EVALUATION OF THE PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is requesting reinstatement with change of a previously approved collection from the Office of Management and Budget (OMB) for the federally mandated National Evaluation of the Projects for Assistance in Transition from Homelessness (PATH) (OMB no. 0930-0381). Previously, the data collections activities also included PATH Intermediary Web Survey, a PATH Provider Web Survey, and a PATH Telephone Interview Guide. The current PATH evaluation will be limited to the PATH Contact (SPC) Web Survey and PATH Site Visit Discussion Guides to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level. The information collection activities described in this package include a web survey and site visits with guided discussions. The two data collection activities are the:

- State PATH Contact (SPC) Web Survey
- PATH Site Visit Discussion Guides

The PATH grant program, created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, is administered by SAMHSA's CMHS' Homeless Programs Branch. The PATH program is authorized under Section 521 et seq. of the Public Health Service (PHS) Act, as amended. The program also aligns with SAMHSA Strategic Priorities and addresses Healthy People 2030 Mental Health and Mental Disorders Topic Area HP 2030-MHMD.

Background of the PATH Program

Since 1991, the SAMHSA PATH program has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands) (referred to as PATH grantees). For Fiscal Year (FY) 2025, $63,423,306.00 was available for PATH grantee funding (SAMHSA Authorization for Award, 2025). Funding is allocated based on a formula detailed in Section 524 of the original authorizing legislation (Sections 521–535 of the PHS Act) that determines some state's share based on the ratio of the state population living in urbanized areas compared with the total U.S. urban population. Some states and territories (e.g., District of Columbia), receive a minimum allotment of $300,000 while the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands each receive $50,000. States (but not the territories) are required to match federal PATH funds with at least $1 in cash or in-

kind services for every $3 in federal funds. Grantees can use up to 20 percent of their PATH funds to provide limited housing assistance and no more than four percent for administrative expenses (SAMHSA, 2016; https://www.ncdhhs.gov/media/1332/open).

The program's goals are to strengthen and increase referrals and linkages to permanent housing that support recovery for people who are homeless or at imminent risk of homelessness and have serious mental illness (SMI) or co-occurring SMI and substance use disorders. PATH funds are available to provide a range of allowable services to enable members of this target population to: "secure safe and stable housing, improve their health and live a self-directed, purposeful life" (SAMHSA, 2020). Homeless Management System (HMIS) is a locally administered, electronic data collection tool that stores person-level information about individuals who access the homeless service system (Freeman, 2010; https://www.hudexchange.info/programs/hmis/federal-partner-participation/). Participation in HMIS is required by the U.S. Department of Housing and Urban Development (HUD) from local Continuums of Care (CoC), a competitively awarded program to help ensure that communities are addressing homelessness comprehensively with resources from other agencies (Freeman, 2010). PATH grantees make grants to local, public, and non-profit organizations to provide the PATH allowable services, shown in **Table 1**.

Table 1. PATH Allowable Services

PATH Allowable Services
Outreach services
Screening and diagnostic treatment services
Habilitation and rehabilitation services
Community mental health services
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 homeless individuals require services
Case management services
Supportive and supervisory services in residential settings
Referral for primary health services, job training, educational services, and relevant housing services
Housing services as specified in Section 522 (b) (10) of the PHS Act, including: 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 homeless individuals with appropriate housing situations; and one-time rental payments to prevent eviction.

Overview of the PATH Evaluation

The first evaluation task is to meet the mandates of Section 528 of the PHS Act which requires the SAMHSA Assistant Secretary to evaluate the expenditures of PATH grantees at least once every three years to ensure they are consistent with legislative requirements and to recommend changes to the program design or operations. The second evaluation task is to conduct additional data collection and analysis to further investigate the sources of variation in key program output and outcome measures that are important for program management and policy development.

