

Department of Human Services

Division of Aging, Adult & Behavioral Health Services/Office of Substance Abuse & Mental  
Health

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS  
(PATH)

Request for Applications

Application Deadline August 14, 2025

**PROJECTS FOR ASSISTANCE IN TRANSITION  
FROM HOMELESSNESS (PATH)**

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## **REQUEST FOR APPLICATION**

**08/08/25**

### **PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)**

#### **FUNDING OPPORTUNITY DESCRIPTION**

##### **PURPOSE**

The Division of Aging, Adult & Behavioral Health Services/Office of Substance Abuse and Mental Health (DAABHS/OSAMH) of the Arkansas Department of Human Services is accepting applications from Community Mental Health Centers (CMHCs) in Arkansas for Projects for Assistance in Transition from Homelessness (PATH) grant funding. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645) (“the Act”, *The Public Health Service Act, Part C*, See Attachment A). The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses, co-occurring substance use disorders, or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management, and community mental health services, and services that are not supported by mainstream mental health programs.

Through its services, PATH links a vulnerable population who experience persistent and pervasive health disparities to mainstream and other supportive services (Providers). Collectively these efforts help individuals experiencing homelessness with serious mental illness secure safe and stable housing, improve their health, and live a self-directed, purposeful life.

The PATH program is administered by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services.

Recipients (State or states) are expected to fund organizations in areas with the highest concentration of individuals experiencing homelessness.

##### **GRANT FUNDS**

PATH Providers must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual’s health insurance plan. Providers must also facilitate the health insurance application and enrollment process for eligible uninsured clients. Providers should also consider other systems for which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for, and desired by, that individual to meet his/her needs. In addition, Providers must implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

##### **ELIGIBLE APPLICANTS**

Eligibility to apply for this sub-grant is limited to Community Mental Health Centers (CMHCs). The Act requires that the states and territories must expend their payments under the Act only for making sub-grants to nonprofit private entities qualified to provide services specified in the Act

and that meet the other specified requirements set forth in the Act. All applicants must meet the regulatory requirements specific to Arkansas CMHCs.

## **RECOVERY**

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* The definition is to be used to assist in planning, delivery, financing, and evaluation of behavioral health services. Providers must integrate the definition and principles of recovery into their programs to the greatest extent possible.

Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

## **VETERANS**

Experts estimate that up to one-third (1/3) of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. The Act requires the State to give special consideration in the award of PATH funds to applicants with demonstrated effectiveness in serving veterans who experience homelessness.

## **CHRONIC HOMELESSNESS**

The National Alliance to End Homelessness (NAEH) addressed homelessness by creating State of Homelessness Dashboard. Although persons experiencing chronic homelessness represent a smaller share of all persons experiencing homelessness between 2022 and 2024, Arkansas's total homeless population increased six percent (6%), while chronic homelessness more than doubled in the same two years. The mortality rate for these men and women is four (4) to nine (9) times higher than that of the general population. Indeed, the public health imperative in working with people who experience chronic homelessness is clear. Moreover, better access to health care, income supports, and work supports for this population can help further the goals of the United States Interagency Council on Homelessness (USICH) strategic plan, *Annual Report to the Congress on Targeted Programs That Help People Experiencing or At-Risk of Homelessness, January 2025.*

In order to proactively and comprehensively address the spectrum of service needs for individuals who experience chronic homelessness, Providers must prioritize services for this population using PATH funds.

## **HEALTH DISPARITIES**

Providers must collect and utilize data to:

- Identify the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities;
- Implement a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of service activities; and
- Identify methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See Attachment B).

## **SPECIAL RULE REGARDING SUBSTANCE ABUSE**

No applicant will be eligible if it (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

## **PATH-ELIGIBLE SERVICES**

Each Provider shall be required to provide, at a minimum, outreach services, case management, and community mental health services. These services are considered priority services as identified in the PATH Funding Opportunity Announcement. PATH funds can be used to support any of the services listed below for PATH eligible persons:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services, which may include Recovery Support Services, such as Peer Specialists/Recovery Coaches;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who experience homelessness require services;
- Case management services, including without limitation:
  - Preparing a plan for the provision of community mental health services to eligible homeless individuals involved, and reviewing such plan not less than once every three (3) months;
  - Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services relating to daily

- living activities, peer support services, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;
- Providing assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
  - Referring eligible individuals who experience homelessness for such other services as may be appropriate; and
  - Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experience homelessness are receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services;
- Supportive and supervisory services in residential services;
  - Referral for primary health services, job training, education services, and relevant housing services; and
  - Housing services as specified in Section 522(b)(10) of the Public Health Service Act, as amended (42 U.S.C. § 290cc-22(b)) including without limitation:
    - Minor renovation, expansion, and repair of housing;
    - Planning of housing;
    - Technical assistance in applying for housing assistance;
    - Improving the coordination of housing services;
    - Security deposits;
    - Costs associated with matching eligible individuals who are experiencing homelessness with appropriate housing situations; and
    - One-time rental payments to prevent eviction.

Although PATH funds can be used to support this array of services, applicants are encouraged to use these resources to fund street outreach, case management, and services which are not financially supported by mainstream services and/or behavioral health programs.

(See Attachment C for Service Definitions)

## **DEFINITIONS**

The following is a list of federally defined terms which are used in the implementation of the PATH program.

### **Literally Homeless:**

- 1) An individual who lacks a fixed, regular, and adequate nighttime residence, an individual who resides in an emergency shelter or a place not meant for human habitation, or an individual who is exiting an institution where he/she temporarily resided; or
- 2) An individual who will imminently lose the primary nighttime residence; or
- 3) An individual who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

### **Imminent Risk of Becoming Homeless:**

An individual who:

- 1) Has an annual income below thirty percent (30%) of median family income for the area; and
- 2) Does not have sufficient resources or support networks immediately available to prevent moving to an emergency shelter or another place defined in Number 1) above of the “homeless” definition; and
- 3) Meets one (1) of the following conditions:
  - a) Has moved because of economic reasons two (2) or more times during the sixty (60) days immediately preceding the application for assistance; or
  - b) Is living in the home of another because of economic hardship; or
  - c) Has been notified that their right to occupy their current housing or living situation will be terminated within twenty-one (21) days after the date of application for assistance; or
  - d) Lives in a hotel or motel and the cost is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; or
  - e) Lives in a single-room occupancy (SRO) or efficiency apartment unit in which there resides more than two (2) person or lives in larger housing unit in which there resides more than one and one-half (1 ½) persons per room; or
  - f) Is exiting a publicly funded institution or system of care; or
  - g) Otherwise lives in housing that has characteristics associated with instability and increased risk of homelessness.

### **Serious Mental Illness:**

The State of Arkansas uses the federal definition to identify adults with a serious mental illness (SMI) as persons age eighteen (18) or over who currently, or at any time in the past year, have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance



use disorders) of sufficient severity and duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual, fifth revision* (DSM-5) that has resulted in functional impairments that substantially interferes with or limits one (1) or more major life activities.

**Co-Occurring Serious Mental Illness and Substance Use Disorder:**

Individuals who have at least one (1) serious mental disorder and substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

**Outreach, Engagement, and Enrollment:**

The process of actively seeking out and approaching homeless individuals (on the streets, in parks, in alleys, in the woods, under bridges, in temporary encampments, in abandoned buildings, etc.), offering assistance, developing rapport and trust, informally assessing eligibility for PATH services, and bringing individuals into treatment who do not access traditional services. Individuals must present with a serious mental illness and/or co-occurring substance abuse disorder based on PATH staff screening and assessment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening for eligibility, development of rapport, and referral to appropriate services.

