I. State Information

State Information

Plan Year

Federal Fiscal Year	2026

State Identification Numbers

Unique Entity ID	
EIN/TIN	62-6001445

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

Agency Name	Tennessee Department of Mental Health and Substance Abuse Services
Organizational Unit	Division of Mental Health Services
Mailing Address	500 Deaderick St. Andrew Jackson Bldg., 5th floor
City	Nashville
Zip Code	37243

II. Authorized Representative for the PATH Grant

First Name	Marie
Last Name	Williams
Agency Name	Tennessee Department of Mental Health and Substance Abuse Services
Mailing Address	500 Deaderick St. Andrew Jackson Bldg., 6th floor
City	Nashville
Zip Code	37243
Telephone	(615) 532-6500
Fax	(615) 532-6514
Email Address	marie.williams@tn.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 1:41:58 PM
Revision Date	4/27/2026 1:42:10 PM

V. Contact Person Responsible for Application Submission

First Name	Ashley
Last Name	Siebert
Telephone	615-636-3268
Fax	(615) 253-6822
Email Address	ashley.n.siebert@tn.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.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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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. §§794), 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 Costal 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

Marie Williams

Title

Commissioner

Organization

Department of Mental Health and Substance Abuse

Signature: Date:

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

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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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. §§794), 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.
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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.

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

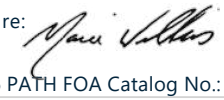
Marie Williams

Title

Commissioner

Organization

TN Department of Mental Health & Substance Abuse Services

Signature:  Date: 3/16/2026

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 work-place 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&apso;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

Marie Williams

Title

Commissioner

Organization

Department of Mental Health and Substance Abuse

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 work-place 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&apso;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.

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Name

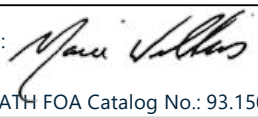
Marie Williams

Title

Commissioner

Organization

TN Department of Mental Health & Substance Abuse Services

Signature:  Date: 3/16/2026

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 Tennessee 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

42 C.F.R. part 54 and 54a respectively.

Governor/Designee Name	Governor Bill Lee
Title	Governor
Organization	State of TN

Signature: Date:

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

Footnotes:

Appendix D – Agreements

FISCAL YEAR 2026

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of Tennessee 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 and/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; and
  - 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 42 C.F.R. part 54 and 54a respectively.

Governor

3/25/2026

Date

I. State Information

Funding Agreement

FISCAL YEAR 2026
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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

42 C.F.R. part 54 and 54a respectively.

Governor/Designee Name: Bill Lee

Title: Govemor

Organization: State of Tennessee

Signature: Bill Lee Date: 3/25/2026

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

Footnotes:

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:	Marie Williams
Title:	Commissioner
Organization:	TN Department of Mental Health & Substance Abuse Services

---

Signature: _____ Date Signed: _____

mm/dd/yyyy

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

Footnotes:

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: Marie Williams

Title: Commissioner

Organization: TN Department of Mental Health & Substance Abuse Services

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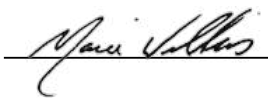
Signature: 

Date Signed: 3/16/2026

mm/dd/yyyy

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

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Region 1	Washington, Carter, Unicoi, Sullivan, Greene (ETSU)	
Region 2 - Knox	Knox (Helen Ross McNabb)	
Region 3 & 5	Bradley, Hamilton, Monroe, Putnam, Rutherford, and Williamson (Volunteer Behavioral Health Care System)	
Region 4 & 5	Davidson, Montgomery, Sumner , and Wilson (Mental Health Cooperative)	
Region 6 - North	Benton, Carroll, Gibson, Henry, Lake, Obion, Weakley (Carey Counseling)	
Region 6 - South	Hardeman, Haywood, Henderson, and Madison (Pathways of Tennessee)	
Region 7	Shelby, Fayette, Tipton (Case Management, Inc)	

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:

Projects to Assist in the Transition from Homelessness (PATH)

Summary of Tennessee's SFY 2026 Plan

In FFY 2026 / SFY 2027, Tennessee will contract with 7 agencies to deliver PATH homeless outreach and case management services based at 10 locations across the state. Although a comprehensive array of services is eligible for reimbursement, emphasis is on outreach to individuals experiencing literal homelessness, linking program participants to mainstream mental health services, and linkage/referral to affordable housing locations. Like other states, Tennessee's homeless services are primarily organized through the local HUD Continuum of Care, where each PATH program in the State of Tennessee are active participants. Tennessee has 10 (ten) CoCs, all governed by local lead agencies, covering all 95 counties. There is no state-run, balance-of-state CoC. There is at least one PATH program in each CoC region although most PATH programs serve people from counties in multiple CoCs. PATH Providers are actively involved in the Coordinated Entry Process in their Regions.

As of this month, the 2025 Point-in-Time (PIT) count data for Tennessee has not yet been formally published. However, early indicators suggest an increase in the number of individuals experiencing homelessness. The FY 2024 PIT count identified 8,280 individuals experiencing homelessness statewide. Providers across the state report that this upward trend is being driven by continued increases in rental costs and a persistent shortage of affordable housing. In addition, ongoing strain on emergency shelter capacity has limited access to indoor placements, contributing to a rise in unsheltered homelessness. These factors, combined with improved outreach and enumeration efforts in some regions, suggest that the 2025 PIT count may reflect both growing need and more comprehensive data collection.

The Tennessee Department of Mental Health and Substance Abuse Services' (TDMHSAS) Creating Homes Initiative (CHI) is a nationally recognized, evidence-informed approach that strategically partners with local communities to expand quality, safe, affordable, and permanent housing opportunities for Tennesseans with mental illness and/or substance use disorders. Through strong collaboration with public and private partners, CHI leverages diverse funding sources and community resources to maximize housing development, increase access, and ensure long-term housing stability across the state.

To address critical gaps in housing for high-need populations, CHI has expanded to include targeted initiatives focused on substance use recovery housing (CHI 2.0) and housing for justice-involved individuals with mental illness and/or substance use disorders (CHI 3.0). These expansions demonstrate TDMHSAS' commitment to serving individuals with the greatest barriers to housing stability, including those experiencing homelessness and those reentering communities from institutional settings.

A cornerstone of CHI's success is the Regional Housing Facilitator (RHF) model. TDMHSAS supports fourteen (14) RHFs statewide—seven focused on mental illness and co-occurring disorders and seven focused on substance use recovery—who work directly within communities to build partnerships, identify housing opportunities, and advance housing development efforts. In addition, five (5) Peer Housing Specialists (formerly known as Consumer Housing Specialists) provide peer-based support by assisting individuals in navigating housing resources, connecting them to available units, and increasing community awareness of housing needs among individuals with behavioral health conditions. This transition in terminology reflects the Department's continued commitment to person-centered, recovery-oriented practices and the value of lived experience in promoting housing stability.

