

Projects for Assistance in Transition from Homelessness (PATH)

Supporting Statement

A. JUSTIFICATION

1. Circumstances of Information Collection

Overview

The PATH program was established to help states and territories provide flexible community-based services for individuals who are experiencing a serious mental illness (SMI) or SMI and substance use disorder (SUD) and are homeless or at imminent risk of becoming homeless. The goal of the program is to link persons who are experiencing homelessness and have a SMI, or SMI and co-occurring SUD, to services that facilitate access to treatment to improve their mental health functioning and to other services that support the ongoing stability of the individual. Public Law 101-645, 42 USC 290cc-21 et seq., the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 [Section 521 et seq. of the Public Health Service Act and the 21st Century Cures Act (Public Law 114-255), hereafter referred to as “the Act”], authorized the PATH program and assigned the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s), Center for Mental Health Services (CMHS) responsibility for making monetary allotments. Each fiscal year, CMHS awards grants to each of the states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, hereafter referred to as states.

CMHS is requesting from the Office of Management and Budget (OMB), a reinstatement with change to the PATH Annual Report Manual (Attachment A), (OMB No. 0930-0205) which expires on April 30, 2026.

Section 522 of the Act specifies that states must expend their payments solely for making grants to political subdivisions of the state and to non-profit private entities (including community-based veterans’ organizations and other community organizations) for the purpose of providing services specified in the Act. A wide range of eligible services are identified in the legislation, including outreach services, screening and diagnostic treatment services, habilitation and rehabilitation services, community mental health services, alcohol and drug treatment services, staff training, case management services, supportive and supervisory services in residential settings, referrals for services, and housing services.

Section 528 of the Act specifies, no later than January 31 of each fiscal year, a funded entity will “prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines 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.”

To fulfill this statutory requirement, the PATH program requires states to provide annual data in four

main areas: budget and organizational context; numbers of persons served by the PATH program; the types of services and referrals provided with PATH funds; and basic demographic characteristics of individuals served under the program.

All local entities receiving PATH funds report data annually using a SAMHSA-approved online data system, formally the PATH Data Exchange (PDX) (<https://pathpdx.samhsa.gov>). The PATH service providers fill in the data sections of the PATH Annual Report online. The data sections of the PATH Annual Report are populated with data from the provider's local Homeless Management Information System (HMIS). See ***Use of Information Technology*** for additional HMIS information. The PATH service provider verifies the data in the SAMHSA approved online data system; then the State PATH Contact (SPC) verifies the data provided by each local PATH provider in the online data system. Those reports are submitted to SAMHSA and reviewed by the assigned GPO, the PATH Program Coordinator, and the SAMHSA Branch Chief. Once the data is confirmed and approved for the fiscal year, it is made available to the public on the PATH Reports website (<https://pathreports.samhsa.gov/>).

2. Purpose and Use of the Information

The primary users of the data from the annual reports are staff in the Division of State and Community Systems Development, CMHS. The information to be collected is used for several purposes:

Responding to congressional and HHS departmental reporting requirements. This data collection effort is the means through which CMHS will ensure that the information required by the Secretary on an annual basis, as specified in Section 528 of the authorizing legislation, is furnished in a satisfactory manner. All data items that appear on the annual report forms have been selected for inclusion because they fulfill this fundamental purpose.

Program planning. CMHS program analysts use data obtained through the annual reports to describe the PATH program on a national level and incorporate this information into ongoing program planning efforts. Analysis of these data is essential for the continued planning and implementation of effective interventions and services for individuals with serious mental illness who are homeless or at imminent risk of becoming homeless.

Monitoring progress toward Government Performance and Results Act (GPRA) measures. Under GPRA, HHS is required to develop performance measures for its agencies and for programs within the agencies. Three GPRA measures are currently used for the PATH program:

1. Increase the percentage of enrolled homeless persons in the PATH program who receive community mental health services.
2. Increase the number of homeless persons contacted.

3. Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in services.

In previous years SAMHSA included a fourth measure: “Increase the number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.” SAMHSA ended funding for the SOAR training and technical assistance center due to no longer aligning with administration priorities, so this measure is no longer appropriate.

Changes

In September 2025, HUD released the FY2026 Data Standards. HMIS Leads and System Administrators were notified of the changes and HMIS software vendors were given access to the necessary programming documentation and were instructed to be ready to deploy by October 1, 2025. The FY2026 updates included HMIS programming specifications (Version 1.0) for the PATH Annual Report, which removed the demographic question for gender, added the demographic question for sex, and updated the label for a question on Hispanic ethnicity.

Summary of Changes:

Q26a: Removed question including Gender information

Q26c: Updated label for Hispanic/Latina/e/o to Hispanic/Latina/o

Q26l: Added question including Sex information

The requested revisions will not increase the overall burden.

HMIS Data Standards updates

The changes in demographic questions for 26a, 26c, and 26l are reflected in the HUD-updated FY2026 [HMIS programming specifications](#) (Version 1.0). HMIS vendors received these programming updates and HUD encouraged them to implement the changes by October 1, 2025.