**Inreach:**

Occurs when outreach staff are placed in a service site frequented by individuals who are homeless, such as a shelter or community resource center or feeding program, and direct, face-to-face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers. Inreach shall also occur when existing clients of an agency are referred for PATH services.

**PATH Eligible:**

When an individual experiences Serious Mental Illness or Serious Mental Illness with co-occurring Substance Use Disorder and is homeless or at imminent risk of homelessness.

**Enrolled Individual:**

PATH Providers shall enroll an individual when the PATH eligible individual is willing to accept services from the PATH Provider (which may include referral for additional services) and is willing to present sufficient identifying information to create a formal client record, a record in the Homeless Management Information System (HMIS), and develop a formal plan of service. Enrollment shall also occur when an existing client of the agency is determined to be PATH eligible and is willing to receive PATH services.

**DATA COLLECTION**

All PATH recipients must submit required annual PATH data through the PATH Data Exchange (PDX). PATH Provider data reports must be reviewed and approved by the State PATH Contact (SPC) prior to submission. SAMHSA will announce the due date for annual report submission in August.

All PATH programs are required to collect data on client contacts and re-enrolled clients through the local HMIS. Participation in HMIS is required and provides a platform for coordinating care and improving access to mainstream programs' housing resources. This will enable Providers,

States, and SAMHSA to report reliable and consistent client- and aggregate-level data on the performance of the PATH program.

PATH providers may use PATH funds to support HMIS activity fees. At the time of this writing, the fee for usage of HMIS is one-thousand dollars (\$1,000.00) annually per provider, which will be billed directly to the PATH provider by the HMIS system administrator agency. The fee covers all database usage fees, initial training of the system users, and on-going technical assistance as necessary (e.g. system updates), or upon request.

To facilitate the use of HMIS, providers must:

- Fully participate in HMIS technical assistance (learning communities, webinars, and consultations) and training activities;
- Connect and collaborate with the local Continuum of Care(s) to facilitate data collection transition and timely service coordination; and
- Work with the HMIS administrator to assure appropriate staff are trained in the use of HMIS.

## **AWARD INFORMATION**

### **FUNDING**

Dependent on an approved State application, the State of Arkansas anticipates receiving three-hundred twelve-thousand, eighty-five dollars (\$312,085.00) in Federal PATH funds for the grant year September 1, 2025, to August 31, 2026 (09/01/2025 to 08/31/2026). Four thousand, six hundred twenty-two dollars (\$4,622) will be retained by DAABHS/OSAMH for administrative costs and training requirements related strictly to the grant administration or grant requirements. DAABHS/OSAMH will also participate in the twenty-five percent (25%) match for grant administration costs related directly to DAABHS/OSAMH staff.

DAABHS will sub-grant approximately three hundred thousand dollars (\$300,000) in PATH funds to approved Providers. Sub-grant award amounts will vary, depending on justified, approved budgets.

**\*The agency must have receipt of the Notice of Award (NOA) prior to funding and developing any resultant subgrants.**

All applications will be ranked based on total points earned as specified in the APPLICATION section of this document; PATH funding will be distributed from the top ranked application down until all funds are obligated.

### **FUNDING LIMITATIONS/RESTRICTIONS**

- Grant funds must be used for purposes supported by the program.

- No more than twenty percent (20%) of the federal PATH funds may be expended for eligible housing services; however, expenditure of Provider's required matching funds may exceed twenty percent (20%) for housing services.

Grant funds may not be expended for the following:

- To support emergency shelters;
- For inpatient psychiatric treatment;
- For inpatient substance abuse treatment;
- To make cash payments to intended recipients of mental health or substance abuse services; or
- To pay for the purchase or construction of any building or structure to house any part of the grant program.

No more than four percent (4%) of PATH funds shall be budgeted each year for administrative costs. This amount does not include the cost for participation in HMIS, which shall be budgeted separately.

## **DISBURSEMENT OF PATH FUNDS**

Grant award funds will be disbursed monthly following requests for reimbursement of funds spent during the previous month. Requests must be submitted on the required form. Requests submitted on any other form will not be approved for payment.

Match funds must be included on this form. The minimum required match of one dollar (\$1.00) for every three dollars (\$3.00) in PATH funds expended each month must be reflected on this form. (Example: Four-hundred dollars (\$400) total spent on PATH services for the month. Request must show one-hundred dollars (\$100) match and three-hundred dollars (\$300) in federal PATH funds). Match dollars cannot come from any federal source (i.e. other grant funds). Match dollars must be from the provider's funds (i.e. general operating funds). (See Attachment D for a copy of the PATH Grant Funds Monthly Payment Authorization/Provider Payment Request Form.)

General documentation to support expenditures for both activities and staffing must be submitted along with the Monthly Payment Authorization/Provider Payment Request Form. An example of this documentation is included as Attachment E and includes a form specific to PATH activities and another form for PATH staffing.

In addition to this information, agencies should maintain detailed personnel activity reports that include activities for the entire work-day of a PATH-funded employee, even if only a percentage of time is devoted to PATH activities. Time documented as match must reflect the non-federal source of funds (i.e. general operating funds). The reports must be maintained on a monthly basis and be made available for review during the annual site visit. Individual time sheets are not to be submitted.

## **GRANT AWARD PERIOD**

The sub-grant period runs from September 1, 2025, to August 31, 2026, (09/01/25 to 08/31/26). Applicants selected for this grant period may continue to be funded for the following two (2) grant years September 1, 2026 to August 31, 2027, (09/01/26 to 08/31/27); and September 1, 2027 to August 31, 2028 (09/01/27 to 08/31/28), renewed yearly based on 1) yearly authorization of grant funding by the Center for Mental Health Services (CMHS); 2) Provider's compliance with grant and DAABHS/OSAMH contractual requirements; 3) achievement of anticipated outcomes and benefits as evidenced through required reporting and annual on-site review; 4) annual submission of an approved Intended Use Plan, Budget, and Budget Narrative; and 5) submission of various annual reports within the required time frames.

## **REVIEW AND SELECTION PROCESS**

The applications will be reviewed by an impartial group selected by the DAABHS/OSAMH consisting of consumers, family members, and representatives of agencies that serve the homeless population. Sub-grants will be awarded based on receipt of the highest cumulative point totals for required application elements as specified in the APPLICATION COMPONENTS section of this document. The application elements may total up to one hundred and twenty-five (125) points.

## **AWARD NOTIFICATION**

Preliminary award notification will be made to applicants no later than thirty (30) days after the application deadline. Final award notification will be made upon annual award approval by the SAMHSA, CMHS, and receipt of that grant award notification by the DAABHS/OSAMH.

## **ADDITIONAL OBLIGATIONS**

All recipients of awarded funds must, in addition to all requirements specifically set forth herein, fully comply with all relevant provisions of law, including but not limited to the Act and the federal regulations promulgated pursuant thereto. Additionally, the recipients of awarded funds must at all times conduct themselves in a manner which allows DAABHS/OSAMH to comply with all requirements for the PATH program under federal law, and to cooperate with DAABHS/OSAMH in allowing DAABHS/OSAMH to comply with such requirements.

Recipients of awarded funds should access services and supports for eligible individuals through other programs so that PATH funds are used for those services for which there are no other potential payors.