Figure 1 shows a simple logic model for the evaluation of the PATH program. Examined, will be the: **context** or **inputs** (*independent variables*) that may impact how the PATH programs (at the grantee and provider level) function. This includes the populations served, resources that are used to perform program activities and contextual variables that may influence program operation (*mediating variables*); **throughputs** or the mechanisms that are in place for program activities and outputs to occur; **activities** and **outputs** of the PATH programs (at the grantee and provider level); and **outcomes** of the PATH program.

Figure 1. Simple Logic Model for the PATH Evaluation

The PATH evaluation will include structure/process and outcome evaluation components. Measures of structure and process will be used to characterize the grantees/providers, the systems within which the PATH program is embedded, the grantees'/providers' relationships with other stakeholders, the target population identified for services, services provided and received, program planning and implementation, and monitoring by grantee and intermediary PATH staff. The costs associated with grant services and activities will also be captured by the evaluation.

The outcome evaluation will focus on the outputs and the outcomes of the PATH Program. The outputs of the PATH program include: the number of persons receiving PATH-funded services, outreached/contacted and enrolled; the number of services provided; and the number of referrals provided. The outcome evaluation will be limited, given limitations in available data and will include the number of persons referred to and attaining substance use treatment, primary health services, job training, educational services, housing services, housing placement assistance, income assistance, employment assistance and medical assistance.

As previously noted, the PATH evaluation includes two components to address separate tasks of the evaluation. The two evaluation tasks are described below in more detail.

PATH Triennial Evaluation Component. The first evaluation task, which is referred to as the PATH Triennial Evaluation Component, will be conducted to meet the mandates of Section 528 of the PHS Act. This component, at a minimum, must determine:

1. Are services funded with PATH monies appropriate?
2. Are services well administered?

3. Have outcome and process goals been achieved? Measures include:
    a. The number of homeless persons contacted
    b. The percentage of eligible contacted homeless persons with SMI who are subsequently enrolled in services
    c. The percentage of enrolled homeless persons receive community mental health services

Six evaluation questions (EQs) for the PATH Triennial Evaluation Component cover the three interrelated domains: EQ1 through EQ5 address structures and processes; and EQ6 focuses on outcomes. The EQs are shown in Table 2.

Table 2. Evaluation Questions (EQs) for the PATH Triennial Process Evaluation Component

Structure/Process
EQ1: In what contexts do grantees (states/providers) operate?
EQ2: What are the characteristics of grantee organizations(states/providers)?
EQ3: How were programs implemented and barriers and challenges overcome?
EQ4: What services models were provided, why and how?
EQ5: What costs were associated with grant services and activities?
Outputs/Outcomes
EQ6: What are the outputs and outcomes of the programs?

The most recent PATH Triennial Evaluation Report was finalized in 2023 (Attachment 4; available at https://www.samhsa.gov/data/sites/default/files/reports/rpt53009/PATHevaluation2019-2021.pdf). The next PATH Triennial Process Evaluation Report needs to be finalized in 2026.

The PATH evaluation will use web surveys and site visits to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level (described in Section A.2). Site visits will be a combination of in-person and virtual. Primary data collection will allow the investigation of these areas using data from key PATH stakeholders (administrators, direct care staff, and consumers).

The outputs and outcome data will be obtained from grantee applications and providers' intended use plans (IUPs) which provide some data for previous FY, and from PATH annual report data, which is also required by Section 528 of the PHS Act. The PATH grantees are required to provide annual data in four areas: budget and organizational context, numbers of persons served by the PATH program, types of services provided with program funds, and basic demographic and clinical characteristics of program consumers. The data are submitted by PATH provider organizations through a web-based data collection system. The previous *PATH Evaluation Reports* reported data for the period of 2016 through 2018. The next stage of the evaluation will examine data from annual reports for the years 2023 through 2025. The collection of the PATH

annual report data to be included in the evaluation was approved under OMB No. 0930-0205.

The number of PATH grantees and providers for the period of 2023 through 2025 are shown in **Table** .