Since its inception in 2000, CHI has leveraged more than $1.4 billion to create over 37,000 housing opportunities across Tennessee. In State Fiscal Year (SFY) 2025, TDMHSAS invested over $5 million across Creating Affordable Housing (CAH), CHI 2.0, and CHI 3.0, resulting in more than 118 new housing opportunities statewide. Building on this momentum, the Department has committed to releasing an additional $5 million in one-time infrastructure funding through CHI 3.0 in SFY 2027 to further expand housing opportunities for individuals with behavioral health needs who are justice-involved.

In SFY 2024, TDMHSAS launched the Residential Reentry Housing Program (RRHP), a targeted initiative designed to provide long-term, high-quality housing paired with supportive services for individuals with Serious and Persistent Mental Illness (SPMI) who are reentering the community from incarceration or other justice-involved settings. RRHP is implemented in collaboration with Licensed Community Mental Health Providers, the Tennessee Department of Correction, local judicial systems, and Criminal Justice Liaisons to ensure a coordinated and supportive reentry process. In response to the grant funding opportunity toward RRHP, a total of four (4) infrastructural projects were selected to establish new residential facilities to serve Tennesseans in this capacity.

As of SFY 2026, one RRHP facility is fully operational and actively serving clients, while the remaining three facilities are in the final stages of development and are expected to begin serving clients by the end of the summer 2026. Upon full implementation, RRHP will provide a total of 72 beds across multiple regions of the state, significantly increasing housing capacity for justice-involved individuals in need of enhanced behavioral health supportive services.

TDMHSAS will continue to expand housing opportunities through CHI and related initiatives by strengthening community partnerships, increasing access to permanent supportive housing, and ensuring the long-term sustainability of housing resources. These efforts directly support PATH program goals by reducing homelessness, improving housing stability, and enhancing access to care for individuals with serious mental illness and co-occurring disorders.

This past fiscal year, the PATH State Lead hosted monthly office hours to provide technical assistance to any PATH outreach staff who wanted to join. These sessions have primarily focused on clarifying data entry and helping teams better capture the work happening out in the community. Moving forward, the plan is to expand these office hours to address specific needs and support onboarding for new staff as needed. PATH agencies have also continued their monthly HMIS data reviews with their HMIS leads, resulting in more consistent and higher-quality data reporting across the board.

The Tennessee State PATH Contact (SPC) provides leadership for the PATH program and provides programmatic oversight, guidance, and technical support to all PATH program service providers statewide. The SPC also serves as the Program Manager for several additional programs of the Office, including the Children and Youth Homeless Outreach Project (CYHOP), the Community Supportive Housing program, and the Emerging Adults Services program. This diversity of program oversight enables the SPC to better inform scope of services and improve practices to promote increased continuity between homeless services and housing services.

In summary, Tennessee's seven PATH providers have continued to conduct outreach and enroll individuals into services, even in less-than-ideal circumstances. They maintain strong partnerships with housing authorities across the state and play a key role in helping clients access housing through the Shelter Plus Care voucher program. Providers also continue to adapt and

find new ways to meet the needs of individuals experiencing homelessness. The State PATH Contact remains committed to strengthening the program through ongoing technical assistance and training, in-person site visits, and thoughtful monitoring. Reducing homelessness among individuals with severe mental illness continues to be the central goal driving this work.

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	$ 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

f1. Contractual (IUPs)	$ 1,045,601.00	$ 607,257.00	$ 1,652,858.00	
f2. Contractual (State)	$ 0.00	$ 0.00	$ 0.00	

No Data Available

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments

PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.

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)	$ 1,045,601.00	$ 607,257.00	$ 1,652,858.00

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)	$ 1,045,601.00	$ 607,257.00	$ 1,652,858.00	
Allocation of Federal PATH Funds	$ 1,046,185	$ 348,729	$ 1,394,914	

Source(s) of Match Dollars for State Funds:

Budget Narrative and Justification

f.1. Contractual (IUP's)

Federal Dollars= $1,046,185 **Matched Dollars**= $348,729 **Total Dollars**= $1,394,914

Each PATH Provider submits a budget, which is also submitted with their IUP's. A budget narrative and justification for each of the local-area PATH service providers is included in the respective Intended Use Plans.

Allocation of Federal PATH Funds

Federal Dollars= $1,046,185 **Matched Dollars**= $348,729 **Total Dollars**= $1,394,914

All the Federal PATH grant funding is allocated to PATH agency providers under Contractual Costs. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) does not utilize any Federal PATH Grant funding dollars for Indirect Cost (Administrative Cost).

The Department does not utilize any PATH Formula Grant Funding for housing services. As indicated Form E, "Alignment with State Comprehensive MH Services Plan" of the State Level Information section of this Application, as well as Tennessee's Mental Health Block Grant Application, TDMHSAS provides a variety of housing services through an array of programs that impact various communities across the state. The programs and their services are available to all eligible individuals in need of them, including individuals who are served in the PATH program. Additionally, the line item for "Specific Assistance to Individuals" in each program provider's PATH budget (found in each of the Intended Use Plans) which is utilized for various needs for PATH clients outlined in the PATH manual.

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
Carey Counseling Center	Community mental health center	Region 6 - North	$84,333.00	$28,111.00	200	72
CMI Healthcare Services (CMIHS)	Community mental health center	Region 7	$132,811.00	$44,270.00	250	200
East Tennessee State University- Johnson City Downtown Clinic	Health Care for the Homeless/other health agency	Region 1	$118,260.00	$39,420.00	400	100
Helen Ross McNabb Center	Community mental health center	Region 2 - Knox	$115,641.00	$38,547.00	320	90
Mental Health Cooperative	Other mental health agency	Region 4 & 5	$241,965.00	$80,655.00	450	375
Pathways	Community mental health center	Region 6 - South	$79,634.00	$26,544.00	240	180
Volunteer Behavioral Health	Community mental health center	Region 3 & 5	$272,957.00	$349,710.00	750	360
Grand Total			$1,045,601.00	$607,257.00	2,610	1,377

** IUP with sub-IUPs*

Footnotes:

II. Executive Summary

Intended Use Plans

Carey Counseling Center
201 West Main St.
Union City, TN 38261
Contact: Caitlyn McClain
Email Address:

Provider Type: Community mental health center
PDX ID: TN-010
State Provider ID:
Contact Phone #: 731-352-3050

- **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.

CAREY COUNSELING CENTER, INC.