## **APPLICATION**

### **FORMATTING REQUIREMENTS (5 points)**

- Information provided must be sufficient for review.
- Text must be legible. Times New Roman twelve (12) point font, is preferred.
- Type size cannot exceed an average of twelve (12) characters per inch, as measured on the physical page. Top, bottom, right, and left sides should have at least a one (1)-inch margin.

- Text size cannot exceed six (6) lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- Use black ink.
- Appendices should be clearly labeled and separated.
- Number pages consecutively from beginning to end.
- Pages should be typed single-spaced with one (1) column per page.
- Pages should not have printing on both sides.
- Documentation of the Application Components must follow in exact order as listed below. Any other order or failure to respond to any item will disqualify the application.

#### **APPLICATION COMPONENTS (95 points)**

Provide the following information. This information should be based on the first grant year September 1, 2025, to August 31, 2026, (09/01/25 – 08/31/26).

- Provide the name, type of organization (Community Mental Health Center) and a brief description of the organization, including services provided by the organization. Indicate the geographic area(s) to be served. Identify which agency staff will be responsible for implementing each PATH-related service and provide contact information for each. **(3 points)**
- Amount of PATH funds the organization is requesting for one (1) year. That amount may remain the same for the following two (2) years, as long as the federal dollars remain available to the State of Arkansas. **(2 points)**
- Amount of matching funds to be provided each year. Must be, at a minimum, one dollar (\$1.00) in match funds for every three dollars (\$3.00) in federal PATH funds. Describe the source(s) of the required PATH match contributions (must be non-federal funds) and provide assurances that these contributions will be available at the beginning of the grant period. Describe general accounting practices that will be utilized to ensure appropriate tracking of federal dollars and inclusion of the minimum required match dollars. Describe the method to be used within the organization to approve PATH expenditures (other than staff salaries) consistent with the budget. Describe which staff will be allowed to request funding, and which staff will review and approve or deny the request. **(3 points)**
- Indicate the number of individuals with Serious Mental Illnesses experiencing homelessness in your geographic service area. Indicate how the numbers were derived. Estimate the total number of adults who will be contacted during the first grant year using

PATH funds and how many will be literally homeless. (Enrolled individuals shall include those contacted through outreach, inreach, and referrals of existing CMHC clients.) **(2 points)**

- Describe additional circumstances in your geographic area which may further impact a need for PATH funding. Examples: lack of shelters, limited homeless beds, limited affordable housing, restrictive shelter admission and stay criteria, inability to or delays in obtaining housing funding assistance, high volume of transient travel through the area, lack of public transportation, high poverty, or unemployment levels, etc. Specifically, though briefly, describe any gaps that exist in the current service systems for the PATH eligible individuals. **(10 points)**
- Describe assertive outreach strategies to be used in locating individuals who are literally homeless. Is outreach conducted off-site in places where homeless persons are located, such as shelters, under bridges, or in other non-traditional settings? Are staff available for evening and weekend hours? On call? Does your organization distribute flyers? Does your organization provide public service announcements? What accommodations are made for non-English speaking individuals? **(10 points)**
- The goal of the PATH program is to find, engage, and focus service delivery on individuals defined as literally homeless and who were previously not engaged in the mental health system. The Federal target is to enroll approximately fifty-five percent (55%) of contacted homeless persons with Serious Mental Illness. Of the numbers included above to be enrolled, indicate how many will be literally or chronically homeless individuals and how many will be at imminent risk of homelessness. PATH funds should focus on persons who are literally homeless or almost certain to become homeless without immediate intervention. Literally homeless individuals shall be identified through street outreach or in collaboration with other providers who have contact with persons deemed literally homeless. Street outreach is conducted on the streets, in parks, in alleys, in the woods, under bridges, in temporary encampments, in abandoned buildings, etc. For safety sake, street outreach should be conducted utilizing at least two (2) PATH-funded staff members, composed of at least one (1) male, whenever possible. It is also recommended that the team notify police or other local authorities when going into, or close to, suspect/dangerous areas. If you anticipate that a greater portion of your services will be provided to at risk individuals, or that extensive outreach is inappropriate for your agency, please explain why. **(5 points)**
- Indicate services to be provided using both federal PATH funds and Provider's matching funds (from list of PATH-eligible services). Case management and community mental health services shall be provided directly by PATH-funded staff, or by other non-PATH-funded staff within the agency. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach, case management, and community mental health services as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless. **(9 points)**
- Describe how and where the provision of all PATH services will be documented. **(1 point)**

- Section 522(d) of the Public Health Service Act requires the State to give special consideration to entities with a demonstrated effectiveness in serving homeless veterans. Describe your qualification and experience which indicates you have demonstrated effectiveness in serving homeless veterans. At a minimum, include: 1) how veteran status is identified, and 2) how both past and future services will be targeted to serving this population. If few veterans are served, explain why. **(5 points)**
- Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental health and substance use disorders who experience homelessness, including improving access to mainstream services. **(5 points)**
- Provide a brief description of the current services available to clients who have both a Serious Mental Illness and a Substance Use Disorder and how these clients are referred for services. **(1 point)**
- Describe the organization's participation in the Housing and Urban Development (HUD) Continuum of Care program and any other local planning, coordinating, or assessment activities. Providers must be active members of a Continuum of Care and provide documentation of same. **(3 points)**
- Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse treatment, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations. **(7 points)**
- Describe how your agency pays for, or otherwise supports, evidence-based practices, trainings for local PATH-funded staff, and trainings and activities to support collections of PATH data in HMIS. **(3 points)**
  - Describe your agency's status on the use of HMIS. PATH data must be documented in the HMIS. Describe your plan for continued training for existing and new staff.
  - Describe if and how technology (e.g. electronic health records, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors.
  - If your agency uses an EHR, is it certified through the Office of the National Coordinator's EHR certification program? If not, does your agency plan to adopt or upgrade to a certified EHR?
  - Does your agency use a separate HMIS system or is the HMIS data integrated into their EHR? Does your agency plan to integrate HMIS with their EHR?

- Indicate if your agency is subject to 42 CFR Part 2. If yes, provide an overview of the policies and procedures that are currently used to support compliance with 42 CFR Part 2 when sharing information with local Continuum of Care or other systems.
- SSI/SSDI Outreach, Access, and Recovery (SOAR): For people who are homeless and have a mental illness, applying for disability income benefits can be extremely challenging. The application for SSI/SSDI is complicated, detailed, and often difficult to navigate. SOAR is a national project designed to increase access to Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) for qualifying adults who are homeless or at risk of homelessness and have a mental illness. Your agency must agree to participate in the SOAR Across Arkansas program, have at least one (1) PATH-funded staff member trained in the SOAR process, and prepare and submit SOAR applications when appropriate for PATH clients.

