

I. State Information

State Information

Plan Year

Federal Fiscal Year 2026

State Identification Numbers

Unique Entity ID LJGVPF5ULHJ3

EIN/TIN 86-6004791

I. State Agency to be the Grantee for the PATH Grant

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Behavioral Health and Housing

Mailing Address 150 N 18th Ave

City Phoenix

Zip Code 85007

II. Authorized Representative for the PATH Grant

First Name Jennifer

Last Name Gonzales

Agency Name Arizona Healthcare Cost Containment System

Mailing Address 150 North 18th Avenue

City Phoenix

Zip Code 85007

Telephone (602) 417-4933

Fax

Email Address jennifer.gonzales@azahcccs.gov

III. Expenditure Period

From 7/1/2026

To 6/30/2027

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date 4/27/2026 6:11:15 PM

Revision Date 6/16/2026 11:13:10 AM

V. Contact Person Responsible for Application Submission

First Name Ali

Last Name De La Trinidad

Telephone (602) 417-4706

Fax

Email Address ali.delatrinidad@azahcccs.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §5794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.

§470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Alisa Randall

Title

Assistant Deputy Director / Mental Health Commissioner

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

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1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
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5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Alisa Randall

Title

Assistant Deputy Director / Mental Health Commissioner

Organization

Arizona Health Care Cost Containment System

Signature:



Date: 04/17/2026

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR 75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering

into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C ? 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

Alisa Randall

Title

Assistant Deputy Director / Mental Health Commissioner

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR 75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering

into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C ? 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

Alisa Randall

Title

Assistant Deputy Director / Mental Health Commissioner

Organization

Arizona Health Care Cost Containment System

Signature:



Date: 04/17/2026

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2026

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of Arizona agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program 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 Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals experiencing homelessness require services;
- Case management services, including:
 - 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;
 - Providing assistance in obtaining and coordinating social and maintenance services for the eligible individuals experiencing homelessness, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual 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 homeless individual is 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 settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] 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;
 - The costs associated with matching eligible individuals experiencing homelessness with appropriate housing situations;
 - One-time rental payments to prevent eviction.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible individuals experiencing homelessness who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

Section 522(f). Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses.

Section 522(h). The State agrees that not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and the payments will not be expended for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use services.

Section 523(a). The State will 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 funds provided in such payments. The amount of non-federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). 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 Section 523(a).

Section 526. The State has attached a Statement that includes the following:

- Identifies existing programs providing services and housing to eligible individuals experiencing homelessness and gaps in the delivery systems of such programs;
- Includes a plan for providing services and housing to eligible individuals experiencing homelessness, which:
 - Describes the coordinated and comprehensive means of providing services and housing to individuals experiencing homelessness; and
 - Includes documentation that suitable housing for eligible individuals experiencing homelessness will accompany the provision of services to such individuals;
- Describes the source of the non-federal contributions described in Section 523;
- Contains assurances that the non-federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3). The State has attached a description of the intended use of PATH Formula grant amounts for which the State is applying. This description shall:

- Identify the geographic areas within the State in which the greatest numbers of individuals experiencing homelessness with a need for mental health, substance use, and housing services are located; and
- Provide information relating to the program 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.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying 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 the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(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 clients, such as family members, consumers and mental health, substance use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2027, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2026 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at

Governor/Designee Name	Alisa Randall
Title	Assistant Deputy Director / Mental Health Commissioner
Organization	Arizona Health Care Cost Containment System

Signature:

Date:

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Governor/Designee Name	Alisa Randall
Title	Assistant Deputy Director / Mental Health Commissioner
Organization	Arizona Health Care Cost Containment System

Signature: 

Date: 04/17/2026

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:



KATIE HOBBS
GOVERNOR

STATE OF ARIZONA
OFFICE OF THE GOVERNOR

EXECUTIVE OFFICE

March 19, 2024

Grants Management Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, for the duration of my tenure, I delegate all Single State Agency (SSA) for substance abuse authority to the current Assistant Director, Alisa Randall, for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Block Grant (SABG). I delegate all State Mental Health Authority (SMHA) to Alisa Randall for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact Andrea Lustfiel, Deputy Assistant Director, Division of Grants Administration at Andrea.Lustfield@azahcccs.gov or (602) 417- 7792.

Sincerely,

Katie Hobbs
Governor
State of Arizona

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes ☐ No ☒

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

[Standard Form LLL \(click here\)](#)

Name: Alisa Randall
Title: Assistant Deputy Director / Mental Health Commissioner
Organization: Arizona Health Care Cost Containment System

Signature: _____

Date Signed: _____

mm/dd/yyyy

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:
Signed form included in attachments

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes ☐ No ☒

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

[Standard Form LLL \(click here\)](#)

Name: Alisa Randall
Title: Assistant Deputy Director / Mental Health Commissioner
Organization: Arizona Health Care Cost Containment System

Signature: 

Date Signed: 04/17/2026
mm/dd/yyyy

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

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I. State Information

State PATH Regions

Name	Description	Actions
Catholic Charities Community Services	Coconino, Mohave and Yavapai County	
Catholic Community Services of Southern Arizona, Inc DBA Good Neighbor Alliance	Cochise County	
Community Bridges Inc	Maricopa County	
La Frontera Center	Pima County	

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

1. STATE SUMMARY NARRATIVE

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

In Arizona, the Arizona Health Care Cost Containment System (AHCCCS) serves as both the State Mental Health Authority (SMHA) and the Single State Authority (SSA), with responsibility for the administration, coordination, and oversight of the state's public behavioral health system. In this role, AHCCCS designs and implements statewide behavioral health strategies that comply with federal requirements and executive orders, oversees Medicaid funded behavioral health services, and administers federal behavioral health grants, including the Projects for Assistance in Transition from Homelessness (PATH) program.

The AHCCCS PATH program is designed to reduce homelessness and improve access to behavioral health services for individuals with serious mental illness (SMI) and individuals with co-occurring substance use disorders who are experiencing homelessness or are at imminent risk of homelessness. A core value of the PATH program is prioritizing populations that face significant barriers to care, including veterans and individuals who are in jail, prison, or re-entering the community from correctional settings. This focus is embedded throughout PATH outreach, engagement, and service coordination activities statewide.

PATH services in Arizona are delivered by subrecipient organizations selected through a competitive Request for Proposal (RFP) process conducted in 2025. The current PATH subrecipients and their service areas include:

- Catholic Charities Community Services, serving Coconino, Mohave, and Yavapai Counties
- Catholic Community Services of Southern Arizona, Inc. dba Good Neighbor Alliance, serving Cochise County
- Community Bridges, Inc., serving Maricopa County
- La Frontera Center, serving Pima County

AHCCCS expects PATH subrecipients to deliver the full range of PATH allowable services, with street and community-based outreach as the foundational activity. Services include outreach and engagement, screening and assessment, case management, service coordination, benefits assistance, linkage to behavioral health and substance use treatment, and limited housing related assistance, not to exceed 20 percent of PATH funding. PATH funds are intended to supplement—not replace—ongoing treatment services and may not be used for inpatient care, housing construction, or cash assistance.

PATH providers are required to maintain strong system and community partnerships to ensure coordinated, nonduplicative service delivery. This includes collaboration with local Continuums of Care (CoCs), homeless service providers, housing agencies, law enforcement, correctional systems, hospitals, veteran serving organizations, and AHCCCS contracted health plans.

Providers are also expected to actively participate in community planning and coordination efforts such as Coordinated Entry, Point-in-Time counts, and local homelessness coalitions.

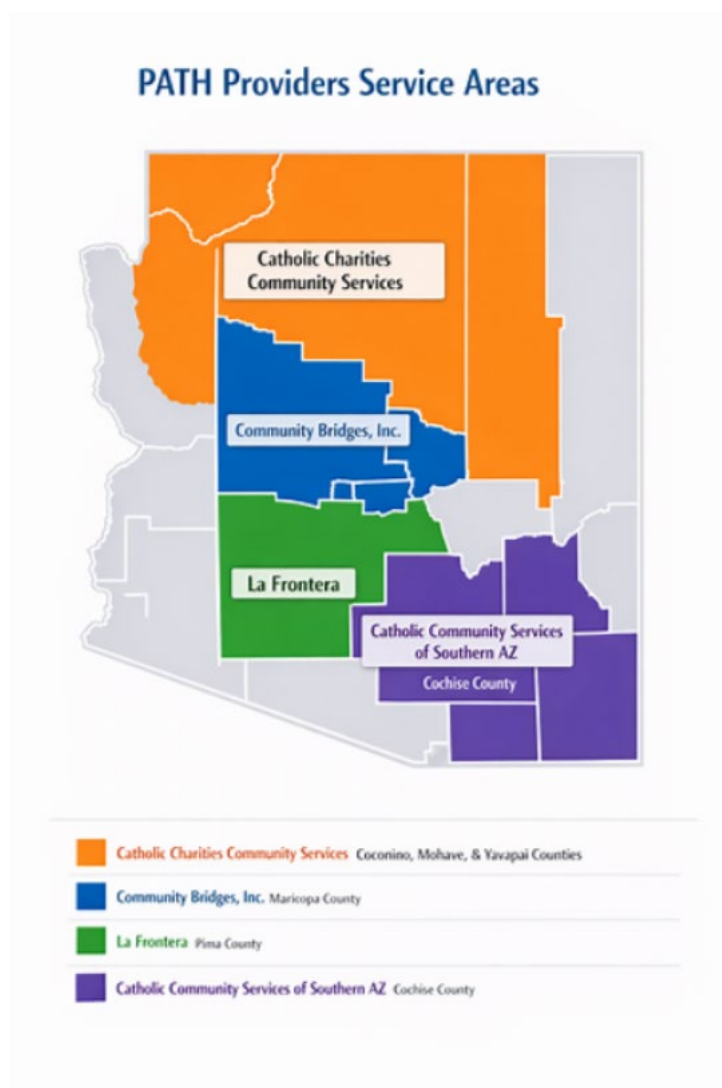
To support effective service delivery and accountability, AHCCCS requires PATH subrecipients to maintain trained, multidisciplinary outreach teams, including staff with lived experience of homelessness, and to designate a dedicated project manager as the primary point of contact. Providers must also maintain emergency and disaster response plans, adopt tobacco-free policies, and comply with all applicable federal nondiscrimination requirements.

AHCCCS provides ongoing oversight and technical support to PATH subrecipients through regular communication, monthly meetings, quarterly and annual reporting, and site visits, including review of documentation and staff interviews, to ensure compliance and effective service delivery.

Provider Funding and Individuals Experiencing Homelessness

Program	Federal	State	Total
Catholic Charities Community Services	\$363,929	\$126,364	\$490,293
Catholic Community Services of Southern Arizona, Inc. dba Good Neighbor Alliance	\$155,506	\$53,995	\$209,501
Community Bridges, Inc.	\$606,335	\$210,533	\$816,868
La Frontera Center	\$275,266	\$95,578	\$370,844

Continuum of Care- Service Area	Experiencing Homelessness	Individuals experiencing homelessness with a self-reported serious mental illness	Individuals experiencing homelessness with a self-reported substance use disorder
Arizona Balance of State Continuum of Care (AZBOSCO) Covers 13 counties outside Maricopa and Pima Counties	2,465	403	632
Maricopa Regional Continuum of Care Covers Maricopa County	9734	1208	1294
Tucson/Pima County Continuum of Care (CoC) Covers Pima County	2218	857	875



1.STATE SUMMARY NARRATIVE

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

In Arizona, the Arizona Health Care Cost Containment System (AHCCCS) serves as both the State Mental Health Authority (SMHA) and the Single State Authority (SSA), with responsibility for the administration, coordination, and oversight of the state's public behavioral health system. In this role, AHCCCS designs and implements statewide behavioral health strategies that comply with federal requirements and executive orders, oversees Medicaid funded behavioral health services, and administers federal behavioral health grants, including the Projects for Assistance in Transition from Homelessness (PATH) program.

The AHCCCS PATH program is designed to reduce homelessness and improve access to behavioral health services for individuals with serious mental illness (SMI) and individuals with co-occurring substance use disorders who are experiencing homelessness or are at imminent risk of homelessness. A core value of the PATH program is prioritizing populations that face significant barriers to care, including veterans and individuals who are in jail, prison, or re-entering the community from correctional settings. This focus is embedded throughout PATH outreach, engagement, and service coordination activities statewide.

PATH services in Arizona are delivered by subrecipient organizations selected through a competitive Request for Proposal (RFP) process conducted in 2025. The current PATH subrecipients and their service areas include:

- Catholic Charities Community Services, serving Coconino, Mohave, and Yavapai Counties
- Catholic Community Services of Southern Arizona, Inc. dba Good Neighbor Alliance, serving Cochise County
- Community Bridges, Inc., serving Maricopa County
- La Frontera Center, serving Pima County

AHCCCS expects PATH subrecipients to deliver the full range of PATH allowable services, with street and community-based outreach as the foundational activity. Services include outreach and engagement, screening and assessment, case management, service coordination, benefits assistance, linkage to behavioral health and substance use treatment, and limited housing related assistance, not to exceed 20 percent of PATH funding. PATH funds are intended to supplement—not replace—ongoing treatment services and may not be used for inpatient care, housing construction, or cash assistance.

PATH providers are required to maintain strong system and community partnerships to ensure coordinated, nonduplicative service delivery. This includes collaboration with local Continuums of Care (CoCs), homeless service providers, housing agencies, law enforcement, correctional systems, hospitals, veteran serving organizations, and AHCCCS contracted health plans.

Providers are also expected to actively participate in community planning and coordination efforts such as Coordinated Entry, Point-in-Time counts, and local homelessness coalitions.

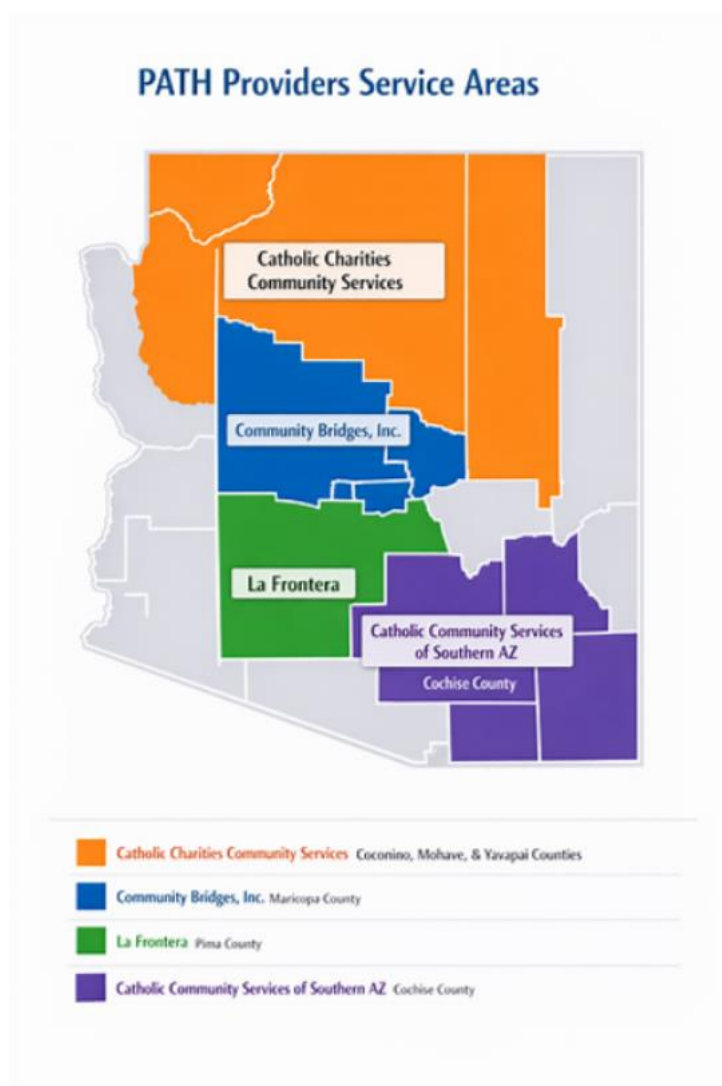
To support effective service delivery and accountability, AHCCCS requires PATH subrecipients to maintain trained, multidisciplinary outreach teams, including staff with lived experience of homelessness, and to designate a dedicated project manager as the primary point of contact. Providers must also maintain emergency and disaster response plans, adopt tobacco-free policies, and comply with all applicable federal nondiscrimination requirements.

AHCCCS provides ongoing oversight and technical support to PATH subrecipients through regular communication, monthly meetings, quarterly and annual reporting, and site visits, including review of documentation and staff interviews, to ensure compliance and effective service delivery.

Provider Funding and Individuals Experiencing Homelessness

Program	Federal	State	Total
Catholic Charities Community Services	\$363,929	\$126,364	\$490,293
Catholic Community Services of Southern Arizona, Inc. dba Good Neighbor Alliance	\$155,506	\$53,995	\$209,501
Community Bridges, Inc.	\$606,335	\$210,533	\$816,868
La Frontera Center	\$275,266	\$95,578	\$370,844

Continuum of Care- Service Area	Experiencing Homelessness	Individuals experiencing homelessness with a self-reported serious mental illness	Individuals experiencing homelessness with a self-reported substance use disorder
Arizona Balance of State Continuum of Care (AZBOSCO) Covers 13 counties outside Maricopa and Pima Counties	2,465	403	632
Maricopa Regional Continuum of Care Covers Maricopa County	9734	1208	1294
Tucson/Pima County Continuum of Care (CoC) Covers Pima County	2218	857	875



II. Executive Summary

2. State Budget

Planning Period From 7/1/2026 to 6/30/2027

A budget and budget narrative that includes the state's use of PATH funds are required. The budget can be entered directly into WebBGAS, or you can upload the budget as an attachment. The Budget Narrative is a separate document that must be uploaded as an Attachment. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	\$ 38,389	\$ 0	\$ 38,389				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	66,000.00	48.00 %	0.48	31,789.00	0.00	31,789.00	State Path Contact
Other (Describe in Comments)	66,000.00	10.00 %	0.10	6,600.00	0.00	6,600.00	Fiscal Staff
b. Fringe Benefits	40.00%	\$ 15,356.00	\$ 0.00	\$ 15,356.00			
c. Travel	\$ 4,631.00	\$ 0.00	\$ 4,631.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Annual PATH Conference	\$ 1,806.00	\$ 0.00	\$ 1,806.00	Airfare: 1 staff at \$784 per day = \$784 Out of State Per Diem: \$68 per day x 4 days = \$272 Lodging: \$250 per day x 3 days = \$750 Total Travel = \$1,806			
Other (Describe in Comments)	\$ 2,825.00	\$ 0.00	\$ 2,825.00	In State Travel: Lodging: 10 nights at \$150 per night = \$1,500 Per Diem: 15 days x \$69 per day = \$1,035 Mileage: 433 miles x \$0.67 per mile = \$290 Total In State Travel = \$2,825			
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
f1. Contractual (IUPs)	\$ 0.00	\$ 0.00	\$ 0.00				
f2. Contractual (State)	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments		
g1. Housing (IUPs)	0.00%	\$ 0.00	\$ 0.00	\$ 0.00			
g2. Housing (State)		\$ 0.00	\$ 0.00	\$ 0.00			
No Data Available							
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
h. Construction (non-allowable)							
i. Other	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
j. Total Direct Charges (Sum of a-i minus g1)	\$ 58,376.00	\$ 0.00	\$ 58,376.00				

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00	
I. Grand Total (Sum of j and k)	\$ 58,376.00	\$ 0.00	\$ 58,376.00	
Allocation of Federal PATH Funds	\$ 1,459,411	\$ 486,471	\$ 1,945,882	

Source(s) of Match Dollars for State Funds:

Arizona's required PATH match contributions are made available through the State General Fund Non-Medicaid Seriously Mentally Ill (SMI) Services appropriation. These funds support behavioral health services for individuals with SMI and are an established, non-federal funding source that aligns with PATH allowable outreach, engagement, and service coordination activities. The State General Fund Non-Medicaid SMI Services appropriation is protected by state statute, ensuring the stability and continuity of funding used to meet PATH match requirements. Because these funds are appropriated through the state budget process and dedicated to services for individuals with serious mental illness, they provide a reliable and sustainable source of match that is not contingent on the receipt of federal funds and is not used to match other federal programs. AHCCCS provides assurance that the required PATH match contributions are, and will continue to be, available at the beginning of each grant period. Match resources are identified and incorporated into approved budgets and funding structures prior to the start of the PATH grant cycle, ensuring immediate availability to support program implementation. These funds are integral to Arizona's behavioral health service delivery system and directly complement PATH funded activities by supporting outreach, engagement, and coordination for individuals experiencing homelessness with SMI or co-occurring substance use disorders. AHCCCS monitors match expenditures as part of its ongoing programmatic and fiscal oversight to ensure compliance with federal PATH requirements, including documentation, allowability, and appropriate use of non-federal funds. Through the use of a statutorily protected State General Fund appropriation, AHCCCS ensures that PATH match obligations are met consistently and without interruption, supporting timely and effective delivery of PATH funded services throughout the grant period.

AHCCCS
Projects for Assistance in Transition from Homelessness (PATH)
FFY2026/SFY2027 Application
Budget Narrative & Justification
July 1, 2026 through June 30, 2027

A. Personnel:

Position Title (1)	Staff Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)	State Match (7)
State PATH Contact	Ali De La Trinidad		\$66,000	0.48	\$31,789	
Fiscal Staff	Varied		\$66,000	0.10	\$6,600	
Total Request					\$38,389	\$0

JUSTIFICATION: This is the cost of staff salaries to provide oversight and monitoring of the PATH grant. The Project Administrator provides oversight, monitoring, and implementation of the PATH grant. The Project Administrator monitors contractors' compliance with grant obligations and adherence to policies and requirements. This position provides technical assistance to contractors and facilitates regular meetings with contractors to ensure they are providing the services as required by the PATH grant. The fiscal staff will provide support to the Project Administrator by assisting in the federal grants' management and administration of the grant. AHCCCS has a positive time tracking module within its Human Resource Information System (HRIS) that allows personnel to charge a grant for activities during each pay cycle, as part of its Employee Time Record (ETE). This will be utilized for any fiscal staff efforts charged to the grant.

B. Employee Related Expenditure:

Position (1)	Name (2)	Rate (3)	Total Salary Charged to Award (4)	Total Fringe Charged to Award (5)	State Match (6)
Project Administrator	Ali De La Trinidad	40%	\$31,789	\$12,716	
Fiscal Staff	Varied	40%	\$6,600	\$2,640	
Total Request				\$15,356	\$0

AHCCCS
Projects for Assistance in Transition from Homelessness (PATH)
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JUSTIFICATION: This is the ERE costs for those staff performing duties for PATH grant. Fringe benefits are part of the overall compensation and are proportionate to the level of effort that will devote to the project. The costs are incurred under formally established and consistently applied policies of the organization. Items in this category include FICA, paid vacation or sick time, pensions, health, or life insurance coverage.

Fringe Category	Rate
Retirement	11.94%
FICA	1.45%
Insurance (i.e., Health, Dental, Vision, Life, Unemployment)	Varies
Social Security	6.20%
Other (i.e., Long-term Disability, Workers Compensation)	Varies
Total	40%

C. Professional & Outside Services

Name (1)	Service (2)	Rate (3)	Total (4)	State Match (5)

JUSTIFICATION:

D. Travel:

Please note: All travel expenditures will require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM) <https://gao.az.gov/publications/saam>.

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to the Award (5)	State Match (6)
Out of state travel - Grantee Meeting	Washington D.C.	Airfare	1 @ \$784	\$784	
		Out of state per diem	\$68 x 4 days	\$272	
		Lodging	\$250 per day x 3 days	\$750	

AHCCCS
Projects for Assistance in Transition from Homelessness (PATH)
FFY2026/SFY2027 Application
Budget Narrative & Justification
July 1, 2026 through June 30, 2027

In state travel	Statewide	Lodging	10 nights x \$150/night	\$1,500	
		Per Diem Mileage	15 days x \$69 433 miles x \$0.67	\$1,035 \$290	
Total Request				\$4,631	\$0

JUSTIFICATION: This represents out of state travel for PATH conference as well as in State travel for oversight and monitoring of PATH programs by the PATH Project Administrator.

