| R | eport Options | |
|---|----------------------|---|
| | Provider Type | ■ Provider |
| | Provider * | MDHHS - Community Housing Network - Oakland CoC - PATH Outreach Only (1493) This provider AND its subordinates This provider ONLY |
| | Program Date Range * | 10/01/2023 to 09/30/2024 |

1 Enter Client IDs separated by commas to highlight cells containing those Clients.

Client Filter

Client IDs

PATH Report Results

8-16 - Persons served during this reporting period:

| Persons served during this reporting period: | Count |
|--|-------|
| 8. Number of persons contacted by PATH-funded staff this reporting period | 105 |
| 9. Number of new persons contacted this reporting period in a PATH Street Outreach project | 88 |
| 10. Number of new persons contacted this reporting period in a PATH Services Only project | 0 |
| 11. Total number of new persons contacted this reporting period (#9 + #10 = total new clients contacted) | 88 |
| 12a. Instances of contact this reporting period prior to date of enrollment | 147 |
| 12b. Total instances of contact during this reporting period | 888 |
| 13a. Number of new persons contacted this reporting period who could not be enrolled because of ineligibility for PATH | 0 |
| 13b. Number of new persons contacted this reporting period who could not be enrolled because provider was unable to locate the client | 0 |
| 14. Number of new persons contacted this reporting period who became enrolled in PATH | 77 |
| 15. Number with active, enrolled PATH status at any point during the date range | 93 |
| 16. Number of active, enrolled PATH clients receiving community mental health services through any funding source at any point during the reporting period | 76 |

17 - Services Provided

| Type of Service | Number of people receiving service |
|--------------------------------------|---|
| 17a. Re-engagement | 9 |
| 17b. Screening | 69 |
| 17c. Clinical assessment | 48 |
| 17d. Habilitation/rehabilitation | 19 |
| 17e. Community Mental Health | 75 |
| 17f. Substance use treatment | 14 |
| 17g. Case management | 91 |
| 17h. Residential supportive services | 0 |
| 17i. Housing minor renovation | 0 |

| 0 |
|----|
| 60 |
| 0 |
| 0 |
| |

18 - Referrals Provided

| Type of Referral | Number receiving each referral | Number who attained the service from the referral |
|-----------------------------|--------------------------------------|---|
| Community Mental Health | 52 | 45 |
| Substance Use Treatment | 0 | 0 |
| Primary Health/ Dental Care | 0 | 0 |
| Job Training | 0 | 0 |
| Educational Services | 0 | 0 |
| Housing Services | 2 | 1 |
| Temporary Housing | 0 | 0 |
| Permanent Housing | 53 | 33 |
| Income Assistance | 0 | 0 |
| Employment Assistance | 0 | 0 |
| Medical Insurance | 0 | 0 |

19-24 - Outcomes

| Outcomes | At PATH Project Start | At PATH Project Exit (for clients who were exited from PATH in the reporting period - leavers) | At Report End Date (for clients who were still active in PATH as of Report End Date - stayers) |
|---|--------------------------|--|--|
| 19. Income from Any Source | | | |
| Yes | 44 | 29 | 18 |
| No | 49 | 26 | 20 |
| Client doesn't know | 0 | 0 | 0 |
| Client prefers not to answer | 0 | 0 | 0 |
| Data not collected | 0 | 0 | 0 |
| Total | 93 | 55 | 38 |
| 20. Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) | | | |
| Yes | 34 | 22 | 12 |
| No | 59 | 33 | 26 |
| 21. Non-Cash Benefits from Any Source | | | |
| Yes | 53 | 32 | 24 |
| No | 40 | 23 | 14 |
| Client doesn't know | 0 | 0 | 0 |

| Client prefers not to answer | 0 | 0 | 0 |
|---------------------------------|----|----|----|
| Data not collected | 0 | 0 | 0 |
| Total | 93 | 55 | 38 |
| 22. Covered by Health Insurance | | | |
| Yes | 86 | 50 | 36 |
| No | 7 | 5 | 2 |
| Client doesn't know | 0 | 0 | 0 |
| Client prefers not to answer | 0 | 0 | 0 |
| Data not collected | 0 | 0 | 0 |
| Total | 93 | 55 | 38 |
| 23. MEDICAID/MEDICARE | | | |
| Yes | 83 | 47 | 35 |
| No | 10 | 8 | 3 |
| 24 All other health insurance | | | |
| Yes | 4 | 3 | 2 |
| No | 89 | 52 | 36 |