PATH Intended Use Plan and Budget

SFY-27

LOCAL PROVIDER DESCRIPTION

Carey Counseling Center, Inc. (CAREY), a licensed community mental health agency, receives PATH funds to provide services to those outside of the agency who are eighteen (18) and over, with serious mental illness, and homeless or at imminent risk of being homeless as defined by the US Department of HUD. The organization provides clinical outpatient services: independent living, adult, child & youth case-management services; medication management; mobile-crisis services; school-based services; and individual and group therapy. CAREY has implemented the same-day access intake process to increase timeliness to treatment and decrease resistance to treatment. The agency also administers the Emergency Solutions Grant, the Community Targeted Transitional Support grant, and TN-507 RRH. CAREY provides housing for individuals that are mentally ill and disabled in Benton, Carroll, Gibson, Henry, Lake, Obion and Weakley counties. In addition, the agency operates four (4) Peer Support Centers, various specialized grants, Individual Placement and Support Programs and provides A&D services. Last year, Carey also opened a new Crisis Stabilization Unit (CSU). The agency serves counties in the Northwest Tennessee area including Benton, Carroll, Gibson, Henry, Lake, Obion and Weakley.

The organization will receive $84,333.00 in Federal PATH funds, and $21,160.00 in State PATH funds for SFY 27, with the local match being $28.111.00.

COLLABORATION WITH HUD CONTINUUM OF CARE PROGRAM

CAREY currently employs two (2) PATH Case Managers, and one (1) Peer Housing Specialist under the supervision of the Coordinator of Housing and Homeless Services. All employees attend CoC meetings and maintain working relationships with members of the CoC. PATH Case Managers utilize the West Tennessee Continuum of Care's Coordinated Entry System (CES) to connect clients to housing resources. PATH Case Managers participate in CES Zoom meetings on the 2nd and 4th Tuesday of each month with our local CoC. PATH staff also attends the monthly SSVF-BNL call to better serve our clients that have veteran status. Coordinator of Housing attends TN Homeless Services Support Call and the quarterly CoC Membership Meeting. The PATH team also attends monthly meetings with the CoC HMIS Lead.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

The CAREY PATH program coordinates services with the following local organizations in Northwest Tennessee: local homeless shelters, Ministerial Alliances, law enforcement, Social Security Administration, Department of Human Services, Department of Children's Services, Salvation Army, Red Cross, Food Banks, Senior Centers, Disaster Relief Agencies, Habitat for

Humanity, Vocational Rehabilitation Services, Probation Offices, Adult Protective Services, Career Centers, Job Corps, Private Landlords, Housing Authorities, Health Departments, Group Homes, Recovery Houses, and other community programs targeting those that lack resources and are homeless. Many of these agencies refer clients to the Carey Counseling Center PATH program. CAREY provides mental health services, housing and/or housing resources, substance abuse treatment, employment opportunities and refers PATH clients to local health departments, vocational rehabilitation and career centers for additional assistance.

CAREY staff regularly attends county interagency meetings to ensure continuity of communication with the above-stated providers, as well as visiting these agencies individually.

SERVICE PROVISION

- 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;

PATH staff will conduct outreach in order to reach individuals who are literally homeless and are not already connected with any services. PATH clients will be referred to CAREY for outpatient mental health services. In the event that a client is unable or unwilling to receive services from CAREY, PATH staff will refer client to other Mental Health agencies for services. PATH clients with COD will be given referrals for substance use treatment as well.

- Any gaps that exist in the current service systems;

Carey Counseling Center, Inc. PATH program provides services in Northwest Tennessee, primarily a rural area. PATH staff has continued to struggle with limited local financial resources to provide assistance to the population served. PATH staff continues to experience a shortage of local homeless shelters willing to provide temporary shelter until permanent housing can be obtained. PATH staff have observed an even greater decrease in temporary shelter resources in SFY 26. In the past, PATH staff would refer clients to local churches for assistance with hotel stays. Within the past year, many of the churches we previously worked with quit providing this service. PATH staff have encountered barriers through a shortage of permanent & temporary housing for lower-income families. While researching possible affordable housing units through private landlords, PATH staff have witnessed the price of rent becoming much higher in all 7 counties we served in 2026-2027. Currently, the affordable housing shortage still remains an ongoing issue not only locally, but nationally. Carey has researched and the amount of rent continues to skyrocket as the average person is still not able to afford Fair Market rates. Additionally, there is not enough low-income housing to meet the need. Many local housing authorities have long waitlists, sometimes months or years long.

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

CAREY provides an array of services for individuals with co-occurring disorders such as alcohol and drug (A&D) groups, individual therapy, medication management, and office or community based mental health case management. All CAREY case managers and therapists are trained to provide and/or link services to clients with co-occurring disorders.

- A brief description of how PATH eligibility is determined, when enrollment occurs,

and how eligibility is documented for PATH enrolled clients.

Our PATH team screens individuals by conducting interviews regarding their housing situation and mental health status. Individuals are either referred to the PATH program or are approached by the PATH team in an outreach setting. We use outreach sheets to document each person's self-reported answers. PATH assesses each applicant to see if they meet the following criteria: 1) Homeless or at risk of homelessness and have a primary mental illness such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression or co-occurring mental health and substance use disorder; 2) 18 years of age or older. 3) Adequately stable such that he/she does not require inpatient services. If the individual meets all of the necessary criteria and is interested in working with the PATH team, we enroll them in the program. Clients who are literally homeless will be placed on the CES to assist with housing options. Referrals to the CAREY PATH program can also be received from CES.

HOUSING

Rental housing is available through various independent rental agencies, apartment complexes, and private landlords. CAREY provides rentals based on Fair Market Rent or below. Subsidized housing is available through local housing authorities, and independent agencies that follow HUD requirements. Supervised Group Homes and Medically Fragile Homes are available through CAREY and other agencies in surrounding areas. PATH Case Managers will work closely with various rental agencies, housing authorities, private landlords and group homes to be aware of housing openings available for clients. PATH Case managers are encouraged to work with the Peer Housing Specialist to find vacancies in housing units or beds available for their clients. PATH Case Managers will also coordinate with the CoC on available housing. For those in need of rental assistance, PATH case managers initiate the application for Emergency Solutions Grant (ESG) on behalf of qualifying individuals.

CLIENT INFORMATION

Carey Counseling Center, Inc. PATH staff provides services in the following counties in Northwest Tennessee: Lake, Obion, Weakley, Henry, Benton, Carroll, and Gibson. Outreach services will be provided to Henry, Obion, and Weakley counties. The total population of the service area, based on the 2020 U.S. Census is 197,626, of which 81% are white, 11% are African American, 3% are Hispanic, 4% are two or more races and 1% of other ethnic groups. The projected number of adults to be contacted is 200. The projected number of adults to be enrolled is 72. It is estimated that 50% of adults served using PATH funds are projected to be literally homeless.