E. Contractual:

In the case of a subcontract relationship, costs must be broken down in detail and a narrative justification provided. A separate itemized budget is required for each contractor. If applicable, the number of clients should be included in the costs.

Name (1)	Service (2)	Federal Cost (5)	State Match (6)
Community Bridges	PATH Outreach - Maricopa County	\$606,335	\$210,533
La Frontera	PATH Outreach - Pima County	\$275,266	\$95,578
Catholic Charities Community Services – DBA Good Neighbor Alliance	PATH Outreach – Cochise County	\$155,506	\$53,995
Catholic Charities	PATH Outreach – Coconino, Mohave & Yavapai Counties	\$363,929	\$126,364
Total Request		\$1,401,035	\$486,471

JUSTIFICATION: This represents the budget allocation for PATH providers to provide outreach services to those experiencing homelessness, serious mental illness, and/or a substance use disorder.

AHCCCS
Projects for Assistance in Transition from Homelessness (PATH)
FFY2026/SFY2027 Application
Budget Narrative & Justification
July 1, 2026 through June 30, 2027

F. Indirect Cost Rate (See Footnote below):

Calculation (1)	Indirect Cost Charged to the Award (2)	State Match (3)
	\$0	
Total Request	\$0	\$0

JUSTIFICATION:

FOOTNOTE:

(1) Please specify whether utilizing indirect or administrative overhead.

(2) For administrative overhead, please provide a justification of costs included in administration.

(3) For indirect costs, please specify if using the de minimis rate or provide a copy of the approved indirect cost agreement. The de minimis rate for non-federal entities is subject to Uniform Guidance, 20 CFR 200.414.

G. Total Project Costs (Do not include In-Kind):

TOTAL REQUEST – TOTAL PROJECT COSTS - (Sum of Total Direct Costs and Indirect (Or Admin) Costs)	\$0	\$1,945,882
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H. BUDGET SUMMARY (this document should match the Budget Outline document):

Category (1)	Federal Cost (2)	State Match Total Project Costs (3)	Total Project Costs (4)
Personnel	\$38,389	\$0	\$38,389
Employee Related Expenditures	\$15,356	\$0	\$15,356
Professional & Outside Services	\$0	\$0	\$0
Travel	\$4,631	\$0	\$4,631
Contractual	\$1,401,035	\$486,471	\$1,887,506

AHCCCS
Projects for Assistance in Transition from Homelessness (PATH)
FFY2026/SFY2027 Application
Budget Narrative & Justification
July 1, 2026 through June 30, 2027

Indirect Costs or Administration	\$0	\$0	\$0
Total PATH Grant	\$1,459,411	\$486,471	\$1,945,882

Footnotes:

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: 07/01/2026

Expenditure Period End Date: 06/30/2027

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll
Catholic Charities Community Services, Inc.	Social service agency	Catholic Charities Community Services	\$0.00	\$0.00	0	0
Catholic Community Services DBA Good Neighbor Alliance	Social service agency	Catholic Community Services of Southern Arizona, Inc DBA Good Neighbor Alliance	\$0.00	\$0.00	0	0
Community Bridges Inc.	Social service agency	Community Bridges Inc	\$0.00	\$0.00	0	0
La Frontera Center, Inc.	Social service agency	La Frontera Center	\$0.00	\$0.00	0	0
Grand Total			\$0.00	\$0.00	0	0

* IUP with sub-IUPs

Footnotes:

II. Executive Summary

Intended Use Plans

Catholic Charities Community Services, Inc.	Provider Type: Social service agency
2101 North 4th Street	PDX ID: AZ-007
Flagstaff, AZ	State Provider ID: AZ-007
Contact: Sandra Flores	Contact Phone #: (928) 699-2289
Email Address: sflores@cc-az.org	

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

**Catholic Charities Community Services
Projects for Assistance in Transition from Homelessness (PATH)
Contractor Intended Use Plan (IUP) Narrative
Contract Period July 1, 2026 – June 30, 2027**

1. Local Area Provider Description- Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Response: Beginning in 2006, Catholic Charities Community Services (CCCS), a 501c3 non-profit social service agency, has provided the only adult homeless outreach services in Northern Arizona through the Projects for Assistance in Transition from Homelessness (PATH) grant. Services are currently provided in Coconino, Mohave and Yavapai Counties. In the year 2026, this program has been awarded \$490,293.

2. Collaboration with HUD CoC Program – Provide a brief description of the organization’s collaboration with HUD’s Continuum of Care (CoC) Program. Describe the organization’s participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates

Response: CCCS participates in each regional Balance of State Continuum of Care/Collective Impact groups, as well as the Homeless Task Forces in Mohave County and Verde Valley Homeless Coalition in Cottonwood. PATH has historically been one of the leading programs for the annual HUD Point in Time Count across all the counties it serves, assisting with conducting surveys, training volunteers and other agency staff, and providing regional maps in urban, rural, and wilderness settings. Additionally, the PATH administrator is on the governance committee for the AZ balance of state COC to ensure our voice is heard at the state level.

We attend statewide conferences for networking purposes to ensure we have the most current information and have access to funders and state officials to express the needs of those we are serving. We are a member of the Arizona Housing Coalition which advocates at the state and federal level for individuals experiencing homelessness in our state and local communities. As a member we offer input related to the rural areas of Arizona and the unique needs of the populations in those areas. PATH also takes part in conducting the Coordinated Entry process in each region to get their clients on homeless waitlists in each county served.

CCCS is also one of two lead agencies who operate the Front Door, the Coordinated Entry process in Coconino County. We opened our doors for Coordinated Entry in 2017 and have worked diligently with community partners to create and maintain a system that allows walk-in intakes, Monday through Friday complete with a mobile service as needed. In addition, there is weekly Case Conferencing at the CCCS office (Coconino and Yavapai, at the County Building for Mohave in Kingman) where those experiencing homelessness are prioritized, referrals made and followed up with by the group. In both Yavapai and Mohave counties, CCCS is one of several “no wrong doors” where intakes are completed. We participate in case conferencing with

both veteran and non-veteran groups in locations where case conferencing is separate. Working together with agencies through the Coordinated Entry process is critical to serving those most vulnerable in our communities. PATH plays an important role in Coordinated Entry, as our rural areas are so geographically vast. When someone comes up on the By Name List, and is not currently working with another agency, the community relies on PATH outreach to help them to connect to housing resources. In addition, PATH has the ability to do intakes in the field, helping communities connect to those who would not make it into the offices on their own. This takes patience and skills the path team excels at as this is not accomplished in just one encounter. In addition, PATH teams help get those waiting to get into housing document ready, they provide letters verifying homelessness, and disability verifications. This is an important step to getting people housed in a timely manner.

3. Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

Response: A Memorandum of Understanding (MOU) is active with Arizona Complete Health, Mohave Mental Health Clinic, and The Guidance Center. These documents outline service provisions for PATH clients in each of the three proposed counties through Health Choice/BCBS and specifically for Mohave County. MOUs continue to be developed with the responsible agencies in each of the other areas. These partnerships do and will include obtaining SMI assessments, determinations, and case plans. Monthly connections with Case Managers will be conducted to ensure clients are obtaining needed behavioral health services and working toward stable housing within the community. Should the responsible agencies need emergency assistance for PATH clients or potential PATH clients, Catholic Charities has a rotating on-call staff member. We anticipate formal MOUs with Southwest Behavioral Health Services in Coconino County, Spectrum Healthcare, Polara Health and Southwest Behavioral Health Services in Yavapai County, and Southwest Behavioral Health Services in Mohave County in the next few months. These MOU's will be critical to providing ongoing services to clients exiting the PATH program to ensure future success. Formal policies are in place for referrals for clients willing to engage in behavioral health services and to ensure diagnosis is available to team members for file compliance. Staff follow policy guidelines for outreach and enrollment, ensuring program and agency compliance and as guidelines for staff to navigate through the case management process. PATH staff work closely with the Regional Behavioral Health Authority and responsible agencies to break down barriers to treatment and ensure ongoing assistance for individuals in need of housing stability. Some agencies the PATH Program collaborates with include Northland Family Help Center (for victims of domestic violence and unsheltered youths), City of Flagstaff (providing additional funding for outreach activities), Flagstaff Shelter Services(shelter services for clients wishing to come in from outside), Salvation Army(providing food and housing financial assistance for clients), St.

Vincent de Paul(Thrift store partnership for clothing and work items), Nation’s Finest(for veteran clients to engage with VA services), Catholic Charities internally through the Family Shelter, Housing Program, and Supportive Services for Veteran Families (SSVF), The Circle of Page (local networking group for social service providers), The Flagstaff Family Food Center(for team members to obtain food for outreach and clients with food insecurity), The Williams Family/Community Outreach Coordinator(to engage families experiencing homelessness), Hope Cottage (shelter for women and children encountered through outreach), Yavapai County Probation Office (to assist clients in addressing justice involvement requirements), Coconino County Probation Office, Pathways and the Municipal/Superior Courts in Flagstaff, the Municipal Courts in Bullhead City and Kingman, Prescott Area Shelter Services, Project Aware (Prescott Homeless Men’s Shelter), CCJ Prescott Homeless Shelter, Northern Arizona Council of Governments (NACOG), St. Mary’s Food Bank, Coconino County and Mohave County CoC, Yavapai County Collective Impact, Coconino County Community Services (in both Page and Flagstaff), Nation’s Finest and the Prescott VA. In addition, we are working with Verde Valley Medical Center, Mohave/Yavapai/Coconino County Jails, Mental Health Court, Western Arizona Council of Governments (WACOG), Victim Witness Advocates in Flagstaff, Williams and Grand Canyon Village, the Flagstaff, Prescott, Prescott Valley, Chino Valley, Williams, Sedona, Cottonwood, Camp Verde, Kingman, Lake Havasu City, and Bullhead City Police Departments, the Congress, Yarnell, Skull Valley, Prescott, Prescott Valley, Flagstaff, Williams, Ash Fork, Yucca, Lake Havasu City, Bullhead City, and Kingman Fire Departments, Flagstaff Medical Center Social Workers, the Mohave, Coconino, and Yavapai Sheriff Departments, Bureau of Land Management Rangers in Mohave County, Various National Forest Service Rangers in Coconino and Yavapai Counties, Park Rangers in the Grand Canyon, Terros Health in Flagstaff and Mohave County, United Way in all areas, Hope Lives in Flagstaff and Bullhead City, Sunshine Rescue Mission in Flagstaff, Set Free Church in Paulden, the Verde Valley Homeless Coalition Day Center and Shelter in Cottonwood, the Sedona, Cottonwood, Prescott, Flagstaff, Page, Bullhead City, Kingman, and Lake Havasu City- City Governments and Mayoral Offices, the Camp Verde, Sedona, Cottonwood, Prescott, Prescott Valley, Flagstaff x2, Page, Bullhead City, Lake Havasu City, and Kingman City Libraries, Center for Hope and the Salvation Army in Lake Havasu City (allows PATH and other CCCS programs to utilize an office for walk-ins, case management on Tuesdays), Camp Verde City Library (allows PATH to utilize a meeting room every other Wednesday from 1-3pm), Old Town Mission in Cottonwood, Cornerstone Mission in Kingman, Community Assistance Teams of Flagstaff (CATS), Hope for the World in Williams, and the Social Security Administrations in Prescott, Flagstaff, and Needles, CA. These agency partnerships help move consumers toward self-sufficiency and improve their access to resources by (1) sharing knowledge on resource availability that is conveyed to consumers, (2) providing tangible resources to distribute to consumers, (3) pre-screening for possible enrollment into PATH services. PATH staff also work closely with Catholic Charities’ Veteran Services program (along with Nation’s Finest, Department of Veteran Affairs, U.S Vets). PATH also works closely with Veteran Organizations during Veteran Stand Downs in Flagstaff, Williams, Two Guns, Prescott, Bullhead City, Kingman, and Lake Havasu City for transporting veterans, planning phases, and setting up information booths. Clients can be dually enrolled in both PATH and Veteran Services, increasing their opportunities for behavioral health and veteran-qualified services in housing and medical/behavioral health needs. Coordination with other outreach teams occurs with the Veteran Services Program in Coconino and Mohave Counties and with the H2O Housing Program at Catholic Charities in

Coconino, Mohave, and Yavapai Counties. This coordination leads to ensuring potential clients relate to the proper program and Catholic Charities Community Services, Inc. resources and ensures a wider coverage area during outreach. PATH in Mohave works once every other week (Wednesdays) with the Bullhead City Municipal Court's Quality of Life Court Judges and Attorneys (as well as other service providers) to assist homeless individuals minimize and quash fines and/or records by enrolling in the variety of services offered within the community. The very next day, those individuals are responsible for their own progress and utilize PATH services for potential enrollment, completing VI- SPDATS to initially begin the housing process, and enrollment in MRT (Moral Recognition Therapy conducted by a certified MRT trained and PATH Staffer that is usually a 6 week long, one day per week (Thursdays) class that covers moral reasoning, better decision making, and more appropriate behavior in social settings as well as in daily life).

4. Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

- How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have a COD; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Response: The Catholic Charities PATH Outreach Program provides outreach services and interventions designed to assist individuals who meet the federal definitions of homelessness or imminent risk of homelessness in Coconino, Mohave, and Yavapai Counties. Teams of two search streets, community parks, Interstate Rest Stops, vacant buildings, alleys, homeless shelters, river bottoms, forests, mountain valleys and foothills, desert campsites, parks, jails, hot meal centers, food pantries, hospitals urban and BNSF (train) tunnels, neighborhoods and anywhere else homeless individuals may camp or frequent to locate individuals experiencing homelessness. During outreach activities, the teams distribute life-sustaining supplies; provide regularly updated resource lists detailing available social services; educate people on local camping rules and regulations (National Forests, County, City Limits, Bureau of Land Management); and transport clients directly to detoxification centers, medical treatment, and psychiatric care. Outreach is regularly conducted during inclement weather and available on call after hours. All individuals experiencing homelessness are served, and those with serious mental illnesses and/or COD's are provided with program information about the future possibilities of enrollment into PATH. One team of at least two PATH outreach staff is assigned to each geographic service area.

Four staff members are formerly homeless, which adds a level of understanding and empathy to service provision. PATH teams strive to maintain regular contact with the individual/family experiencing homelessness. Enrolled clients receive ongoing case management and have access to move-in assistance, bus passes, clothing vouchers, motel assistance, eviction prevention funds, etc. They are also connected to services including, but not limited to, counseling, financial education, and identification acquisition. Specific benefits of the program's homeless outreach services include 1) access to life-sustaining, emergency resources 2) education on locally available social services and treatment options as well as acceptable and safe camping practices; 3) field assessments and evaluations; 4) assistance in locating cooling or heating stations during extreme weather; 5) transportation in the form of client transport to behavioral health appointments and bus passes and tickets; 6) linkage to the behavioral health crisis system; 7) case management designed to connect and enroll participants in mental health and/or substance abuse treatment; 8) completion of the VI SPDAT and entry into HMIS data system to facilitate a coordinated care approach to service provision; 9) transition into the T/RBHA case management system (Northern Arizona Regional Behavioral Health Authority); 10) assistance getting prescriptions filled (co-pays for psych meds only); 11) assistance completing appropriate applications and necessary follow-up to ensure eligible persons are in receipt of SSI/SSDI through the SOAR program, medical insurance (AHCCCS/MEDICAID), housing resources (Section 8, Project Based Housing, UD 202/811s, HEARTH, and Low Income Housing Tax Credits), income resources (VA benefits, General Assistance, Temporary Assistance for Needy Families, Food Stamps and employment services); 12) discharge planning for individuals exiting a medical or treatment center who need resources to avoid stressors which may lead back to inpatient care (such as lack of shelter); 13) coordination with emergency services when a client requires medical attention; 14) moving assistance; 15) hotel vouchers for medically fragile individuals, particularly during inclement weather; 16) housing dollars for permanent placements, 17) 1- staff certified in instructing Mental Health First Aid to law enforcement, jail staff, community partners, and collaborative agency staff to expand awareness of mental illness/behavioral health concerns, 18) outreach teams provide bins containing life sustaining supplies and resource/contact information to rural points of interest that have interactions with homeless individuals such as food banks/drop off locations, sheriff departments, police departments, victim witness advocates, and fire departments which also increases collaboration efforts for PATH to interact and possibly transport homeless individuals to places with more resources, 19) 1- Staff certified in SOAR, 20) 1- Staff certified in training others in CPR/AED/First Aid.

For clients suspected to have both a serious mental illness and a COD, after an initial contact or follow-up contacts have generated trust, the PATH team arranges an assessment to determine if indeed the client has mental illness and/or a COD. PATH eligible individuals with COD's receive outreach and are referred to The Guidance Center in Flagstaff, Mohave Mental Health Clinics in Mohave County, Encompass in Page and Fredonia, Spectrum Healthcare in Sedona, Cottonwood, Camp Verde, Prescott Valley, and Prescott, Polara Health in Prescott and Prescott Valley, and Southwest Behavioral & Health Services in Flagstaff, Mohave County, and Prescott/Prescott Valley for treatment services. Those enrolled in the PATH Program receive case treatment services through a local behavioral health provider. Consumers receive a comprehensive

assessment with emphasis on the unique needs and cultural preferences of the individual, and a consumer-driven service plan is developed to target individual needs. Navigation services include, but are not limited to, assistance with obtaining identification documents; applying for entitlements such as food stamps, general assistance, Medicare/Medicaid, or SSI/SSDI; coordination of health care or obtaining a primary care physician once healthcare benefits are in place; placement in a shelter; job assistance such as resume building-obtaining food handler permits- interview clothing/vouchers, and mental health treatment. A rapport is built with the consumer to assist them in meeting self-identified goals of their service. Catholic Charities believes that sustained mental health treatment is unlikely to occur outside of stable living arrangements so, as much as possible, enrolled participants are encouraged to choose housing goals that lead to permanent housing. To determine SMI within 90 days, enrolled PATH clients complete Release of Information forms during the intake process for their current behavioral health provider or where they wish to go to receive SMI determination and treatment. The form requires the chosen behavioral health agency to provide notification to Catholic Charities of an SMI diagnosis via mail, email, or fax. These documents are maintained in client files. PATH staff inquire about a client's diagnosis during every contact with the client and by communicating with the client's assigned Behavioral Health Case Manager. Alternatively, a Title XIX verification request can be submitted through the Regional Behavioral Health Authority. Such requests are fulfilled within one week (Solari requests). This system is liable to change with the better understanding of a client's right to obtain an SMI assessment from a behavioral health provider within seven days of each client's request. Through scheduling, Catholic Charities provides a weekly on call status for each PATH Homeless Outreach staff member. In all three counties, one staff member responds to on-call emergencies every first and third week of each month, while the other staff responds every second and fourth week. During winter outreach, however, on call scheduling is dependent on the amount of location/inclement weather driving training each staff member has. The PATH Supervisor trains the outreach staff until they are adequately educated to complete an entire night leading the outreach effort with volunteers, interns, or inner-agency/outer-agency workers. During severe snowstorms, PATH utilizes an all-hands-on-deck approach, having one team outreach western Flagstaff/outlying areas and the other team outreaches eastern Flagstaff/outlying areas. Currently one team is covering Prescott/Prescott Valley with agency interaction assistance from Set Free Church Volunteers covering Prescott/Chino Valley corridor. In the extreme heat areas of Mohave County, PATH staff coordinate with local providers for water drives, safe daytime provisions, and the creation of cooling stations for this population to prevent heat-related deaths. PATH funds are leveraged to create the greatest impact possible for the program's clients. PATH funds are often combined with support from fundraisers, donations, and other funders. To boost the program's ability to serve clients with needs not covered by PATH funding, additional support is sought out through local foundations, the Arizona Community Foundation, and the United Way. Additionally, the PATH Program collaborates with other agencies such as behavioral health, Goodwill, Salvation Army, St. Vincent De Paul, the Assistance League of Flagstaff, the Circle of Page and others to assist clients in meeting their needs while maximizing program funding.

Gaps in service delivery are identified through client satisfaction surveys conducted annually and through quarterly file and program reviews as part of Catholic Charities' internal program quality improvement (PQI). These gaps are addressed in weekly staffing's to improve the program. Some gaps in the current service systems in the counties served by the PATH Program include the amount of time it takes in some areas to obtain the SMI diagnosis, lack of affordable housing opportunities, the lack of available jobs, minimal resources in rural and tribal areas, and overall drive time. The implementation of a Coordinated Entry System in each county is helping to identify the housing gaps in each rural community.

PATH eligibility is determined by each staffer through screening tools used during outreach encounter. This screening process is loosely based on the many symptoms covered in the DSM-V, regarding COD and mental illnesses. If a potential client thinks that they might suffer from an SMI or COD or had been previously diagnosed (either locally or out of state) and wish to enroll into PATH services, PATH works with them in a timely fashion to either schedule a future appointment or even a same day appointment for an enrollment. Eligibility is documented through the HMIS database in both self-declaration by the client, screening notes, and later by obtaining an SMI determination and treatment plan from the local RBHA. Those documents are in turn secured in a hard-copy client file and locked in each regional PATH office (lock boxes/file cabinets) in compliance with HIPAA standards and practices.

5. Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Response: Catholic Charities operates a Housing Program with over 160 scattered site housing units throughout Northern Arizona which are utilized to house homeless or formerly homeless individuals and families who have a qualifying disability. During FY 2025 this Housing Program assisted over 125 individuals obtain housing, with approximately over 55 of them previously enrolled in the PATH Program. Examples of disabilities include SMI, COD, post-traumatic stress disorder, HIV/AIDS or physical disability. Residents pay 30% of their income (if any) in rent and receive case management and supportive services either through Catholic Charities or a collaborative partner. The Housing Program and the PATH Program work together to move participants from a crisis to a stable environment where they can thrive. In addition to these housing options, PATH staff work with the local Public Housing Authority and local landlords to increase opportunities for housing for individuals enrolled in the program. Through the Coordinated Entry System, individuals are prioritized for housing based on the VI SPDAT and referred through HMIS and Case Conferencing weekly in all areas. Preventative measures are utilized to ensure housed PATH clients do not become homeless again. This includes making referrals to other agencies that can assist with eviction prevention (Coconino County Community Services and St. Vincent de Paul In-Town Help Line), as well as a one-time only PATH-funded eviction prevention assistance (up to \$300). If a client has Title XIX status, a limited amount of funding is available through behavioral health service providers including Southwest Behavioral Health Services, Mohave Mental Health Clinic, CBI-Encompass Health, Spectrum Health, The Guidance Center, and Polara Health. Catholic Charities also provides services to assist clients in

obtaining or maintaining income, thereby preventing homelessness. These services consist of assisting clients that may qualify for Social Security Disability Benefits, Goodwill Industries One Stop Job Programs, Vocational Rehabilitation, Arizona Workforce Job Training, access to job listings and job fairs, and connection to placement agencies (Labor Ready, Quality Connections, and the Family Food Center). The PATH Homeless Outreach Program assists clients with obtaining medical and behavioral records for Disability Benefit purposes, paying for initial costs of GED classes (Coconino Community College), obtaining birth certificates and identification for benefits, employment, treatment, and other agency assistance purposes, referrals to financial responsibility classes, and assists culinary clients in obtaining food handler permits through the counties in which PATH has coverage.

6. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.

Response: PATH at CCCS will outreach anyone they suspect to be homeless, anyone that is referred to PATH by community partners, agencies, citizens, and first responders no matter what their backgrounds might be within the safety and guidelines of the agency and in accordance with the law. In the Fiscal Year of 2026/2027, PATH at CCCS is looking to contact a total projection of 1,425 unduplicated individuals, enroll a total projection of 170 unduplicated individuals, and serve a projected total of 170 unduplicated individuals. (Breakdown per county: Projected Contacts- 475 in each county, Enrollments and Serving those that are Literally Homeless- Coconino- 65, Mohave- 65, Yavapai- 40- Yavapai only having one staffer due to current lack of funding).