Table 3. The Number of PATH Grantees and Providers, 2023-2025

	2023	2024	2025
Grantees	56	56	56
Providers*	449	436	435

*Source: 2023-2025 PATH annual data reports, PATH funded provider data

2. Purpose and Use of Information

The primary users of the data collected and reported for the PATH evaluation are Project Officers within the Center for Mental Health Services, Division of State and Community Systems Development. SAMHSA uses the data to describe and evaluate the PATH program on a national level for essential program planning. The information to be collected will be used for two primary purposes: 1) To meet the mandates of Section 528 of the PHS Act which requires the SAMHSA Assistant Secretary to evaluate the expenditures of PATH grantees at least once every three years to ensure they are consistent with legislative requirements and to recommend changes to the program design or operations; and 2) To collect information that helps explain and better understand variations among providers on key program measures that are important for program management and policy development.

Described below are the two data collection instruments that are the focus of this OMB request and that fall into two categories: a) web surveys and b) site visit guides.

a)Web Surveys

A web-based survey will be utilized to capture detailed, structured information from PATH grantees, intermediaries, and providers. The following web survey has been developed for the PATH evaluation.

1. State PATH Contact (SPC) Web Survey: The *SPC Web Survey* will be utilized to capture detailed, structured information from the SPCs or a comparable staff person from all 56 grantees. The *SPC Web Survey* will collect information regarding: the grantee organization; the SPC (role, length of time as SPC, time spent working on PATH, other responsibilities); types of organizations and roles of intermediaries within the PATH program; populations served; the PATH allowable or eligible services provided and whether they are a priority service (i.e. that is prioritized within the PATH program or that is a focus of the PATH program); selection, monitoring and oversight of PATH providers; sources for match funds; provision of training and technical assistance; implementation of

Evidence Based Practices (EBPs) and innovative practices including SOAR; data reporting, use of data and HMIS; collaboration, coordination and involvement with CoCs and with other agencies, state and national organizations; and ratings of PATH Program features (e.g., fostering of interagency collaboration) (see Attachment 1). This survey will be administered once during the study period.

b) Site Visit Guides

Following the same procedures used successfully in the prior PATH Triennial Evaluation, site visits will be conducted with a purposive sample of PATH grantees and providers to collect more nuanced information than will be possible with the web survey. Sites will be selected that represent a wide array of characteristics including geographic area and federal allocation size. The site visits will be utilized to collect information regarding provider and state characteristics; practices and priorities; context within which the grantees and providers operate; and services available within the areas the providers operate. Focus groups will be held with current or former consumers of the PATH program to obtain consumer perspectives regarding the impact of the programs.

We have selected categories of individuals for interviews during the site visits. These individuals fill a number of different roles and each will be able to provide a different perspective on the PATH program. Seven discussion guides were developed to conduct semi-structured interviews with stakeholders from the PATH programs during the site visits (see Attachment 2). The sessions to be conducted during the site visits are described below.

1. SPC Session: A session with the SPC to gather detailed information about the grantee's management and oversight of the PATH program, strategies related to technical assistance and training, and use of data for quality assurance. It will include discussion of successes, barriers, and strategies for collaboration and coordination across the state and provider systems (see Attachment 2.2).
2. State and Provider Stakeholders Session: A session with staff from other agencies or divisions (e.g., staff involved with a statewide HMIS system) and from the intermediary organizations that provide oversight and monitoring of the PATH program. At the provider level, sessions will take place with staff from other agencies (e.g., subcontractor staff, CoC staff) that are stakeholders of the provider's PATH programs to understand services provided, how services are coordinated, and facilitators and challenges to service delivery (see Attachment 2.3).
3. Service Provider Leadership Session: A session with the leadership and other relevant staff (e.g., CEO, Chief Operating Officer, Program Directors) from the provider organization to get an understanding of the agency and context for the PATH program. These interviews will provide us with the opportunity to understand how the PATH program operates within the context of the larger provider organization. Discussed will be the successes, barriers, and strategies for: collaborating and network building with other service providers in their local

area related to serving PATH consumers and use of HMIS and SOAR with PATH consumers (see Attachment 2.4).