3. Use of Information Technology

The PATH annual report data is currently collected primarily through the online HMIS and PDX systems. With the directive from SAMHSA to collect PATH client-level data in local HMIS, the reporting process uses online reporting systems. A majority of the data required for completion of the report will be exported from each local HMIS and entered into the online PATH annual report form through a SAMHSA approved online data system. Providers need a computer with internet access and a modern web browser to access this form and to utilize the HUD HMIS system.

4. Efforts to Identify Duplication

Information is collected only for the purposes of this program and is not available elsewhere. States and local PATH contacts have been consulted on the question of whether the information collected is available elsewhere, and they have confirmed that the data is, in fact, unique.

5. Involvement of Small Entities

This data collection effort does not have a significant economic impact on a substantial number of small entities. The information collected is the minimum needed in order to fulfill the statutory requirement and inform PATH planning efforts.

6. Consequences if Information Collected Less Frequently

State and provider data are reported annually. If data were collected less frequently, SAMHSA would not be in compliance with Section 528 of the authorizing legislation, which calls for annual reporting data to be submitted “not later than January 31 of each fiscal year.”

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

This information collection fully complies with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

In accordance with 5 CFR 1320.8(d), a 60-day notice for public comment was published in the Federal Register on May 1, 2026 (91 FR 23447). Comments were not received. A 30-Day notice for public comment was published to the Federal Register on July 6, 2026 (91 FR 41052).

A workgroup of federal partners and consultants was consulted in the development of the revised PATH Annual Report data elements based on the updates to the FY2026 HMIS data standards.

9. Payment to Respondents

Respondents will not receive any type of payment for completing the annual report forms.

10. Assurance of Confidentiality

PATH reports are program-level reports and identifying information is not submitted to SAMHSA.

11. Questions of a Sensitive Nature

No information of a sensitive nature will be collected.

12. Estimates of Annualized Hour Burden

Representatives of PATH-funded entities at the local level must collect data throughout the year, enter the data into their local HMIS, review annual report instructions, complete a web-based annual data report form, and respond to follow-up questions regarding reported data. Local respondents use a

combination of HMIS data and the web form to enter their data. The estimated burden for respondents at the state and local levels has been calculated (Table 1). The total annual burden is 6,960 hours, with an associated cost to respondents of \$203,520. Both the burden estimates and hourly wage rates of respondents are based on consultations with potential respondents regarding the time and burden associated with providing annual PATH data.

Table 1: Annual Burden

Respondents	Number of Respondents	Responses/ Respondent	Hours/ Response	Total Burden	Hourly Wage Rate	Total Cost
States	56	1	15	840	\$38.74	\$32,541.60
Local Providers	408	1	15	6,120	\$38.74	\$237,088.80
TOTAL	464	1		6,960		\$269,630.40

For states, the burden estimates include the time for reviewing the local providers' data for accuracy and coordinating the revision of data in response to federal review. For local provider agencies, the estimate includes time for becoming familiar with reporting requirements, collecting client data, recording data in the SAMHSA-approved online data system, submitting the report, and revising data in response to state review.

13. Estimates of Annualized Cost Burden to Respondents

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

14. Estimates of Annualized Cost to the Government

The cost to the Federal Government for this information collection effort includes personnel time, contract costs, and printing and distribution costs. CMHS personnel spend 120 hours annually on activities related to annual reporting, at \$40/hour. This results in an estimated \$4,800 in personnel time incurred by the government.

A contractor collects and analyzes the data each year. The contractor is also responsible for providing training on how to use the system, working with providers to correct the data, and preparing a final report summarizing the data. The annual value of these annual reporting tasks is \$106,200. The total annualized cost to the government is \$111,000.

15. Changes in Burden

Currently, there are 7,395 hours for States and Local Providers in the OMB inventory. CMHS is requesting 6,960 hours. The decrease of 435 hours is due to a decrease in the number of PATH providers, which has led to an adjustment of the burden estimate. This burden estimate is based on past program experience and reports from SPCs.

16. Time Schedule, Publication, and Analysis Plans

By statute, grantees must submit annual reporting data to CMHS by January 31 of each fiscal year. State PATH Contacts submit the data directly to a contractor that is responsible for collecting and analyzing the data. Contractor staff conduct data cleaning and submit it to CMHS for review. CMHS staff review the data for accuracy and contact the states/territories for clarification as needed. The contractor develops tables that summarize the annual reporting data. No complex analytical techniques are used. The data tables are disseminated to states/territories and are used for GPRA-related activities. It is anticipated that each year, the annual tables will be published on the PATH Reports website within 12 months from the date that the contractor receives the data from the states/territories.

17. Display of Expiration Date

PATH materials will display the OMB approval and expiration date.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. Collections of Information Employing Statistical Methods

The PATH annual report form does not use statistical methods.

List of Attachments

Attachment A: PATH Annual Report Manual