Catholic Charities has been utilizing the HMIS system since program inception in 2006. Our efforts now include meeting the upgraded data standards, ongoing training for staff to ensure all new data standards are understood and up to date, and monthly report reviews to ensure compliance with the data standards adopted by SAMSHA. We will continue to work closely with the HMIS Administrator to ensure staff training is current and the program's administrative assistant will pull weekly and monthly data quality reports to ensure full compliance. All case management activities will be entered and tracked in HMIS within 5 business days, and the program will ensure that all new staff participate in HMIS training within 30 days of hire. HMIS collects data on not only the number of individuals outreached or enrolled, but on the services and referrals provided to clients. Updates are conducted regularly as clients obtain mainstream benefits and income. These stats are used to demonstrate not only reportable numbers for the grant, but to demonstrate client and program successes and the volume of services provided to clients (6.14). This data assists us in driving results and implementing program changes to ensure we are continuing to provide the services necessary to help clients achieve stability, to maintain HIPAA guidelines, and protect client PHI during and after enrollment.

7. Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.

Response: Consumers are included in the case planning process during the enrollment intake process as well as during follow-ups and updates throughout the duration of their active enrollment. PATH welcomes and encourages family involvement, when possible, at the request of the consumer and with proper Release of Information documentation in place. Catholic Charities utilizes customer satisfaction surveys and solicitations of consumer input, which provide input on the planning, implementation, and evaluation process annually for the PATH Program. Catholic Charities also utilizes surveys for agency and community partners in each region which PATH serves. Surveys are reviewed annually with staff to brainstorm program improvements that may be possible to address any client concerns and maintain or improve upon practices that are valued by the consumers we serve. Catholic Charities includes a grievance packet, client rights, and a client handbook in requested preferred language both in print and digitally upon request. Case management occurs with full participation of the client and is directed by their perceived needs in conjunction with suggestions from a team member. Former PATH clients are eligible to apply for positions in the program as paid staff or volunteer post program completion and must qualify within agency guidelines. As of 2026, 4 of the current 6 PATH specialists at CCCS have backgrounds of being formerly homeless, as does a member of our agency's Executive Team. These staff members offer critical input in planning and development of program guidelines and training.

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
a. Personnel	\$ 0	\$ 0	\$ 0		
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00%	\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
h. Construction (non-allowable)					
i. Other	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
j. Total Direct Charges (Sum of a-i)		\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00		
l. Grand Total (Sum of j and k)		\$ 0.00	\$ 0.00	\$ 0.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:0Estimated Number of Persons to be Enrolled:0

Estimated Number of Persons to be Contacted who are Literally Homeless:0

Catholic Charities
PATH Grant Budget Narrative & Justification
Coconino, Mohave, & Yavapai Counties
July 1, 2026 through June 30, 2027

A. Personnel:

Position Title (1)	Staff Name (2)	Annual Salary/Rate (3)	Level of Effort (LOE) (4)	Total Cost Charge to Award (5)
PATH Supervisor	Richard Brust	\$61,443	100%	\$61,443
Outreach Specialist Coco	Sarah Annibal	\$45,968	100%	\$45,968
Outreach Specialist Coco	Dwight Manuel	\$45,219	100%	\$45,219
Outreach Specialist Yav	Daja Dorsey	\$42,868	100%	\$0
Outreach Specialist Mohave	Patricia Jacques	\$48,770	100%	\$48,770
Outreach Specialist Mohave	Amber Ranney	\$42,640	100%	\$42,640
Total Request				\$244,040

JUSTIFICATION:

The staff in the PATH Program consists of the Program Supervisor and 5 total Outreach Specialists across 3 counties of service area. The supervisor oversees the Outreach Specialists as well as program operations, data, deliverables, and is additional outreach support as needed in each of the counties he oversees. Outreach Specialists are responsible for conducting outreach in the field, searching for and engaging individuals who are experiencing homelessness. Through this outreach to all process, Outreach Specialists are focused on identifying those individuals with a diagnosis of Serious Mental Illness (SMI) or a Co-Occurring SMI and Substance Use Diagnosis for potential enrollment into the program for further assistance towards treatment and housing. Outreach staff are also able to enroll individuals with a presumed SMI or Co-Occurring Disorder and will work with them to connect with Behavioral Health facilities to complete an assessment and further behavioral health support needs. Once enrollment occurs, clients are provided with Case Management and additional approved services such as housing assistance, ID's, Birth Certificates, and connections and support for Behavioral Health needs. Outreach Specialists work in teams for safety and will collaborate with our in-house Veteran and H2O Outreach staff when necessary. This is particularly critical in Yavapai County where; due to increased costs and lack of additional funding we have reduced staff to only 1 Outreach Specialist, who is funded outside of this contract through private donations and other funding when available. Collaboration, both internally and externally is critical in this program, particularly in the vast geographic area covered in this contract. In fact, 2 of the counties served are among the largest in the nation.

Catholic Charities
PATH Grant Budget Narrative & Justification
Coconino, Mohave, & Yavapai Counties
July 1, 2026 through June 30, 2027

B. Fringe Benefits (Employee Related Expenses):

Position (1)	Staff Name (2)	Total Personnel Cost from Above (3)	Total Fringe Rate (4)	Total Cost Charged to Award (5)
Path Supervisor	Richard Brust	\$61,443	36%	\$22,119
Outreach Specialist	Sarah Annibal	\$45,968	36%	\$16,548
Outreach Specialist	Dwight Manuel	\$45,219	36%	\$16,279
Outreach Specialist	Daja Dorsey	\$42,868	36%	\$0
Outreach Specialist	Patricia Jacques	\$48,770	36%	\$17,557
Outreach Specialist	Amber Ranney	\$42,640	36%	\$15,350
Total Request				\$87,853

JUSTIFICATION: Fringe benefits (or Employee Related Expenses (ERE)) are calculated at the average of 36% broken out in the below table. Of these benefits, 2 are legally required and the other is a benefit offered by our agency, medical insurance. As these positions are on the lower end of pay scale for the areas served, these benefits are crucial to employee recruitment and retention.

Fringe Category	Rate
Retirement	9
FICA	7.65
Insurance	19.35
Social Security	inc
Total	36%

C. Travel:

Catholic Charities
PATH Grant Budget Narrative & Justification
Coconino, Mohave, & Yavapai Counties
July 1, 2026 through June 30, 2027

Please note: All travel expenditures will require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM) <https://gao.az.gov/publications/saam>.

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Total Cost Charged to the Award (5)
Outreach	3 counties	Auto fuel	250M X 3 counties X .67/mile X 12 months	\$6,030
Outreach	3 counties	Auto Insurance	Actual monthly	\$5,000
Total Request				\$11,030

JUSTIFICATION:

As the primary focus of this program is to outreach individuals experiencing homelessness, travel costs are crucial to program success. Catholic Charities covers 3 counties (Coconino, Yavapai & Mohave) with this contract which represents 40,250 square miles of geography. Outreach Specialists spend much of their time searching for and connecting with individuals who are living outside, and very often “off the grid” in forests and other remote locations. Many of these efforts are during critical weather times with snow in winter and deadly heat in summer. Outreach Specialists expect to travel an average of 250 miles per month in each county conducting outreach and engagement activities. These numbers may fluctuate month by month based on the above-mentioned critical weather times but will end the year with this average or higher. The program owns or leases 4 vehicles, dedicated to this Program, and auto insurance is based on the drivers and vehicles insured by the agency. The Rising fuel and insurance costs affect this program as funding does not typically increase, even though market conditions do. The funds requested herein will be actual fuel receipts for outreach activities across the 3 counties. The calculation is 250 miles per month, per County averaged at .67 per mile (the State of Az allowable rate). Auto Insurance will be paid per invoiced amount for each driver in the program (6).

D. Equipment (Over \$10,000 per item):

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Total Request		\$0

JUSTIFICATION:

E. Supplies (Items costing less than \$10,000 per unit):

Catholic Charities
PATH Grant Budget Narrative & Justification
Coconino, Mohave, & Yavapai Counties
July 1, 2026 through June 30, 2027

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Outreach Supplies		\$5,000
Total Request		\$5,000

JUSTIFICATION:

The population targeted with these contract funds are often undiagnosed or untreated individuals with both homelessness and behavioral health support as the most critical needs. These individuals are most often unsheltered and many specifically avoid shelter and other interventions due to their behavioral health concerns. One of the best engagement opportunities for our Outreach Specialists is to have basic needs supplies available for distribution. The supplies, such as hygiene kits, warm clothing, gloves, socks, sunscreen, food and water, help to build trust between clients and staff for future engagement opportunities. It often takes multiple outreach encounters for individuals to begin to trust the staff and further engage in treatment and housing support and resources. These supplies are often the first step to further services and are critical in times of inclement weather to save lives. Funds requested above will be actual cost of approved supplies and will have detailed receipts for reimbursement.

F. Contractual:

Name of Organization or Consultant (1)	Type of Agreement (2)	Total Cost Charged to the Award (3)
Total Request		\$0

JUSTIFICATION:

G. Housing:

If requesting rent, please fill out & submit rent worksheet.

Housing Assistance (1)	Calculation (2)	Total Cost Charged to the Award (3)

Catholic Charities
PATH Grant Budget Narrative & Justification
Coconino, Mohave, & Yavapai Counties
July 1, 2026 through June 30, 2027

Total Request		\$0

Housing Narrative: N/A

JUSTIFICATION: *We partner with Housing agencies in each county for financial housing assistance.*

H. Other:

(Include Other Consultants):

Item (1)	Rate (2)	Cost (3)
Occupancy	See charts previously provided	\$34,554
Client assistance-Bus Passes	Actual invoiced amount	\$4,000
Staff cell phones (6)	\$59/month X 6 staff	\$4,248
Total Request		\$42,802

JUSTIFICATION:

While the primary focus of the program is outreach in the community, it is also necessary to complete data and reporting requirements per the contract. Outreach Specialists and Program Supervisor have offices in each county as part of the overall agency building in each county. The actual cost of the building (utilities, maintenance, lease/mortgage, insurance, etc) are divided among the programs working at each office based on the square footage of the space used by the program. Occupancy tables were completed previously for each location to support this request.

Outreach Specialists are consistently out in the field, often after regular business hours, and must have an option to reach out for assistance when necessary. Due to the nature of the work, safety is one of the biggest concerns for staff when outreaching across the vast geography covered, and therefore CC provides a cell phone to each staff member in the program. The actual cost of each monthly cell phone is requested here.

Bus passes are provided to enrolled clients when needed and invoiced by the agency providing bus services. Bus passes are often the best or only way to ensure clients can keep appointments for mainstream benefits, behavioral health appointments, and job seeking. Both Coconino County and Mohave County have bus systems and in partnership, have offered reduced cost to CC for the purchase of these passes. While outreach staff are able to transport clients, they cannot meet the needs of all clients and providing bus pass assistance relieves that pressure to support their clients.

Total Direct Charges (Do not include In-Kind):

Catholic Charities
PATH Grant Budget Narrative & Justification
Coconino, Mohave, & Yavapai Counties
July 1, 2026 through June 30, 2027

TOTAL REQUEST – TOTAL DIRECT CHARGES -	\$390,725
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I. Indirect Cost Rate or Administration (See Footnote below):

Calculation (1)	Indirect Cost Charged to the Award (2)
30% of Salary and ERE combined per Federally Approved Indirect letter previously provided.	\$99,568
Total Request	\$99,568

JUSTIFICATION:

Catholic Charities has a Federally approved Indirect Rate Agreement allowing us to charge 30% of the combined total of Salary and ERE ONLY. This percentage is not based on the overall contract amount, only on the personnel costs. This letter has been provided for verification. CC will continue to maintain an approved rate agreement and will seek to adjust upon expiration or strong necessity to support its programs. CC's indirect rate supports costs for Accounting/Finance, Human Resources, IT, etc, supporting the overall needs of the agency and based on the personnel cost of each program.

FOOTNOTE:

- (1) Please specify whether utilizing indirect or administrative overhead.**
(2) For administrative overhead, please provide a justification of costs included in administration.
(3) For indirect costs, please specify if using the de minimis rate or provide a copy of the approved indirect cost agreement. The de minimis rate for non-federal entities is subject to Uniform Guidance, 20 CFR 200.414.

J. Total Project Costs (Do not include In-Kind):

TOTAL REQUEST – TOTAL PROJECT COSTS – (Sum of Total Direct Costs and Indirect (Or Admin) Costs)	\$490,293
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II. Executive Summary

Intended Use Plans

Catholic Community Services DBA Good Neighbor Alliance

268 West Adams Street

Tucson, AZ 85705

Contact: Terrance R Watkins**Email Address:** TerranceW@ccs-soaz.org**Provider Type:** Social service agency**PDX ID:** AZ-012**State Provider ID:** AZ-012**Contact Phone #:** 520-808-1338

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

**Catholic Community Services (Good Neighbor Alliance)
Projects for Assistance in Transition from Homelessness (PATH)
Contractor Intended Use Plan (IUP) Narrative
Contract Period July 1, 2026 – June 30, 2027**

1. Local Area Provider Description- Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Response: Good Neighbor Alliance (GNA), a program of Catholic Community Services of Southern Arizona (CCS), is a community-based 501(c)(3) nonprofit organization that operates a Samaritan Station emergency shelter for unhoused men, women, families with children and veterans in Sierra Vista, Arizona. The shelter is housed in Cochise County, the southeast corridor of Arizona along the Mexico border and is 6,169.45 square miles. This area is serviced by only two homeless shelters and two domestic violence shelters. The goal of GNA is to offer shelter and access to services to help stabilize guests and provide for their most basic needs throughout their transition out of homelessness. For our unhoused community members, GNA provides extensive outreach services throughout Cochise County, to ensure that any individual experiencing homelessness within the county can be connected to a behavioral health/medical provider, is receiving mainstream benefits (such as SNAP and AHCCCS), have all necessary documentation, and have completed a VI-SPDAT and are entered into the Homeless Management Information System to be added to the By-Name-List. GNA also operates an In-Reach Program three days per week, where individuals who are experiencing homelessness in close proximity to the shelter can receive the same services as outreach members, and GNA can offer In-Reach Program participants a warm shower, all toiletry items, towels, etc. In-reach participants are also offered coffee, snacks, fellowship, and assistance in identifying resources as well as an opportunity to do laundry. Both Outreach and In-reach participants are prioritized for connection to behavioral health providers, especially those with a Serious Mental Illness determination, and PATH staff help them identify a Behavioral Health provider, coordinate an intake (if needed), assist the participants with getting to their appointment (coordinating transportation or transporting if needed), and ensure that the participants have access to obtaining their medication. For the past three years GNA has also been granted funding to provide hotel vouchers when the shelter is full or other exigent circumstances arise. Staff will utilize this opportunity as well to complete SPDAT's and encounter new contacts.

GNA is anticipating funding in the amount of 209,501. For this contract year, funding directly affects the services we can provide our guests. During the 2024-2025 fiscal year PATH provided services to 1462 unhoused individuals and this number will easily be surpassed. In July we have already provided services to 794 unhoused individuals. Most of our guests come in the form of PATH Outreach and PATH In-Reach Program engagements. In addition to these numbers, GNA PATH Outreach Workers have also enrolled 16 individuals into the program, year to date. In July 2025, the GNA shelter went on 24/7 coverage. This allows guests, some of which are PATH clients, to remain on site during the day safe from the circumstances of extreme temperatures and/or heat advisory. GNA will soon offer guests an opportunity to participate in a variety of activities designed to help encourage self-esteem, self-care, health, wellness, and self-sufficiency. We hope to offer skill training and vocational skills in the near future. These activities will include crafts, story time, and structured playtime for any families with

children, as well as literacy information, hygiene, nonviolent conflict resolution, learning how to identify and express strengths and computer lab time for job/apartment searches.

2. Collaboration with HUD CoC Program – Provide a brief description of the organization’s collaboration with HUD’s Continuum of Care (CoC) Program. Describe the organization’s participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates

Response: Good Neighbor Alliance has been an active member of the Arizona Balance of State Continuum of Care (AZBOSCO) for nearly 20 years. CCS currently holds the ADOH contract for the Cochise Local Coalition to End Homelessness (LCEH) GNA staff attends monthly LCEH meetings along with attendees from Arizona Complete Health, Regional Behavioral Health Authority (RBHA) in Cochise County, Community Partners Integrated Health, Community Bridges Inc., Easter Seals Blake Foundation, Primavera Foundation, Hispanic Council of Southeastern Arizona, Bisbee Coalition for the Homeless, Cochise County Reentry Coalition, Hope Inc., Housing Authority of Cochise County (Public Housing Authority), The Veterans Affairs Social Worker for the Homeless, the Supportive Services for Veterans Family run by the Red Cross of Southern Arizona, Chiricahua Community Health Center, St. Vincent de Paul, Cochise Serving Veterans, and the Warrior Healing Center.

GNA organized the HUD-mandated Point in Time (PIT) Count from 2005 to 2021. As LCEH lead, CCS-GNA still coordinates the PIT Count for all of Cochise County. GNA has been involved with the Data Quality committee to establish data collection requirements and policies and procedures also to increase the effectiveness of outreach opportunities, identify gaps, and assist in proposed statewide procedures.

3. Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

Response: GNA PATH actively participates in networking and coordination of efforts with several organizations that provide key services to PATH clients. These organizations include Arizona Complete Health, Bisbee Coalition for the Homeless, the Southeastern Arizona Behavioral Health Services Housing Department (SEABHS), Community Partners Integrated Health Care (CPIH), Cochise College, Cochise Harm Reduction, Community Medical Services, and more. PATH refers clients to our in-house case manager to obtain duplicate IDs that have been lost or stolen; the Lions Club of Sierra Vista and Benson provides limited eye exams and glasses. On a case-by-case basis Going to Grandmas provides boarding of a dog or cat if their owner is interested in checking into the shelter. However, GNA’s kennels will open in April 2026. GNA has an MOU with Arizona at Work on employment and job search training that helps clients enter the workforce. GNA participates in Sierra Vista Community Connect, a monthly collaboration of 30+ different agencies coming together in one space to provide a variety of services to those in need. GNA-PATH has established working relationships with property owners, property managers, and businesses excited to help further access to housing and employment opportunities. GNA has hosted many church and youth groups for tours and community service

projects. The GNA pantry is primarily stocked through community and church-sponsored food drives. Local churches, businesses, and community-at large volunteers offer their services to provide hot cooked evening meals daily. GNA is often sought out by community members wanting to get involved in helping the unhoused or just wanting information about all things relating to local homelessness. The following organizations and services are used for referrals depending upon shelter guests and/or GNA-PATH participants needs: the AZ Department of Veterans Services (AZDVS) Benefits Counselors, the Sierra Vista VA Community Outpatient Based Clinic and Homeless Case Manager, Tucson VA Homeless program, Chiricahua Community Health Center, Community Intervention Associates, St. Vincent De Paul, Community Bridges Inc., Cochise County Drug Court and Cochise County Care Court for veterans and those with mental illness. The PATH Lead has also collaborated with SEABHS / La Frontera and can send a referral to get seen for mental illness or substance abuse. SEABHS / LA Frontera also has Ocotillo Unit housing available for path clients with a severe mental illness determination which provides them with somewhere to live and continue receiving the help they need.

Additionally, GNA receives referrals from most of these organizations. The PATH Team also assists local agencies servicing justice-involved individuals. Prison re-entry programs have sought out PATH resources in attempts to identify suitable housing for these individuals.

GNA-PATH remains the only active homeless outreach team in Cochise County. We are often joined by outreach team specialists, case managers and community health workers from Cochise County. GNA will also participate in a new AHCCCS project, H2O, also providing outreach services county-wide. GNA-PATH has been sought out by church groups, the VA Social Worker, the Director of Bisbee Coalition for the Homeless, Sonoran Prevention Works and representatives from the City of Sierra Vista to go on outreach with the team.

4. Service Provision – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

- How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have a COD; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Response: The GNA-PATH team services aligned with the street outreach and case management goals as a priority. As an emergency homeless shelter GNA is in a unique position to provide housing, necessities, and case management. GNA holds beds for PATH clients as we know that it is a huge step for them to agree to come indoors and accept services. GNA PATH staff provides case management services for PATH enrolled clients, including referrals to the RBHA for behavioral health and substance use treatment. Specifically, the PATH Team assists clients in obtaining intake appointments and provides transportation to/from any subsequent appointments. Additionally, the PATH Team Lead has a working relationship with Jennifer

Janzen, SMI Eligibility Education and Training Coordinator with Solari Crisis & Human Services, who assists with researching the availability or existence of past medical or behavioral health records. These

records provide documentation used in the SMI determination process. The PATH team assists with applying for IDs needed for access to AHCCCS (Medicaid), SNAP, SSA/SSI/SSDI, Veteran's benefits, physical health treatment, and applying for permanent supportive housing. Other services include personal care assistance, pre and post job coaching, referrals to job training (workforce development), health promotion/education, substance use prevention and support with living skills development. The PATH team helps clients re-engage into the systems which they feel have shunned them. Strategies for outreach: PATH has two outreach specialists on the team, which allows the team to be more effective and focused on the individuals served. The GNA PATH team members conduct outreach throughout rural Cochise County which includes Benson, Bisbee, Double Adobe, Douglas, Bowie, Pearce, Tombstone, Sunset, Elfrida, Sierra Vista, and Willcox. The team also works with the guests of Good Neighbor Alliance Samaritan Station Shelter and Bisbee Coalition for the Homeless, which shelters both men and women experiencing homelessness. Programs such as GNA's In-Reach Program, Hope Inc., St. Vincent De Paul, and Salvation Army are also used for identifying adults experiencing homelessness or at risk of becoming homeless. Additional funding for hotel vouchers has provided new contact and relationship building for the PATH Team. PATH has employed a "meet me where I am" strategy. The team provides food that has been donated, hygiene and health items, referrals, and advocacy and continues contact with PATH eligible individuals during the outreach process of engagement to establish a therapeutic alliance. Case management can be done "on the spot" in camps, at the GNA In-Reach Program, or at the GNA PATH office. The team is ready with a hot spot enabled tablet and cell phone and a list of resources during all encounters. The PATH Team Lead is available to provide case management services as well. Appointments are set with clients on a weekly basis for in person or by phone to discuss and work on goals. The Team Lead is available for PATH clients to contact at any time throughout the day.

5. Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Response: Strategies for permanent housing available to PATH enrolled clients include assisting clients to apply for state and federal subsidized housing programs such as Emergency Housing Vouchers (EHV), Section 8, and Shelter Plus Care (SPC), and Supportive Housing Programs (SHP), now referred to as "HUD Housing". Referrals are made to SEABHS and to Community Partner Care Coordination for access to HUD housing programs via the SPDAT and Coordinated Entry. Emergency shelter referrals are made to Good Neighbor Alliance shelter, Bisbee Coalition for the Homeless shelter, and Catholic Community Services domestic violence shelters. GNA PATH works directly with the local VA Homeless Case Manager for a referral to the HUDVASH voucher program. The Housing Authority of Cochise County Board does designate the chronically homeless as a priority population for Housing Choice Vouchers Program (Section 8). GNA-PATH provides referrals to the Primavera Foundation of Tucson, the local provider for the Supportive System for Veteran Families program for housing assistance and eviction prevention. GNA currently has a Rapid Rehousing contract with ADOH and Arizona Housing Coalition in which GNA-PATH refers clients to, when applicable. GNA and members of the Cochise County Continuum of Care (LCEH) are collaborating on strategizing on identifying housing funding and other opportunities. GNA PATH continues to work with other housing programs in Cochise County. Occasionally, PATH clients can be housed through Rapid Rehousing. SEABHS / La Frontera also has housing for unhoused individuals with severe mental illness or substance use problems.

6. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.

Response:

Projected Numbers for FY 2026-2027:

YTD Contact: 192 individuals

YTD Enrollments: 33 Individuals

Demographics:

Gender

Male = 18 (54.5%)

Female = 15 (45.5%)

Age

17 and Under = 0 (0%)

18-23 = 3 (9%)

24-30 = 2 (6%)

31-40 = 6 (18%)

41-50 = 12 (36%)

51-61 = 7 (21%)

62 and Over = 3 (9%)

Race and Ethnicity

American Indian, Alaska Native, or Indigenous = 2 (6%)

Asian or Asian American = 2 (6%)

Black, African American, or African = 4 (12%)

Hispanic/Latina/o = 4 (12%)

Middle Eastern or North African = 0 (0%)

Native Hawaiian Or Pacific Islander = 1 (3%)

White = 20 (60%)

Veteran Status

Veteran = 3 (9%)

Non-Veteran = 30 (91%)

7. Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.