4. PATH Direct Care Provider Session: A session with PATH outreach workers, case managers, and treatment staff/providers (e.g., clinicians or nurse practitioners) to understand services provided, how services are coordinated, and facilitators and challenges to service delivery (see Attachment 2.6). These staff have the closest contact with program consumers and are in the best position to provide insight into the day-to-day challenges faced and the successes achieved on a day-to-day basis.
5. PATH Consumer Focus Group: A focus group with consumers (project participants) to understand their experience with homelessness or being at-risk for homelessness, services received through the PATH program and other service providers including assistance in obtaining benefits (SSI, SSDI, Medicare, and Medicaid), and level of satisfaction with PATH services (see Attachment 2.7).

Site visits will occur once during the study period. Five grantees will be visited and during each visit, and within each grantee, up to two providers will be visited. The site visits will last between two and three days, which will depend on the number of providers visited.

Data from the web surveys and site visits will be analyzed along with data from secondary sources including grantees' annual applications and PATH providers' IUPs, PATH annual report data from the PATH Data Exchange (PDX), data from the U.S. HUD Annual Homeless Assessment (AHAR) Report, and census data. The secondary data sources will provide contextual data which will be included in both components of the PATH evaluation as appropriate. SAMHSA has received the grantees' annual applications and providers' IUP and the 2023-2025 PATH annual report. AHAR data are publicly available at https://www.hudexchange.info/programs/hdx/guides/ahar/#reports and census data is publicly available at https://www.census.gov/programs-surveys/decennial-census/decade/2020/2020-census-main.html .

Shown in **Table 4** are the data sources that will be utilized to address the EQs for the Triennial Process Evaluation Component of the PATH Evaluation.

Table 4. Data Sources for Addressing the Evaluation Questions in the Triennial Evaluation Component of the PATH Evaluation

EQ	Data Sources				
	Site Visits	**Applications /IUPs**	**Annual Data**	**AHAR Data**	**Census Data**
EQ1: In what context do grantees (states/providers) operate?	✓	✓	✓	✓	✓
EQ2: How are grantees	✓	✓	✓	✓	✓

(states/providers) defined by key characteristics?					
EQ3: How were programs implemented and barriers and challenges overcome?	✓	✓			
EQ4: What services models were provided, why and how?	✓	✓	✓		
EQ5: What costs were associated with grant services and activities?		✓	✓		
EQ6: What are the outputs and outcomes of the programs?			✓		

3. Use of Information Technology

The SPC web survey will be administered via an on-line data collection system. Before any web-based data collection begins, SAMHSA will secure a system authorization to operate, which includes a security assessment and privacy impact assessment.

Using a web instrument allows for automated data checks as well as for skip procedures which will reduce the burden among respondents and possibility of data entry error, thereby increasing the efficiency of data entry and improving data quality. The automated data checks will help respondents give valid responses and ensure that responses follow the expected format. Responses will generate skip patterns for later questions in the instrument where the respondents only complete relevant sets of questions based on their previous responses, and do not see others. Using a web-based system also provides the capability to send automatic email reminders to grantees when surveys have not been completed.

The web-based system will comply with the requirements of Section 508 of the Rehabilitation Act to permit accessibility to people with disabilities.

In-Person and Virtual Interviews (Site Visits)

The other two data collection instruments submitted for OMB clearance will be used by evaluation project staff during site visit discussions and focus groups. Evaluation staff will read the questions to the respondents and a note-taker will record the responses. With respondent consents, the interviews will be recorded as back-up to the note-taker. The interview recordings will be stored on a secure, password protected computer and server and will be deleted once the interview responses are considered final.

