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PATH Projects for Assistance in
Transition from Homelessness



Spotlight on PATH Practices and Programs
**Homeless Management
Information Systems (HMIS)**



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Additional SAMHSA Resources

For more information about SAMHSA resources and programs, contact the SAMHSA Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727).



Technical Assistance Spotlight

Homeless Management Information Systems (HMIS)



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What is HMIS?

Communities across the country have made significant progress in understanding the extent and nature of homelessness as well as which housing programs and support services are effective at preventing and ending homelessness thanks to the implementation of HMIS. HMIS stands for **H**omeless **M**anagement **I**nformation **S**ystem. HMIS is designed to capture standardized, person-level information on men, women, and children who access homeless services.



Beginning in 2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to collect data on the extent of homelessness and the effectiveness of the McKinney-Vento Act Programs. The directives included:

- Developing unduplicated counts of clients served at the local level;
- Analyzing patterns of service utilization, and;
- Evaluating the effectiveness of these systems.

What is HMIS?

A Homeless Management Information System (HMIS) is a locally administered, electronic data collection system that stores longitudinal person-level information about persons who access the homeless service system.

HMIS allows for the sharing of electronic data on client needs, service utilization, housing status, access to mainstream benefits, and other information within a local community. This information assists with coordinated case management while honoring client consent and confidentiality. HMIS also supplies local homeless service provider organizations with data on persons served, including housing and service outcomes. Aggregate HMIS data from local homeless service providers within a jurisdiction informs community planning efforts, such as 10-year plans to end homelessness and the Annual Homeless Assessment Report.

Over the years, HMIS implementation has matured to include local, state, and nationally funded programs that are not HUD funded and are not required to enter their data in HMIS. These programs choose to use HMIS to coordinate services, enhance community planning efforts, and maximize data collection and reporting. Communities find that using HMIS to coordinate the managed care system benefits clients, homeless service providers, and homeless planning

The following states and communities were selected based on self-reported use of HMIS for PATH data collection and reporting:



efforts. By participating in HMIS, programs ensure their service populations are represented in the community homeless planning process. Additionally, data from HMIS informs resource allocation from Congress.

The State of New Jersey: Unique Approach— State Agencies Foster Collaboration

- 25 PATH Providers
- 3 Years of HMIS Data Entry
- 25 Full-time PATH Outreach Workers
- \$1,884,000 PATH Grant Award
- \$5,264,000 State Grant Award
- 2800 PATH Clients Served in 2008

The New Jersey PATH Administrative agency, the New Jersey Department of Human Services Division of Mental Health Services (DMHS) and their 25 PATH agencies began collecting and reporting PATH data through the New Jersey statewide HMIS over 3 years ago. Working with the New Jersey Housing and Mortgage Finance Authority (NJHMFA), who

administers the HMIS for the state, DMHS assessed the system's functionality to meet PATH program data collection and reporting requirements. Two new HMIS modules were developed—an outreach module to track information on contacts and engagements and a PATH service module to document the level of services required for the PATH Annual Report.

DMHS began encouraging PATH agencies to enter data in the HMIS in real-time to facilitate quick and accurate reporting that meets state and federal reporting requirements. This process created PATH data collection and reporting protocols that are streamlined and nearly paper-free.

As a result of HMIS, PATH providers were able to provide reports in less time—an average of 10 days instead of 30. However, faster and more accurate reporting isn't the only benefit. According to Ilene Palena, New Jersey State PATH Contact, "the state [Division of Mental Health Services] is finding that we can generate different statistics from HMIS that are useful in the oversight of the PATH programs." HMIS proved invaluable for documenting successful levels of case management, linking individuals to essential services, and measuring the overall success of The PATH Program. "This effort is showing the state what they



are missing—for example, that the linkage to drug and alcohol treatment is low,” says Palena. As a result, DMHS is considering adding information about in-patient treatment services. The state is also working on an analysis of HMIS data to determine the percentage of PATH clients who are veterans. To date, they identified 120 PATH clients who are also U.S. Veterans and initiated a strategic collaboration with the local Veterans Affairs office to develop program level linkage opportunities.

Abram Hillson, the NJHMFA HMIS Project Manager, says, “we [New Jersey statewide HMIS] support having an HMIS software that meets as many federal, state, and local reporting requirements as possible.” Having PATH outreach and service data in the HMIS enhanced community homeless data, making it more effective for identifying gaps and needs, strengthening the community’s ability to accurately assess the extent of the problem and the characteristics of persons experiencing homelessness, and supporting community planning with evidence-based practices. For more information on New Jersey HMIS please visit <http://www.nj.gov/dca/hmfa/home/hmis/index.html>.