Response:

Consumer Involvement:

GNA/PATH In-Reach Program utilizes clients who are unhoused and have serious mental illnesses and have demonstrated the ability as volunteers at the GNA PATH In-Reach Program. The In-Reach Program currently runs from 8:00 a.m. to 11:00 a.m., Monday, Wednesday, and Friday. The In-Reach Program is a very useful resource for many unhoused members of the local community. For many of these individuals, time spent on the program provides for a safe haven, where the unhoused can attend to their hygiene needs and wash their clothing. As staff are all PATH Outreach Specialists, the In-Reach Program affords an opportunity to discuss the benefits of the PATH program and potentially enroll individuals who would not be contacted otherwise. As previously mentioned, the GNA PATH team members conduct outreach activities throughout rural Cochise County which includes Benson, Bisbee, Double Adobe, Douglas, Bowie, Pearce, Tombstone, Sunset, Elfrida, Sierra Vista, and Willcox. A PATH client has been employed at GNA, part-time, since early 2018. Clients are encouraged to make decisions and utilize problem-solving skills by taking the initiative to complete tasks and fulfill program goals. It also helps clients gain empowerment and self-worth. When staff meet with clients, support systems are discussed and how the client wants them involved. These could include family members, case managers, peer support, etc. GNA will engage the family to the degree the PATH participant allows them to be involved in their recovery. GNA has reached out to family members who live out of town while trying to get families reengaged with the PATH participant. Additionally, client input was sought when GNA/PATH staff were developing an information form on how to contact PATH and local shelters distributed during the 2025/2026 PIT count. The questionnaire is updated annually based upon current trends, with a lower emphasis on the conditions that might have been present during COVID. During the count, input was welcomed about PATH procedures for the shower program, laundry program, and overall outreach efforts. Cochise County is very rural, with the needs of the homeless varying from one community to another. As such, input was collected from clients in rural settings as well as the somewhat urban setting of Sierra Vista. PATH provides each shower participant and every person enrolled in PATH a survey on the services they've received. The surveys are then used to make improvements to the program and see what customer services are useful for participants.

ARIZONA 2026 PATH GRANT APPLICATION - REVISION REQUEST- IUP: CATHOLIC COMMUNITY SERVICES DBA GOOD NEIGHBOR ALLIANCE

The amount of PATH funds the organization will receive

PATH Funds to be Received:

Total- \$ 209,501

Federal- \$155,506

State- \$53,995

Provide a description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Response: PATH eligibility is determined during the needs assessment when providing a street outreach service to a client by asking direct questions in regard to whether they have previously or are currently being evaluated for a SMI diagnosis from a certified health provider as outlined in the AHCCCS PATH contract. A client is eligible for PATH services when they have supporting documentation of experiencing an unhoused situation coupled with receiving an SMI diagnosis.

The client is eligible to be enrolled once the PATH team has made contact with a client with a recent (in the past twelve months) SMI determination and is experiencing homelessness as well as has been assessed with a VI-SPDAT 2.0 vulnerability assessment.

PATH Client eligibility is documented through the coordinated entry assessment in HMIS, the PATH entry/exit assessment and as well as any supporting documentation is to be provided and attached to the relevant client profile in HMIS.

Identify any gaps that exist in the current service systems

Response: Due to contractual requirements, staff are currently limited to providing cold referrals when connecting clients to community resources. While these referrals can be valuable, the ability to provide warm handoffs directly to partner agencies would significantly enhance client engagement, reduce barriers to service access, and improve outcomes.

The outreach program also relies heavily on donated food and water supplies. As a result, there are occasions when available resources are insufficient to meet the needs of all individuals encountered

during outreach activities. Consistent access to these basic necessities would strengthen our ability to engage unsheltered individuals and build trust with those who may be reluctant to access services.

Similarly, our In-reach program serves individuals who visit our facility to access showers, laundry services, and PATH appointments. Providing light refreshments or snacks during these visits would enhance the client experience and support engagement in services. Currently, food is only available when surplus meals remain after shelter guests have been served, resulting in inconsistent access for In-reach participants.

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The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category		Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel		\$ 0	\$ 0	\$ 0	
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00%	\$ 0.00	\$ 0.00	\$ 0.00	
Category		Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
d. Equipment		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
e. Supplies		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
f. Contractual		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
g. Housing		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
h. Construction (non-allowable)					
i. Other		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
j. Total Direct Charges (Sum of a-i)		\$ 0.00	\$ 0.00	\$ 0.00	
Category		Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)		\$ 0.00	\$ 0.00	\$ 0.00	
l. Grand Total (Sum of j and k)		\$ 0.00	\$ 0.00	\$ 0.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:0Estimated Number of Persons to be Enrolled:0

Estimated Number of Persons to be Contacted who are Literally Homeless:0

**Catholic Community Services (Good Neighbor Alliance)
PATH Grant Budget Narrative & Justification
Cochise County
July 1, 2026 - June 30, 2027**

A. Personnel:

Position Title (1)	Staff Name (2)	Annual Salary/Rate (3)	Level of Effort (LOE) (4)	Total Cost Charge to Award (5)
PATH Team Leader	Matthew James	41,600	100%	41,600
PATH Lead/Outreach Specialist	Amy Thompson	35,360	100%	35,360
PATH Lead/ Outreach Specialist	Tammi Stone	17,680	100%	17,680
PATH Lead/ Outreach Specialist	Open Position-To be filled within 30 days.	35,360	100%	35,360
Total Request				\$130,000

JUSTIFICATION:

GNA has four HMIS licenses and does anywhere from four to ten VI-SPDAT's weekly. Due to the volume of work and safety reasons, there is a need to have four PATH Lead/Outreach Specialists. The Outreach Specialists are responsible for entering all showers and outreach VI-SPDAT into HMIS, along with tracking all new contacts, and updating current contacts and are responsible for ensuring accuracy and upholding contract requirements. The increase in staff salaries represents a slight increase, which is in line with increased responsibilities and COLA/Cost of living adjustments.

PATH Team Lead:

The PATH Team Lead at Catholic Community Services/Good Neighbor Alliance in Sierra Vista is responsible for overseeing and implementing all outreach and engagement activities for individuals experiencing unsheltered homelessness, particularly those with serious mental illness and co-occurring substance use disorders, while balancing direct fieldwork with program leadership. This role includes conducting regular street outreach in high-risk environments such as encampments, rural desert areas, and abandoned structures; prioritizing engagement with veterans, justice-involved or recently incarcerated individuals, and other high-need populations; and building trust through trauma-informed, person-centered approaches. The Team Lead coordinates closely with correctional facilities, reentry programs, behavioral health providers, hospitals, and community partners to ensure continuity of care and warm handoffs during critical transition periods. Responsibilities also include connecting individuals to behavioral health treatment, substance use services, housing resources, and public benefits; supervising outreach staff and ensuring quality and consistency of services; monitoring program performance and data through HMIS; and representing the program in community collaborations.

PATH Team Members (3.0 FTE):

Catholic Community Services (Good Neighbor Alliance)
PATH Grant Budget Narrative & Justification
Cochise County
July 1, 2026 - June 30, 2027

The PATH Outreach Worker position at Catholic Community Services/Good Neighbor Alliance in Sierra Vista is a field-based role responsible for the direct identification, engagement, and initial service linkage of individuals experiencing unsheltered homelessness, with a primary focus on those living with serious mental illness and co-occurring substance use disorders. Outreach Workers conduct consistent and targeted street outreach in high-need and high-risk environments across Cochise County, including encampments, remote desert areas, abandoned structures, and other locations where individuals are unlikely to access traditional services, dedicating approximately 80–90% of their time to in-field engagement and 10–20% to documentation, coordination, and follow-up. Using trauma-informed and person-centered approaches, staff build trust with individuals who are often service-resistant, prioritizing outreach to veterans, chronically homeless individuals, and those who are justice-involved or recently released from incarceration. Outreach Workers actively coordinate with local correctional facilities, probation and parole officers, and reentry programs to engage individuals at or near the point of release and ensure continuity of care, while also collaborating with law enforcement, hospitals, crisis response teams, and behavioral health providers to facilitate real-time engagement and warm handoffs. Core responsibilities include conducting initial screenings for mental health and substance use needs, distributing basic survival supplies, providing transportation or accompaniment to appointments when appropriate, and facilitating immediate referrals to behavioral health treatment, housing resources, shelter, and supportive services.

B. Fringe Benefits (Employee Related Expenses):

Position (1)	Staff Name (2)	Total Personnel Cost from Above (3)	Total Fringe Rate (4)	Total Cost Charged to Award (5)
PATH Team Leader	Matthew James	41,600	30%	12,480
PATH Lead/Outreach Specialist	Amy Thompson	35,360	30%	10,608
PATH Lead/Outreach Specialist	Tammi Stone	17,680	30%	5,304
PATH Lead/Outreach Specialist	Open Position-To be filled within 30 days.	35,360	30%	10,608
Total Request				\$39,000

Catholic Community Services (Good Neighbor Alliance)
PATH Grant Budget Narrative & Justification
Cochise County
July 1, 2026 - June 30, 2027

JUSTIFICATION: GNA now offers retirement and insurance to remain competitive in retaining and recruiting quality staff.

Fringe Category	Rate
Retirement	4.28%
FICA	5.72%
Insurance	18.0%
Social Security	2.0%
Total	30%

C. Travel:

Please note: All travel expenditures will require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM) <https://gao.az.gov/publications/saam>.

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	
Outreach	Cochise County	Auto Fuel	474.44 month x 12	5,693
Total Request				\$5,693

JUSTIFICATION: Auto fuel for 100% PATH dedicated vehicles to provide outreach, client transport, and case plan activities for enrolled clients.

D. Equipment (Over \$10,000 per item):

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Total Request		\$0

JUSTIFICATION: N/A

E. Supplies (Items costing less than \$10,000 per unit):

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Hygiene kits	174.30/Case x 6	1,046
Tents	243.10/Case x 3	729
32 degree sleeping bags	203.88/Case x 4	816

Catholic Community Services (Good Neighbor Alliance)
PATH Grant Budget Narrative & Justification
Cochise County
July 1, 2026 - June 30, 2027

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Big box 19" Backpack kit	130.80/Case x 3	392
Fleece Blankets 50 x 60	90.00/Case x 6	540
Knit Ski Caps	252.00/Case x 1	252
Men's magic gloves	395.50/Case x 1	396
Total Request		\$4,171

JUSTIFICATION:

GNA PATH staff will ensure that members experiencing homelessness will have access to hygiene, sleeping bags, blankets, hats and gloves. Staff engage the members on a regular basis, and when they are running low on supplies, we will distribute the needed supplies to members.

The provision of these items aligns with the PATH service delivery and objectives as it establishes an initial connection between client and staff and is indicative of active outreach as it provides for basic needs for unhoused individuals.

F. Contractual:

Name of Organization or Consultant (1)	Type of Agreement (2)	Total Cost Charged to the Award (3)
Total Request		\$0

JUSTIFICATION: N/A

Housing:

If requesting rent, please fill out & submit rent worksheet.

Housing Assistance (1)	Calculation (2)	Total Cost Charged to the Award (3)
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Catholic Community Services (Good Neighbor Alliance)
PATH Grant Budget Narrative & Justification
Cochise County
July 1, 2026 - June 30, 2027

Total Request	\$0
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JUSTIFICATION: N/A

G. Other:

(Include Other Consultants):

Item (1)	Rate (2)	Cost (3)
Vehicle Maintenance	1,881 Per year	1,881
Cell Phone	107.50 x 12	1,290
Professional Printing/Copying	140	140
Total Request		\$3,311

JUSTIFICATION:

Vehicle Maintenance-Vehicle costs are fixed. The vehicle is leased and utilized 100% for PATH work. Maintenance costs include oil changes, parts, tires, and general maintenance. All maintenance is necessary to remain in compliance with our lease agreement.

Cell Phone- Utilized for outreach and safety purposes.

The utilization of a cell phone is essential to PATH service delivery and a critical safety tool due to the significant amount of time spent conducting outreach in remote desert environments. In situations where a client requires medical attention or a staff member encounters an emergency, immediate access to a cell phone is essential to ensure timely communication, coordinate emergency response, and maintain the safety of both clients and staff.

Professional printing/Copying- Includes the cost of handouts printed to be used as an informational resource at weekly and monthly events and at shower program encounters.

H. Total Direct Charges (Do not include In-Kind):

TOTAL REQUEST – TOTAL DIRECT CHARGES -	\$182,175
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I. Indirect Cost Rate or Administration (See Footnote below):

Catholic Community Services (Good Neighbor Alliance)
PATH Grant Budget Narrative & Justification
Cochise County
July 1, 2026 - June 30, 2027

Calculation (1)	Indirect Cost Charged to the Award (2)
Federally approved de-minimis (182,175 x 15%)	27,326
Total Request	\$27,326

JUSTIFICATION:

Executive Director is included in indirect expenses to include time spent reviewing billing, coordinating services, and performing administrative oversight for timecards and services (clinical) supervision. The program assistant is responsible for managing all expense submitted by the PATH team and coordinating with the finance department.

FOOTNOTE:

- (1) Please specify whether utilizing indirect or administrative overhead.
(2) For administrative overhead, please provide a justification of costs included in administration.
(3) For indirect costs, please specify if using the de minimis rate or provide a copy of the approved indirect cost agreement. The de minimis rate for non-federal entities is subject to Uniform Guidance, 20 CFR 200.414.

J. Total Project Costs (Do not include In-Kind):

TOTAL REQUEST – TOTAL PROJECT COSTS – (Sum of Total Direct Costs and Indirect (Or Admin) Costs)	\$209,501
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II. Executive Summary

Intended Use Plans

Community Bridges Inc.

1855 W Baseline Rd Ste. 101

Mesa, AZ 85202

Contact: Anne Johnston**Email Address:** ajohnston@cbridges.com**Provider Type:** Social service agency**PDX ID:** AZ-011**State Provider ID:** AZ-011**Contact Phone #:** 4808317566

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

Community Bridges, Inc.
Projects for Assistance in Transition from Homelessness (PATH)
Contractor Intended Use Plan (IUP) Narrative
Contract Period July 1, 2026 – June 30, 2027

1. Local Area Provider Description- Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Response:

Name: Community Bridges, Inc. (CBI)
Type of Organization: 501(c)3 Non-Profit
Region Served: Maricopa County
PATH Funds to be Received: Total \$816,868
Federal- \$606,335
State- \$210,533

About the Provider Organization:

CBI's mission is to maintain the dignity of human life and to be an agent of positive change in our communities. Our services include comprehensive, medically integrated behavioral health care, medical detoxification, community psychiatric emergency care, transitional support, co-occurring enhanced outpatient treatment, homeless outreach and navigation services, and community prevention, education and outreach.

As a large Community Behavioral Health Provider, CBI operates an extensive continuum of behavioral health services, including operating

- Nine (9) residential facilities throughout Arizona including our five Transition Point (brief residential models)
- Nine (9) 24/7 crisis/detox facilities and crisis receiving facilities in Arizona and Washington, DC
- Fifteen (15) Patient Centered Medical Homes (PCMH) or Outpatient Clinics
- Eight (8) Shelters
- Twelve (12) Arizona outreach teams
- Ten (10) 24/7/365 crisis mobile teams in Arizona,

Each program incorporates peer support specialist staff into service delivery. Our crisis programs serve nearly 50,000 individuals annually. All our crisis services are specifically designed to support our experience working collaboratively with law enforcement, EMS/fire and the criminal justice system. In addition, CBI provides outpatient, residential and co-occurring treatment, MAT, integrated physical health clinics, transitional housing, counseling, street-outreach, crisis transportation, specialty court programs, jail re-entry services, and ACT teams. CBI also has developed “Campuses of Care” that incorporate connectivity among Crisis Stabilization Centers, Inpatient Treatment, shelter services, and ongoing outpatient care all available on the same grounds. Peer Support Specialist staff are integrated into all levels and

services that we provide. Services are provided in a least-restrictive, trauma-informed, person-centered, recovery-focused model. Conceptually, this Ecosystem/Continuum of Care is designed to ensure that individuals can connect to the lowest and most appropriate level of care, with a focus on coordination of care and discharge planning, helping to break the revolving door cycle in hospitalizations, jails and crisis. We leverage our pool of over 90 Psychiatrists, Psychiatric Nurse Practitioners and MDs from CBI's crisis facilities, through 24/7/365 telehealth to support these other levels of care and support those in crisis.

Our goal when we implement services in areas is to become a meaningful and engaged "resident" in the communities we serve. Our design and approach to providing services is focused on bringing customized solutions, building on the unique strengths and resources in each community, to provide localized solutions to the needs of each community we serve. While we require the same services and fidelity to provide best practices, expectations for services provided in all communities, our facilities, workforce and collaborations adjust to meet local needs and connectivity to each community. We have experience building relationships with local communities and in developing collaborative relationships with existing resources through an on-the-ground approach to build bridges with the broader community, such as first responders/911, hospitals, community providers, social services, community groups, and others, including developing memoranda of understanding to help improve continuity of care and offering training opportunities to improve consistency and quality.

2. Collaboration with HUD CoC Program – Provide a brief description of the organization's collaboration with HUD's Continuum of Care (CoC) Program. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates

Response:

CBI has a long history of working with the MAG CoC. In FY 2026, CBI has PATH Staff that is serving on the following MAG CoC committees and/or workgroups. In addition, CBI's Senior Director of Housing currently serves on the MAG Board of Directors in FY 2026.

CBI's Homeless Navigation services and PATH outreach teams work with the Maricopa County Continuum of Care (CoC) coordinated assessment process. The PATH project assigns one Lead Navigator to staff the coordinated entry responsibilities. The Lead Navigator attends the weekly case conferencing meeting and brings names of PATH participants the project wants to refer into housing. The Lead Navigator answers questions and clarifies information about the participant's profile and references with their location on the By Name List. For those participants that receive a housing voucher from the case conferencing meeting, the Lead Navigator will get the PATH enrollees document ready for housing and assist with completing the ABC housing application. Once the housing process is completed, the PATH program closes the HMIS PATH entry for the participant, and the housing program adds the participant into their HMIS program.

CBI's Navigators use the assessment tool approved by the CoC (MAP) to determine participant needs and attend the weekly case conferencing meetings. The PATH outreach teams are an approved coordinated entry access point for homeless adult singles and families. In addition, CBI's crisis facilities use navigators from its Comprehensive Community Health Program (CCHP) to conduct a MAP assessment for coordinated entry.

For its programs serving homeless Veterans, CBI collaborates with the VA's Community Resource and Referral Center (CRRC), the approved access point for Veterans, on outreach referrals through its Supportive Services for Veteran Families (SSVF) program. CBI's SSVF Navigator coordinates with the CRRC to identify specific services each Veteran is eligible for, working to request eligibility review, and acquiring identification and DD214s. CBI receives the system-wide By Name List (BNL) from CoC Coordinated Entry, creates a subset of this list that includes only veterans, and facilitates the weekly veteran BNL case conferencing meetings. CBI also has weekly meetings with the HUD VASH case managers to staff cases when a Veteran has a VASH voucher or is enrolled in substance use treatment services.

CBI is a large contributor of outreach teams for the Maricopa County annual point-in-time homeless count. CBI's outreach programs provided numerous teams for this effort in January 2026 and plans to continue every year.

3. Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

Response:

CBI's PATH outreach team works with an extensive network of organizations to provide a continuum of services that address areas such as mental health, substance use, physical health, housing, support services, and employment. CBI's collaboration includes the following:

CBI's Phoenix Rise program, a collaboration between CBI's clinical services department and the Keys to Change Campus, offers outpatient behavioral health treatment and supportive services for those working towards treatment-specific goals or needing continued therapeutic support and interventions for behavioral health, mental health, and/or drug and alcohol addictions. Phoenix Rise serves individuals experiencing homelessness on the Keys to Change Campus and surrounding area.

CBI works closely with Phoenix, Mesa, Scottsdale, and Avondale to reach and support homeless adults with SMI or general mental health issues in their communities. In the Phoenix CARES program, CBI provides multiple street outreach teams to work with the police, Neighborhood

services department and the Office of Homeless Solutions to outreach numerous street locations including homeless encampments.

In addition, CBI provides mobile outreach teams in the East and West Valley and a Crisis Response Team in Phoenix. Much of their work is responding to request for assistance from police, fire, and hospitals in these communities. When time allows, these units conduct street outreach in community areas where individuals experiencing homelessness are often found. The mobile outreach teams and outreach teams connect individuals to the PATH team when appropriate.

CBI also co-locates staff at the Lodestar Day Resource Center (LDRC) in downtown Phoenix, Arizona Housing Inc.'s 209 W. Jackson St. housing.

CBI is an active participant in the Valley of the Sun United Way Project Connect program. PATH Navigators meet with homeless individuals to identify eligible candidates for PATH services.

CBI also works with its existing network of housing providers serving veterans such as Cantwell Anderson, U.S. Vets, and MANA House, as well as other affordable housing providers, such as Arizona Housing, Inc. and private market landlords that have a working relationship with Community Bridges. For those participants determined as SMI, CBI works with ABC Housing for housing and eviction prevention and connects the participant to Mercy Maricopa Integrated Care (MMIC) for supportive services.

CBI is commonly referred to as a “No Wrong Door Agency,” which means that participants can enter CBI’s system of care from any entry point. Regardless of an individual’s condition, the police, fire, hospitals, urgent psychiatric centers, crisis mobile teams, other service providers, and the general public bring individuals to CBI’s facilities.

The PATH program receives referrals from anywhere in CBI’s system of care, including CBI’s crisis facilities; CBI’s mobile outreach teams; nine homeless outreach teams working in the Phoenix Cares program; homeless navigators working in Mesa, Scottsdale, and Avondale; the SSVF program; the Maricopa County Justice Program, working in the jails, and bridge housing; the FACT and ACT teams; and the Comprehensive Community Health Program (CCHP). Programs send referrals through PATH’s pathreferral@cbridges.com for consumers who have a mental health history or are showing symptoms that may indicate a need for an SMI determination evaluation. In addition, PATH also receives referrals for participants who already have an SMI determination and need assistance in assessing the consumer’s connection and communication with their SMI clinic. Sometimes PATH serves as an intermediary between a clinic and the consumer to provide an intervention to resolve a conflict. PATH also receives referrals from CBI to make a connection to coordinated entry for housing.

The PATH program also makes referrals to any place in CBI’s system of care as needed to meet the needs of those contacted through their outreach efforts.

Provide specific information about how coordination with other outreach teams will be achieved:

CBI employs a full team of Navigators providing daily outreach, seven days per week to places not meant for human habitation and shelters through the Phoenix CARES outreach teams; the local community-based Navigators in Mesa, Scottsdale, and Avondale; the Assertive Community Outreach (ACT) and Forensic Assertive Community Outreach (F-ACT) teams; the Comprehensive Community Health Program (CCHP); and CBI's mobile outreach teams. All these programs refer directly to the PATH program for SMI evaluations through CBI's internal referral system. The PATH program also refers directly to these programs for contacts made through the PATH outreach efforts.

CBI collaborates with local police departments to conduct outreach for jail diversion. Police and the PATH team conduct joint outreach to encampments or other public places where homeless street activity is prominent. The PATH team attempts to engage the homeless individuals and gain the individuals' agreement to transport to West Valley Access & Triage, a homeless shelter, or a recovery home in hopes of diverting the situation from arrest. If the outreach is not successful in gaining the individual's consent for transport, the police return later without the PATH team and make the arrest. CBI has worked with police in Phoenix, Mesa, Tempe, Peoria, Avondale, Glendale, Scottsdale, Chandler and Youngstown. In addition, CBI added a question to the PATH screening tool asking participants whether they had been involved in the criminal justice system (defined as having any jail time in their history) to improve identification of the justice-involved population.

Through all the local community outreach programs, the PATH program and Outreach Navigators work with the local police and park rangers. Twice per quarter, the PATH team provides targeted outreach through Mesa's Operation Mainline, a community event sponsored by the Mesa Police to educate and connect the street homeless population to community resources.

4. Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

- How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have a COD; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Response:

CBI's proposed PATH budget is allocated almost entirely for PATH team salary and employee-related expenses and related operating costs such as vehicles, phones, laptop computers, HMIS licenses, and office rent. The staff assigned to PATH are salaried employees and expenditures are only to provide PATH services. Salaried employees are responsible for delivering approved services, and their compensation directly supports and ensures consistent service provision. The

Program Manager maintains an on-site presence, providing day-to-day leadership through assigning directives, overseeing the Program supervisor, offering ongoing training, and supporting staff in real time to ensure high-quality service delivery.

The Senior Manager is allocated at 50% to this program and plays a key role in program oversight. Responsibilities include tracking and analyzing data, supporting on-site leadership, and ensuring accountability. The Senior Manager also oversees the timely completion of monthly program reports and reviews program data to ensure accuracy and alignment with performance expectations.

The Associate Director, allocated at 10% to the PATH program, provides higher-level oversight to the Senior Manager. This role ensures the program remains within budget, adheres to the defined scope of work, and continues to meet contractual and organizational expectations.

A small portion of the overall budget is allocated for outreach supplies such as heat relief in summer and blankets in winter, and participant needs, such as bus passes and costs to obtain identification. The PATH Program Manager closely manages goals for contacts, enrollments, and positive exits to ensure that the project is serving the target population.

The PATH Outreach Navigators conduct intensive street outreach and engagement. CBI divided the county into three quadrants (east, west, and central) and assign teams to cover each geographically defined area. The PATH teams work in teams of two when conducting street outreach. One Navigator is assigned when conducting in-reach within a facility or when locating participants at Keys to Change, which allows PATH to provide seven day per week coverage for these areas. The street outreach teams work four (4)- ten hour (10) hour shifts between 7am – 5pm, on a schedule of Sunday – Wednesday and Wednesday – Saturday. This schedule allows for 7 day staff coverage. The Facility/Keys to Change Navigators work Monday – Tuesday or Tuesday to Friday shifts, 8am – 6pm.

PATH teams use a variety of methods for outreach and engagement. Teams identify the densely populated areas of homelessness such as river bottoms, parks, streets, bridges, and industrial zones and determine if outreach will be on foot or mobile. CBI will partner with police if a more targeted approach is needed. PATH Outreach teams employ the use of water during summer months and blankets during the winter. Teams may provide other assistance during outreach such as bus passes or transportation assistance as a means to connect homeless individuals to resources or attend designated appointments or services. The proposed PATH program budget includes a small amount of funding for bus passes, heat relief supplies, and assistance in obtaining identification(s).

PATH Navigators conduct outreach to encampments around the Keys to Change Campus, specifically the SOS lots, to identify individuals experiencing homelessness need for ongoing behavioral health service connections and/or need for SMI evaluation, identify individuals with a current SMI designation, connect members to community shelter services, and work collaboratively with the member's assigned clinic to ensure continuity of clinical care, and identify and implement the next steps in the member's housing plan. When the PATH

Navigators identify a potential PATH member during this targeted outreach, they complete an HMIS intake packet to connect the participant to the PATH program.

GAPS:

During the initial evaluation, if a member is under the influence of drugs or alcohol, we are unable to complete the full assessment required for an SMI determination. However, we do not want this to become a barrier to obtaining the determination once the member is able to participate fully.

To address this, CBI has strengthened our process by involving the PATH Behavioral Health Professional to complete the full bio-psycho-social intake assessment. This allows participants to enter general mental health services more quickly and enables CBI to determine sooner whether a referral for an SMI evaluation is appropriate.

By addressing general mental health needs early and generating more accurate referrals to the Crisis Response Network, CBI aims to reduce the challenges associated with evaluating participants who have co-occurring conditions. Substance use remains the most common reason for denial. In some cases, evaluators request that participants spend more time in general mental health services before the SMI evaluation can be completed. Other denials occur when an impairment is present but the diagnosis does not meet the criteria for a serious mental illness.

CBI PATH continues to prioritize rapid connection to community health services and to refer for SMI determination when clinically warranted. Keeping participants engaged in community mental health services is essential to ensuring they can be evaluated and assessed for PATH-funded health and housing services.

The wait for housing for members who are not chronically homeless still remains a significant barrier as well. Unless participants have a high acuity and have lived a considerable length of time on the streets, they will be low on a very long waiting list for rapid re-housing. The process for obtaining the identification and documents participants need is very time consuming; however, without an Arizona ID, participants cannot get into an assigned clinic or obtain a housing voucher. Arizona's law for obtaining an ID is complex.

Clients with COD:

CBI's system of care is licensed as co-occurring enhanced. PATH team members receive support from the entire CBI system of care, which includes outpatient services (behavioral health and medical services) and facility-based crisis services that are available 24/7/365. Also, CBI's ACT and FACT teams, supportive housing program, in collaboration with Mercy Care for participants with SMI, medical detox services, medication-assisted treatment, and counseling services are all available for participants served by the PATH teams.

For participants who need psychiatric medications, the PATH Outreach Navigators coordinate internally and transport patients to the PATH team psychiatric practitioner, or a CBI Access Point, where they will see a Psychiatrist or Psychiatric Nurse Practitioner. Participants will receive a full assessment and bridge prescription to meet their immediate needs. Based on the assessment and psychiatric evaluation, CBI will refer the participant for an SMI eligibility determination, preferably within 90 days of contacting the individual. For those participants who do not have an SMI eligibility determination within 90 days, the PATH Navigators will continue with active outreach and engagement efforts for up to six months.

PATH team Lead Navigators assist with the follow-up activities for SMI determinations, eligibility verification, coordination with the other providers, and adult clinical teams. If a participant needs behavioral health services, the PATH Navigator and/or Lead Navigator will coordinate internally with their CBI counterparts to enroll the participant in an existing behavioral health program or refer to another provider the participant chooses. Active engagement in behavioral health services is the best way to limit potential crisis episodes. PATH Lead Navigators assist with completion of AHCCCS applications in Health-E Arizona, and Social Security benefits (SOAR). PATH Lead Navigators also conduct in-reach at designated co-located sites.

The PATH team follows the same process for medical conditions to limit the possibility of a medical emergency. If the PATH Outreach Navigator finds that the participant has pre-existing medical issues that have not been addressed, or been assessed in some time, he/she will coordinate with the participant's Primary Care Physician (PCP) and/or coordinate internally with a CBI Physician or Family Nurse Practitioner to provide assessment and medical treatment as needed. In addition, participants receive medical and behavioral health services through Circle the City.

CBI's Navigators are trained in techniques to build rapport, engage, and redirect participants to prevent a crisis and to recognize when participants may be a danger to self or others. PATH Outreach Navigators can contact CBI's mobile outreach teams (one in East Valley, one in West Valley, and one in Phoenix) 24/7, 365 days per year, for response to crisis situations or when the participant may be a danger to self or others. Mobile outreach teams, staffed with a Peer Support Specialist and an EMT, are connected to a Triage RN for clinical support. Both a Medical Physician and a Psychiatrist are on-call 24/7 to assist the Triage RN when needed. The mobile outreach team can conduct a baseline medical assessment and transport the participant if he/she needs to enter one of CBI's facilities for assessment, triage, and follow-up care. Working with the Clinical Lead, the PATH Outreach Team is skilled in the petitioning process when issues such as danger to self or others are present. The mobile outreach team working with PATH navigation helps manage the immediate crisis by getting the participant to the most appropriate level of care and reduces the impact on the crisis system overall (e.g., hospitals, fire, police and urgent psychiatric care).

PATH eligibility, enrollment, documentation: The navigation outreach process progresses through stages as the participant's readiness for change progresses. Navigators make multiple contacts with homeless participants to build a rapport and level of trust, as well as determine the homeless persons readiness for change. A contact may range from a brief conversation between the navigator and the person about the homeless person's well-being or needs, to a referral to service. Navigators document their contact notes, including basic observations from the contact and contact location, which helps to inform future contacts with the homeless individual. Most importantly, Navigators document the individual's functional impairments to begin documenting the history needed to support potential SMI designation in future. A major barrier for individuals with mental illness who are homeless is that they have no documented history that can be used to support an SMI designation. The PATH Clinical Lead provides clinical oversight and support to the Navigators including training on recognizing the signs and symptoms of mental illness. The Navigators enter their observations on participant behavior in their case notes.

Engagement occurs when the participant expresses interest in pursuing housing and services. The Navigator will complete the Maricopa Assessment and Prioritization Tool (MAP) to enter the participant into the Maricopa County Continuum of Care coordinated entry system. The participant will sign the Homeless Management Information System (HMIS) data sharing consent form, and the Navigator will check the state roster to determine if an SMI determination already exists. Based on the results of the MAP assessment, an appropriate housing intervention is determined. In addition to the MAP assessment, the PATH team uses the PATH intake screening tool to ensure appropriate enrollment for the PATH program.

When a participant is ready to formally pursue housing and services, the Navigator will enroll him/her into the project, create a participant file, and begin case management. PATH Navigators document their case notes and the PATH status determination date in HMIS.

5. Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Response:

As a long-standing leader in substance use and mental health services, CBI has developed and maintained relationships with housing providers who offer varied housing interventions. CBI works with its existing network of affordable housing providers and private market landlords who have a working relationship with Community Bridges to house PATH participants. CBI housing partners include U.S. Vets, Cloudbreak Communities (veteran specific), Arizona Housing Inc. (AHI) Properties, and ABC Housing. CBI's Starfish program, funded by the City of Phoenix, provides support services to fifteen women who are survivors of trafficking and their children.

In addition, CBI has effectively worked with transitional housing programs such as MANA House and UMOM, as well as emergency shelters including CASS, SVDP Washington St. Shelter, I-HELP, East Valley Men's Center, and the Keys to Change Campus, to serve as interim

housing until housing can be obtained. CBI Navigators assist participants with the housing application process and the acquisition of necessary documentation.

The PATH team and the coordinated entry system are the key sources of referrals for this housing. CBI's SSVF program provides rental assistance to a minimum of 300 Veterans experiencing homelessness per year.

CBI manages programs that work with other housing providers. For example, CBI works with the Veterans Administration to house Veterans with HUD VASH vouchers. CBI makes referrals to provider clinics that have housing dedicated for participants with an SMI designation. CBI's Comprehensive Community Health Program receives City of Phoenix housing vouchers to support CCHP participants. CBI's Housing Navigator in Mesa uses tenant based rental assistance, funded by the City of Mesa, to house vulnerable homeless adults as a long-term bridge for up to two years and assists them with getting added to waiting lists for Section 8 and project based housing. When the participant is selected from the waiting list, the Housing Navigator assists with the application process and moving to new housing if needed.

In addition, CBI has formed various linkages with recovery homes that support individuals with co-occurring diagnoses who wish to address their substance use issues. CBI maintains an internal web based directory of recovery homes and other resources for Maricopa County.

Finally, CBI operates multiple shelters and can assist in making referrals into various shelters throughout the Valley.

6. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.

Response:

CBI is a “No-Wrong Door” service agency that will provide PATH services to individuals with the following allowable eligibility: (1) Individuals suffering from serious mental illness, (2) Suffering from serious mental illness and/or substance use disorder, and (3) Individual that are experiencing homelessness or at-risk of becoming homeless.

CBI proposes to serve a minimum of 3,000 unduplicated individuals experiencing homelessness, and almost 900 of those members will fall under literally homeless designation.

Projected Outreach, Engagement & Enrollment Goals						
Projected Number of Persons to be Contacted (Level of Effort)	Projected Number of Persons to be Contacted (Unduplicated)	Projected Number of Persons to be Engaged	Projected Number of Persons to be Enrolled	Projected Number of Persons to be “Literally Homeless”	Projected Number of Persons to be Veterans or Returning Veterans	Projected Number of Persons to be Active Military Service
3,200	3,000	1,400	1000	866	40	0

7. Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be **meaningfully 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.

Response:

Community Bridges, Inc. (CBI) demonstrates a deep organizational commitment to consumer involvement through its extensive integration of certified Peer Support Specialists across all levels of the agency. CBI employs more than ~600 certified Peer Support Specialists, making peers one of the largest segments of the workforce. This structure ensures that individuals with lived experience of serious mental illness, substance use disorders, homelessness, and criminal justice involvement are meaningfully embedded in the planning, implementation, and evaluation of PATH-funded services.

Organizational Level: At CBI, Peer Support Specialists, known internally as Navigators, are credentialed Behavioral Health Technicians who bring personal experience in recovery from mental health and substance use disorders. Many have also experienced homelessness or incarceration, ensuring that the perspectives of PATH-eligible individuals directly inform service delivery and program design.

Navigators are represented throughout the agency, including:

- Direct service roles in outreach, engagement, and care coordination
- Leadership and supervisory positions
- Program development workgroups
- Quality improvement committees

Their presence at multiple organizational levels ensures that consumer voice is central to decision-making.

Consumer involvement in planning, implementation and evaluation: Navigators will work with members in the program to help play a direct role in shaping PATH-funded services through:

- Participation in program planning meeting
- Identifying service gaps and barriers experienced by PATH-eligible individuals
- Providing feedback on outreach strategies and engagement approaches
- Contributing to quality improvement initiatives and evaluation activities
- Their lived experience ensures that PATH services remain responsive, and grounded in the realities of homelessness and behavioral health recovery.

CBI also offers members an opportunity to provide anonymous feedback through the satisfactionsurveys@cbridges.com option. Members can email CBI and CBI leadership takes the information from the survey's and applies it process improvement within the PATH program.

Other ways that members are involved in process improvement include:

- Focus groups and listening sessions

- Feedback surveys
- Participation in quality improvement committees
- Review of program performance data
- Recommendations for improving accessibility, responsiveness, and trauma-informed practices

This feedback is incorporated into our continuous quality improvement process and directly informs adjustments to PATH-funded activities.

CBI encourages members to participate in and/or serve on the Lived Experience Advisory Council (LEAC). The LEAC “currently operates as an independent council with the organizational support of Arizona State University’s Action Nexus on Housing and Homelessness”

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Each program incorporates peer support specialist staff into service delivery. Our crisis programs serve nearly 50,000 individuals annually. All our crisis services are specifically designed to support our experience working collaboratively with law enforcement, EMS/fire and the criminal justice system. In addition, CBI provides outpatient, residential and co-occurring treatment, MAT, integrated physical health clinics, transitional housing, counseling, street-outreach, crisis transportation, specialty court programs, jail re-entry services, and ACT teams. CBI also has developed “Campuses of Care” that incorporate connectivity among Crisis Stabilization Centers, Inpatient Treatment, shelter services, and ongoing outpatient care all available on the same grounds. Peer Support Specialist staff are integrated into all levels and

services that we provide. Services are provided in a least-restrictive, trauma-informed, person-centered, recovery-focused model. Conceptually, this Ecosystem/Continuum of Care is designed to ensure that individuals can connect to the lowest and most appropriate level of care, with a focus on coordination of care and discharge planning, helping to break the revolving door cycle in hospitalizations, jails and crisis. We leverage our pool of over 90 Psychiatrists, Psychiatric Nurse Practitioners and MDs from CBI's crisis facilities, through 24/7/365 telehealth to support these other levels of care and support those in crisis.

Our goal when we implement services in areas is to become a meaningful and engaged "resident" in the communities we serve. Our design and approach to providing services is focused on bringing customized solutions, building on the unique strengths and resources in each community, to provide localized solutions to the needs of each community we serve. While we require the same services and fidelity to provide best practices, expectations for services provided in all communities, our facilities, workforce and collaborations adjust to meet local needs and connectivity to each community. We have experience building relationships with local communities and in developing collaborative relationships with existing resources through an on-the-ground approach to build bridges with the broader community, such as first responders/911, hospitals, community providers, social services, community groups, and others, including developing memoranda of understanding to help improve continuity of care and offering training opportunities to improve consistency and quality.

2. Collaboration with HUD CoC Program – Provide a brief description of the organization's collaboration with HUD's Continuum of Care (CoC) Program. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates

Response:

CBI has a long history of working with the MAG CoC. In FY 2026, CBI has PATH Staff that is serving on the following MAG CoC committees and/or workgroups. In addition, CBI's Senior Director of Housing currently serves on the MAG Board of Directors in FY 2026.

CBI's Homeless Navigation services and PATH outreach teams work with the Maricopa County Continuum of Care (CoC) coordinated assessment process. The PATH project assigns one Lead Navigator to staff the coordinated entry responsibilities. The Lead Navigator attends the weekly case conferencing meeting and brings names of PATH participants the project wants to refer into housing. The Lead Navigator answers questions and clarifies information about the participant's profile and references with their location on the By Name List. For those participants that receive a housing voucher from the case conferencing meeting, the Lead Navigator will get the PATH enrollees document ready for housing and assist with completing the ABC housing application. Once the housing process is completed, the PATH program closes the HMIS PATH entry for the participant, and the housing program adds the participant into their HMIS program.

CBI's Navigators use the assessment tool approved by the CoC (MAP) to determine participant needs and attend the weekly case conferencing meetings. The PATH outreach teams are an approved coordinated entry access point for homeless adult singles and families. In addition, CBI's crisis facilities use navigators from its Comprehensive Community Health Program (CCHP) to conduct a MAP assessment for coordinated entry.

For its programs serving homeless Veterans, CBI collaborates with the VA's Community Resource and Referral Center (CRRC), the approved access point for Veterans, on outreach referrals through its Supportive Services for Veteran Families (SSVF) program. CBI's SSVF Navigator coordinates with the CRRC to identify specific services each Veteran is eligible for, working to request eligibility review, and acquiring identification and DD214s. CBI receives the system-wide By Name List (BNL) from CoC Coordinated Entry, creates a subset of this list that includes only veterans, and facilitates the weekly veteran BNL case conferencing meetings. CBI also has weekly meetings with the HUD VASH case managers to staff cases when a Veteran has a VASH voucher or is enrolled in substance use treatment services.

CBI is a large contributor of outreach teams for the Maricopa County annual point-in-time homeless count. CBI's outreach programs provided numerous teams for this effort in January 2026 and plans to continue every year.

3. Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

Response:

CBI's PATH outreach team works with an extensive network of organizations to provide a continuum of services that address areas such as mental health, substance use, physical health, housing, support services, and employment. CBI's collaboration includes the following:

CBI's Phoenix Rise program, a collaboration between CBI's clinical services department and the Keys to Change Campus, offers outpatient behavioral health treatment and supportive services for those working towards treatment-specific goals or needing continued therapeutic support and interventions for behavioral health, mental health, and/or drug and alcohol addictions. Phoenix Rise serves individuals experiencing homelessness on the Keys to Change Campus and surrounding area.

CBI works closely with Phoenix, Mesa, Scottsdale, and Avondale to reach and support homeless adults with SMI or general mental health issues in their communities. In the Phoenix CARES program, CBI provides multiple street outreach teams to work with the police, Neighborhood

services department and the Office of Homeless Solutions to outreach numerous street locations including homeless encampments.

In addition, CBI provides mobile outreach teams in the East and West Valley and a Crisis Response Team in Phoenix. Much of their work is responding to request for assistance from police, fire, and hospitals in these communities. When time allows, these units conduct street outreach in community areas where individuals experiencing homelessness are often found. The mobile outreach teams and outreach teams connect individuals to the PATH team when appropriate.

CBI also co-locates staff at the Lodestar Day Resource Center (LDRC) in downtown Phoenix, Arizona Housing Inc.'s 209 W. Jackson St. housing.

CBI is an active participant in the Valley of the Sun United Way Project Connect program. PATH Navigators meet with homeless individuals to identify eligible candidates for PATH services.

CBI also works with its existing network of housing providers serving veterans such as Cantwell Anderson, U.S. Vets, and MANA House, as well as other affordable housing providers, such as Arizona Housing, Inc. and private market landlords that have a working relationship with Community Bridges. For those participants determined as SMI, CBI works with ABC Housing for housing and eviction prevention and connects the participant to Mercy Maricopa Integrated Care (MMIC) for supportive services.

CBI is commonly referred to as a "No Wrong Door Agency," which means that participants can enter CBI's system of care from any entry point. Regardless of an individual's condition, the police, fire, hospitals, urgent psychiatric centers, crisis mobile teams, other service providers, and the general public bring individuals to CBI's facilities.

The PATH program receives referrals from anywhere in CBI's system of care, including CBI's crisis facilities; CBI's mobile outreach teams; nine homeless outreach teams working in the Phoenix Cares program; homeless navigators working in Mesa, Scottsdale, and Avondale; the SSVF program; the Maricopa County Justice Program, working in the jails, and bridge housing; the FACT and ACT teams; and the Comprehensive Community Health Program (CCHP). Programs send referrals through PATH's pathreferral@cbridges.com for consumers who have a mental health history or are showing symptoms that may indicate a need for an SMI determination evaluation. In addition, PATH also receives referrals for participants who already have an SMI determination and need assistance in assessing the consumer's connection and communication with their SMI clinic. Sometimes PATH serves as an intermediary between a clinic and the consumer to provide an intervention to resolve a conflict. PATH also receives referrals from CBI to make a connection to coordinated entry for housing.

The PATH program also makes referrals to any place in CBI's system of care as needed to meet the needs of those contacted through their outreach efforts.

Provide specific information about how coordination with other outreach teams will be achieved:

CBI employs a full team of Navigators providing daily outreach, seven days per week to places not meant for human habitation and shelters through the Phoenix CARES outreach teams; the local community-based Navigators in Mesa, Scottsdale, and Avondale; the Assertive Community Outreach (ACT) and Forensic Assertive Community Outreach (F-ACT) teams; the Comprehensive Community Health Program (CCHP); and CBI's mobile outreach teams. All these programs refer directly to the PATH program for SMI evaluations through CBI's internal referral system. The PATH program also refers directly to these programs for contacts made through the PATH outreach efforts.

CBI collaborates with local police departments to conduct outreach for jail diversion. Police and the PATH team conduct joint outreach to encampments or other public places where homeless street activity is prominent. The PATH team attempts to engage the homeless individuals and gain the individuals' agreement to transport to West Valley Access & Triage, a homeless shelter, or a recovery home in hopes of diverting the situation from arrest. If the outreach is not successful in gaining the individual's consent for transport, the police return later without the PATH team and make the arrest. CBI has worked with police in Phoenix, Mesa, Tempe, Peoria, Avondale, Glendale, Scottsdale, Chandler and Youngstown. In addition, CBI added a question to the PATH screening tool asking participants whether they had been involved in the criminal justice system (defined as having any jail time in their history) to improve identification of the justice-involved population.

Through all the local community outreach programs, the PATH program and Outreach Navigators work with the local police and park rangers. Twice per quarter, the PATH team provides targeted outreach through Mesa's Operation Mainline, a community event sponsored by the Mesa Police to educate and connect the street homeless population to community resources.

4. Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

- How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have a COD; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Response:

CBI's proposed PATH budget is allocated almost entirely for PATH team salary and employee-related expenses and related operating costs such as vehicles, phones, laptop computers, HMIS licenses, and office rent. The staff assigned to PATH are salaried employees and expenditures are only to provide PATH services. Salaried employees are responsible for delivering approved services, and their compensation directly supports and ensures consistent service provision. The

Program Manager maintains an on-site presence, providing day-to-day leadership through assigning directives, overseeing the Program supervisor, offering ongoing training, and supporting staff in real time to ensure high-quality service delivery.

The Senior Manager is allocated at 50% to this program and plays a key role in program oversight. Responsibilities include tracking and analyzing data, supporting on-site leadership, and ensuring accountability. The Senior Manager also oversees the timely completion of monthly program reports and reviews program data to ensure accuracy and alignment with performance expectations.

The Associate Director, allocated at 10% to the PATH program, provides higher-level oversight to the Senior Manager. This role ensures the program remains within budget, adheres to the defined scope of work, and continues to meet contractual and organizational expectations.

A small portion of the overall budget is allocated for outreach supplies such as heat relief in summer and blankets in winter, and participant needs, such as bus passes and costs to obtain identification. The PATH Program Manager closely manages goals for contacts, enrollments, and positive exits to ensure that the project is serving the target population.

The PATH Outreach Navigators conduct intensive street outreach and engagement. CBI divided the county into three quadrants (east, west, and central) and assign teams to cover each geographically defined area. The PATH teams work in teams of two when conducting street outreach. One Navigator is assigned when conducting in-reach within a facility or when locating participants at Keys to Change, which allows PATH to provide seven day per week coverage for these areas. The street outreach teams work four (4)- ten hour (10) hour shifts between 7am – 5pm, on a schedule of Sunday – Wednesday and Wednesday – Saturday. This schedule allows for 7 day staff coverage. The Facility/Keys to Change Navigators work Monday – Tuesday or Tuesday to Friday shifts, 8am – 6pm.