CONSUMER INVOLVEMENT

Each recipient of PATH services is asked to complete a satisfaction survey upon being discharged from the PATH program. This information is reviewed and analyzed with the objective of increasing the quality of services provided by the PATH program. Individual clients are encouraged to attend one of four of CAREY's Peer Support Centers. In addition, families and individual clients of PATH are encouraged to attend Regional Planning Council meetings. CoC

meetings, BRIDGES training, National Alliance for the Mentally Ill (NAMI) support groups, and become involved with the Tennessee Mental Health Consumers Association (TMHCA). PATH eligible clients have applied for and secured employment through Carey Counseling Center, Inc.

BUDGET NARRATIVE

PATH BUDGET SFY 27

Provider: CAREY COUNSELING CENTER, INC.				
Position	**Full-time annual salary**	**PATH-funded FTE(%)**	**PATH-funded salary**	**TOTAL**
PATH Case Manager	37502	100%	37502	37502
PATH Case Manager	37502	100%	37502	37502
PATH Supervisor	50989	2.5%	1275	1275
Position subtotal			76279	76279
Benefits subtotal				19070
Travel				9000
Equipment				
Supplies				4089
Contractual				
Other				2900
TOTAL DIRECT				111338
Indirect Costs				22266
PATH Program TOTAL				133604

PATH REVENUE	
SOURCE	**AMOUNT**
PATH Federal Formula grant	84333
Local Match (equals 1/3 of formula grant)	28111
State Supplement funds	21160
Other funds	
Total	133604

BUDGET JUSTIFICATION:

Salaries will be included for two full time PATH Case Managers and a program supervisor. Fringe Benefits is approximately 25% of salary.

We have budgeted travel and training at $9,000 for local travel as needed to facilitate program services for 2 staff at the current mileage reimbursement rate of 70 cents per mile.

Due to budget constraints, we have budgeted supplies costs of $107.42 per month for 12 months, communications (phone and internet) costs of $120.84 per month for 12 months, postage and shipping costs of $4.17 per month for 12 months, occupancy expenses of $91.67 per month for 12 months, equipment rental/maintenance of $16.67 per month for 12 months, and insurance expenses of $33.34 per month for 12 months.
We've allocated a total of $2,500.00 to specific assistance for homeless individuals to obtain identification documents as well as for items such as sleeping bags, tents, hygiene products, and non-perishable foods.

Indirect costs of $22,266 have been included for other administrative expenses.

Matching funds of $28,111 will be provided by the grantee.

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 49,262**	**$ 16,421**	**$ 65,683**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	37,500.00	65.00 %	0.65	24,249.00	8,083.00	32,332.00	
Case Manager	37,500.00	65.00 %	0.65	24,248.00	8,083.00	32,331.00	
PATH Administrator	50,988.00	2.00 %	0.02	765.00	255.00	1,020.00	Program Supervisor

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**18.75%**	**$ 12,316.00**	**$ 4,105.00**	**$ 16,421.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 4,500.00**	**$ 1,500.00**	**$ 6,000.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 4,500.00	$ 1,500.00	$ 6,000.00	Local Travel

d. Equipment	**$ 60.00**	**$ 20.00**	**$ 80.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 60.00	$ 20.00	$ 80.00	Equipment Rental and Maintenance

e. Supplies	**$ 1,125.00**	**$ 375.00**	**$ 1,500.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 1,125.00	$ 375.00	$ 1,500.00	

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	**$ 3,015.00**	**$ 1,005.00**	**$ 4,020.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 1,500.00	$ 500.00	$ 2,000.00	Specific Assistance
Office: Insurance (Property, Vehicle, Malpractice, etc.)	$ 225.00	$ 75.00	$ 300.00	
Office: Misc (Copying, Courier, Postage, etc.)	$ 15.00	$ 5.00	$ 20.00	
Office: Utilities/Telephone/Internet	$ 750.00	$ 250.00	$ 1,000.00	
Office: Other (Describe in Comments)	$ 525.00	$ 175.00	$ 700.00	Occupancy

j. Total Direct Charges (Sum of a-i)	$ 70,278.00	$ 23,426.00	$ 93,704.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 14,055.00**	**$ 4,685.00**	**$ 18,740.00**	
l. Grand Total (Sum of j and k)	$ 84,333.00	$ 28,111.00	$ 112,444.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 200

Estimated Number of Persons to be Enrolled: 72

Estimated Number of Persons to be Contacted who are Literally Homeless: 100

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

BUDGET NARRATIVE

PATH BUDGET SFY 27

Provider: CAREY COUNSELING CENTER, INC.				
Position	**Full-time annual salary**	**PATH-funded FTE(%)**	**PATH-funded salary**	**TOTAL**
PATH Case Manager	37502	100%	37502	37502
PATH Case Manager	37502	100%	37502	37502
PATH Supervisor	50989	2.5%	1275	1275
Position subtotal			76279	76279
Benefits subtotal				19070
Travel				9000
Equipment				
Supplies				4089
Contractual				
Other				2900
TOTAL DIRECT				111338
Indirect Costs				22266
PATH Program TOTAL				133604

PATH REVENUE	
SOURCE	**AMOUNT**
PATH Federal Formula grant	84333
Local Match (equals 1/3 of formula grant)	28111
State Supplement funds	21160
Other funds	
Total	133604

BUDGET JUSTIFICATION:

Salaries will be included for two full time PATH Case Managers and a program supervisor. Fringe Benefits is approximately 25% of salary.

We have budgeted travel and training at $9,000 for local travel as needed to facilitate program services for 2 staff at the current mileage reimbursement rate of 70 cents per mile.

Due to budget constraints, we have budgeted supplies costs of $107.42 per month for 12 months, communications (phone and internet) costs of $120.84 per month for 12 months, postage and shipping costs of $4.17 per month for 12 months, occupancy expenses of $91.67 per month for 12 months, equipment rental/maintenance of $16.67 per month for 12 months, and insurance expenses of $33.34 per month for 12 months.
We've allocated a total of $2,500.00 to specific assistance for homeless individuals to obtain identification documents as well as for items such as sleeping bags, tents, hygiene products, and non-perishable foods.

Indirect costs of $22,266 have been included for other administrative expenses.

Matching funds of $28,111 will be provided by the grantee.

Footnotes:

II. Executive Summary

Intended Use Plans

CMI Healthcare Services (CMIHS)
3171 Directors Row
Memphis, TN 38131
Contact: Melinda Jones
Email Address: melinda.jones@cmiofmemphis.org

Provider Type: Community mental health center
PDX ID: TN-005
State Provider ID:
Contact Phone #: 901-261-5005

- **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.

CMI Healthcare Services
Intended Use Plan (IUP) Instructions
FY 26-27 Intended Use Plan for PATH

Local 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.*

CMI Healthcare Services, more commonly known to most as Case Management Inc. (CMI), was founded in June 1990 to provide outpatient case management services to the mentally ill in the Memphis and Shelby County area. The organization is a private, non-profit 501(c) (3) organization governed by a volunteer board of directors that comprises of mental health consumers, family members, and mental health advocates. CMI is licensed by the State of TN Department of Mental Health & Developmental Disabilities and the State Department of Health. Through mergers and acquisitions, the organization has experienced tremendous growth and become one of the well-known and historically significant mental health centers in West Tennessee.