The State of Iowa Unique Approach— HMIS All-Stars

- 5 PATH Providers
- 4 Years of HMIS Data Entry
- 5 Full-time PATH Outreach Workers
- 2 Part-time PATH Outreach Workers
- \$300,000 PATH Grant Award
- 900 PATH Clients Enrolled in 2008

The state of Iowa has five PATH providers who have collected data in their local HMIS for approximately 4 years. Their participation in the local HMIS grew out of a need by the Iowa Department of Human Services Division of Behavioral, Developmental and Protective Services (IDHS) to collect and analyze data to inform statewide mental health planning. IDHS developed a partnership with the Iowa Institute for Community Alliances (IICA), who administers the statewide HMIS to assist PATH data collection and reporting.

Collecting data in an HMIS facilitated the IDHS and PATH providers’ goal of accurate and timely reporting and the ability to generate the PATH Annual

Report directly through the HMIS. Additionally, the availability of quality data enabled PATH providers to conduct better analyses of service delivery, trends, and gaps in client needs.

Becky Flores, the Iowa State PATH Contact, attributes a special recognition program as partially responsible for the improvement in data collection and reporting efforts. IICA created the “HMIS All-Star Awards” to aid in the quality of HMIS data. These quarterly awards provide a positive incentive for agencies and programs to input timely and quality data. To qualify as an “HMIS All-Star” an agency or program must have less than 5% of null or missing data. PATH providers in Iowa consistently perform data collection efforts at a high level. Flores states that the idea of having more than 5% missing or null data is unacceptable to the providers, proudly stating “the PATH providers [in Iowa] are always All-Stars.”

Participation in HMIS improved the data collection and reporting process for the PATH Program, enabling IDHS to use PATH reports in the Iowa Mental Health and Disability Plan process that occurs every 3 years. Additionally, the reports were included in the Mental Health Block Grant application and the “Iowans Experiencing Homelessness: Annual Snapshot of Service and Shelter Use” (<http://www.iowafinanceauthority.gov/documents/filelibrary/ich/2007AnnualHomelessReport.pdf>).

Cincinnati/ Hamilton County, Ohio Unique Approach— Homeless Certification Process

- 1 PATH Provider
- 4 Years of HMIS Data Entry
- 5 Full-time PATH Outreach Workers
- \$309,545 PATH Grant Award
- 486 PATH Clients Enrolled in 2008

PATH providers in Cincinnati, Ohio and their five full-time outreach workers collaborated with their local HMIS provider four years ago to begin collecting required PATH data in the HMIS.

When Cincinnati’s HMIS first became available, service providers were eager to join the system. The driving



force behind the demand was the idea of an online homeless certification process that provides electronic documentation of a client’s eligibility for homeless assistance services. Through a centralized intake process, all clients requesting homeless assistance are triaged according to service needs and eligibility for various service programs. The records of those that meet the HUD definition of homelessness are flagged within the HMIS and electronically transferred with the client as they move from provider to provider within the homeless assistance system. As this process is required to access all homeless service providers within Cincinnati/Hamilton County, PATH providers began participation in HMIS to take advantage of the new electronic process.

The PATH-HMIS effort also began as part of a community wide effort to develop a comprehensive street outreach process under the local Continuum of Care (CoC). The CoC reached out to all outreach programs, including the PATH program, resulting in the development of a collaborative—affectionately coined the “HOG” or “Homeless Outreach Group.” This collaborative brought together PATH and other homeless outreach workers, police officers, and psychiatric emergency response professionals to coordinate homeless outreach efforts more effectively.