4. Effort to Identify Duplication

There are two mandatory components in the PATH legislation. The first component is that all PATH funded entities must prepare and submit an annual report on program accomplishments (persons served, PATH-eligible services provided, referrals provided, demographics for PATH consumers) and how PATH dollars are spent (dollar amount; PATH federal and match funds) for services dedicated to persons who are homeless or at risk of homelessness and serious mental illness, number staff and full time equivalent (FTE) (staff supported by PATH federal and match funds). This data collection is approved under OMB No. 0930-0205.

The second mandatory component, a triennial evaluation of the PATH program, is covered under this package. The previous PATH triennial evaluation was approved under Evaluation of Programs to Provide Services to Persons Who Are Homeless with Mental and/or Substance Use Disorders (Homeless Programs)—OMB No. 0930-0339. Prior to that approval, the triennial evaluation of the PATH program was approved under OMB No. 0930-0332.

The data collection proposed for this evaluation is not available elsewhere, is not duplicative, and is critically valuable for assessing the PATH program consistency with legislative requirements and to recommend changes to the program design or operations. The two data collection instruments developed for the triennial PATH evaluation are unique and differ from what is collected via the PATH annual report and build on data utilized for the last triennial evaluation which was conducted under OMB No. 0930-0320 and OMB No. 0930-0339 and which have been revised to exclude the PATH program.

5. Involvement of Small Entities

The data collection proposed for this evaluation does not have a significant impact on small entities. Most of the data will be collected from PATH program management, provider staff, and consumers involved in the program. Some of the PATH providers may be small entities; however, the information to be collected will not have significant impact on the providers and is needed to fulfill the statutory requirement and planning needs of SAMHSA/CMHS.

6. Consequences If Information Collected Less Frequently

Failure to collect the proposed data or collecting the proposed data less frequently will prevent SAMHSA/CMHS from meeting its obligation under Section 528 of the authorizing legislation, which calls for a triennial evaluation to evaluate the expenditures of PATH grants to ensure that they are consistent with legislative requirements and to recommend changes to the program design or operations.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

The proposed data collection complies with 5 CFR 1320.5(d) (2).

8. Consultation Outside the Agency

The 60-Day notice required in 5 CFR 1320.8(d) was published in the Federal Register on April 17, 2026 (91 FR 20696). No comments were received. The 30-Day notice was published to the *Federal Register* on 6/26/2026 (91 FR 38728).

The data collection instruments included under this request, are modifications of instruments utilized in the last PATH triennial evaluation and which were approved under OMB No. 0930-0339. The instruments were utilized with grantee and provider staff and consumers of the PATH programs.

9. Incentives for Respondents

The PATH evaluation includes the collection of data from consumers of homeless services. Focus groups will be held with consumers during site visits to PATH programs. Because this a hard-to-reach population whose participation is integral to the evaluation, focus group participants may be offered a non-cash incentive worth approximately $20. The local provider will select the type of incentive that is appropriate for that specific community. The non-cash incentives will be provided as a courtesy for the time and effort spent participating in the site visit interviews.

No other respondents for the proposed data collection activities will be paid for participating in the evaluation.

10. Assurance of Confidentiality

The following procedures will be in place to ensure the security and protection of all data collected. All respondents will provide consent to participate in the evaluation. Respondents will be informed that: the data being collected is sponsored by SAMHSA; the purpose and uses of the evaluation results; that their participation is voluntary and that they do not have to participate in the data collection activities and can skip questions; and that all individual responses will be kept private and that data will be aggregated so that responses will not be identifiable by individual or organizational names. Data from the online surveys will be collected through a dedicated Windows-based secured server on the SAMHSA network. All data will be protected by a Palo Alto Networks firewall and CrowdStrike as well as standard HHS security measures. The online surveys and data will be further protected against unauthorized access using dual factor authentication (PIV card and passcode) and by restricting which SAMHSA staff can access the files. Data collected from the site visits and telephone interviews will also be stored in files that are password protected and access will be limited to individuals who have a need to work on them. All hard copies of forms and notes will be kept in secure, locked cabinets.