If your agency received PATH funding from September 1, 2023, to August 31, 2024, (09/01/2023 – 08/31/2024) indicate the number of PATH-funded consumers assisted through SOAR during this period. If your agency has no SOAR trained staff, describe the plan to train at least one (1) PATH-funded staff member in SOAR. SOAR training is available on-line and must be completed within sixty (60) days of grant approval. **(4 points)**

- Provide information concerning the use of performance measurements, particularly outcome data, evidencing the success of PATH-funded services. Include an explanation of the approach used for data collection. Describe how results are shared within the organization and are utilized to implement PATH program and policy changes. At a minimum the agency must collect information on **(5 points)**:
  1. Percentage of enrolled clients who transition from homelessness to stable housing.
  2. Maintenance of housing (how long sustained).
  3. Consumer involvement in making informed consent to various aspects of their services. PATH clients must be fully informed of services and make a voluntary decision to participate in services.
  4. PATH clients are assisted in accessing SSI and SSDI benefits, as appropriate.
  5. PATH clients are assisted in acquiring health benefits.
  6. Military service has been identified.
  7. All PATH activities are documented in HMIS.
- Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of agency). **(2 points)**
- Describe the demographics of staff serving the clients; describe how staff provide services to the population of focus and how PATH activities will be sensitive to age, gender, disability, sexual orientation and/or identity, racial/ethnic, and differences of clients; and, describe the extent to which staff receive periodic training in cultural competence and health disparities. The national CLAS standards provide information in addressing health disparities. (See Attachment B) **(2 points)**



- Describe the demographics of the client population expected to be outreached and enrolled. Please include gender, race, ethnicity, age, veteran status, co-occurring disorders, receiving state or federal subsidies, and living situation (literally homeless, institutional, transitional, imminent risk of becoming homeless, chronically homeless). You may include any other demographic information that can be supported. **(3 points)**
- Describe how individuals who experience homelessness and have Serious Mental Illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. Involvement for this purpose is *not* participation in treatment planning. (See Attachment F “Guidelines for Consumer and Family Participation.”) **(3 points)**
- Describe the process for providing public notice to allow interested parties, such as family members, individuals who are PATH-eligible, other mental health/substance abuse treatment providers, housing agencies, and the general public, to review the proposed use of PATH funds (including any subsequent revision to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA. At a minimum, Providers are required to post notices in all service locations. These notices include the name and purpose of the PATH program, where and when a copy of the authorizing legislation and the agency’s plans for the use of PATH funds may be obtained, and a time frame for submission of comments and recommendations. Any comments and recommendations received must be documented, changes made when deemed appropriate, and retained for review by the State PATH Contact during annual site visit. The Provider may also elect to post notices in other areas within the communities they serve. These notices make the public aware of the availability of funding and invite opportunities to inquire further about the use of the funds. The Intended Use Plans and PATH application must be available for public review throughout the year. **(2 points)**
- Describe a Disaster Preparedness Plan for individuals experiencing homelessness. Providers are required to ensure the participation of people experiencing homelessness in the design, review, updating, testing and implementation of emergency plans. PATH grantees are instructed to consider the challenges of reconnecting populations experiencing homelessness to essential services post-disaster, if services have been interrupted. Plans should recognize that persons experiencing homelessness (and any serious mental illness) may be prone to severe reactions (high risk) and perhaps are less resilient than survivors who are well connected in terms of social support systems. They have limited capacity to take risk reduction measures, shelter in place, or store supplies. They are often not aware of an impending disaster due to limited access to technology. They often have no transportation to evacuate. They may have no place to go. They may have language barriers. They may have health and physical ability constraints.

Providers should be knowledgeable about a variety of potential plans to assist persons experiencing homelessness in situations such as the following:

1. Re-locating homeless individuals if camps are destroyed;
2. How to obtain new prescriptions or replace medications if they are lost;
3. How to coordinate with first-responders;
4. What to do if exiting shelters are damaged or destroyed;
5. How would different types of disaster call for different, and creative, ways of responding (e.g. flood versus tornado versus ice storm versus non-potable water sources); and,
6. What resources/agencies might be available in times of disaster;

Identification of preemptive strategies are strongly encouraged, along with exploration of other federal and/or state resources. On an annual basis providers are encouraged to assess, and adjust as appropriate, their emergency services plans to ensure the plan continues to meet the service needs of people experiencing homelessness. They should also create After Action Reports for their documentation and review of best practices and challenges pertaining to disaster response. **(4 points)**

- **Describe how your agency incorporates Charitable Choice** – SAMHSA regulations implementing Charitable Choice provisions under Sections 581- 584 and Section 1955 of the Public Health Services Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively. Recipients will report on Charitable Choice implementation as part of the reporting requirements for the 2025 PATH application. The Charitable Choice provisions and their regulations allow religious organizations to provide SAMHSA-funded substance use prevention and treatment services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions and regulations contain important protections for religious organizations that receive SAMHSA funding and for individuals who receive their services, and apply to religious organizations and to state and local governments that provide substance use prevention and treatment services under SAMHSA grants. A copy of these regulations is available at HHS's The Partnership Center webpage: <http://www.hhs.gov/fbc/waisgate21.pdf>. **(1 point)**

## **BUDGET & BUDGET NARRATIVE (25 points)**

All applications must include a budget **(20 points)** and budget narrative **(5 points)** for the grant year September 1, 2025, to August 31, 2026 (09/01/2025 – 08/31/2026). The budget should be developed with consideration of the following factors:

- 1) The number of homeless adults with a serious mental illness in your agency's catchment area. If you elect to use the latest Point-In-Time Survey conducted by the Continuum of Care for your area to calculate this number, and it includes counties not in your catchment area, do not use the total numbers for a Continuum, **use only those numbers for the counties in your catchment area**. If the reported numbers are felt to be lower than actual numbers, you may indicate this (and why you believe this to be true) and base your budget on the higher numbers.

- 2) The number of individuals with a serious mental illness you anticipate to serve (both outreach and enrolled).
- 3) A Federal target to spend no more than eight hundred dollars (\$800.00) per enrolled client. Your agency may decide a lower threshold amount.

There is no set amount of funding you will receive. All applications will be ranked as specified in the APPLICATION COMPONENTS section and PATH funding will be distributed from the top ranked application down until all funds are obligated.

If staff salaries are to be paid, indicate by position title which staff shall be paid with PATH funds and which staff shall be paid with matching funds (or a combination of PATH and matching); and show how much time each shall devote to fulfilling these responsibilities (FTE or percentage of FTE). Please note it is preferable to have fewer staff with higher FTEs than a large number of staff with smaller FTEs.

Budgets must include PATH or match funding for a staff member trained in the SOAR process with sufficient time dedicated to complete SOAR applications for qualified PATH clients.

Explain any other factors you considered in developing this budget. However, please keep the identified federal mandates and restrictions in mind.

(See Attachment G for examples of budgets.)

## POST AWARD REQUIREMENTS

- Annual data reports for PATH-funded activities (including information on contacted but not enrolled individuals) are required to be completed and submitted electronically at the end of each grant year. Documentation in HMIS should provide sufficient data to complete the annual report. The specific data elements and submission date are determined each year by SAMHSA. Reporting guidelines will be distributed prior to the due date of the report. The data must be approved by the State PATH Contact prior to electronic submission to SAMHSA. (See Attachment I for 2024 data elements.) SAMHSA has a separate reporting database in which annual reports are to be entered. Providers chosen to receive PATH funds will receive login directions and other information on this database at a later date.
- Upon request by the State PATH Contact, Providers are required to submit a behavioral health disparity impact statement each year as a condition of the PATH Grant award. This statement must include all identified subpopulations of the proposed number of individuals to be outreached and enrolled in the upcoming grant year as identified in the chart below; include a quality improvement plan to serve these populations based on this information; and, describe how the agency will adhere to the CLAS standards. (See Attachment B)

	Outreach	Enrolled
<b>Direct Services: Number to be served by Race/Ethnicity</b>		
African American		

American Indian/Alaska Native		
Asian		
White (non-Hispanic)		
Hispanic or Latino (not including Salvadoran)		
Salvadoran		
Native Hawaiian/Other Pacific Islander		
Two or more Races		
<b>By Gender</b>		
Female		
Male		
Transgender		
<b>By Sexual Orientation/Identity Status</b>		
Lesbian		
Gay		
Bisexual		

- PATH Providers are required to collect PATH data through HMIS. Providers may use administrative funds to support HMIS activities.
- Providers agree to participate in an annual on-site review conducted by the State PATH Contact. All requested information must be provided.
- Providers shall be required to present at least annually to the local Continuum of Care regarding the use of PATH funds.
- Upon request by the State PATH Contact, Providers shall be required to submit an Intended Use Plan, Budget, and Budget Narrative and respond to other questions required for the Division to complete an annual Federal PATH application. The required contents of the Intended Use Plan shall be determined each year by SAMHSA, CMHS and distributed through the Federal PATH Request for Applications.
- Providers shall be required to submit monthly Payment Authorizations for reimbursement of PATH funds spent on the required form with accompanying supporting documentation.

