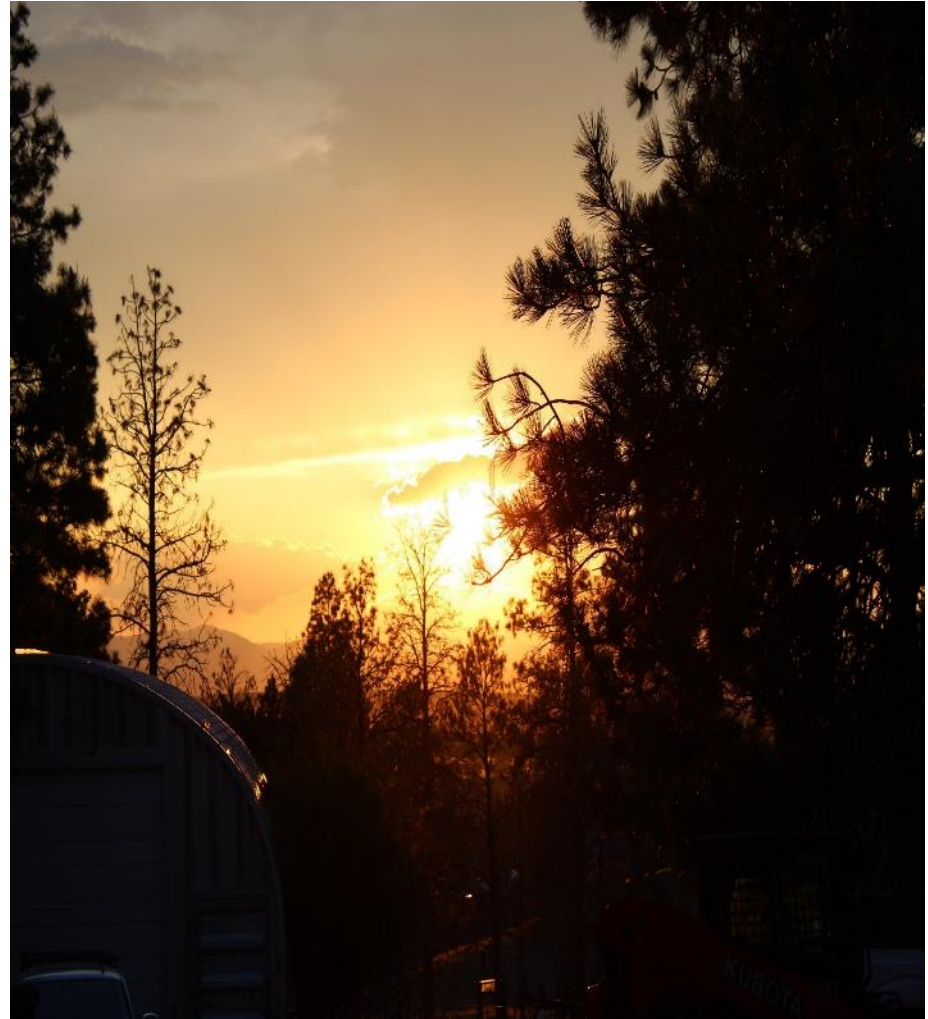


# Georgia PATH Program



# Objectives

- Review GPRA measures and Georgia's performance.
- Learn how each program contributes to this report.
- Determine strategies to improve data collection.
- Discuss how to use data to improve programs.







# GPRA Measures



# Government Performance and Results Act

- Determined by SAMHSA each year.
- PATH has four GPRA measures.
- PATH National Annual Report determines three of the measures.