11. Questions of a Sensitive Nature

Most of the data being collected through this data collection effort through web surveys and the site visit discussions is not of a sensitive nature. Some data will be collected from current or former consumers of the PATH programs during focus groups that may be of a sensitive nature. The purpose of the data collection is to gather information on topics related to homelessness, mental health and substance abuse, which are important topics to SAMHSA.

Informed consent will be obtained from all respondents, including the consumers participating in the consumer focus group (see Attachment 3). The informed consent for consumers will be provided to PATH providers by email prior to the visit. At the beginning of the focus group, the contractor will read the consent form to the consumers and respond to questions. Signed consents forms will be collected before the focus group formally begins and the tape recorder is turned on. The consent forms for all data collection activities, including the focus groups are included in Attachments 1-3 and include the points noted above in Section A.10.

12. Estimates of Annualized Hour Burden

The estimated burden for data collection is **578.5** hours over the four-year evaluation period. Using 2024 National Occupational Employment and Wage Estimates from the Bureau of Labor Statistics, U.S. Department of Labor (http://www.bls.gov/oes/current/oes_nat.htm), the estimated total cost to respondents is **$15,896.39**. For the SPCs, intermediary and program management staff for PATH providers we utilized the mean hourly salary for Social and Community Service Manager ($37.61) (https://www.bls.gov/ooh/management/social-and-community-service-managers.htm). For PATH program staff (outreach workers/case managers) we utilized the mean hourly salary for Community and Social Service Occupations ($24.54) (https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm). The federal minimum wage of $7.25 was utilized for the consumers (https://www.dol.gov/whd/minimumwage.htm).

Table 5a provides the basis of the resulting estimates of the hour burden for collection of information, based on the proposed protocols and survey instruments. The hourly burden estimates are based on previous experience with similar versions of these instruments used in the prior PATH Evaluation.

Table 5a. Data Collection Burden

Instrument / Activity	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Rate	Total Hour Cost ($)
Web Surveys							
SPC Web	56	1	56	1	56	$37.61	**$2,106.16**

Survey							
Site Visit Interviews							
Opening Session with SPC Staff	25	1	25	2	50	$37.61	**$1,880.50**
SPC Session	5	1	5	2	10	$37.61	**$376.10**
State Stakeholder Session	25	1	25	1.5	37.5	$37.61	**$1,410.38**
Provider Stakeholder Session	50	1	50	1.5	75	$37.61	**$2,820.75**
Provider Leadership Staff	50	1	50	2	100	$37.61	**$3,761.00**
PATH Provider Direct Care Staff Session	50	1	50	2	100	$24.54	**$2,454.00**
Consumer Focus Groups	100	1	100	1.5	150	$7.25	**$1,087.50**
Total	**361**	—	**361**	—	**578.5**	—	**$15,896.39**

[1] 1 respondent * 56 SPCs =56 respondents
[2] 5 respondents * 5 site visits=25 respondents
[3] 1 respondent * 5 site visits=5 respondents
[4] 5 respondents * 5 site visits =25 respondents
[5] 5 respondents * 10 site visits (2 providers per state) =50 respondents
[6] 5 respondents * 10 site visits (2 providers per state) =50 respondents
[7] 1 respondent * 10 site visits (2 providers per state) =10 respondents
[8] 5 respondents * 10 site visits (2 providers per state) =50 respondents
[9] 10 respondents * 10 site visits (10 Consumers per provider (2 providers per state) =100 respondents

Table 5b. Data Collection Burden Summary

Instrument/Activity	Number of Respondents	Total Responses	Total Hour Burden
SPC Web Survey	56	56	56
PATH Site Visit Discussion	305	305	522.5
Total	**361**	**361**	**578.5**

13. Estimates of Annualized Cost Burden to Respondents

There are no costs to respondents associated with either (a) capital or startup efforts or (b) operation and maintenance of services.