CMI Healthcare Services (CMI) offers a full array of mental health and community-based services to meet community needs. These services include, but are not limited to, psychiatric evaluations, primary care, pharmacy services, and case management services. The agency provides prevention services for adults and youths as well as an extensive residential programs that serve a variety of populations in the community, housing for pregnant and post-partum mothers with Substance Use Disorder or co-occurring disorders, HOPWA(Housing Opportunity For People With AIDS) offering services for individuals with HIV/AIDS, CYHOP (Children Youth Homeless Outreach Program)that is geared toward preventing homelessness and provide financial assistance for children who need to become more involve with school and community activities, permanent supportive housing living assistance, homeless prevention financial assistance, therapy services, vocational services, SOAR and VOCA services. CMI consumers have the opportunity to be referred to the Individual Placement and Support Specialists and to access an on-site "Community Health and Wellness" Primary Care Clinic.

The CMI Healthcare Services PATH Team has been continuously serving the homeless since 1990. Located in an area with a high number of individuals who are seriously mentally ill, who

often have co-occurring disorders, are homeless, or at risk of becoming homeless, CMI Healthcare Services will use the PATH funds to provide outreach, case management, and other services to PATH-eligible homeless individuals in Shelby County, Tennessee.

Region Served

CMI's PATH Program will serve the Memphis and the surrounding Shelby County, Tennessee areas.

Amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program.

CMI Healthcare Services will receive $132, 811 in Federal funds and $95,662 in State PATH funds. CMI will provide a match of $44,270 for a total of $272,743.

Collaboration with HUD Continuum of Care (CoC) Program – *Describe the organization's participation with local HUD Continuum of Care (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 Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates*.

CMI Healthcare Services PATH Team will continue to collaborate with the local HUD Continuum of Care (COC) and other local planning activities and program coordination initiatives by remaining an active member of the COC by paying annual membership fees and participating in the training and activities offered by the COC to ensure the PATH Team has the knowledge needed to provide effective community outreach to the homeless. The PATH Team will attend planning meetings, join and serve on committees, and participate in events facilitated by the local HUD COC here in Shelby County, Tennessee.

CMI PATH Team will utilize the Homeless Management Information System (HMIS) to enter data into the tracking system managed by the local HUD Continuum of Care. The PATH Team will attend annual Coordinated Entry Trainings. In support of the Coordinated Entry Process, the PATH Team will access and complete the Memphis Vulnerability Assessment (MVA) in the HMIS to make needed housing referrals.

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 health, mental health, substance use disorder, 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.

CMI collaborates with various community organizations to deliver key services to PATH participants. When participants enroll in the PATH program, they sign a release form that allows the sharing of necessary information. PATH Team members then assist enrolled individuals by connecting them to essential community services, including mental and primary health care, substance use disorder treatment, housing, and employment services. Likewise, regarding our community partners, PATH program staff follow all guidelines and rules established by each provider when making referrals and providing services. CMI's PATH Team has established ongoing community partnerships with organizations that refer consumers to the PATH program.

CMI Healthcare Services PATH Program continues to have long standing community partnerships with the Hospitality HUB, Community Alliance for the Homeless, Door of Hope, the Regional Medical Center, Memphis Union Mission, Lakeside Behavioral Health, Memphis Health Center, Memphis Mental Health Institute, First Congregational Church, the Salvation Army, Manna House, Clare's House Women's Shelter, Memphis Shelby County Health Department, Veteran's Administration Homeless Program, Catholic Charities of West Tennessee, Christ Community Center, The Baptist Mobile Van, Calvary Rescue Mission, Room in the Inn, Peabody House Emergency Shelter and Friends for All for individual who have tested positive for HIV/AIDs. Metropolitan Inter-Faith Association (MIFA) and AGAPE also serve as referral sources for families experiencing homelessness encountered by the PATH Team.

To ensure coordinated and comprehensive services are not duplicated, the PATH Team and other outreach teams meet weekly to verify that outreach coverage reaches all areas of Memphis and Shelby County, and that all individuals needing outreach services are assigned to an outreach professional.

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

CMI Healthcare Services PATH offers an array of services by advocating, linking, and referring consumers to a variety of services while enrolled in the PATH Program. PATH Staff will work

eagerly to coordinate services within the agency and the community. During the outreach and enrollment process, potential program participants are assessed for mental health and substance abuse services, vocational services, primary health care services, and various consumer education services. Upon enrollment in the PATH Program, individuals who are literally homeless are assessed using the Memphis Vulnerability Assessment (MVA) in the HMIS system to make an immediate needed housing referral with the CoC's Coordinated Entry process.

How the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

The PATH services provided will align with the PATH goals to target daily street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless by providing the service recipient with the extra resources and staff skills they need to connect the homeless community with mental health and other supportive services. The funds will be allocated to financially cover a wide range of needs including various supplies to assist homeless individuals needs such as a change of clothing, personal hygiene kits, paying pharmacy bills for medication and healthcare needs, bus passes to facilitate transportation for clients, and residential assistance programs aimed at supporting clients by providing secure and comfortable living arrangements or to obtain permanent or temporary housing.

Any gaps that exist in the current service systems.

Although the PATH Team works diligently to close service gaps, some still remain for unhoused individuals trying to escape homelessness. A major gap is the lack of affordable, decent housing with supportive services for the homeless, mentally ill, low-income, or consumers with no income, including those on the hate crime or sex offender registry. Additionally, there is a significant shortage of available, affordable emergency housing for people diagnosed with mental illness and/or substance use disorders. Unhoused individuals also struggle to find transportation without insurance, employment, or a steady income. The CMI's PATH program offers bus passes, but these do not fully meet all the transportation needs of consumers working to exit homelessness. Many consumers living with mental illness have trouble navigating local

bus routes or are unfamiliar with the bus routes. Meanwhile, PATH-eligible clients often struggle to qualify for the employment opportunities and other supportive services they need.

A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

CMI PATH Program participants are enrolled in mental health services at CMI or with local mental health providers, as well as in individual counseling. Also, during the assessment and enrollment process, consumers who request or indicate a need for substance abuse treatment services will be assisted by PATH Staff in obtaining these services. Memphis Shelby County has several alcohol and drug treatment programs that offer both inpatient and outpatient individual alcohol and drug services. CMI PATH Program has an existing collaboration with many of the substance abuse treatment providers. CMI PATH collaborates with the Cocaine Alcohol Awareness Program (C.A.A.P.), Serenity House, Serenity Recovery Services, Harbor House, Synergy Treatment Center, Delta Medical Center, and Lakeside Behavioral Health Hospital. CMI Healthcare Services also has one of the first long-standing alcohol and drug programs for pregnant and postpartum women who are homeless or are experiencing substance abuse concerns, called Baby Love. The PATH team refers homeless pregnant/postpartum women with substance abuse issues to Baby Love. The CMI PATH Team continues to grow its list of mental health and substance abuse resources daily.