PATH teams use a variety of methods for outreach and engagement. Teams identify the densely populated areas of homelessness such as river bottoms, parks, streets, bridges, and industrial zones and determine if outreach will be on foot or mobile. CBI will partner with police if a more targeted approach is needed. PATH Outreach teams employ the use of water during summer months and blankets during the winter. Teams may provide other assistance during outreach such as bus passes or transportation assistance as a means to connect homeless individuals to resources or attend designated appointments or services. The proposed PATH program budget includes a small amount of funding for bus passes, heat relief supplies, and assistance in obtaining identification(s).

PATH Navigators conduct outreach to encampments around the Keys to Change Campus, specifically the SOS lots, to identify individuals experiencing homelessness need for ongoing behavioral health service connections and/or need for SMI evaluation, identify individuals with a current SMI designation, connect members to community shelter services, and work collaboratively with the member's assigned clinic to ensure continuity of clinical care, and identify and implement the next steps in the member's housing plan. When the PATH

Navigators identify a potential PATH member during this targeted outreach, they complete an HMIS intake packet to connect the participant to the PATH program.

GAPS:

During the initial evaluation, if a member is under the influence of drugs or alcohol, we are unable to complete the full assessment required for an SMI determination. However, we do not want this to become a barrier to obtaining the determination once the member is able to participate fully.

To address this, CBI has strengthened our process by involving the PATH Behavioral Health Professional to complete the full bio-psycho-social intake assessment. This allows participants to enter general mental health services more quickly and enables CBI to determine sooner whether a referral for an SMI evaluation is appropriate.

By addressing general mental health needs early and generating more accurate referrals to the Crisis Response Network, CBI aims to reduce the challenges associated with evaluating participants who have co-occurring conditions. Substance use remains the most common reason for denial. In some cases, evaluators request that participants spend more time in general mental health services before the SMI evaluation can be completed. Other denials occur when an impairment is present but the diagnosis does not meet the criteria for a serious mental illness.

CBI PATH continues to prioritize rapid connection to community health services and to refer for SMI determination when clinically warranted. Keeping participants engaged in community mental health services is essential to ensuring they can be evaluated and assessed for PATH-funded health and housing services.

The wait for housing for members who are not chronically homeless still remains a significant barrier as well. Unless participants have a high acuity and have lived a considerable length of time on the streets, they will be low on a very long waiting list for rapid re-housing. The process for obtaining the identification and documents participants need is very time consuming; however, without an Arizona ID, participants cannot get into an assigned clinic or obtain a housing voucher. Arizona's law for obtaining an ID is complex.

Clients with COD:

CBI's system of care is licensed as co-occurring enhanced. PATH team members receive support from the entire CBI system of care, which includes outpatient services (behavioral health and medical services) and facility-based crisis services that are available 24/7/365. Also, CBI's ACT and FACT teams, supportive housing program, in collaboration with Mercy Care for participants with SMI, medical detox services, medication-assisted treatment, and counseling services are all available for participants served by the PATH teams.

For participants who need psychiatric medications, the PATH Outreach Navigators coordinate internally and transport patients to the PATH team psychiatric practitioner, or a CBI Access Point, where they will see a Psychiatrist or Psychiatric Nurse Practitioner. Participants will receive a full assessment and bridge prescription to meet their immediate needs. Based on the assessment and psychiatric evaluation, CBI will refer the participant for an SMI eligibility determination, preferably within 90 days of contacting the individual. For those participants who do not have an SMI eligibility determination within 90 days, the PATH Navigators will continue with active outreach and engagement efforts for up to six months.

PATH team Lead Navigators assist with the follow-up activities for SMI determinations, eligibility verification, coordination with the other providers, and adult clinical teams. If a participant needs behavioral health services, the PATH Navigator and/or Lead Navigator will coordinate internally with their CBI counterparts to enroll the participant in an existing behavioral health program or refer to another provider the participant chooses. Active engagement in behavioral health services is the best way to limit potential crisis episodes. PATH Lead Navigators assist with completion of AHCCCS applications in Health-E Arizona, and Social Security benefits (SOAR). PATH Lead Navigators also conduct in-reach at designated co-located sites.

The PATH team follows the same process for medical conditions to limit the possibility of a medical emergency. If the PATH Outreach Navigator finds that the participant has pre-existing medical issues that have not been addressed, or been assessed in some time, he/she will coordinate with the participant's Primary Care Physician (PCP) and/or coordinate internally with a CBI Physician or Family Nurse Practitioner to provide assessment and medical treatment as needed. In addition, participants receive medical and behavioral health services through Circle the City.

CBI's Navigators are trained in techniques to build rapport, engage, and redirect participants to prevent a crisis and to recognize when participants may be a danger to self or others. PATH Outreach Navigators can contact CBI's mobile outreach teams (one in East Valley, one in West Valley, and one in Phoenix) 24/7, 365 days per year, for response to crisis situations or when the participant may be a danger to self or others. Mobile outreach teams, staffed with a Peer Support Specialist and an EMT, are connected to a Triage RN for clinical support. Both a Medical Physician and a Psychiatrist are on-call 24/7 to assist the Triage RN when needed. The mobile outreach team can conduct a baseline medical assessment and transport the participant if he/she needs to enter one of CBI's facilities for assessment, triage, and follow-up care. Working with the Clinical Lead, the PATH Outreach Team is skilled in the petitioning process when issues such as danger to self or others are present. The mobile outreach team working with PATH navigation helps manage the immediate crisis by getting the participant to the most appropriate level of care and reduces the impact on the crisis system overall (e.g., hospitals, fire, police and urgent psychiatric care).

PATH eligibility, enrollment, documentation: The navigation outreach process progresses through stages as the participant's readiness for change progresses. Navigators make multiple contacts with homeless participants to build a rapport and level of trust, as well as determine the homeless persons readiness for change. A contact may range from a brief conversation between the navigator and the person about the homeless person's well-being or needs, to a referral to service. Navigators document their contact notes, including basic observations from the contact and contact location, which helps to inform future contacts with the homeless individual. Most importantly, Navigators document the individual's functional impairments to begin documenting the history needed to support potential SMI designation in future. A major barrier for individuals with mental illness who are homeless is that they have no documented history that can be used to support an SMI designation. The PATH Clinical Lead provides clinical oversight and support to the Navigators including training on recognizing the signs and symptoms of mental illness. The Navigators enter their observations on participant behavior in their case notes.

Engagement occurs when the participant expresses interest in pursuing housing and services. The Navigator will complete the Maricopa Assessment and Prioritization Tool (MAP) to enter the participant into the Maricopa County Continuum of Care coordinated entry system. The participant will sign the Homeless Management Information System (HMIS) data sharing consent form, and the Navigator will check the state roster to determine if an SMI determination already exists. Based on the results of the MAP assessment, an appropriate housing intervention is determined. In addition to the MAP assessment, the PATH team uses the PATH intake screening tool to ensure appropriate enrollment for the PATH program.

When a participant is ready to formally pursue housing and services, the Navigator will enroll him/her into the project, create a participant file, and begin case management. PATH Navigators document their case notes and the PATH status determination date in HMIS.

5. Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Response:

As a long-standing leader in substance use and mental health services, CBI has developed and maintained relationships with housing providers who offer varied housing interventions. CBI works with its existing network of affordable housing providers and private market landlords who have a working relationship with Community Bridges to house PATH participants. CBI housing partners include U.S. Vets, Cloudbreak Communities (veteran specific), Arizona Housing Inc. (AHI) Properties, and ABC Housing. CBI's Starfish program, funded by the City of Phoenix, provides support services to fifteen women who are survivors of trafficking and their children.

In addition, CBI has effectively worked with transitional housing programs such as MANA House and UMOM, as well as emergency shelters including CASS, SVDP Washington St. Shelter, I-HELP, East Valley Men's Center, and the Keys to Change Campus, to serve as interim

housing until housing can be obtained. CBI Navigators assist participants with the housing application process and the acquisition of necessary documentation.

The PATH team and the coordinated entry system are the key sources of referrals for this housing. CBI's SSVF program provides rental assistance to a minimum of 300 Veterans experiencing homelessness per year.

CBI manages programs that work with other housing providers. For example, CBI works with the Veterans Administration to house Veterans with HUD VASH vouchers. CBI makes referrals to provider clinics that have housing dedicated for participants with an SMI designation. CBI's Comprehensive Community Health Program receives City of Phoenix housing vouchers to support CCHP participants. CBI's Housing Navigator in Mesa uses tenant based rental assistance, funded by the City of Mesa, to house vulnerable homeless adults as a long-term bridge for up to two years and assists them with getting added to waiting lists for Section 8 and project based housing. When the participant is selected from the waiting list, the Housing Navigator assists with the application process and moving to new housing if needed.

In addition, CBI has formed various linkages with recovery homes that support individuals with co-occurring diagnoses who wish to address their substance use issues. CBI maintains an internal web based directory of recovery homes and other resources for Maricopa County.

Finally, CBI operates multiple shelters and can assist in making referrals into various shelters throughout the Valley.

6. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.

Response:

CBI is a “No-Wrong Door” service agency that will provide PATH services to individuals with the following allowable eligibility: (1) Individuals suffering from serious mental illness, (2) Suffering from serious mental illness and/or substance use disorder, and (3) Individual that are experiencing homelessness or at-risk of becoming homeless.

CBI proposes to serve a minimum of 3,000 unduplicated individuals experiencing homelessness, and almost 900 of those members will fall under literally homeless designation.

Projected Outreach, Engagement & Enrollment Goals						
Projected Number of Persons to be Contacted (Level of Effort)	Projected Number of Persons to be Contacted (Unduplicated)	Projected Number of Persons to be Engaged	Projected Number of Persons to be Enrolled	Projected Number of Persons to be “Literally Homeless”	Projected Number of Persons to be Veterans or Returning Veterans	Projected Number of Persons to be Active Military Service
3,200	3,000	1,400	1000	866	40	0

7. Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be **meaningfully 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.

Response:

Community Bridges, Inc. (CBI) demonstrates a deep organizational commitment to consumer involvement through its extensive integration of certified Peer Support Specialists across all levels of the agency. CBI employs more than ~600 certified Peer Support Specialists, making peers one of the largest segments of the workforce. This structure ensures that individuals with lived experience of serious mental illness, substance use disorders, homelessness, and criminal justice involvement are meaningfully embedded in the planning, implementation, and evaluation of PATH-funded services.

Organizational Level: At CBI, Peer Support Specialists, known internally as Navigators, are credentialed Behavioral Health Technicians who bring personal experience in recovery from mental health and substance use disorders. Many have also experienced homelessness or incarceration, ensuring that the perspectives of PATH-eligible individuals directly inform service delivery and program design.

Navigators are represented throughout the agency, including:

- Direct service roles in outreach, engagement, and care coordination
- Leadership and supervisory positions
- Program development workgroups
- Quality improvement committees

Their presence at multiple organizational levels ensures that consumer voice is central to decision-making.

Consumer involvement in planning, implementation and evaluation: Navigators will work with members in the program to help play a direct role in shaping PATH-funded services through:

- Participation in program planning meeting
- Identifying service gaps and barriers experienced by PATH-eligible individuals
- Providing feedback on outreach strategies and engagement approaches
- Contributing to quality improvement initiatives and evaluation activities
- Their lived experience ensures that PATH services remain responsive, and grounded in the realities of homelessness and behavioral health recovery.

CBI also offers members an opportunity to provide anonymous feedback through the satisfactionsurveys@cbridges.com option. Members can email CBI and CBI leadership takes the information from the survey's and applies it process improvement within the PATH program.

Other ways that members are involved in process improvement include:

- Focus groups and listening sessions

- Feedback surveys
- Participation in quality improvement committees
- Review of program performance data
- Recommendations for improving accessibility, responsiveness, and trauma-informed practices

This feedback is incorporated into our continuous quality improvement process and directly informs adjustments to PATH-funded activities.

CBI encourages members to participate in and/or serve on the Lived Experience Advisory Council (LEAC). The LEAC “currently operates as an independent council with the organizational support of Arizona State University’s Action Nexus on Housing and Homelessness”

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
a. Personnel	\$ 0	\$ 0	\$ 0		
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00%	\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
h. Construction (non-allowable)					
i. Other	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
j. Total Direct Charges (Sum of a-i)		\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00		
l. Grand Total (Sum of j and k)		\$ 0.00	\$ 0.00	\$ 0.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:0Estimated Number of Persons to be Enrolled:0

Estimated Number of Persons to be Contacted who are Literally Homeless:0

Community Bridges
PATH Grant Budget Narrative & Justification
Maricopa County
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A. Personnel:

Position Title (1)	Staff Name (2)	Annual Salary/Rate (3)	Level of Effort (LOE) (4)	Total Cost Charge to Award (5)
Associate Director of Housing and Community Integration	Echo Kwiatkowski	\$82,739	.10	\$8,274
Program Manager BHT	Darin Jahries	\$60,416	1.00	\$60,416
Senior Program Manager BHT	Cindy Sandoval	\$67,835	.50	\$33,918
Program Supervisor BHT	Mitch Haase	\$48,597	1.00	\$48,597
Behavioral Health Clinician BHT-BA	Hollie Hudson	\$46,582	1.00	\$46,582
Lead Navigator	Garren Casey	\$41,512	1.00	\$41,512
Lead Navigator	TBD	\$41,512	1.00	\$41,512
Lead Navigator	Amanda Grant	\$41,512	1.00	\$41,512
Client Care Coordinator	Jose Cruz	\$38,618	1.00	\$38,618
Client Stabilization Specialist	TBD	\$34,815	1.00	\$34,815
Navigator I	TBD	\$34,603	1.00	\$34,603
Navigator II	Agustin Valenzuela	\$39,418	1.00	\$39,418
Total Request				\$469,777

JUSTIFICATION:

Associate Director supervises the Senior Manager and assists with administrative functions such as approvals for recruitment and hiring, approving requests to procure, reviewing contract spending, etc.

Program Manager (Team Lead) supervises the Navigator staff and daily operations.

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Senior Program Manager manages day to day contract performance and builds relationships in the community to support the PATH Program.

Behavioral Health Professional conducts the SMI evaluations and completes the biopsychosocial assessments to refer clients to mental health services. The BHP also staffs cases with Navigators.

Lead Navigators and Navigator I & II are responsible for providing outreach and follow-up services for the PATH program.

Client Care Coordinator is a shelter or temporary lodging site-based position with a primary role of managing a housing caseload responsible for coordinating care for individuals and families who are experiencing homelessness. The position will provide coordination of care and support services to assist the individual or family with ending their current episode of homelessness.

Client Stabilization Specialist is a shelter or temporary lodging site-based position with a primary role of working with individuals and families who are experiencing homelessness. The position will ensure individuals or families who are entering shelter or temporary lodging are stabilized. The position will conduct intakes into HMIS, provide education on the rules and responsibilities, resources, and provide overall orientation while in shelter or temporary lodging. The position is responsible for face-to-face visits, perimeter walks, and the escalation of issues impacting the stabilization of individuals or families in shelter or temporary lodging.

B. Fringe Benefits (Employee Related Expenses):

Position (1)	Staff Name (2)	Total Personnel Cost from Above (3)	Total Fringe Rate (4)	Total Cost Charged to Award (5)
Associate Director of Housing and Community Integration	Echo Kwiatkowski	\$8,274	25.096%	\$2,076
Program Manager BHT	Darin Jahries	\$60,416	25.096%	\$15,162
Senior Program Manager BHT	Cindy Sandoval	\$33,918	25.096%	\$8,512

Community Bridges
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Position (1)	Staff Name (2)	Total Personnel Cost from Above (3)	Total Fringe Rate (4)	Total Cost Charged to Award (5)
Program Supervisor BHT	Mitch Haase	\$48,597	25.096%	\$12,196
Behavioral Health Clinician BHT-BA	Hollie Hudson	\$46,582	25.096%	\$11,690
Lead Navigator	Garren Casey	\$41,512	25.096%	\$10,418
Lead Navigator	TBD	\$41,512	25.096%	\$10,418
Lead Navigator	Amanda Grant	\$41,512	25.096%	\$10,418
Client Care Coordinator	Jose Cruz	\$38,618	25.096%	\$9,691
Client Stabilization Specialist	TBD	\$34,815	25.096%	\$8,737
Navigator I	TBD	\$34,603	25.096%	\$8,684
Navigator II	Agustin Valenzuela	\$39,418	25.096%	\$9,892
Total Request				\$117,895

JUSTIFICATION:

The fringe benefits include the required state and federal tax guidelines. CBI also offers 401K and comprehensive medical and dental plan to employee salaries. The use of fringe benefits varies by individual employee. For example, the 401K match is available for up to 4% of the employee's salary. Across all ERE

**Community Bridges
PATH Grant Budget Narrative & Justification
Maricopa County
July 1, 2026 through June 30, 2027**

expenditures, ERE expenditures are estimated at 25.0965% for FY 26/27 based on this current actual percentage.

Fringe Category	Rate
Insurance	12.676%
FICA	6.20%
Social Security	1.45%
Workers Comp	0.77%
Retirement	4.00%
Total	25.096%

C. Travel:

Please note: All travel expenditures will require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM) <https://gao.az.gov/publications/saam>.

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Total Cost Charged to the Award (5)
Vehicle Fuel	Local destinations in Maricopa County	Fuel for outreach vehicles	\$173.98 /Mo X 4 Vehicles X 12 Months	\$8,351
Total Request				\$8,351

JUSTIFICATION:

Fuel for outreach vehicles to travel to local destinations in Maricopa County

D. Equipment (Over \$10,000 per item):

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Total Request		\$0

JUSTIFICATION:

E. Supplies (Items costing less than \$10,000 per unit):

**Community Bridges
PATH Grant Budget Narrative & Justification
Maricopa County
July 1, 2026 through June 30, 2027**

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
HMIS Licenses	\$200/FTE x 7 FTE	\$1,400
Copier Lease	\$111/Mo x 12 months	\$1,332
Cell Phones	\$54/Mo x 8 FTEs x 12 months	\$5,184
PATH Enrollee Funds	PATH enrollee funds to assist with purchasing IDs, birth certificates, and bus passes	\$53,719
Total Request		\$61,635

JUSTIFICATION:

The operating costs include HMIS licenses, a copier lease, and CBI issued cell phones that are needed by Navigators to provide outreach services, and to coordinate with other providers, case managers social security administration, DES and enrolled clients. The copier lease is allocated by FTE's-This lease is allocated across all programs.

The PATH enrollee lump sum is for emergencies for client support and assist with ID's and birth certificates, and bus passes to assist clients get to work, doctor appointments, and other appointments, and diversions for individuals to end homelessness through family reunification.

F. Contractual:

Name of Organization or Consultant (1)	Type of Agreement (2)	Total Cost Charged to the Award (3)
Total Request		\$0

JUSTIFICATION:

G. Housing:

If requesting rent, please fill out & submit rent worksheet.

Community Bridges
PATH Grant Budget Narrative & Justification
Maricopa County
July 1, 2026 through June 30, 2027

Housing Assistance (1)	Calculation (2)	Total Cost Charged to the Award (3)
Total Request		\$0

Housing Narrative: N/A

JUSTIFICATION:

H. Other:

(Include Other Consultants):

Item (1)	Rate (2)	Cost (3)
Building Insurance	\$25.17 x 12 months	\$302
Building Rents	\$1,947/ month x 12 months	\$23,364
Professional Liability Insurance	\$92/Mo x 12 months	\$1,104
Leased Vehicles	4 Vehicles Ave \$318/Mo x 12 months	\$15,264
Leased Vehicle GPS Units	4 vehicles x \$17/ Mo x 12 months	\$816
Vehicle Insurance	4 vehicles Ave \$265/Mo x 12 months	\$12,720
Staff Certifications	Fingerprint (\$68 ea.) and CPR Cards (\$28 ea.) x 4 each	\$384
Total Request		\$53,954

JUSTIFICATION:

The office space charge and insurance represent the charges from the Human Services Campus lease for the PATH project.

Professional Liability Insurance is to protect CBI employees from liability.

The operating costs include the vehicles, insurance and GPS Units.

**Community Bridges
PATH Grant Budget Narrative & Justification
Maricopa County
July 1, 2026 through June 30, 2027**

Staff Certifications include the CPR and Fingerprinting cards for new staff.

I. Total Direct Charges:

TOTAL REQUEST – TOTAL DIRECT CHARGES -	\$711,612
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J. Indirect Cost Rate or Administration (See Footnote below):

Calculation (1)	Indirect Cost Charged to the Award (2)
15.3% Indirect Cost Rate x (Total Direct Costs less Building Rent & Building Insurance)	\$105,256
Total Request	\$105,256

JUSTIFICATION: Federally approved negotiated indirect cost rate of 15.3% on all direct costs, provided with submission. CBI is awaiting the approval of the NICRA from its new cognizant agency, once received, CBI will provide a copy.

FOOTNOTE:

- (1) Please specify whether utilizing indirect or administrative overhead.
(2) For administrative overhead, please provide a justification of costs included in administration.
(3) For indirect costs, please specify if using the de minimis rate or provide a copy of the approved indirect cost agreement. The de minimis rate of 15 percent for non-federal entities is subject to Uniform Guidance, 20 CFR 200.414.*

K. Total Project Costs :

TOTAL REQUEST – TOTAL PROJECT COSTS – (Sum of Total Direct Costs and Indirect (Or Admin Costs)	\$816,868
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II. Executive Summary

Intended Use Plans

La Frontera Center, Inc.

502 W 29th St
Tucson, AZ 85713

Contact: Guillermo Andrade

Email Address: guillermo.andrade@lafrontera.org

Provider Type: Social service agency

PDX ID: AZ-002

State Provider ID: AZ-002

Contact Phone #: 5204047162

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

La Frontera Center
Projects for Assistance in Transition from Homelessness (PATH)
Contractor Intended Use Plan (IUP) Narrative
Contract Period July 1, 2026- June 30, 2027

1. Local Area Provider Description- Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Response: La Frontera Center, founded in 1968, is one of the original community mental health centers in Tucson. With numerous locations in Arizona and New Mexico, La Frontera has operated the PATH Program in Tucson and Pima County for about 30 years. The region served will be the City of Tucson and other areas of Pima County where individuals who are homeless may be identified such as Marana, Oro Valley, Picture Rocks, Littleton, Green Valley, and Ajo. The PATH team will receive a total of \$370,844 (State and Federal) for the FY 2026-2027.
 Federal- \$275,266
 State- \$95,578

2. Collaboration with HUD CoC Program – Provide a brief description of the organization’s collaboration with HUD’s Continuum of Care (CoC) Program. Describe the organization’s participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates

Response: The RAPP Team PATH Program is a fully integrated participant in the Tucson Pima Collaboration to End Homelessness (TPCH), the local HUD Continuum of Care (CoC). In accordance with current SAMHSA and HUD mandates, the organization ensures 100% participation in the local Homeless Management Information System (HMIS) for all PATH-enrolled individuals to support seamless care coordination and accurate annual reporting. The RAPP Center serves as a designated Coordinated Entry Access Point, providing standardized assessments to prioritize housing and services for the most vulnerable community members. To ensure low-barrier access, staff utilize TPCH-approved mobile assessment tools and a shared community calendar to facilitate phone-based assessments for those unable to visit in person. The organization maintains an active leadership role within the CoC's governance structure. A PATH Team staff member currently serves as the Coordinated Entry Administrator and actively participates in the Coordinated Entry Committee to monitor system utilization and policy effectiveness.