# GPRA Measure 3.4.15

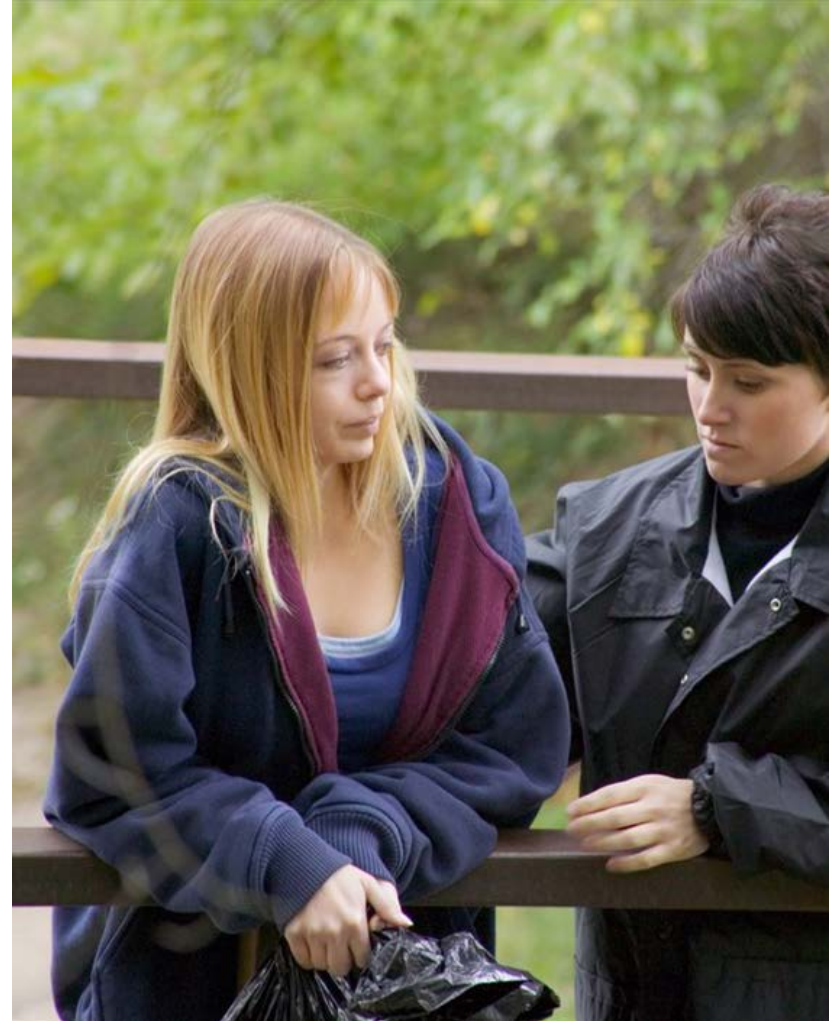


- 3.4.15 Percentage of enrolled homeless persons in the Project for Assistance in Transition from Homelessness (PATH) program who receives community mental health services.
- 2020 and 2021 Target: 65%
- How to determine the percentage: Divide PDX data element #16 by PDX data element #15.