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

CMI's PATH Program provides services to uninsured/insured adult individuals who are literally homeless or imminently homeless, who may not have access to mental health services, and are 18 years and older. PATH eligibility is determined during the outreach and engagement process. PATH staff members work diligently to verify homelessness via staff observation, verification from other provider agencies, witnesses, and self-declaration of homelessness from individuals seeking services. Upon entry into the program, a letter may be provided from a current or previous service provider or the PATH Program enrollee. Some consumers who enroll in CMI's PATH Program are previous recipients of mental health services and have a previous diagnosis. Consumers encountered on the street are assessed in four areas of functioning; the four areas include (1) activities of daily living, (2) interpersonal function, (3) adaptation to change, and (4)

concentration, task performance, and pace. Within the first 24 hours of enrollment into CMI's PATH Program, new Program Participants will receive an appointment for an Individual Psychological Exam from a certified medical professional. The physician records his or her findings from the IPE on specified CMI forms, and all documentation is kept in the individual's medical record. The individual's medical record is kept in the medical records department located at the CMI Healthcare Services location. If the enrollee chooses not to receive mental health services at CMI, a CMI PATH Team member will schedule an appointment with a provider of their choice or at a more convenient location. The PATH team members will ask the participant to sign a release of information authorizing the sharing of their medical records with CMI, which are kept in a confidential, locked file.

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)*.

PATH Staff coordinates housing services for interested PATH-eligible clients. Many shelter beds are provided through the Memphis Union Mission and Calvary Rescue Mission for men and Missionaries of Charity, the Hospitality Hub, and Clare's House for women. Room in the Inn provides shelter for both men and women. Peabody House Emergency/Transitional Shelter provides housing for consumers who are HIV/AIDS positive. Consumers are also referred to various other housing programs for which they may be eligible. These include, but are not limited to, our collaboration with local rooming house providers and hotels, Agape, the Salvation Army Women's Purdue Center for Hope, and Metropolitan Inter-Faith Association's housing services, Leasing Angels, Memphis Allies, and the Affordable Housing List distributed from CAFTH to assist clients with income to locate rental options. To assist with housing, the PATH Outreach worker has created a resource book listing housing options for PATH participants seeking housing independently and other resources.

The PATH Team participates in the CoC's Coordinated Entry Process, commonly referred to as the by-name list, to discuss the housing needs of the PATH-enrolled participants who are literally homeless. At this meeting, various HUD-funded housing programs in the Shelby County area discuss vacancies for placement of literally homeless individuals. Staff have used it

as a resource to locate housing for chronically homeless, severely persistent mentally ill individuals who may not typically find housing. This strategy ensures that those who would not normally be eligible for housing have the same opportunity to be housed through a low-barrier process. CMI Healthcare Services has one fixed-site permanent housing program that PATH staff refers to: the Kansas Street Apartments and the TBRA Housing program, a two-year housing assistance program for those who qualify.

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*.

CMI's PATH Program does not provide services based on race, gender, religion, national/ethnic orientation, or age. The PATH Program will refer children who are experiencing serious emotional disturbance to the Children and Youth Homeless Outreach Program (C&YHOP). As of today's date, fifty-fifty percent of individuals served by the PATH Program during FY25-26 were literally and chronically homeless, forty-five percent served by the PATH program will be literally homeless. During FY 25-26, 70% of PATH program participants were African American, 25% were Caucasian, and less than 5% were from other racial backgrounds.

The PATH Program expects to have at least 250 meaningful contacts with individuals during the FY27 grant year. These contacts will come daily through outreach on the streets and in shelters. This total also includes individuals who may or may not fit the criteria for the PATH Program.

The PATH Program anticipates enrolling 200 Program Participants. This number includes people contacted, then enrolled, and those enrolled from the previous year and still receiving services.
The projected goal will remain that eighty percent of adult clients enrolled in the PATH Program will be 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. See Appendix I – Guidelines for Consumer and Family Participation.

Upon entry into the PATH program, emergency contact and family member information is requested, and releases of information are signed to release information to select family members. The PATH team immediately contacts the family to discuss the individual's current living situation and determine whether they are aware of living on the street and are suffering from a mental illness or substance abuse. The goal is for all PATH program participants and their family members to take part in the PATH program process to ensure a higher success rate. To assist with communicating with the family, the PATH program employs one Certified Peer Recovery Specialist (CPRS) who has experienced homelessness and been diagnosed with mental illness to talk with participants and their families about recovery and the importance of accepting mental health and housing services. This individual is an invaluable asset to the program, providing a consumer's perspective on the development of policies and procedures to ensure we meet the individuals we serve where they are. The responses are reviewed, submitted for evaluation, and improvements are implemented as needed. The PATH Program also maintains an open-door policy for consumers and their families/care providers. If possible, the PATH Team will coordinate care with all involved family members and care providers to meet the participants' needs.

Budget Narrative and Justification

The CMI PATH Team has all positions filled. Our goal is to serve as many clients as possible by providing comprehensive support during their transition from homelessness with the funding received. This includes offering bus passes to facilitate mobility, housing assistance to help secure stable living conditions, essential supplies to meet daily needs, and other necessary resources, such as employment support, counseling, and access to healthcare. The funds will be allocated for staff training, purchasing client-specific needs, and supplies. These needs include staff training, client-specific items, and supplies critical for outreach and enrollment into PATH Services. The funds will also improve safety by providing better technology, such as universal precaution kits for staff, informational printouts and pamphlets about the PATH Program, new

electronic equipment, and other materials to inform the community that assistance is available for those experiencing homelessness or in need of mental health services.

Federal Budget:

There are (6) six staff members assigned to the PATH program. Positions consist of 1 full-time PATH Coordinator with an annual salary that includes fringes, allocated to the grant, who will work 100% of their time for $25,583. 2-full time PATH Care Managers with a collective annual salary that includes fringes in the amount of $39,839, 1- full time Regional PATH SOAR Specialist with an annual salary that includes fringes in the amount of $25,380, 1-Part time PATH Peer Counselor with an annual salary that includes fringes in the amount of $7,916, and 1-full time Outreach Worker with an annual salary that includes fringes in the amount of $19,935.

Total salaries are $100,436, and fringes $18,217 total of $118,653.

Supplies:

Supplies (including sensitive minor equipment), allocated telephone expenses, postage & shipping, consumable office supplies, equipment rental & maintenance, printing and publication for an annual cumulative total of ($375 per month).

Total for Supplies is an estimated $4,500.

Travel, Conferences & Meetings:

Staff will attend mandatory training courses and conferences that may require overnight lodging, mileage reimbursement, and meals per diem for up to (6) staff.