## APPLICATION SUBMISSION REQUIREMENTS

Applications are requested as soon as possible but **must be received** in the office of the DAABHS/OSAMH by 4:30 p.m. on August 14, 2025. Whether mailed or hand-delivered, late submissions will not be accepted.

One (1) original, five (5) additional hard copies (marked “COPY”), and one (1) electronic copy (preferably on flash drive) of the completed application must be submitted to:

Stephanie Russell  
State PATH Contact

Division of Aging, Adult & Behavioral Health Services/Office of Substance Abuse & Mental Health  
700 Main Street  
Little Rock, Arkansas 72203  
501-682-0239

Hand-delivered applications may be left at the Receptionist's Desk if the original is date stamped.

ATTACHMENT A  
PUBLIC SERVICE ACT

PART C—PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

**SEC. 521. [290cc–21] FORMULA GRANTS TO STATES.**

For the purpose of carrying out section 522, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 2023 through 2027 make an allotment for each State in an amount determined in accordance with section 524. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the fiscal year involved an application submitted by the State pursuant to section 529.

**SEC. 522. [290cc–22] PURPOSE OF GRANTS.**

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) to individuals who—

- (1)(A) are suffering from serious mental illness; or
- (B) are suffering from serious mental illness and from a substance use disorder; and
- (2) are homeless or at imminent risk of becoming homeless.

(b) SPECIFICATION OF SERVICES.—The services referred to in subsection (a) are—

- (1) outreach services;
- (2) screening and diagnostic treatment services;
- (3) habilitation and rehabilitation services;
- (4) community mental health services;
- (5) alcohol or drug treatment services;
- (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance use disorder programs, and other sites where homeless individuals require services;
- (7) case management services, including—
  - (A) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
  - (B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;

(C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, supplemental nutrition assistance program benefits, and supplemental security income benefits;

(D) referring the eligible homeless individual for such other services as may be appropriate; and

(E) providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services;

(8) supportive and supervisory services in residential settings;

(9) referrals for primary health services, job training, educational services, and relevant housing services;

(10) subject to subsection (h)(1)— (A) minor renovation, expansion, and repair of housing; (B) planning of housing; (C) technical assistance in applying for housing assistance; (D) improving the coordination of housing services; (E) security deposits; (F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and (G) 1-time rental payments to prevent eviction; and

(11) other appropriate services, as determined by the Secretary.

(c) **COORDINATION.**—The Secretary may not make payments under section 521 unless the State involved agrees to make grants pursuant to subsection (a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance use disorder.

(d) **SPECIAL CONSIDERATION REGARDING VETERANS.**—The Secretary may not make payments under section 521 unless the State involved agrees that, in making grants to entities pursuant to subsection (a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) **SPECIAL RULES.**—The Secretary may not make payments under section 521 unless the State involved agrees that grants pursuant to subsection (a) will not be made to any entity that—

(1) has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or

(2) has a policy of excluding individuals from substance use disorder services due to the existence or suspicion of mental illness.

(f) **ADMINISTRATIVE EXPENSES.**—The Secretary may not make payments under section 521 unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) **RESTRICTIONS ON USE OF FUNDS.**—The Secretary may not make payments under section 521 unless the State involved agrees that—

(1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10); and

(2) the payments will not be expended—

(A) to support emergency shelters or construction of housing facilities;

(B) for inpatient psychiatric treatment costs or inpatient substance use disorder treatment costs; or

(C) to make cash payments to intended recipients of mental health or substance use disorder services.

(h) **WAIVER FOR TERRITORIES.**—With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana

Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

**SEC. 523. [290cc–23] REQUIREMENT OF MATCHING FUNDS.**

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless, with respect to the costs of providing services pursuant to section 522, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal funds provided in such payments.

(b) DETERMINATION OF AMOUNT.—Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

(c) LIMITATION REGARDING GRANTS BY STATES.—The Secretary may not make payments under section 521 unless the State involved agrees that the State will not require the entities to which grants are provided pursuant to section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a).

**SEC. 524. [290cc–24] DETERMINATION OF AMOUNT OF ALLOTMENT.**

(a) MINIMUM ALLOTMENT.—The allotment for a State under section 521 for a fiscal year shall be the greater of—

(1) \$300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and \$50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and

(2) an amount determined in accordance with subsection (b).

(b) DETERMINATION UNDER FORMULA.—The amount referred to in subsection (a)(2) is the product of—

(1) an amount equal to the amount appropriated under section 535(a) for the fiscal year; and

(2) a percentage equal to the quotient of—

(A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and

(B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (A).

**SEC. 525. [290cc–25] CONVERSION TO CATEGORICAL PROGRAM IN EVENT OF FAILURE OF STATE REGARDING EXPENDITURE OF GRANTS.**

(a) IN GENERAL.—Subject to subsection (c), the Secretary shall, from the amounts specified in subsection (b), make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 522(b).

(b) 15 SPECIFICATION OF FUNDS.—The amounts referred to in subsection (a) are any amounts made available in appropriations Acts for allotments under section 521 that are not paid to a State as a result of—

(A) the failure of the State to submit an application under section 529;

(B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to submit the application within a reasonable period of time; or

(C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.

(c) **REQUIREMENT OF PROVISION OF SERVICES IN STATE INVOLVED.**—With respect to grants under subsection (a), amounts made available under subsection (b) as a result of the State involved shall be available only for grants to provide services in such State.

**SEC. 526. [290cc–26] PROVISION OF CERTAIN INFORMATION FROM STATE.**

The Secretary may not make payments under section 521 to a State unless, as part of the application required in section 529, the State submits to the Secretary a statement—

(1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs;

(2) containing a plan for providing services and housing to eligible homeless individuals, which plan—

(A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and

(B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;

(3) describes the source of the non-Federal contributions described in section 523;

(4) contains assurances that the non-Federal contributions described in section 523 will be available at the beginning of the grant period;

(5) describe any voucher system that may be used to carry out this part; and

(6) contain such other information or assurances as the Secretary may reasonably require.

**SEC. 527. [290cc–27] DESCRIPTION OF INTENDED EXPENDITURES OF GRANT.**

(a) **IN GENERAL.**—The Secretary may not make payments under section 521 unless—

(1) as part of the application required in section 529, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;

(2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use disorder, and housing services are located;

(3) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and

(4) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 522.

(b) **OPPORTUNITY FOR PUBLIC COMMENT.**—The Secretary may not make payments under section 521 unless the State involved agrees that, in developing and carrying out the description required in subsection (a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as family members, consumers, and mental health, substance use disorder, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

(c) **RELATIONSHIP TO STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN.**—



(1) IN GENERAL.—The Secretary may not make payments under section 521 unless the services to be provided pursuant to the description required in subsection (a) are consistent with the State comprehensive mental health services plan required in subpart 2 of part B of title XIX.