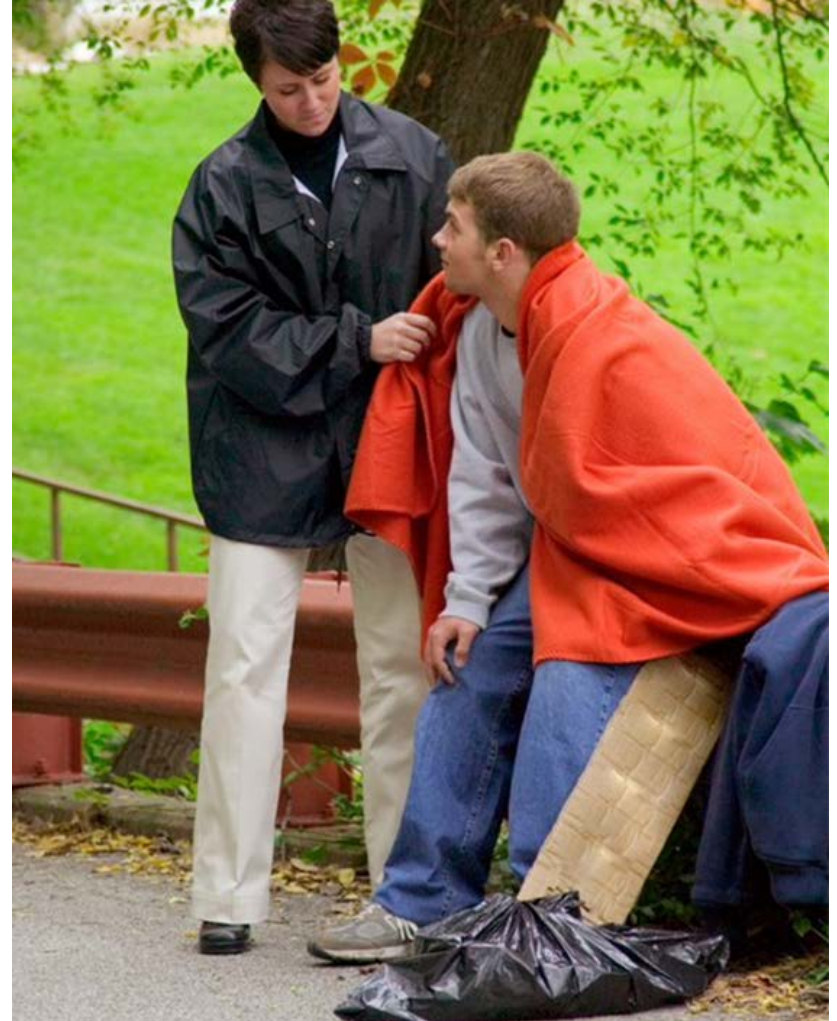
# GPRA Measure 3.4.17

- Percentage of contacted homeless persons with serious mental illness who become enrolled in services.
- 2020 and 2021 target: 58%
- How to determine the percentage: Divide PDX data element #15 by PDX data element #8.



# GPRA Measure 3.4.16

- 3.4.16 Number of homeless persons contacted.
- 2020 and 2021 target: 120,048
- Measure is calculated by adding all the persons reported in PDX data element #8.



# GPRA Measure 3.4.20

- 3.4.20 Number of PATH providers trained on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.
- 2020 and 2021 target: 2,214
- Measure is provided by the SOAR TA Center.







# Georgia State Report



*How did Georgia contribute to the PATH National Goals?*



# Georgia's State Report

- **3.4.15** – 57.39%\* of enrolled homeless persons in the PATH program who received community mental health services.
  - Target is 65%.
  - 1,320 persons received CMH services (#16) divided by 2,300 persons enrolled (#15) –  $1320/2300 = 57.39\%$
  - Five providers met the goal; five providers did not meet the goal.

\*The state numbers are preliminary; as of today, SAMHSA has not published the 2020 report.





# Georgia's State Report (2)

- **3.4.16** – 4,341\* number of homeless persons contacted.
  - Contributes to the national goal of 120,048.
- **3.4.17** – 52.98%\* of contacted homeless persons who became enrolled in services.
  - Target is 58%.
  - 2,300 persons enrolled in services (#15) divided by 4,341 persons contacted (#8) –  $2300/4341 = 52.98\%$
  - Seven providers met the goal; three providers did not meet the goal.

\*The state numbers are preliminary; as of today, SAMHSA has not published the 2020 report.

# Definitions of Key Data Elements



8. Number of persons contacted by PATH-funded staff this reporting period

- Includes stayers, newly enrolled persons this reporting period, ineligible persons, and eligible persons who were not enrolled.

## Definitions of Key Data Elements (2)

### 9. Number of new persons contacted this reporting period in a PATH Street Outreach project

- Includes newly enrolled persons this reporting period, ineligible persons, and eligible persons who were not enrolled (does NOT include stayers).
- Persons sleeping in a place not meant for human habitation should be enrolled in this project.
- Determined by asking, “Where did you sleep last night?”

## Definitions of Key Data Elements (3)

10. Number of new persons contacted this reporting period in a PATH Services Only project

- Includes newly enrolled persons this reporting period, ineligible persons, and eligible persons who were not enrolled (does NOT include stayers).
- Persons who slept in a bed (such as, emergency shelter, a friend's couch, etc.) should be enrolled in this project.
- Determined by asking, "Where did you sleep last night?"

11. Total of new persons contacted this reporting period (#9+#10)

# Definitions of Key Data Elements (4)



12a. Instances of contact this reporting period prior to date of enrollment

- This demonstrates the number of contacts that you made prior to enrolling new persons (#14).

12b. Total instances of contact during the reporting period

- This includes the number of contacts prior to, during, and after enrollment.
- This includes contacts with new enrollments and stayers.
- This data is pulled from HMIS Data Element 4.12 Current Living Situation.
- This shows the provider's level of effort.