25 - Destination at Exit

| Destination at Exit | Count |
|---|-------|
| Homeless Situations (100-199) | |
| Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | 3 |
| Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home Shelter | 1 |
| Safe Haven | 0 |
| Subtotal | 4 |
| Institutional Situations (200-299) | |
| Foster care home or foster care group home | 0 |
| Hospital or other residential non-psychiatric medical facility | 0 |
| Jail, prison, or juvenile detention facility | 1 |
| Long-term care facility or nursing home | 0 |
| Psychiatric hospital or other psychiatric facility | 0 |
| Substance abuse treatment facility or detox center | 1 |
| Subtotal | 2 |
| Temporary Housing Situations (300-399) | |
| Transitional housing for homeless persons (including homeless youth) | 1 |
| Residential project or halfway house with no homeless criteria | 0 |
| Hotel or motel paid for without emergency shelter voucher | 0 |
| Host Home (non-crisis) | 0 |
| Staying or living with family, temporary tenure (e.g., room, apartment, or house) | 1 |
| Staying or living with friends, temporary tenure (e.g., room, apartment, or house) | 11 |

| Moved from one HOPWA funded project to HOPWA TH | | 0 |
|--|---|-----------------------------|
| Subtotal | | 13 |
| Permanent Housing Situations (400-499) | | |
| Staying or living with family, permanent tenure | | 1 |
| Staying or living with friends, permanent tenure | | 8 |
| Moved from one HOPWA funded project to HOPWA PH | | 0 |
| Rental by client, no ongoing housing subsidy | | 3 |
| Rental by client, with ongoing housing subsidy | | 23 |
| Owned by client, with ongoing housing subsidy | | 0 |
| Owned by client, no ongoing housing subsidy | | 0 |
| Subtotal | | 35 |
| Other (1-99) | | |
| No exit interview completed | | 0 |
| Other | | 0 |
| Deceased | | 1 |
| Client doesn't know | | 0 |
| Client prefers not to answer | | 0 |
| Data not collected | | 0 |
| Subtotal | | 1 |
| PATH-enrolled clients still active as of report end date (stayers) | | 38 |
| Total | | 93 |
| 26 - Demographics | | |
| | Of those with an PATH status reporting perio individuals are | during this od, how many |

| | | Of those with an active, enrolled PATH status during this reporting period, how many individuals are in each of the following categories? |
|---------------|---|---|
| 26a. Gender 👔 | Woman (Girl, if child) | 48 |
| | Man (Boy, if child) | 41 |
| | Culturally Specific Identity (e.g., Two-Spirit) | 0 |
| | Transgender | 2 |
| | Non-Binary | 1 |
| | Questioning | 1 |
| | Different Identity | 0 |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |
| 26b. Age | 17 and under | 0 |

| | 18 - 23 | 3 |
|-----------------------------------|---|----|
| | 24 - 30 | 7 |
| | 31 - 40 | 25 |
| | 41 - 50 | 17 |
| | 51 - 61 | 28 |
| | 62 and Over | 13 |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |
| 26c. Race and Ethnicity | American Indian, Alaska Native, or Indigenous | 0 |
| | Asian or Asian American | 0 |
| | Black, African American, or African | 50 |
| | Hispanic/Latina/e/o | 5 |
| | Middle Eastern or North African | 1 |
| | Native Hawaiian or Pacific Islander | 1 |
| | White | 40 |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |
| 26e. Veteran Status (adults only) | Veteran | 1 |
| | Non-veteran | 92 |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |
| 26f. Co-occurring disorder | Co-occurring substance use disorder | 32 |
| | No co-occurring substance use disorder | 60 |
| | Unknown | 1 |
| | Total | 93 |
| 26g. Connection with SOAR | Yes | 24 |
| | No | 69 |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |

| | Data not collected | 0 |
|---|---|----|
| | Total | 93 |
| 26h. Living Situation at Project Start | Homeless Situations (100-199) | |
| | Place not meant for habitation (e.g., a vehicle, an abandoned building, a bus/train/subway station, airport, or anywhere outside) | 91 |
| | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter | 2 |
| | Safe Haven | 0 |
| | Institutional Situations (200-299) | |
| | Foster care home or foster care group home | 0 |
| | Hospital or other residential non-psychiatric medical facility | 0 |
| | Jail, prison, or juvenile detention facility | 0 |
| | Long-term care facility or nursing home | 0 |
| | Substance abuse treatment facility or detox center | 0 |
| | Psychiatric hospital or other psychiatric facility | 0 |
| | Temporary Housing Situations (300-399) | |
| | Transitional housing for homeless persons (including homeless youth) | 0 |
| | Residential project or halfway house with no homeless criteria | 0 |
| | Hotel or motel paid for without emergency shelter voucher | 0 |
| | Host Home (non-crisis) | 0 |
| | Staying or living in a friend's room, apartment, or house | 0 |
| | Staying or living in a family member's room, apartment, or house | 0 |
| | Permanent Housing Situations (400-499) | |
| | Rental by client, no ongoing housing subsidy | 0 |
| | Rental by client, with ongoing housing subsidy | 0 |
| | Owned by client, with ongoing housing subsidy | 0 |
| | Owned by client, no ongoing housing subsidy | 0 |
| | Other (1-99) | |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |
| 26i. Length of stay in prior living situation (emergency shelter or place not meant for human habitation only) | One night or less | 0 |
| | Two to six nights | 2 |
| | One week or more, but less than one month | 14 |
| | One month or more, but less than 90 days | 11 |
| | 90 days or more, but less than one year | 31 |

| | One year or longer | 35 |
|---|------------------------------|----|
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |
| 26j. Chronically homeless (at project start) | Yes | 45 |
| | No | 48 |
| | Unknown | 0 |
| | Total | 93 |
| 26k. Survivor of Domestic Violence (adults only) | Yes | 36 |
| | No | 57 |
| | Client doesn't know | 0 |
| | Client prefers not to answer | 0 |
| | Data not collected | 0 |
| | Total | 93 |