(2) SPECIAL RULE.—The Secretary may not make payments under section 521 unless the services to be provided pursuant to the description required in subsection (a) have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

#### **SEC. 528. [290cc–28] REQUIREMENT OF REPORTS BY STATES.**

(a) IN GENERAL.—The Secretary may not make payments under section 521 unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Assistant Secretary for Mental Health and Substance Use) to be necessary for—

(1) securing a record and a description of the purposes for which amounts received under section 521 were expended during the preceding fiscal year and of the recipients of such amounts; and

(2) determining whether such amounts were expended in accordance with the provisions of this part.

(b) AVAILABILITY TO PUBLIC OF REPORTS.—The Secretary may not make payments under section 521 unless the State involved agrees to make copies of the reports described in subsection (a) available for public inspection.

(c) EVALUATIONS BY COMPTROLLER GENERAL.—The Assistant Secretary for Mental Health and Substance Use shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

#### **SEC. 529. [290cc–29] REQUIREMENT OF APPLICATION.**

The Secretary may not make payments under section 521 unless the State involved—

(1) submits to the Secretary an application for the payments containing agreements and information in accordance with this part;

(2) the agreements are made through certification from the chief executive officer of the State; and

(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

#### **SEC. 530. [290cc–30] TECHNICAL ASSISTANCE.**

The Secretary, acting through the Assistant Secretary, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

#### **SEC. 531. [290cc–31] FAILURE TO COMPLY WITH AGREEMENTS.**

(a) REPAYMENT OF PAYMENTS.—

(1) The Secretary may, subject to subsection (c), require a State to repay any payments received by the State under section 521 that the Secretary determines were not expended by the State in

accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529.

(2) If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 521.

**(b) WITHHOLDING OF PAYMENTS.—**

(1) The Secretary may, subject to subsection (c), withhold payments due under section 521 if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529.

(2) The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 521 in accordance with the agreements referred to in such paragraph.

(3) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph.

**(c) OPPORTUNITY FOR HEARING.—**Before requiring repayment of payments under subsection (a)(1), or withholding payments under subsection (b)(1), the Secretary shall provide to the State an opportunity for a hearing.

**(d) RULE OF CONSTRUCTION.—**Notwithstanding any other provision of this part, a State receiving payments under section 521 may not, with respect to any agreements required to be contained in the application submitted under section 529, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 522(b) to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

**SEC. 532. [290cc–32] PROHIBITION AGAINST CERTAIN FALSE STATEMENTS.**

**(a) IN GENERAL.—**

(1) A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 521.

(2) A person with knowledge of the occurrence of any event affecting the right of the person to receive any amounts from payments made to the State under section 521 may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

**(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION.—**Any person who violates a prohibition established in subsection (a) may for each violation be fined in accordance with title 18, United States Code, or imprisoned for not more than 5 years, or both.

**SEC. 533. [290cc–33] NONDISCRIMINATION.**

**(a) IN GENERAL.—**

**(1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS.—**For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964, programs and

activities funded in whole or in part with funds made available under section 521 shall be considered to be programs and activities receiving Federal financial assistance.

(2) PROHIBITION.—No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 521.

(b) ENFORCEMENT.—

(1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE.— Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 521, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with an applicable regulation (including one prescribed to carry out subsection (a)(2)), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may—

(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, section 504 of the Rehabilitation Act of 1973, title IX of the Education Amendments of 1972, or title VI of the Civil Rights Act of 1964, as may be applicable; or

(C) take such other actions as may be authorized by law.

(2) AUTHORITY OF ATTORNEY GENERAL.—When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

#### **SEC. 534. [290cc–34] DEFINITIONS.**

For purposes of this part:

(1) ELIGIBLE HOMELESS INDIVIDUAL.—The term “eligible homeless individual” means an individual described in section 522(a).

(2) HOMELESS INDIVIDUAL.—The term “homeless individual” has the meaning given such term in section 330(h)(5).

(3) STATE.—The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) SUBSTANCE USE DISORDER SERVICES.—The term “substance use disorder services” has the meaning given the term “substance abuse services” in section 330(h)(5)(C).

#### **SEC. 535. [290cc–35] FUNDING.**

(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this part, there is authorized to be appropriated \$64,635,000 for each of fiscal years 2023 through 2027.

(b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS.—

(1) IN GENERAL.—If the amounts made available under subsection (a) for a fiscal year are insufficient for providing each State with an allotment under section 521 of not less than the applicable amount under section 524(a)(1), the Secretary shall, from such amounts as are made

available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 522(b).

(2) RULE OF CONSTRUCTION.—Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

\*October 03, 2024

As Amended Through P.L. 118-84, Enacted September 26, 2024

## ATTACHMENT B

### National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to promote health, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

#### Principal Standard

1. Provide effective, understandable, and respectful quality care and services that respond to cultural health beliefs and practices, languages, health literacy, and other communication needs.

#### Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS through policy, practices, and allocated resources.
3. Recruit, promote, equip, and support a governance, leadership, and workforce that respond to the digital, cultural and language needs of the population.
4. Educate and train governance, leadership, and workforce regularly on CLAS practices and resources.

#### Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals, in writing and orally, of the availability of language assistance services in English and other languages that serve their linguistic needs.
7. Ensure the competence of individuals providing language assistance through training and certification, when available, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided and discouraged.
8. Provide easy-to-understand digital and print materials and signage in the languages commonly used by the populations in the service area.

#### Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's integration of CLAS-related activities and measures into quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic needs of populations in the service area.
13. Partner with the community to design, implement, and evaluate cultural and linguistically appropriate practices and impact.
14. Create culturally and linguistically appropriate processes to identify, prevent, and resolve conflicts, complaints, or grievances.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

## ATTACHMENT C

### SERVICE DEFINITIONS

#### **PATH Service Definitions**

1. Outreach—the process of bringing individuals into treatment who do not access traditional services. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to, and utilization of, community services by people who are homeless and have mental illness.
  - Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach workers seek out homeless individuals.
  - Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
  - Outreach may also include “inreach,” defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face-to-face interactions occur at this site. In this form of outreach, homeless individuals seek out outreach workers.
2. Screening and Diagnostic Treatment—a continuum of assessment services that range from brief eligibility screening to comprehensive clinical assessment.
3. Habilitation and Rehabilitation Services—community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorders.
4. Community Mental Health Services —community based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category does not include case management, alcohol or drug treatment, and/or habilitation and rehabilitation, since they are defined separately in this document.
5. Alcohol or Drug Treatment—Preventative, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.
6. Staff Training—Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance use disorder treatment programs, and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.

7. **Case Management**—Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing, and/or care of individuals, tailored to individual needs and preferences. Case Mangers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.
8. **Supportive and Supervisory Services in Residential Settings**—Services provided in residential settings that are designed to support individuals during their transition to mainstream services.
9. **Housing Services**—Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities. Appropriate Housing Services include the following (“a” through “g” below):
  - a) **Minor Renovation** – services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.
  - b) **Planning of Housing** – Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.
  - c) **Technical Assistance in Applying for Housing Services** – Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.
  - d) **Improving the Coordination of Housing Services** – The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
  - e) **Security Deposits** – Provision of funds for PATH-enrolled individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last months’ rent or other security deposits required to move in.
  - f) **Costs associated with matching eligible homeless individuals with appropriate housing situations** – Expenditures made on behalf of PATH-enrolled individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding

consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

- g) One-time rental payments to prevent eviction – one-time rental payments are made for PATH-enrolled individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who qualify for this service on the basis of income or need.