Definitions of Key Data Elements (3)





# Definitions of Key Data Elements (5)

13a. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH

13b. Number of new persons contacted this reporting period who could not be enrolled because provider was unable to locate the client.

# Definitions of Key Data Elements (6)

14. Number of new persons contacted this reporting period who became enrolled in PATH

15. Number of active, enrolled PATH status at any point during the reporting period

- This includes new enrollments and PATH clients still enrolled at year end (stayers).
- Stayers should match the number of stayers stated in the prior year's report
- The number of stayers can be located on the prior year's report under Destination at Exit

# Definitions of Key Data Elements (7)

16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period

- This includes PATH-funded CMH services and CMH services attained from a referral

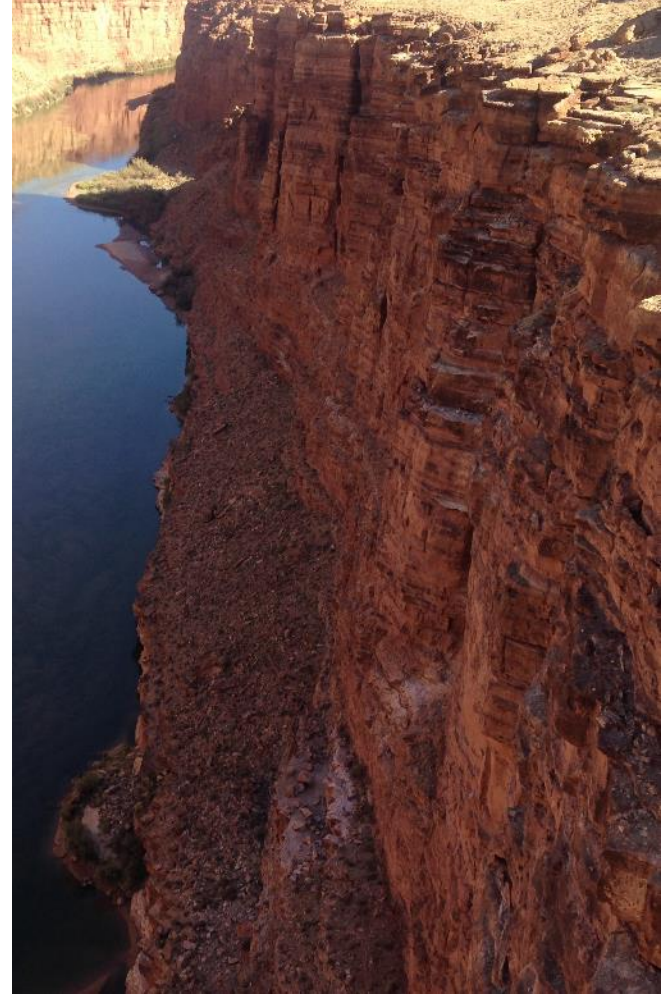


# Definitions of Key Data Elements (8)

- 17a Reengagement - The process of engaging with **PATH-enrolled** individuals who are disconnected from PATH services.
- 17b 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. *This is not eligibility for the program because that is completed before enrollment.*
- 26g SOAR Connection – this is not a service or referral. If a person connects with SOAR without your assistance, it should still be counted.



# Data Collection



*Improving data collection and performance*





# Progress reports

- Progress reports are identical to the PATH annual report.
- You can upload the progress report in PDX each month.
- Review your report then, if corrections are needed, make the corrections in the HMIS.
- You can determine how you are performing each month by using the calculations stated earlier.
  - Percent enrolled - #15 divided by #8
  - Percent receiving CMH services - #16 divided by #15