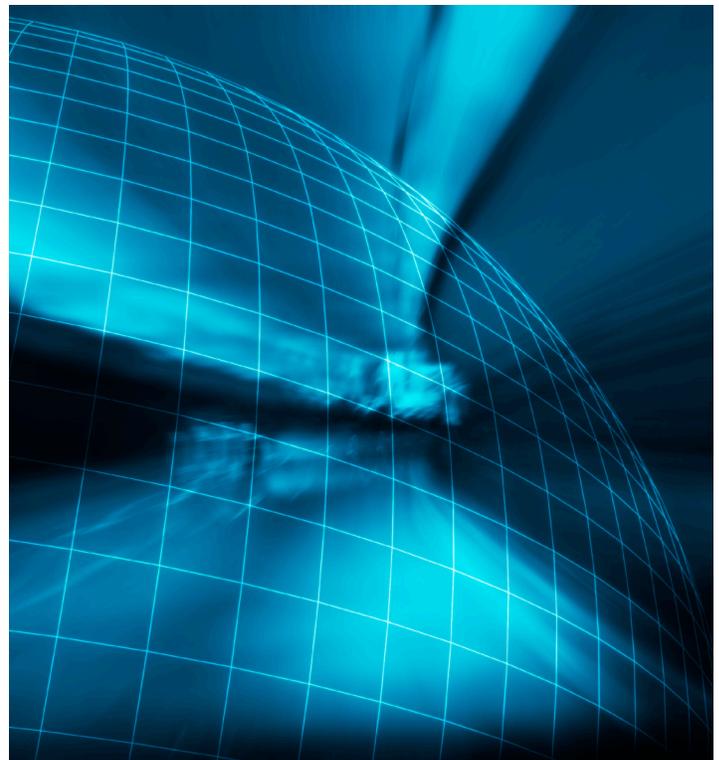
Michelle Budzek of The Partnership Center, Ltd., the HMIS lead agency, says that HMIS data demonstrates that the coordinated outreach effort has “proven how effective PATH can be when used on the street.” PATH program data in the HMIS allowed the Cincinnati/Hamilton County CoC to undertake homeless outreach planning efforts to make informed decisions. The HMIS-PATH collaboration also resulted in the creation of a process that compares PATH and other homeless outreach data to the annual homeless Point-In-Time (PIT) survey, making the PIT data more reliable and valid. Budzek says, “In 2008 alone, HMIS reported 1,162 unduplicated individuals who were served by outreach programs [including PATH] as well as the creation of outcome measures on increasing income and obtaining stable housing.”

Amy Price, Chief of the Ohio Department of Mental Health and a former PATH worker, indicated that she would like to see data collection and reporting consistency among counties throughout Ohio. This lack of consistency creates a gap in statewide data analysis, making it difficult to compare data across disparate methodologies. This lack of consistency impacts the ability to implement state planning efforts and program effectiveness. While a lofty goal, the state

of Ohio collaborates on several efforts to inform better homeless planning through analysis of HMIS data.

How to Utilize HMIS: Tips from PATH Programs
Collaboration is Key

In all three instances—Iowa, New Jersey, and Cincinnati, Ohio—collaboration is critical to success. Fostering a strong working relationship with key community stakeholders, including the HMIS administering organization, improves a community’s chances of using HMIS for PATH data collection. Often collaborations begin when an agency that has multiple funding streams and multiple reporting requirements wants to use one system for data collection and reporting. Collaboration with other local providers and the HMIS administering organization can assist with implementing efficient business processes, resulting in more time for case managers to spend directly with clients. The local Continuum of Care, Interagency Council on Homelessness, or Coalition to End Homelessness are effective partners in navigating and prioritizing local community data collection and planning efforts.



Privacy & Confidentiality Concerns

When considering joining an HMIS, privacy and confidentiality concerns should be fully assessed. For PATH providers, the Health Insurance Portability and Accountability Act (HIPAA) requires written client consent for participation in HMIS. Baseline privacy and security measures are established in the [HMIS Data and Technical Standards](#). Many communities establish appropriate data privacy and security policies and procedures for HIPAA covered entities, including PATH providers, to participate in HMIS. To alleviate privacy and confidentiality concerns, all three communities highlighted in this document established special security procedures for utilizing PATH client-level data. Additional security procedures include: running PATH programs as “closed” in the HMIS, limiting access to authorized and authenticated personnel, enforcing stringent hardware and software security protections, and requiring regular training and education. These measures usually alleviate privacy and confidentiality concerns.

Uses of Data to Inform Homeless Planning

Statewide and community planning efforts rely on accurate, reliable, statistically valid, and comprehensive data to facilitate service delivery, policy prioritization, and funding. In each of the three featured communities, PATH data allowed for expanded insight into the homeless population, their needs, and gaps in service. With data collected in HMIS, these communities are able to outline a robust picture of street homelessness—the symptoms, causes, and potential programmatic and policy barriers. With the assistance of PATH data tracked in HMIS, New Jersey identified a lack of in-patient substance abuse treatment facilities, Iowa informed the Mental Health Block Grant and Mental Health Disability Plan process, and Cincinnati used

data to focus their outreach efforts on the hardest-to-serve street clients. With more and more PATH providers throughout the country participating in HMIS, we will better understand the effectiveness of interventions for persons living on the streets.

Reporting Benefits

Collecting and reporting data are key components of homeless programming. Service providers and their counterparts in government rely on reports to measure performance, promote change, and design new services. Reporting can be cumbersome and time-consuming for providers, and the result is not always as complete or effective as communities need for planning and program design. Integrating PATH data into an HMIS benefits both providers and the community. Providers gain access to technical capacity for faster, more efficient and accurate reporting and communities gain access to critical outreach data. All three of the featured communities are able to successfully capture quality data in HMIS to produce the PATH Annual Report, saving time and resources.