10. Referrals for Primary Health Services, Job Training, Education Services, and Relevant Housing Services – Services intended to link person to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

11. Other Appropriate Services as determined by the Secretary.



ATTACHMENT D		PAYMENT AUTHORIZATION				
PROVIDER PAYMENT REQUEST FORM						
<b>Program: PATH GRANT FUNDS</b>						
<b>Bill To:</b>	<b>DHS/Division of Aging, Adult, and Behavioral Health Services</b> 4800 W. 7th Street Little Rock, AR 72205 Telephone: (501) 686-9164 FAX: (501) 686-9182				Invoice Date:	
					Invoice #	
					Contract #	
					PO#	
					Request Period	
					Goods Receipt#	
<b>Provider's Name:</b>						
<b>Mailing Address:</b>						
Budget Categories	Approved Budget (may <b><i>not</i></b> exactly match Intended Use Plan (PATH dollars only))	All previous months' PATH expenditures in the grant year (PATH dollars only)	Expenditures this month (PATH dollars only)	Total PATH Expenditures for grant year (PATH dollars only)	Remaining Budget - PATH Funds available for grant year (PATH dollars only)	This Month's Match Funds (at least 25%)
<b>Fees:</b>	\$	\$	\$	\$	\$	\$
Salaries						
Fringe Benefits						
<b>Expenses:</b>						
Housing - One Time Rental						
Housing - Security Deposits						
Housing - Minor Renovation/Expansion/Repair						
Staff - Training/Travel						
Other - (Specify) Socks & Water						
Administrative Costs						
Totals	\$	\$	\$	\$	\$	\$
<b>AMOUNT OF THIS REQUEST</b>		\$				
<b>PROVIDER'S CERTIFICATION AND SIGNATURE:</b>						
By signing this invoice, I certify that the above stated information is correct to the best of my knowledge. I also certify that services have been performed in accordance with the contract and all its attachments.						
Provider's Signature:				Date:		
Printed Name & Title:				Contact Phone#:		
<b>REVIEWED &amp; APPROVED BY (DHS/DAABHS):</b>						
Signature:				Date:		
Printed Name & Title:				Contact Phone#:		

## ATTACHMENT E

## SUPPORTING DOCUMENTATION

**PATH Monthly Payment Authorization  
Supporting Documentation Activities**
**Period: [Month/Day/Year] to [Month/Day/Year]**

Activities by Client (please use initials or whatever means your agency approves to ID clients)	Federal PATH Funds Expended Amount	Provider Match Funds Expended Amount	Match Fund Source (cannot be federal dollars)
<b>Deposits</b>			
1	\$	\$	
2	\$	\$	
3	\$	\$	
4	\$	\$	
<b>One-Time Rental Payments to Prevent Eviction</b>			
1	\$	\$	
2	\$	\$	
3	\$	\$	
<b>Renovation/Repair/Other *</b>			
1	\$	\$	
2	\$	\$	
<b>Staff Travel by Employee</b>			
1	\$	\$	
2	\$	\$	
3	\$	\$	
<b>Training Expenses by Employee</b>			
1	\$	\$	
2	\$	\$	
3	\$	\$	
<b>Administrative</b>			
1	\$	\$	
2	\$	\$	
<b>Other expenses related to PATH which fall outside of the above categories. These will <u>always</u> require PRIOR approval by the State PATH Contact and <u>may</u> require PRIOR approval by Federal Project Officer. Documentation of approval must be maintained by the provider.</b>			
1	\$	\$	
2	\$	\$	

\* Renovation/Repair/Other category may capture planning of housing, technical assist with applying for housing, improving coordination of housing services, or costs of matching eligible homeless individuals with appropriate housing. If a provider utilizes this category, ensure that a brief explanation is included.

**PATH Monthly Payment Authorization**  
**Supporting Documentation for Staff**  
**Period: [Month/Day/Year] to [Month/Day/Year]**

<b>PATH Activity*</b>	<b>PATH Hours combined for all employees</b>	<b>Match Hours combined for all employees **</b>	<b>Match Fund Source</b>
Outreach for new clients			
Screening			
Case Management for existing clients (e.g. making referrals, etc.)			
SOAR			
Inreach			
Attending Training			
Administrative			
Community Education			
<b>Total Hours</b>			

The Staff sheet should reflect total PATH hours and total match hours for all PATH-funded employees combined.

\* PATH activities listed above may be changed to reflect actual activities of the staff. Those listed are examples only.

\*\* Time documented as Match must reflect the non-federal source of funds.

## ATTACHMENT F

### **Participation Guidelines for Individuals with Lived Experience and Family**

SAMHSA provides these guidelines to encourage applicant organizations to involve individuals with lived experience of mental and/or substance use disorders and families in grant proposal development, implementation, and review.

SAMHSA is committed to encouraging the involvement of individuals in recovery and families to support development of policies and programs related to mental and/or substance use disorders. Maintaining individuals (mental and/or substance use program recipients) and family participation in design, development, and implementation of projects funded through SAMHSA's grant programs is a key part of that commitment. The guidelines that follow should be used by applicant organizations to promote individual and family participation in SAMHSA grant programs.

Applicant organizations should have experience and a documented history of their contribution. The involvement should be meaningful and span all aspects of organizational activities as the following guidelines describe.

#### **Program Mission**

Your organization's mission should reflect the value of involving persons with lived experience and family members to improve outcomes.

#### **Program Planning**

Involve a substantial number of persons with lived experience and family members in developing initiatives, including:

- Identifying community needs, goals, and objectives
- Identifying innovative approaches to address those needs
- Developing budgets to submit with applications

Approaches should include peer support service methods.

#### **Training and Staffing**

The initiative should include individuals with lived experience and/or family members as staff. Organizational staff should have training and familiarity with peer focused and family-related issues.

#### **Informed Consent**

Recipients of project services should be fully informed of the benefits and risks of services. They will make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA Notice of Funding Availability. These requirements must be addressed in SAMHSA grant applications and adhered to by SAMHSA grantees.

#### **Rights Protection**

Fully inform individuals and family members of all of their rights, including those related to:

- Information disclosure
- Choice of providers and plans
- Access to emergency services

- Participation in treatment decisions
- Respect and non-discrimination
- Confidentiality of healthcare information
- Complaints and appeals
- Participant responsibilities

### **Program Administration, Governance, and Policy Decisions**

Make an effort to hire persons with lived experience and family members in key management roles that allow them to provide project oversight and guidance. In meaningful numbers, these individuals should sit on all boards of directors, steering committees, and advisory bodies. These members should be fully trained and compensated for their activities.