Total estimated for travel, conferences & meetings is $4,400.

Specific Assistance to Individuals:

Assistance to clients that may require weekly or monthly lodging to prevent homelessness, items needed for hygiene, bus passes to get to and from appointments, food, birth certificates to obtain legal identification, and assistance with prescriptions. Housing services include minor renovation and one-time rental assistance to prevent homelessness.

Total estimated cost for specific assistance to individuals is $5,258.

Total Federal $132,811.

Match Federal:

Match consists of all expenditures associated with the PATH program that are non-reimbursable to include but not limited to:
Clients' copays for non-insured, agency-allocated expenses (MLGW, company-issued cell phones), local travel, Case Management visits for the uninsured, and community mental health services.
Total Federal Match $44,270.

State Budget:

There are (6) six staff members assigned to the PATH program. Positions consist of 1- full-time PATH Coordinator with an annual salary that includes fringes, allocated to the grant, who will work 100% of their time for the amount of $19,502. 2-full time PATH Care Managers with a collective annual salary that includes fringes in the amount of $29,561, 1- full time Regional PATH SOAR Specialist with an annual salary that includes fringes in the amount of $22,897, 1-Part time PATH Peer Counselor with an annual salary that includes fringes in the amount of $8,857 and 1-full time Outreach Worker with an annual salary that includes fringes in the amount of $14,845.

Total salaries are $80,702, and fringes are $14,960, for a total of $95,662.

Total State $95,662

Total Federal/Match/State $272,743

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 100,436**	**$ 0**	**$ 100,436**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	41,604.00	40.00 %	0.40	16,816.00	0.00	16,816.00	
Case Manager	40,224.00	42.00 %	0.42	16,797.00	0.00	16,797.00	
Outreach worker	41,604.00	40.00 %	0.40	16,816.00	0.00	16,816.00	
Peer Support Specialist	41,604.00	17.00 %	0.17	6,984.00	0.00	6,984.00	
Other (Describe in Comments)	54,492.00	40.00 %	0.40	21,597.00	0.00	21,597.00	PATH Coordinator
Other (Describe in Comments)	50,484.00	42.00 %	0.42	21,426.00	0.00	21,426.00	PATH Regional SOAR Specialist

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**18.14%**	**$ 18,217.00**	**$ 0.00**	**$ 18,217.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 4,400.00**	**$ 0.00**	**$ 4,400.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Annual PATH Conference	$ 4,400.00	$ 0.00	$ 4,400.00	

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 4,500.00**	**$ 0.00**	**$ 4,500.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygene kits/Misc.	$ 4,500.00	$ 0.00	$ 4,500.00	

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	**$ 5,258.00**	**$ 44,270.00**	**$ 49,528.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 5,258.00	$ 0.00	$ 5,258.00	Specific Assistance to Clients for various needs.
Client: Other (Describe in Comments)	$ 0.00	$ 44,270.00	$ 44,270.00	In-Kind Client prescriptions, transportation, and behavioral health assistance.

j. Total Direct Charges (Sum of a-i)	$ 132,811.00	$ 44,270.00	$ 177,081.00

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)	$ 132,811.00	$ 44,270.00	$ 177,081.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 250 Estimated Number of Persons to be Enrolled: 200

Estimated Number of Persons to be Contacted who are Literally Homeless: 200

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

Budget Narrative and Justification

The CMI PATH Team has all positions filled. Our goal is to serve as many clients as possible by providing comprehensive support during their transition from homelessness with the funding received. This includes offering bus passes to facilitate mobility, housing assistance to help secure stable living conditions, essential supplies to meet daily needs, and other necessary resources, such as employment support, counseling, and access to healthcare. The funds will be allocated for staff training, purchasing client-specific needs, and supplies. These needs include staff training, client-specific items, and supplies critical for outreach and enrollment into PATH Services. The funds will also improve safety by providing better technology, such as universal precaution kits for staff, informational printouts and pamphlets about the PATH Program, new electronic equipment, and other materials to inform the community that assistance is available for those experiencing homelessness or in need of mental health services.

Federal Budget:

There are (6) six staff members assigned to the PATH program. Positions consist of 1 full-time PATH Coordinator with an annual salary that includes fringes, allocated to the grant, who will work 100% of their time for $25,583. 2-full time PATH Care Managers with a collective annual salary that includes fringes in the amount of $39,839, 1- full time Regional PATH SOAR Specialist with an annual salary that includes fringes in the amount of $25,380, 1-Part time PATH Peer Counselor with an annual salary that includes fringes in the amount of $7,916, and 1-full time Outreach Worker with an annual salary that includes fringes in the amount of $19,935.

Total salaries are $100,436, and fringes $18,217 total of $118,653.

Supplies:

Supplies (including sensitive minor equipment), allocated telephone expenses, postage & shipping, consumable office supplies, equipment rental & maintenance, printing and publication for an annual cumulative total of ($375 per month).

Total for Supplies is an estimated $4,500.

Travel, Conferences & Meetings:

Staff will attend mandatory training courses and conferences that may require overnight lodging, mileage reimbursement, and meals per diem for up to (6) staff.

Total estimated for travel, conferences & meetings is $4,400.

Specific Assistance to Individuals:

Assistance to clients that may require weekly or monthly lodging to prevent homelessness, items needed for hygiene, bus passes to get to and from appointments, food, birth certificates to obtain legal identification, and assistance with prescriptions. Housing services include minor renovation and one-time rental assistance to prevent homelessness.

Total estimated cost for specific assistance to individuals is $5,258.

Total Federal $132,811.

Match Federal:

Match consists of all expenditures associated with the PATH program that are non-reimbursable to include but not limited to:
Clients' copays for non-insured, agency-allocated expenses (MLGW, company-issued cell phones), local travel, Case Management visits for the uninsured, and community mental health services.
Total Federal Match $44,270.

State Budget:

There are (6) six staff members assigned to the PATH program. Positions consist of 1- full-time PATH Coordinator with an annual salary that includes fringes, allocated to the grant, who will work 100% of their time for the amount of $19,502. 2-full time PATH Care Managers with a collective annual salary that includes fringes in the amount of $29,561, 1- full time Regional PATH SOAR Specialist with an annual salary that includes fringes in the amount of $22,897, 1-Part time PATH Peer Counselor with an annual salary that includes fringes in the amount of $8,857 and 1-full time Outreach Worker with an annual salary that includes fringes in the amount of $14,845.

Total salaries are $80,702, and fringes are $14,960, for a total of $95,662.

Total State $95,662

Total Federal/Match/State $272,743

Footnotes:

II. Executive Summary

Intended Use Plans

East Tennessee State University- Johnson City Downtown Clinic
202 West Fairview Ave.
Johnson City, TN 37614
Contact: Judy Rice
Email Address:

Provider Type: Health Care for the Homeless/other health agency
PDX ID: TN-001
State Provider ID:
Contact Phone #: 423-434-0984

- **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.