# Reviewing Monthly Reports

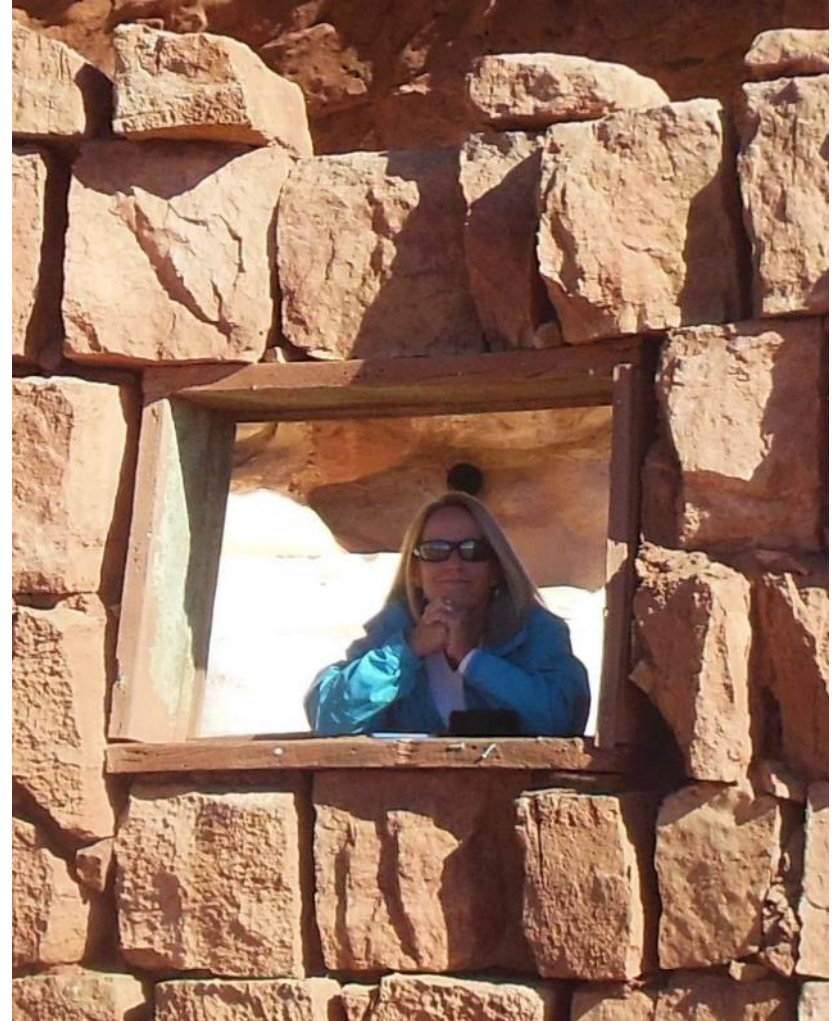
- Download a PDF version of the PATH report from HMIS each month.
- Review the report for discrepancies, such as enrollments, services provided, referrals and attainment of referrals.
- If done monthly, it is MUCH easier to determine if data is being pulled from HMIS into the PDX report correctly.

# Reviewing Monthly Reports (2)

- For larger programs, it is recommended to review the reports weekly.
- Every time a HMIS record is updated, you must put in the current living situation to get credit for contacts during the enrollment.
  - Don't forget – instances of contact is how SAMHSA determines your level of effort!

# ■ ■ ■ Reviewing Monthly Reports (3)

- Check to see if every service is counted in the report.
- Double-check referrals and ensure that you documented attainment of each referral.
- It gets easier after you've completed and corrected your data a couple of times!





# Using the Data



*We submitted the report. Do we really need to review the report now?*





# Using the Data

- Reviewing your report monthly can help you determine strengths and weaknesses.
  - Are you enrolling enough of the people you've contacted so that you meet the performance goal?
  - Are you meeting the performance goal for CMH services (65% of enrolled clients receiving service)?
  - Are you capturing all your contacts?
  - Are you following up on referrals to see if the client attained the service AND documenting it in HMIS?
  - Are you capturing all the services you're providing, including screening and reengagement, when reengagement is necessary?



## Using the Data (2)

- Are you documenting if the clients are connected to SOAR?
- Have you completed exit interviews or determined if the clients exited have entered housing?
- Do you have the resources in your community to provide or refer clients to substance use treatment?
- When you review your report to you think it adequately reflects all the hard work your PATH program is doing?

# Now What?

- You reviewed the report, what's next?
  - You know your program and your community better than anyone else. Listen to each other.
  - Be objective. Support each other.



## Now What? (2)

- Set aside some time to brainstorm with your staff how to improve your data collection to better reflect your work.
- Discuss ways to get the information you need to capture all the data.
- Have fun exploring ideas.



# Questions??







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