### **Program Evaluation**

Persons with lived experience and/or their family members should be closely involved in designing and carrying out all data and program evaluation activities. These activities include:

- Determining research questions
- Adapting/selecting data collection instruments and methodologies
- Conducting surveys and other data collection activities
- Analyzing data
- Writing/submitting journal articles

Last Updated: 06/05/2023

<https://www.samhsa.gov/grants/how-to-apply/forms-and-resources/guidelines-lived-experience>

**ATTACHMENT G  
EXAMPLE 1**

**EXAMPLES OF BUDGETS**

COMMUNITY MENTAL HEALTH CENTER NAME

PATH Budget

September 1, 2025 to August 31, 2026

**SALARIES**

<b>Position</b>	<b>Full-Time Salary + Fringe</b>	<b>PATH FTE</b>	<b>PATH Salary</b>	<b>PATH Fringe</b>	<b>Match Salary</b>	<b>Match Fringe</b>
Position Title	\$	%	\$	\$	\$	\$
Position Title	\$	%	\$	\$	\$	\$
Position Title	\$	%	\$	\$	\$	\$
Position Title	\$	%	\$	\$	\$	\$
<b>Totals</b>			\$	\$	\$	\$

	<b>PATH</b>	<b>MATCH</b>
<b>TOTAL SALARIES</b>	\$	\$
<b>TRAINING</b>	\$	\$
<b>TRAVEL</b>	\$	\$
<b>TOTAL BUDGET</b>	\$	\$

**PATH BUDGET NARRATIVE WITH DETAIL OF EXPENSES ON NEXT PAGE**

**ATTACHMENT G  
EXAMPLE 2**

**EXAMPLES OF BUDGETS**

**Center Name            PATH Budget**  
**September 1, 2025 to August 31, 2026**

**SALARIES:**

<b>Position</b>	<b>Annual Salary</b>	<b>FTE</b>	<b>Expense</b>	<b>PATH Expense</b>	<b>Match</b>
Position Name	\$	%	\$	\$	\$
Position Name	\$	%	\$	\$	\$
<b>Total Salaries</b>	\$	%	\$	\$	\$

**Fringe Benefits:**

Fringe benefits @---%	\$	\$	\$
<b>Total Salaries and Fringe</b>	\$	\$	\$

**EXPENSES:**

Housing (one-time rental/security deposit)	\$	\$	\$
Matching Homeless Individuals with appropriate Housing (rental application fees, etc.)	\$	\$	\$
Staff Training (registrations, lodging, travel, etc.)	\$	\$	\$
Travel/Transportation (local travel and outreach)	\$	\$	\$
Administrative Costs (supplies)	\$	\$	\$
HMIS (user licensure)	\$	\$	\$
<b>Total Expenses</b>	\$	\$	\$

<b>TOTAL PATH BUDGET</b>	\$	\$	\$
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ATTACHMENT H  
BUDGET NARRATIVE

<b>Staff Position:</b>	Case Manager
<b>PATH FTE:</b>	100%
<b>PATH Duties:</b>	outreach, inreach, referrals, data entry
<b>Staff Position:</b>	Case Manager
<b>PATH FTE:</b>	100%
<b>PATH Duties:</b>	outreach, inreach, referrals, data entry
<b>Staff Position:</b>	Case Manager
<b>PATH FTE:</b>	50%
<b>PATH Duties:</b>	outreach, inreach, referrals, data entry
<b>Staff Position:</b>	Administrative Support Staff
<b>PATH FTE:</b>	25%
<b>PATH Duties:</b>	data entry, SOAR

**TRAVEL:** Three (3) PATH-funded staff will travel an estimated 400 miles per month @ \$0.40 per mile.  $400 \times \$0.40 = \$160 \times 12 \text{ months} = \$1,920$ . \$---- of this will be PATH funded and \$---- match.

**TRAINING:** Three (3) PATH-funded staff will attend -----conference at \$375 registration each, travel 200 miles at \$0.40 per mile (NOTE: or plane fare could be substituted if out of State), with hotel costs of two (2) nights @ \$100 per night and food at \$60 per day per staff for three (3) days.  $3 \times \$375 = \$1,125 + \$80 \text{ travel} + \$600 \text{ hotel} + \$540 \text{ food} = \$2,345$ . \$---- of this will be PATH funded and \$----match.

**HOUSING SERVICES:** Agency projects to provide one-time rental payments, deposits, and other approved housing costs at the rate of 15 individuals at \$400 each = \$6,000. \$----will be PATH-funded and \$----match.

There does not have to be a match in every line item, but total match must equal \$1 for every \$3 in federal funds.



## ATTACHMENT I

Refer to Attachment I 2024 PATH Annual Report Questions posted with this RFA.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0205. Public reporting burden for this collection of information is estimated to average 27 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintain the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

ATTACHMENT J  
DISPARITY IMPACT STATEMENT EXAMPLE

**Term and Condition of Award for Behavioral Health Disparity**

SAMHSA requires a disparity impact statement (DIS) for all new grant awards. This example can be used as a reference for the format and types of information that should be included in the DIS. The submission date and content requirements are listed in the NOA.

**Disparity Impact Statement Example**

**PATH PROGRAM EXAMPLE**

1. Proposed number of individuals to be served by subpopulations in the grant service area, and identification of disparate population.

The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the grant service area. The disparate population is identified in the narrative below.

	Outreach	Enrolled
Direct Services: Number to be served	400	200
<b><i>By Race/Ethnicity</i></b>		
African American	7	3
American Indian/Alaska Native	8	1
Asian	17	3
White (non-Hispanic)	160	151
Hispanic or Latino (not including Salvadoran)	86	10
Salvadoran	84	46
Native Hawaiian/Other Pacific Islander	10	1
Two or more Races	8	5
<b><i>By Gender</i></b>		
Female	220	110
Male	133	135
Transgender	2	0
<b><i>By Sexual Orientation/</i></b>		
Lesbian	6	0
Gay	20	3
Bisexual	3	0

North Carolina has a diverse population that resides in a wide range of urban, suburban and rural communities. The homeless population, to include individuals who experience chronic homelessness, has grown significantly in the last five years in communities surrounding Fort Bragg. The homeless population in urban areas is predominantly African American. There has been a recent increase of the immigrant population in rural communities with individuals coming primarily from Haiti and El Salvador. Nearly forty percent (40%) of individuals seeking permanent housing in rural communities speak a language other than English, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate, and high level of poverty, in particular among the Salvadoran sub-population, putting these individuals at great risk for homelessness when compared to national trends. The number of individuals from El Salvador who are homeless or at risk of becoming homeless is higher than other sub-populations in the state and their enrollment in programs to assist with obtaining housing is comparatively low. For these individuals, the incidence of serious mental illness is an issue that compounds the service needs. Therefore, we have chosen to focus our efforts on the Salvadoran sub-population.

## 2. A Quality Improvement Plan Using Our Data

Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The state's cultural and linguistic competency task force and a network of health specialists will have lead roles in ensuring the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population from El Salvador.

A continuous quality improvement approach will be used by the state's evaluation unit to analyze, assess, and monitor key GPRA performance indicators as a mechanism to ensure high-quality and effective program operations. GPRA data will be used to monitor and manage program outcomes by race, ethnicity, and sexual orientation status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collections and reporting will be to monitor/measure project activities implemented by local service providers in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into community-level program planning and management on an ongoing basis (a "self-correcting" model of evaluation). For example, referral to housing, follow-through with treatment services, and discharge data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and possible interventions. The State PATH Contact will provide routine data reports to local service provider staff to identify successes and barriers encountered in the process of project implementation. These reports will support discussions of evaluation findings with local services providers, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all services and supports will be monitored across race and ethnicity to determine the grant's impact on behavioral health disparities.

3. Adherence to the CLAS Standards

Our quality improvement plan will ensure the provider of local services adheres to the enhanced CLAS standards in Health and Health Care. This will include attention to:

a. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all sub-populations, with a focus on the Salvadoran sub-population.

b. Preferred languages

Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English but prefer materials in their primary language. Key documents will be translated into Spanish.

c. Health literacy and other communication needs of all sub-populations identified in your proposal

All services programs will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.