14. Estimates of Annualized Cost to the Government

The estimated cost to the government for data collection is $697,912. This includes a $53,912.80 cost for SAMHSA to manage the survey for 10% of one employee (GS-14-4, $143,270 annual salary). The annualized cost is approximately $232,637.

15. Changes in Burden

This is a reinstatement of a previously approved information collection. The burden hours decreased from 1,228 to 598.5. This decrease is primarily caused by adjustment to the burden estimates based on the new design, which does not repeat the additional data collection and analysis that investigated the sources of variation in key program output and outcome measures.

16. Time Schedule, Publications, and Analysis Plan

Time Schedule

It is anticipated that data collection using web surveys will begin within eight weeks of receiving OMB approval. Web survey data collection will continue as needed throughout the three-year clearance period (April 2026–April 2029) **Table 6** outlines the data collection time schedule for the PATH evaluation.

Table 6. Time Schedule for Data Collection

Activity	Month/Year
Web Surveys	
1. Design On-Line Surveys	April– May 2026
2. Conduct SPC Web Survey	June – July 2026
Site Visits	
3. Finalize Site Visit Selection	February – March 2026
4. Conduct Site Visits	April 2026 – December 2026

Year 1: April 2026 – April 2027 (Triennial Evaluation Period Year 1)
Year 2: April 2027 – April 2028 (Triennial Evaluation Period Year 2)
Year 3: April 2028 – April 2029 (Triennial Evaluation Period Year 3)

Table outlines the data analysis and reporting time schedule for the PATH triennial evaluation.

Table 7a. Time Schedule for Data Analysis and Reporting

Activity	Month/Year
Data Analysis	
1. Conduct analysis for PATH Triennial Evaluation Component (2022-2024 cycle)	July 2025 – August 2026
Reporting	
2. Submit Final PATH Triennial Evaluation Component Report (2022-2024 cycle)	May 2026

Table 7b. Time Schedule for Data Analysis and Reporting

Activity	Month/Year
Data Analysis	
3. Conduct analysis for PATH Triennial Evaluation Component (2025-2027 cycle)	July 2026 – August 2027
Reporting	
4. Submit Final PATH Triennial Evaluation Component Report (2025-2027 cycle)	March 2029

Analysis Plan

Data analysis will take place throughout the project. The analysis plan for both components of the PATH evaluation reflect the multifaceted and comprehensive nature of the objectives, evaluation questions, and data sources. Our analyses will include qualitative and quantitative techniques and reflect the logic model and ecological frame presented in **Section A.1**. and in Figure 1. The questions to be answered by the evaluation are noted in **Section A.1**. Below we discuss the analysis plans for the PATH Evaluation.

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Quantitative Data. Quantitative analyses for the PATH Triennial Evaluation will be primarily descriptive with an emphasis on characteristics that vary across grantees and providers. Frequencies, percentages, means and correlations will be the primary quantitative tools for these. Some variables will be continuous; others will be discrete.

Descriptive statistics will be utilized to characterize the grantees and providers, the contexts and systems within which the PATH programs are embedded, the grantees and providers' relationships with stakeholders and other community providers, the target population identified for services, services provided and received, program planning and implementation, and the monitoring by grantee and intermediary staff.

See Attachment 4 for sample tables that were reproduced from the *most recent PATH Triennial Process Evaluation Report*. Comparable tables will be utilized in the PATH evaluation.

Publications and Dissemination

Reporting will take place during Year 1 (April 2026 – April 2027) and Year 3 (March 2028 – April 2029) of the project. The primary product of the project will be the final report: the PATH Triennial Process Evaluation Report. The final report will focus on findings, conclusions, and recommendations for policy. The evaluation team will also participate in an in-person briefing for CMHS staff.

17. Display of Expiration Date

The OMB expiration date will be displayed.

18. Exceptions to Certification for Statement

The collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submission.