The organization maintains an active leadership role within the CoC's governance structure, with Truth Wright as the current Supervisor for the PATH Outreach program, Truth Wright provides the visionary leadership and technical expertise necessary to bridge the gap between Tucson’s most vulnerable populations and the critical services they require. Since successfully revitalizing the program after a year-long hiatus, Truth has built an elite outreach team that serves as the

premier entry point for Coordinated Entry in Pima County—a status so well-recognized that major partners like OPCS and local law enforcement view her team as the primary "beacon of hope" for crisis intervention. Beyond her "boots on the ground" approach and clinical oversight, Truth serves as the HMIS Administrator for La Frontera, ensuring the rigorous data integrity and federal compliance essential to the SAMHSA PATH grant. Under her direction, the drop-in center has evolved into a trauma-informed sanctuary where clients receive more than just a reprieve from the elements; they are empowered through life-skills training and a growth-oriented mindset to transition from homelessness to self-sufficiency. Truth's unique ability to manage high-level systems while personally engaging in the hardest-to-reach areas of the community makes her an indispensable asset to Arizona's healthcare and housing infrastructure. Truth represents the program in critical local planning activities, including the Outreach Coalition, Case Conferencing, and the Veteran Surge focused coordination. Beyond housing, the program actively collaborates with GAP Ministries and the Primavera Works program to enhance life skills and long-term stability. Through these partnerships, clients receive specialized help with obtaining jobs and education, utilizing GAP Ministries' Career Plus intensive training in fields like culinary and warehouse work, and Primavera's workforce development services that provide temporary jobs at livable wages. These initiatives ensure that PATH enrollers have access to the necessary tools for financial empowerment and permanent employment.

3. Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

Response: The PATH Program maintains a formal partnership with the Crisis Response Network, ensuring that when clients present themselves as a danger to themselves or others, a Mobile Crisis Response Team can be quickly requested for assessment. In such cases, the team is also able to submit Title 36 petitions for involuntary evaluation if an individual refuses necessary care or treatment.

Additionally, the PATH Team benefits from a strong collaboration with La Frontera Center, granting clients access to a comprehensive suite of services including mental health assessments and treatment, substance use disorder care, medication management, residential treatment, Safe Haven programs, veterans court and housing, counseling, employment supports, and subsidized housing opportunities. La Frontera provides ongoing training for PATH staff, as well as key administrative functions such as accounting, purchasing, maintenance, and payroll, which support the program's efficient operation. The PATH team has expanded their efforts to formal agreements with other providers—such as Cope Community Services, CODAC Health Recovery and Wellness, and Community Bridges—are ongoing. These partnerships aim to streamline

access to services for individuals experiencing homelessness and create direct referral pathways between the PATH Team and AHCCCS Complete Care (ACC) Providers.

The RAPP Team has evolved into the premier hub for homeless services in Pima County, serving as the "go-to" resource for both clients and partner agencies. Our center is so deeply integrated into the local crisis response system that major partners, such as Old Pueblo Community Services (OPCS), explicitly name the RAPP Center in their official telephonic routing as the primary destination for housing assessments. This community-wide recognition underscores our status as a trusted Coordinated Entry Access Point, where standardized assessments are conducted with the highest level of expertise to ensure the most vulnerable individuals are prioritized for housing.

Our programmatic philosophy has shifted from providing immediate relief to fostering long-term independence—offering a "hand up, not a handout." We are intensely focused on helping individuals work toward self-sufficiency through a multi-dimensional approach:

Barrier Reduction: We provide on-site lockers for clients actively enrolled in treatment or searching for work, removing the logistical burden of transporting belongings and allowing them to focus entirely on their recovery and employment goals.

Workforce Development: Through strategic partnerships with GAP Ministries and Primavera Works, we provide a direct pipeline to jobs and education. Clients have access to vocational training in high-demand fields like culinary arts and warehouse management, as well as temporary employment opportunities at livable wages.

Life Skills Enhancement: Our coordination initiatives ensure that every client interaction includes a focus on enhancing life skills, from financial literacy to navigating the behavioral health system.

By combining expert housing navigation with robust employment and stabilization support, the RAPP Team is not just managing homelessness—we are providing the essential tools for individuals to reclaim their lives and achieve lasting stability.

4. Service Provision – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

-How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;

-Any gaps that exist in the current service systems;

-A brief description of the current services available to clients who have a COD; and

-A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Response: Our plan maximizes PATH funds by prioritizing adults who are literally and chronically homeless, particularly those struggling with Co-Occurring Disorders (COD). We

align with SAMHSA goals by moving beyond basic contact to provide comprehensive case management that links clients to psychiatry, substance use treatment, and essential community recovery supports. By serving as a premier Coordinated Entry Access Point, we ensure that the most vulnerable individuals are prioritized for housing while receiving the wraparound care necessary to maintain long-term stability.

In the current service landscape for 2026-2027, significant gaps remain, most notably a severe shortage of housing units relative to the 59% increase in system inflow seen in recent years. While emergency stabilization is available through partners like Community Bridges, the "By-Name List" continues to grow, highlighting a critical need for the RAPP Team's specialized navigation to bridge the gap between the streets and available beds. For clients with COD, we offer a robust network of integrated care through partners like CODAC and Community Health Associates, providing a "one-stop" approach to mental health and addiction recovery. This is further enhanced by our unique focus on self-sufficiency, utilizing GAP Ministries and Primavera Works to provide vocational training and education, ensuring clients have the life skills to thrive once housed. PATH eligibility for the 2026-2027 cycle is determined by verifying that an individual is at least 18 years old, literally homeless or at imminent risk, and experiencing a Serious Mental Illness (SMI) or COD. Enrollment occurs at the point of "mutual intent," when a client agrees to work with the RAPP Team to resolve their housing and health crises. We maintain rigorous documentation standards within the Homeless Management Information System (HMIS), recording staff observations of symptoms, client self-reports of homelessness, and formal service plans to ensure 100% compliance with federal reporting mandates. Through this structured approach, the RAPP Team remains the community's primary "hand up," transforming the trajectory of Tucson's most vulnerable residents.

5. Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Response: To make suitable housing available for PATH clients during the 2026-2027 grant year, the RAPP team utilizes a multi-tiered strategy that combines internal La Frontera resources with extensive community partnerships. Central to this strategy is our direct relationship with Stone Corner Real Estate and Development, a subsidiary of La Frontera Partners, Inc. that manages a portfolio of over 1,200 affordable housing units, including Low-Income Housing Tax Credit (LIHTC) properties. We provide access to various housing types, ranging from site-based PSH like the

Center of Hope Apartments—which offers 100 units with on-site supportive services—to scattered-site affordable multifamily units such as Alborada Apartments, Miracle point, Sleepy Hollow to name a few. Beyond La Frontera’s own inventory, the RAPP team maintains strong connections with multiple transitional homes and community-based shelter programs, including those operated by Old Pueblo Community Services (OPCS) and the Primavera Foundation. We also actively collaborate with low-income realty companies and real estate agencies that are increasingly committed to working with the homeless population. These real estate partnerships are vital for identifying private-market landlords willing to accept Housing Choice Vouchers or participate in the city's Housing and rental assistance initiatives. By leveraging these diverse relationships, the RAPP team ensures that PATH clients have a clear pathway from the streets to stable, long-term housing that meets their specific clinical and recovery needs.

6. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

Response: For the 2026–2027 project year, the RAPP Team projects contacting approximately 1,200 adult individuals through street outreach and the RAPP Day Center, with a goal of formally enrolling 450 adult clients into PATH-funded case management. This projection accounts for the 59% increase in households seeking services via Coordinated Entry over the last several years. Of those enrolled, the RAPP Team is committed to ensuring that at least 75% of adult clients served with PATH funds meet the federal definition of literally homeless (residing in a place not meant for human habitation or in an emergency shelter), while the remaining 25% will be those at imminent risk of homelessness with a qualifying SMI or COD

7. Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.

Response: The RAPP Team ensures that individuals with lived experience of homelessness and Serious Mental Illness (SMI)—along with their families—are integrated into the core of its organizational planning, implementation, and evaluation processes. This involvement is realized through the following structured initiatives:

- **Peer Support Employment:** A significant portion of the RAPP Team includes staff members who identify as having lived experience with homelessness, mental health challenges, or substance use recovery. These Peer Support Specialists are not just staff; they serve as essential bridges to the community, utilizing their personal insights to lead street outreach and mentor currently unhoused clients toward self-sufficiency.

- Consumer Advisory Boards (CAB): La Frontera maintains formal mechanisms for client feedback, including a Consumer Advisory Board that provides a platform for individuals currently or previously served by PATH to influence program policies and service delivery. This board meets regularly to review program performance data and offer recommendations for improving the client experience.
- Program Evaluation: Clients and family members are invited to participate in annual program evaluations through focus groups and satisfaction surveys. This data is used by leadership to identify service gaps and adjust the implementation of PATH-funded activities for the upcoming 2026-2027 cycle.
- Governance & Leadership: Individuals with lived experience are encouraged to seek leadership roles and participate in local planning activities within the Tucson Pima Collaboration to End Homelessness (TPCH) committee structure, ensuring their voices are heard at the highest levels of community-wide decision-making.

By employing those with personal knowledge of the system and providing formal advisory roles, the RAPP Team ensures that its services remain person-centered, trauma-informed, and effective for those most in need.

La Frontera Center
Projects for Assistance in Transition from Homelessness (PATH)
Contractor Intended Use Plan (IUP) Narrative
Contract Period July 1, 2026- June 30, 2027

1. Local Area Provider Description- Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

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Our programmatic philosophy has shifted from providing immediate relief to fostering long-term independence—offering a "hand up, not a handout." We are intensely focused on helping individuals work toward self-sufficiency through a multi-dimensional approach:

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4. Service Provision – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

-How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;

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Response: Our plan maximizes PATH funds by prioritizing adults who are literally and chronically homeless, particularly those struggling with Co-Occurring Disorders (COD). We

align with SAMHSA goals by moving beyond basic contact to provide comprehensive case management that links clients to psychiatry, substance use treatment, and essential community recovery supports. By serving as a premier Coordinated Entry Access Point, we ensure that the most vulnerable individuals are prioritized for housing while receiving the wraparound care necessary to maintain long-term stability.

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5. Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Response: To make suitable housing available for PATH clients during the 2026-2027 grant year, the RAPP team utilizes a multi-tiered strategy that combines internal La Frontera resources with extensive community partnerships. Central to this strategy is our direct relationship with Stone Corner Real Estate and Development, a subsidiary of La Frontera Partners, Inc. that manages a portfolio of over 1,200 affordable housing units, including Low-Income Housing Tax Credit (LIHTC) properties. We provide access to various housing types, ranging from site-based PSH like the

Center of Hope Apartments—which offers 100 units with on-site supportive services—to scattered-site affordable multifamily units such as Alborada Apartments, Miracle point, Sleepy Hollow to name a few. Beyond La Frontera’s own inventory, the RAPP team maintains strong connections with multiple transitional homes and community-based shelter programs, including those operated by Old Pueblo Community Services (OPCS) and the Primavera Foundation. We also actively collaborate with low-income realty companies and real estate agencies that are increasingly committed to working with the homeless population. These real estate partnerships are vital for identifying private-market landlords willing to accept Housing Choice Vouchers or participate in the city's Housing and rental assistance initiatives. By leveraging these diverse relationships, the RAPP team ensures that PATH clients have a clear pathway from the streets to stable, long-term housing that meets their specific clinical and recovery needs.

6. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

Response: For the 2026–2027 project year, the RAPP Team projects contacting approximately 1,200 adult individuals through street outreach and the RAPP Day Center, with a goal of formally enrolling 450 adult clients into PATH-funded case management. This projection accounts for the 59% increase in households seeking services via Coordinated Entry over the last several years. Of those enrolled, the RAPP Team is committed to ensuring that at least 75% of adult clients served with PATH funds meet the federal definition of literally homeless (residing in a place not meant for human habitation or in an emergency shelter), while the remaining 25% will be those at imminent risk of homelessness with a qualifying SMI or COD

7. Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully 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.

Response: The RAPP Team ensures that individuals with lived experience of homelessness and Serious Mental Illness (SMI)—along with their families—are integrated into the core of its organizational planning, implementation, and evaluation processes. This involvement is realized through the following structured initiatives:

- **Peer Support Employment:** A significant portion of the RAPP Team includes staff members who identify as having lived experience with homelessness, mental health challenges, or substance use recovery. These Peer Support Specialists are not just staff; they serve as essential bridges to the community, utilizing their personal insights to lead street outreach and mentor currently unhoused clients toward self-sufficiency.

- Consumer Advisory Boards (CAB): La Frontera maintains formal mechanisms for client feedback, including a Consumer Advisory Board that provides a platform for individuals currently or previously served by PATH to influence program policies and service delivery. This board meets regularly to review program performance data and offer recommendations for improving the client experience.
- Program Evaluation: Clients and family members are invited to participate in annual program evaluations through focus groups and satisfaction surveys. This data is used by leadership to identify service gaps and adjust the implementation of PATH-funded activities for the upcoming 2026-2027 cycle.
- Governance & Leadership: Individuals with lived experience are encouraged to seek leadership roles and participate in local planning activities within the Tucson Pima Collaboration to End Homelessness (TPCH) committee structure, ensuring their voices are heard at the highest levels of community-wide decision-making.

By employing those with personal knowledge of the system and providing formal advisory roles, the RAPP Team ensures that its services remain person-centered, trauma-informed, and effective for those most in need.

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
a. Personnel	\$ 0	\$ 0	\$ 0		
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00%	\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
h. Construction (non-allowable)					
i. Other	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
j. Total Direct Charges (Sum of a-i)		\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00		
l. Grand Total (Sum of j and k)		\$ 0.00	\$ 0.00	\$ 0.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:0Estimated Number of Persons to be Enrolled:0

Estimated Number of Persons to be Contacted who are Literally Homeless:0

**La Frontera
PATH Grant Budget Narrative & Justification
Pima County
July 1, 2026 - June 30, 2027**

A. Personnel:

Position Title (1)	Staff Name (2)	Annual Salary/Rate (3)	Level of Effort (LOE) (4)	Total Cost Charge to Award (5)
PATH Administrator/ Clinical Supervisor	Truth Wright	\$57,500	100%	\$57,500
PATH Office Manager/ Team Recovery Coach	Shannon Spradlin	\$37,440	100%	\$37,440
PATH Outreach Housing Coordinator	Jay Hoffman	\$31,200	100%	\$31,200
PATH Recovery Coach / Housing Navigator	Jose Ramirez	\$31,200	100%	\$31,200
PATH Team Outreach / Housing Navigator	Marie Loqa	\$31,200	100%	\$31,200
Total Request				\$188,540

JUSTIFICATION: This funding supports a boots-on-the-ground team meeting homelessness head-on across Pima County. The team, Clinical Supervisor, Team Recovery Coach, Outreach Housing Coordinator, Housing Navigator, and Office Manager, works in sync to engage people where they are and move them toward stability.

Each day, the team connects with 50–55 individuals through street outreach and drop-in services, providing basics like water, food, first aid, and a brief but critical respite from the streets, while building rapport with individuals who are often hard to reach and disconnected from traditional systems.

Once that trust is established, the Outreach Housing Coordinator and Housing Navigator connect individuals to housing, behavioral health enrollment, and employment opportunities. The Clinical Supervisor ensures services are coordinated and effective, while the Team Recovery Coach delivers PATH-funded case management to support mental health stabilization and promote long term self-sufficiency. The Office Manager keeps operations consistent and reliable.

This is more than service delivery; it's a pathway from the street to stability, grounded in trust, coordination, and follow-through. Competitive salaries are essential to recruit and retain the staff who make this work possible and drive real outcomes, like more people engaged, connected, and successfully moving toward housing and independence. Furthermore, an on-call team member would be utilized without exceeding the funds already allocated in this budget.

B. Fringe Benefits (Employee Related Expenses):

Position (1)	Staff Name (2)	Total Personnel Cost from Above (3)	Total Fringe Rate (4)	Total Cost Charged to Award (5)
PATH Administrator/ Clinical Supervisor	Truth Wright	\$57,500	26.425%	\$15,194
PATH Office Manager/ Team Recovery Coach	Shannon Spradlin	\$37,440	26.425%	\$9,893
PATH Outreach Housing Coordinator	Jay Hoffman	\$31,200	26.425%	\$8,245
PATH Recovery Coach / Housing Navigator	Jose Ramirez	\$31,200	26.425%	\$8,245
PATH Team Outreach / Housing Navigator	Marie Loqa	\$31,200	26.425%	\$8,245
Total Request				\$49,821

JUSTIFICATION: This is the cost of PATH Team employee-related expenses.

Fringe Category	Rate
Retirement	6%
FICA	7.65%
Insurance	12.775%
Social Security	Included in FICA
Total	26.425%

C. Travel:

Please note: All travel expenditures will require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM) <https://gao.az.gov/publications/saam>.

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Total Cost Charged to the Award (5)
Outreach & Other PATH Activities	Pima County	Fuel for Path Vehicles	2 vehicles @ \$90 each per month x 12 months	\$2,160
Total Request				\$2,160

JUSTIFICATION: The requested travel and transportation funds are essential for the delivery of core PATH services,

specifically targeting individuals with serious mental illness who are experiencing or at imminent risk of homelessness. These funds will cover gasoline and maintenance costs for agency-owned vehicles dedicated to daily outreach and engagement activities. This includes the regular collection and distribution of critical supplies—such as blankets, sandwiches, and other essential resources—provided by the Tucson Pima Collaboration to End Homelessness (TPCH) through their Emergency Blanket Distribution and community donation programs. Beyond supply logistics, these vehicles are used to transport PATH-enrolled individuals to necessary medical, behavioral health, and housing appointments, which is a key component of successful transition and habilitation. In instances where agency vehicles are unavailable, staff utilize privately-owned vehicles (POV) and are reimbursed at the current federal mileage rate. Specifically, the Outreach Coordinator utilizes a specialized personal vehicle equipped with built-in coolers and temperature-controlled storage, which is necessary for the safe transport of perishable food items and medical supplies to unsheltered clients. These transportation resources further support program outreach by enabling staff to participate in community functions and tabling events, ensuring that potential PATH-eligible individuals have immediate access to enrollment and integrated care services. All costs are calculated based on historical mileage records and current local fuel market rates to ensure they remain reasonable, allocable, and necessary for the implementation of the projects’ goals.

D. Equipment (Over \$10,000 per item):

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
N/A		
Total Request		

JUSTIFICATION:

E. Supplies (Items costing less than \$10,000 per unit):

Item(s) (1)	Calculation (2)	Total Cost Charged to the Award (3)
Hygiene Kits	1 cases @\$100 per case x 1 per month & 30 kits per case plus approximately \$16-20 per case for shipping and handling x 12 months = \$1,371	\$1,371
	(We are serving enough people to go through 5 boxes a month).	
Various client supplies	This will include scarves, beanies, socks, underwear, sports bras, water, granola bars, protein bars, chips, backpacks, sunglasses, reading glasses, baseball caps, feminine hygiene products, chap sticks, bug spray, sunscreen, first aid kits, disposable wipes.	\$8,500
Drop-In Center	This will include coffee, creamer, sugar, disposable coffee cups (About \$200 a month x 12 months)	\$2,400

Office supplies	This will include things like printer paper, sticky notes, pens, printer ink, etc. (About \$100 a month x 12 months)	\$1,200
Total Request		\$13,471

JUSTIFICATION: *The requested funds for program and office supplies are critical for reducing barriers to engagement and supporting the transition of individuals with serious mental illness (SMI) out of homelessness. Essential supplies, including shelf-stable food, clean clothing, and hygiene products, are utilized as primary outreach tools to address the immediate survival needs of PATH-eligible individuals. Providing these basic necessities is an evidence-based approach to building the trust and rapport required for successful clinical intervention and housing navigation. By offering a safe, low-barrier environment where participants can access coffee, meals, and respite, the program fosters a sense of security and dignity that is essential for stabilization and long-term recovery planning. These "survival" supplies serve as the initial point of entry into the continuum of care, allowing staff to move individuals from basic crisis management to integrated case management services. Concurrently, the budget includes funds for standard office supplies—such as stationery, file folders, and printing materials—designated exclusively for use by PATH-funded employees. These operational materials are necessary for maintaining mandated client records, tracking performance measures, and ensuring the efficient administration of program activities. All supply costs are carefully monitored and allocated based on historical consumption rates to ensure they are reasonable and necessary for the effective delivery of PATH-authorized services.*

Contractual:

Name of Organization or Consultant (1)	Type of Agreement (2)	Total Cost Charged to the Award (3)
N/A		
Total Request		\$0

JUSTIFICATION:

F. Housing:

If requesting rent, please fill out & submit rent worksheet.

Housing Assistance (1)	Calculation (2)	Total Cost Charged to the Award (3)
Rapid Rehousing dollars	\$400 max per client	\$4,800
Total Request		\$4,800

JUSTIFICATION: *Eviction prevention and rapid rehousing dollars, utilities assistance, application fees, deposits, IDs, birth certification, employment documents etc., for PATH-enrolled clients.*

G. Other:(Include Other Consultants)

Item (1)	Rate (2)	Cost (3)
Digital Imaging & Flex print	Copying and Printing	\$1,000
Central Alarm Security and Central Alarm of Tucson	Building Security	\$6,000
Pest Control	Quarterly service 4 times a year	\$500
Staff Office and Drop-in center utilities	\$1,200 per month x 12 months	\$15,000
Training and Conferences	5 Staff @\$200 each	\$1,000
Petty Cash	Emergency or metered courthouse parking (receipts must be turned in)	\$200
Postage	Metered machine	\$63
Janitorial/courier/records storage-shredding	Approx \$400 per month x 12 months	\$4,800
ADP	Payroll Processing	\$1,500
Vehicle License	2 vehicles x \$250 per year	\$500
Vehicle Maintenance	4 services x \$500	\$2,000
Vehicle Insurance	\$383 per month x 12 months -> rounded up to allow for possible increase of insurance policy	\$5,000
Office Desk Phones	\$91.67 per month x 12 months	\$1,100
Software	Total Software cost x 1.10%	\$13,200
Staff Cell Phones	5 staff x \$50 per month x 12 months	\$3,300

Monthly lease payment on off road Toyota Rav 4	\$340.97 a month x 12 months =\$4,091	\$4,091
Total Request		\$59,254

The requested funds for facility and administrative costs are essential for maintaining a stable infrastructure for the delivery of PATH-funded services. To ensure the safety of both staff and program participants, professional security services are contracted through Central Alarm to monitor these dedicated spaces, supplemented by comprehensive building information security protocols to protect digital assets and infrastructure. Maintaining a dignified and healthy environment for high-acuity clients requires the allocation of funds for essential utilities and professional pest control services, ensuring the drop-in center remains a safe reprieve from the elements. Operational efficiency is further supported by service contracts with Digital Imaging and Flexprint for the maintenance of printers and copiers used exclusively for PATH program documentation. To facilitate high-acuity street outreach, the budget includes the lease for a specialized off-road vehicle capable of navigating Tucson's washes, desert regions, and unpaved roads to reach unsheltered individuals in remote areas. Additional transportation costs cover the licensing, insurance, and maintenance for two agency vehicles used for PATH-eligible activities, including the transport of enrolled individuals to medical and housing appointments, staff travel for specialized training, and the collection of essential resources from the Tucson-Pima Collaboration to End Homelessness (TPCH).

Administrative and clinical oversight is maintained through the use of ADP payroll services and the procurement of mobile phones and software necessary for field-based data entry, HMIS record keeping, and real-time housing assessments. It is important to note that funds allocated for cellular services are issued strictly as a verified reimbursement for business-related usage rather than a general employee stipend, ensuring fiscal accountability and alignment with federal cost principles. To ensure the protection of participant privacy, funds are allocated for professional courier and paper-shredding services to securely handle and dispose of documentation containing Protected Health Information (PHI) in compliance with HIPAA standards. Miscellaneous operational expenses include postage for client-related correspondence and a strictly monitored petty cash fund dedicated to emergency client needs, such as the urgent procurement of birth certificates or state IDs when other community resources are unavailable. Finally, funds are requested for staff to attend conferences and training sessions aimed at improving service quality and data integrity. All shared administrative costs are calculated based on the program's Full-Time Equivalent (FTE) allocation to ensure they are reasonable, allocable, and consistent with federal cost principles.