Software Flexibility

The ability of any HMIS software to flex or bend to meet the needs of PATH homeless outreach is critical for HMIS-PATH data collection collaboration. In all three featured communities HMIS software needed to be customized to meet the unique data collection and reporting needs of the PATH Program. Modifications are usually made to accommodate a unique PATH assessment and the PATH Annual Report. Though all three communities went through similar processes to modify their HMIS software, all agreed that the benefit far outweighed the nominal cost to alleviate a barrier to PATH data collection and reporting. In fact, the hard work by these three communities and others allowed the off-the-shelf HMIS software providers to create assessments and reporting templates that can be purchased by other communities.



homelessness in your community. Also, by participating in HMIS you will build awareness of the importance of the PATH programs in the overall delivery of homeless services in your community.

Where to Go from Here

Though PATH programs aren't currently required to utilize HMIS as their data collection and reporting tool, many communities have begun and completed the work necessary to foster a healthy PATH-HMIS collaboration. These communities recognize the value of accurate and timely data collection in their local homeless planning efforts. These collaborations will not operate identically in every community but the framework and best practices are provided.

If your community chooses to move forward with a HMIS-PATH collaboration you should start by contacting your local Continuum of Care (<http://hudhre.info/index.cfm?do=viewCocContacts>) and HMIS lead organization (<http://www.hmis.info/Communities>). Bear in mind that you will not be the first community to undertake this effort and can leverage the experience of communities that have gone before like New Jersey, Iowa, and Cincinnati.

There are a few challenges that PATH providers will have to overcome before the collaboration can begin including privacy and confidentiality, outreach data collection protocols, technological barriers, and electronic record management methodologies. These challenges can be overcome with proper client consent protocols, a strong data collection methodology that takes into account outreach workers access to technology in varied street locations, proper computer technology and training, and proper training and guidance for the switch from no client records or paper client records to electronic client records.

These collaborations can have a positive impact on the delivery of homeless services and, as a result, have a positive impact on the persons experiencing



Resources

<http://pathprogram.samhsa.gov/Resource/View.aspx?id=46565>

New Jersey Housing Mortgage Finance Authority HMIS Website

The NJHMFA website provides details of HMIS utilization in the state of New Jersey.

<http://pathprogram.samhsa.gov/Resource/View.aspx?id=46566>

Iowa Institute for Community Alliance. (n.d.). *Lowans experiencing homelessness: Annual snapshot of service and shelter use. (A report to the Governor of the state of Iowa). Des Moines, IA: Author.*

The annual homeless report for the state of Iowa, developed with HMIS data.

<http://pathprogram.samhsa.gov/Resource/View.aspx?id=46567>

The Partnership Center, Ltd. (n.d.). *HMIS 2008 Annual Data Report: A report on homelessness in Cincinnati and Hamilton County, OH. Cincinnati, OH: Author.*

The annual homeless report for Cincinnati and Hamilton County (Ohio), developed with HMIS data.

<http://pathprogram.samhsa.gov/Resource/View.aspx?id=46568>

Department of Housing and Urban Development. (2009, June). *Homeless Management Information System (HMIS) Data Standards. Washington DC: Author.*

The 2009 Revised HMIS Data Standards as published in the Federal Register. This version supersedes the data element section of the 2004 HMIS Data and Technical Standards. The Privacy and Security sections of the 2004 Data and Technical Standards are still in effect.

<http://pathprogram.samhsa.gov/Resource/Edit.aspx?id=46569>

Bregon, N. (2004). *Homeless Management Information Systems (HMIS); Data and Technical Standards final notice. Federal Register, (69). Washington DC.*

The 2004 HMIS Data and Technical Standards as published in the Federal Register.



<http://pathprogram.samhsa.gov/Resource/View.aspx?id=46570>

Department of Housing and Urban Development (2009, July). *The 2008 annual homeless assessment report to congress*. Washington DC: Author.

The 2009 Annual Homeless Assessment Report (AHAR) is the fourth published by HUD. The report details the composition of homelessness across the United States and is compiled from aggregate data from communities based on HUD Universal Data Elements.

<http://pathprogram.samhsa.gov/Resource/View.aspx?id=46571>

Dawn L., Marcason, J., & Budzek, M. (2005, September). *Engaging non-HUD funded providers*. Presented at the National HMIS Conference, St. Louis, MO.

This link is a HUD sponsored training tool that shares strategies on how to successfully engage non-publicly funded providers to collect and share, client-level HMIS data.

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