H. Total Direct Charges (Do not include In-Kind):

TOTAL REQUEST – TOTAL DIRECT CHARGES -	\$318,047
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I. Indirect Cost Rate or Administration (See Footnote below):

Calculation (1)	Indirect Cost Charged to the Award (2)
16.6% x \$318,047	\$52,797
Total Request	\$52,797

JUSTIFICATION: *La Frontera Center has a federally approved indirect cost rate of 16.6%.*

K. Total Project Costs (Do not include In-Kind):

TOTAL REQUEST – TOTAL PROJECT COSTS – (Sum of Total Direct Costs and Indirect (Or Admin) Costs)	\$370,844
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Footnotes:

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III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	An individual is considered homeless only when they reside in one of the places described below: 1. A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). 2. In an emergency shelter. 3. In transitional or supportive housing for homeless individuals who originally came from the streets or emergency shelters. 4. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. 5. Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing. 6. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the individual has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the individual lacks the resources and support networks needed to obtain housing for example: a. An individual being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the individual does not have money, family, or friends to provide housing, b. Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.
Imminent Risk of Becoming Homeless:	Individual or family, who will imminently lose their primary nighttime residence, provided that: (1) Residence will be lost within 14 days of the date of application for homeless assistance, (2) No subsequent residence has been identified; and (3) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
Serious Mental Illness (SMI):	A designation as specified in ARS 36-550 and determined in an individual 18 years of age or older. ARS 36-550-"Seriously mentally ill" means persons who as a result of a mental disorder as defined in section A.R.S. §36-501 to exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons, the mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, and recreation.?
Co-occurring Disorders (COD):	Refers to individuals who have at least one (1) serious mental illness and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

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Footnotes:

III. State Level Information

B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents.

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

B. COLLABORATION

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents.

The Arizona Health Care Cost Containment System (AHCCCS) implements a coordinated, recovery-oriented approach to housing by leading collaboration with state, local, and federal housing partners to support qualifying residents, particularly individuals experiencing homelessness and those with a Serious Mental Illness (SMI) designation. Recognizing that housing resources in Arizona are administered across multiple systems rather than a single agency, AHCCCS coordinates with Public Housing Authorities, Continuums of Care (CoCs), the Arizona Department of Housing, HUD funded programs, and local governments through its PATH program, managed care organizations, and contracted providers.

This collaborative relationship is implemented through formal coordination structures, shared referral pathways, and ongoing joint planning to ensure eligible individuals move efficiently from outreach and engagement to housing placement and stabilization supports. Partnerships are operationalized through memoranda of understanding (MOUs) that define roles and responsibilities; active participation in local CoC and coordinated entry processes, including case conferencing and outreach initiatives; and the use of closed-loop referral approaches to track referrals, outcomes, and follow-up needs. AHCCCS further supports collaboration through Homeless Management Information System (HMIS) supported data sharing and regular cross-system meetings.

Housing navigation is embedded within case management services to assist individuals with obtaining documentation, applying for benefits and housing programs, and connecting to supportive services necessary to obtain and maintain housing. Providers coordinate closely with local housing and homeless service partners—including shelters, resource centers, low-income housing providers, and other community resources—and incorporate housing coordination strategies and gap mitigation activities into required planning and reporting deliverables, such as the Intended Use Plan (IUP). Through this approach, AHCCCS ensures housing placement is integrated with person-centered, trauma-informed physical and behavioral health services that promote housing stability, recovery, and community integration.

III. State Level Information

C. Veterans

Narrative Question:

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

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Footnotes:

C. VETERANS

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

The Arizona Health Care Cost Containment System (AHCCCS) gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness by embedding veteran focused expectations into funding priorities and contractual requirements. PATH funded providers are required to demonstrate experience and capacity to identify, engage, and serve veterans through targeted outreach, strong community partnerships, and documented outcomes related to housing placement and access to benefits.

AHCCCS requires PATH contractors to conduct outreach in settings where veterans are known to access services, including locations affiliated with veterans' programs, and to participate in Homeless Veteran StandDowns and other veteran focused community events as required outreach and engagement activities. PATH funded services prioritize outreach and case management for eligible veterans, reinforcing veteran identification and engagement as core components of service delivery.

Contractors must also demonstrate the ability to coordinate veteran specific benefits and supports, including assistance with accessing Department of Veterans Affairs (VA) benefits as part of application, follow-up, and housing stabilization activities. In addition, AHCCCS requires all PATH contractors to establish and maintain working relationships with veterans' agencies within the Geographic Service Areas they serve. These partnerships—documented through memoranda of understanding, letters of commitment, or letters of support submitted annually with Intended Use Plans—include, but are not limited to, Veterans Administration Medical Centers, State Veterans' Services, and community-based veterans' organizations. Through these collaborations, contractors coordinate physical and behavioral health services, mainstream benefits assistance, and access to emergency, transitional, and housing resources specific to veterans experiencing homelessness.

Ongoing effectiveness is monitored by AHCCCS through regular communication, monthly meetings, quarterly and annual contractor reporting, and review of documentation and interviews conducted during site visits.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target outreach and case management as priority services; including serving the most vulnerable adults who are **literally** and **chronically** homeless, and to individuals with a history of incarceration.

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

D. ALIGNMENT WITH PATH GOALS

Describe how the services to be provided using PATH funds will target outreach and case management as priority services; including serving the most vulnerable adults who are literally and chronically homeless, and to individuals with a history of incarceration.

The Arizona Health Care Cost Containment System (AHCCCS) establishes funding priorities and contractual requirements that direct PATH contractors to prioritize street outreach and case management as core services for the most vulnerable adults who are literally and chronically homeless, including individuals with histories of incarceration. In alignment with these requirements, services will focus on individuals who are unsheltered, have high acuity behavioral health needs, and are disconnected from mainstream behavioral health, primary care, substance use, and housing systems.

Services will intentionally support individuals with justice system involvement, recognizing the heightened risk of homelessness and behavioral health destabilization during community re-entry. PATH outreach and case management staff will collaborate with jails, probation and parole, law enforcement, hospitals, and community re-entry partners to identify eligible individuals, facilitate timely engagement, and reduce barriers related to identification, benefits access, housing instability, and continuity of behavioral health care. These coordinated efforts are designed to support successful community re-entry, reduce recidivism, and promote long-term housing stability and recovery outcomes.

Street outreach will be delivered by trained PATH outreach teams with demonstrated expertise in engaging individuals experiencing homelessness who have serious mental illness (SMI) and co-occurring substance use disorders (COD). Outreach activities will occur in locations where eligible individuals are most likely to be found, including streets, encampments, shelters, hospitals, jails, and other community settings, in accordance with AHCCCS-approved outreach practices and local Continuum of Care (CoC) standards. Outreach efforts will prioritize individuals experiencing chronic homelessness, recurrent episodes of homelessness, significant functional impairments, and justice system involvement, using assertive engagement and trauma-informed approaches to support enrollment and linkage to PATH services.

PATH-funded case management will provide ongoing, person-centered, and recovery-oriented services following initial outreach engagement. Case managers will develop individualized service plans and coordinate access to community mental health services, substance use treatment, primary care, and other supportive services, while promoting continuity of care across systems. Case management activities will include assistance with AHCCCS Complete Care (ACC) enrollment, coordination with Regional Behavioral Health Authorities (RBHAs/TRBHAs), benefits assistance including SSI/SSDI, and linkage to housing resources in accordance with PATH allowable services.

III. State Level Information

E. Alignment with State Comprehensive Mental Health Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

E. ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

The services to be provided using PATH funds are consistent with Arizona's State Comprehensive Mental Health Services Plan and statewide behavioral health priorities administered by the Arizona Health Care Cost Containment System (AHCCCS). PATH-funded activities support the State Plan's emphasis on accessible, coordinated, and recovery-oriented mental health services for individuals with serious mental illness (SMI) who are experiencing homelessness.

PATH funds will be used for street outreach, engagement, case management, and linkage to behavioral health treatment, housing, and supportive services. These activities align with the State Plan's focus on early identification, continuity of care, and coordinated service delivery by ensuring individuals with SMI are identified, engaged, and connected to appropriate community-based services.

Services will be delivered using voluntary, person-centered, and trauma-informed approaches consistent with statewide standards and Arizona's recovery-oriented system of care. PATH-funded services will be coordinated with behavioral health providers, Continuums of Care, housing providers, and other community partners to support an integrated service delivery model and effective referral pathways.

PATH funds will complement existing AHCCCS-covered and community-funded services, avoiding duplication while strengthening outreach, engagement, and service linkage. Overall, the proposed PATH-funded services are fully aligned with Arizona's State Comprehensive Mental Health Services Plan by improving access to coordinated, recovery-oriented services and supporting long-term stability for individuals with serious mental illness.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

F. PROCESS FOR PROVIDING PUBLIC NOTICE

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

The Arizona Health Care Cost Containment System (AHCCCS) values collaboration and public feedback in the development of the State PATH application. Public notice of the proposed use of PATH funds is provided through the AHCCCS public website. This process allows family members, individuals who are PATH eligible, behavioral health providers, housing agencies, and the general public an opportunity to review and comment on the application prior to submission to SAMHSA.

All comments received are reviewed and considered by AHCCCS during final development of the application. In addition, PATH funded providers are encouraged to review the proposed application and share feedback based on their experience delivering outreach, engagement, and supportive services to individuals experiencing homelessness. This process ensures transparency and meaningful input from community partners and individuals with lived experience prior to submission of the State PATH application.

III. State Level Information

G. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., county agencies, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

G. PROGRAMMATIC AND FINANCIAL OVERSIGHT

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., county agencies, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

AHCCCS will provide direct and comprehensive programmatic and financial oversight of PATH supported subrecipients to ensure compliance with federal PATH requirements, State policies, and approved grant activities. Oversight functions are administered at the State level and are designed to promote accountability, fiscal integrity, service quality, and achievement of PATH performance goals for individuals with serious mental illness who are experiencing homelessness or are at imminent risk of homelessness.

Programmatic oversight will include review of required PATH reports documenting outreach, engagement, service delivery, referrals, and outcomes. AHCCCS will evaluate provider performance against established PATH objectives, assess adherence to allowable activities, and monitor progress toward approved work plans. Monitoring activities may include desk reviews, analysis of performance data, and on-site or virtual monitoring reviews, including targeted site visits, to assess compliance with PATH requirements and documentation standards. AHCCCS will provide technical assistance and corrective action guidance as needed to support continuous quality improvement and ensure services are delivered in a trauma-informed, person-centered, and recovery-oriented manner consistent with Arizona behavioral health standards.

Financial oversight will be conducted through established fiscal monitoring processes to ensure appropriate stewardship of PATH funds. Subrecipients are required to maintain complete and accurate financial records demonstrating that PATH funds are used solely for allowable activities and in accordance with approved budgets and grant requirements. AHCCCS will review financial and expenditure reports and may conduct desk reviews, fiscal monitoring, or audits to verify compliance with state and federal financial management and recordkeeping standards. Any identified fiscal or compliance issues will be addressed through corrective action plans, technical assistance, or other appropriate remedies.

Through these coordinated programmatic and financial oversight activities, AHCCCS ensures that PATH supported providers operate in full compliance with federal and state requirements and effectively contribute to Arizona's statewide efforts to improve behavioral health access, housing stability, and outcomes for individuals experiencing homelessness.

III. State Level Information

H. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven, or other means).

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

H. SELECTION OF PATH LOCAL-AREA PROVIDERS

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven, or other means).

AHCCCS uses a data driven approach to allocate PATH funds to geographic areas and providers serving the greatest number of individuals experiencing homelessness with serious mental illness (SMI) or co-occurring substance use disorders. Funding decisions are informed by a structured methodology developed by a hired consultant with expertise in homelessness and behavioral health systems to support equitable and needs-based distribution of PATH resources.

The consultant developed methodology analyzes multiple data sources to identify geographic areas with high concentrations of individuals experiencing homelessness and significant unmet behavioral health needs. Data reviewed include Point-in-Time (PIT) count data, Homeless Management Information System (HMIS) data, and relevant behavioral health system indicators related to individuals with SMI and co-occurring disorders. This analysis allows AHCCCS to assess both the geographic distribution of homelessness and the magnitude of unmet service needs across the state.

PATH funds are prioritized for providers serving areas identified through this analysis as having the greatest need. In determining allocations, AHCCCS considers the prevalence of homelessness among individuals with SMI or co-occurring disorders, gaps in existing outreach and engagement services, and provider capacity to deliver PATH allowable activities such as outreach, engagement, case management, and linkage to mental health treatment, housing, and supportive services. PATH funds may be distributed through targeted or competitive processes, as appropriate, to address identified service gaps and avoid duplication.

Through the use of a consultant developed, data informed methodology and ongoing review of homelessness and behavioral health indicators, AHCCCS ensures that PATH funds are allocated strategically and equitably to areas and providers serving individuals experiencing homelessness with the most significant behavioral health needs.

III. State Level Information

I. Location of Individuals with Serious Mental Illnesses or Co-Occurring Disorders who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with SMI/COD experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

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I. LOCATION OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES OR CO-OCCURRING DISORDERS WHO ARE EXPERIENCING HOMELESSNESS

Indicate the number of individuals with SMI/COD experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

The number of individuals with serious mental illness (SMI) and/or co-occurring substance use disorders experiencing homelessness by region and geographic area across Arizona is identified using Point-in-Time (PIT) Count data. The PIT Count is a standardized, federally required data collection effort conducted annually to estimate the number of individuals experiencing homelessness on a single night. It is mandated by the U.S. Department of Housing and Urban Development (HUD) and implemented nationwide by local Continuums of Care (CoCs) using uniform guidance to ensure consistency, reliability, and comparability of data.

In Arizona, PIT Counts are coordinated and conducted by the state's HUD designated Continuums of Care, including the Maricopa Association of Governments (MAG) Continuum of Care, the Tucson/Pima County Continuum of Care, and the Arizona Balance of State Continuum of Care, which together cover all counties statewide. These CoCs maintain close working relationships with PATH subrecipients and other homeless outreach partners, leveraging their on-the-ground expertise to support effective planning and implementation of PIT Count activities, particularly for unsheltered populations.

The PIT Count is typically conducted during the last ten days of January and includes both sheltered and unsheltered populations. Sheltered counts are derived from administrative and bed utilization data reported by emergency shelters, transitional housing, and other temporary housing programs operating on the designated night. Unsheltered counts are conducted through coordinated outreach efforts in which trained teams systematically canvass geographic areas known to have concentrations of individuals living in places not meant for human habitation, such as streets, encampments, vehicles, and abandoned buildings. PATH providers frequently participate in or support these efforts due to their established presence in encampments and trusted relationships with individuals experiencing homelessness.

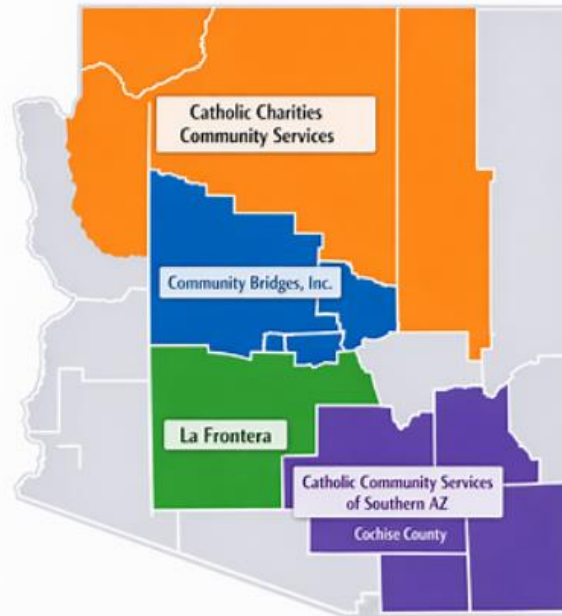
During unsheltered counts, teams may administer brief surveys to collect demographic and household information and to identify characteristics such as disability status, serious mental illness, and co-occurring substance use disorders, consistent with HUD definitions. PATH providers play a key role by assisting with outreach, engagement, and survey administration, helping to improve data accuracy and participation among individuals who are difficult to engage. All staff and volunteers receive training prior to the count to ensure adherence to standardized protocols, accurate data collection, and trauma-informed, respectful engagement.

Following data collection, Arizona CoCs review, validate, and submit PIT data to HUD for inclusion in national homelessness reporting. PIT data are widely used by AHCCCS and other stakeholders to assess the scope and geographic distribution of homelessness, monitor trends over time, and inform statewide and regional planning and resource allocation decisions. For

PATH and other behavioral health programs, PIT data—supported by strong collaboration between CoCs and PATH subrecipients—are a critical source of information for identifying geographic areas with higher concentrations of individuals experiencing homelessness who may have SMI or co-occurring disorders, supporting data-driven targeting of outreach, engagement, and service delivery.

Continuum of Care- Service Area	Experiencing Homelessness	Individuals experiencing homelessness with a self-reported serious mental illness	Individuals experiencing homelessness with a self-reported substance use disorder
Arizona Balance of State Continuum of Care (AZBOSCOC) Covers 13 counties outside Maricopa and Pima Counties	2,465	403	632
Maricopa Regional Continuum of Care Covers Maricopa County	9734	1208	1294
Tucson/Pima County Continuum of Care (CoC) Covers Pima County	2218	857	875

PATH Providers Service Areas



- **Catholic Charities Community Services** Coconino, Mohave, & Yavapai Counties
- **Community Bridges, Inc.** Maricopa County
- **La Frontera** Pima County
- **Catholic Community Services of Southern AZ** Cochise County

III. State Level Information

J. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

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J. MATCHING FUNDS

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Arizona's required PATH match contributions are made available through the State General Fund Non-Medicaid Seriously Mentally Ill (SMI) Services appropriation. These funds support behavioral health services for individuals with SMI and are an established, non-federal funding source that aligns with PATH allowable outreach, engagement, and service coordination activities.

The State General Fund Non-Medicaid SMI Services appropriation is protected by state statute, ensuring the stability and continuity of funding used to meet PATH match requirements. Because these funds are appropriated through the state budget process and dedicated to services for individuals with serious mental illness, they provide a reliable and sustainable source of match that is not contingent on the receipt of federal funds and is not used to match other federal programs.

AHCCCS provides assurance that the required PATH match contributions are, and will continue to be, available at the beginning of each grant period. Match resources are identified and incorporated into approved budgets and funding structures prior to the start of the PATH grant cycle, ensuring immediate availability to support program implementation. These funds are integral to Arizona's behavioral health service delivery system and directly complement PATH funded activities by supporting outreach, engagement, and coordination for individuals experiencing homelessness with SMI or co-occurring substance use disorders.

AHCCCS monitors match expenditures as part of its ongoing programmatic and fiscal oversight to ensure compliance with federal PATH requirements, including documentation, allowability, and appropriate use of non-federal funds. Through the use of a statutorily protected State General Fund appropriation, AHCCCS ensures that PATH match obligations are met consistently and without interruption, supporting timely and effective delivery of PATH funded services throughout the grant period.

III. State Level Information

K. Other Designated Fundings

Narrative Question:

Indicate whether the Community Mental Health Services Block Grant (MHBG), the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG), and/or general revenue funds are designated specifically for serving eligible individuals.

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K. OTHER DESIGNATED FUNDINGS

Indicate whether the Community Mental Health Services Block Grant (MHBG), the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG), and/or general revenue funds are designated specifically for serving eligible individuals.

In Arizona, funding from the Community Mental Health Services Block Grant (MHBG), the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG), state general revenue funds, and the Serious Mental Illness (SMI) Housing Trust Fund is not exclusively designated for individuals experiencing homelessness; however, these funding sources are explicitly prioritized for populations with the highest behavioral health and housing needs, including individuals with serious mental illness (SMI), substance use disorders, co-occurring conditions, and individuals who are homeless or at risk of homelessness.

AHCCCS administers these resources through a braided funding model that aligns federal block grants, state general revenue, and housing specific funding to support a whole-person approach to care. Under this model, individuals experiencing homelessness are intentionally prioritized across funding streams, even when funds are not restricted solely to that population. MHBG funds prioritize services for adults with SMI and children with serious emotional disturbance, including outreach, engagement, and recovery-oriented services. SUPTRSBG funds prioritize prevention, treatment, and recovery services for individuals with substance use disorders, including those with co-occurring mental health conditions and those experiencing homelessness. State general revenue funds provide flexibility to address service gaps and support non-Medicaid behavioral health services for high-need populations.

Arizona further strengthens this approach through the SMI Housing Trust Fund, which is supported by state funding and administered in coordination with AHCCCS' Housing and Health Opportunities (H2O) framework. Trust Fund resources are used to expand and sustain housing opportunities for individuals with SMI, including those experiencing chronic homelessness or housing instability, by supporting housing-related costs and tenancy sustaining services that complement behavioral health treatment and recovery supports.

Together, MHBG, SUPTRSBG, state general revenue funds, and the SMI Housing Trust Fund are braided to provide coordinated, person-centered services that address behavioral health needs, substance use treatment, and housing stability. PATH funded services further complement this framework by supporting targeted outreach, engagement, and linkage to care for individuals who are homeless and difficult to reach, strengthening Arizona's integrated system of care and advancing AHCCCS' whole-person approach.

III. State Level Information

L. Data

Narrative Question:

Describe the state's/territory's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

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L. DATA

Describe the state's/territory's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

All AHCCCS PATH providers are contractually required to participate in the Homeless Management Information System (HMIS) in accordance with local Continuum of Care (CoC) requirements and HUD data standards. Provider contracts require the timely and accurate entry of client-level and service data into HMIS and the sharing of required HMIS data with AHCCCS through established reporting deliverables, ensuring consistent data collection, accountability, and alignment with federal PATH and HUD reporting requirements.

Providers comply with HMIS policies related to street outreach, informed consent, privacy, and data security, recognizing the unique considerations of outreach-based services. HMIS participation supports coordination with local homeless response systems, improves continuity of care, and strengthens statewide analysis of homelessness trends and service outcomes.

AHCCCS supports ongoing HMIS participation through collaboration with Arizona's CoCs and HMIS lead agencies by facilitating initial and ongoing training, refresher sessions, and technical assistance related to data entry, data quality, and reporting requirements. For new or expanding local area PATH providers, AHCCCS coordinates with the appropriate CoC and HMIS lead to support onboarding, including system access, required training, and alignment of PATH reporting with HMIS data collection.

Through contractual requirements, training, and coordinated technical assistance, AHCCCS ensures consistent and meaningful HMIS participation by all PATH providers in support of PATH program goals and Arizona's broader homelessness response system.

III. State Level Information

M. PATH Eligibility and Enrollment

Narrative Question:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

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M. PATH ELIGIBILITY AND ENROLLMENT

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

PATH eligibility is determined through outreach and engagement activities conducted by PATH contractors in community settings such as streets, encampments, shelters, and other locations where individuals experiencing homelessness may be found. Contractors establish rapport over multiple contacts, as needed, to observe and assess behaviors consistent with a serious mental illness (SMI) or co-occurring substance use disorder (SUD). Eligibility may be based on observed behaviors, self-reported information, and clinical judgment; a formal diagnosis is not required at the time of initial engagement. Each outreach contact is documented, including observed signs and symptoms and contact location, to support continued engagement.

Enrollment occurs when an individual determined to be PATH eligible verbalizes interest in participation, signs the Homeless Management Information System (HMIS) consent form, and an individual record is created in HMIS. Enrollment is designed to occur early in the engagement process to reduce barriers to accessing services.

Following enrollment, PATH contractors coordinate or refer individuals for screening and evaluation to determine formal service eligibility. AHCCCS utilizes a standardized statewide SMI Eligibility Determination process, including coverage for the initial evaluation regardless of ability to pay and a centralized third-party vendor responsible for the final determination. PATH contractors ensure that the screening process is initiated and that an SMI evaluation is completed within 90 days of enrollment; individuals may remain enrolled for up to six months with documented engagement efforts if the determination is not completed within that timeframe.

PATH eligibility, enrollment, and service delivery are documented through case notes, individualized case plans, and HMIS data entry, consistent with federal PATH requirements, HUD standards, and AHCCCS contractual expectations. AHCCCS monitors eligibility and documentation practices through review of required deliverables, HMIS data, and programmatic oversight activities.

PATH Reported Activities

Charitable Choice for PATH

Does your state use PATH funds to fund religiously-affiliated providers to provide substance use treatment services? Yes ☐ No ☒

If "Yes" is selected please list providers in text box below and complete the rest of the table

Expenditure Period Start Date: Expenditure Period End Date:

Notice to Program Beneficiaries - Check all that apply

- ☐ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☐ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

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