Intended Use Plan (IUP) ETSU JCDDC

Fiscal Year 2026-27

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.

The PATH program is administered by the Johnson City Community Health Center (JCCHC) and the Johnson City Downtown Clinic Day Center for the unhoused and indigent. The JCCHC is a federally qualified health center (FQHC) that is managed by East Tennessee State University, College of Nursing (ETSU-CON). The Day Center is a non-profit, nurse managed clinic that provides primary physical and mental health care to unhoused, indigent and TennCare clients five days per week. As a service of a public university, the clinic is operated as part of a public not-for-profit entity. The JCCHC is designated as a Health Professional Shortage Area (HPSA) facility. The JCCHC and Day Center serve Washington, Carter, Unicoi, Sullivan and Greene County. Additionally, the clinic serves clients from bordering states such as Virginia and North Carolina.

The PATH contract is $118,260.00 and the state is $48,421 for a total of $194,494.00. The matching is $39,240.00.

Collaboration with HUD Continuum of Care (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 Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

The geographical area served by the Johnson City Day Center PATH program does have a HUD funded Continuum of Care Program. The Day Center continues to be an active participant of the program. PATH clients have access to transitional housing through the HUD Continuum of Care. The Day Center's most chronic PATH clients will have access to permanent supportive housing as part of the HUD Continuum of Care. The Appalachian Regional Coalition to End Homelessness (ARCH), which is a public, private partnership, is working to address needs of homeless clients. The coalition is comprised of representatives from local agencies including the Day Center, Frontier Health, Inc., Good Samaritan, Fairview Housing, Salvation Army, Haven of Mercy Mission, The River, and Hope Haven Rescue Mission. ARCH meetings are held on a monthly basis. PATH staff attend all ARCH meetings as well as any training they offer. Additionally, PATH case managers meet with the ARCH HMIS director every month. Representatives from government agencies such as the City of Johnson City, TN, City of Kingsport, TN and City of Bristol, TN as well as several local businesses also participate in ARCH. The City of Johnson City has a homeless outreach coordinator who also participates in ARCH meetings.

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 health, mental health, substance use disorder, 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.

PATH eligible clients at the JCDC have access to temporary shelters such as the Salvation Army and the Haven of Mercy. PATH case managers meet regularly with the social worker at the Salvation Army. Food and social support are provided by Second Harvest, Loaves of Fishes, SAME Project and Good Samaritan. Several churches in our area provide food boxes once a month. The two shelters in our region, the Haven of Mercy and the Salvation Army no longer provide community meals. They do provide meals for the shelter residents. The Day Center also provides food assistance. Housing services for PATH eligible clients are coordinated with East Tennessee Veterans Resources, Kingsport Housing and Redevelopment Agency (shelter plus care housing program), ARCH and the Johnson City Housing Authority. Frontier Health, Inc., the local CMHC, provides crisis and out-patient psychiatric services, along with the James H. Quillen Veterans Administration. Woodridge Psychiatric Hospital and Creekside Psychiatric Hospital provide inpatient care. There are several MAT treatment centers in our community. The staff from the JCDC have visited these facilities and have ongoing communication with the facilities to coordinate care for clients with substance abuse disorders. JCDC now has two peer recovery specialists who work with our PATH clients who have substance abuse disorders. They are also able to visit our PATH clients who are incarcerated. Primary health care services including laboratory services are provided on-site at the JCDC. Audiology, speech therapy, physical therapy, dental services, and radiology are provided at JCCHC and all PATH clients have access to these services free of charge. Associated Pathologists and Ballad Health provide laboratory services. The PATH staff also work closely with the Carter County Detention Center and the Washington County Detention Center. PATH staff are working the homeless outreach coordinator who works for the City of Johnson City.

• **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.

JDCD staff remain on site most days of the week due to the high numbers of inreach. Staff will have 2-3 full days per month to engage in outreach activities. The local shelters, soup kitchens, jails, known encampments and the public library will be visited by PATH staff. PATH staff will also maintain weekly contact with local hospitals and police departments. The Peer Recovery Specialists at JCDC outreaches to Washington County Detention Center on a weekly basis. JCDC staff have weekly team huddle meetings for our PATH clients. Regular meetings and in-services are provided to the local psychiatric hospitals to coordinate care of PATH clients. PATH staff also provides in-services to churches and other community agencies to facilitate identifying any clients in the area who are experiencing homelessness and have a mental illness. Case management is provided at the Day Center 5 days per week.

o Any gaps that exist in the current service systems;

Housing continues to be a significant barrier. The average rent for a one-bedroom apartment is $1,250.00. Many of our clients are unable to obtain employment and public housing due to having a

prior felony. It is especially difficult to find housing for clients with a prior sexual offense. Clients with a felony have to wait on average two years to obtain housing if they are even able to obtain housing. The Shelter Plus Care Housing Program has very limited space and it is not uncommon for clients to have to wait at least 9-12 months before they can obtain housing. Maintaining housing can be difficult when clients experience financial stressors related to unemployment or psychiatric symptom exacerbation.

Temporary housing has become a significant barrier. The local Salvation Army primarily serves the veteran population and rarely has beds available for non-veteran clients. Even on nights when the weather is extreme, they don't have available beds. The other local shelter, the Haven, has very restrictive policies and rarely has any beds available. Most of the clients they offer a bed to receive disability benefits. They rarely accept clients without disability benefits.

Access to care barriers continues to be a significant service gap for PATH eligible individuals and families who continue to have trouble assessing traditional mental health services, especially for substance dependence issues. Access to substance abuse treatment is an extremely significant problem in our region. The waiting list for the only transitional facility in the area for substance abuse is currently 9-12 months. However, there are more sober living facilities in the area. Access to inpatient hospitalization for mental health treatment continues to be a significant barrier. Access to services is often restricted related to lack of health insurance or other fiscal resources and process of care issues, and lack of availability of inpatient beds. Lack of health insurance continues to be a major barrier to mental health care. Without insurance or fiscal resources, access to needed services or sustainability of current services such as psychotropic medications is problematic. When clients are bridged to the local CMHC, it continues to take at least 1-2 months before they can see a prescriber, often leading to clinical destabilization. Although a typical month sees over 1,216 people at our Day Center, resources are not adequate for half that number. On average, we provide 602 showers and 354 loads of laundry per month.

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

For nearly 34 years, the Johnson City Day Center has endeavored to provide persons experiencing homelessness in Northeast Tennessee with daytime access to medical and behavioral health services, shelter, food, clothing, showers, laundry services, telephone, mailboxes, computers, employment assistance, group therapy, and individual case management. It is not uncommon to have a month in which over 600 showers are provided to clients. The Day Center PATH staff will continue to work with community agencies to increase availability of, and access to, services for PATH clients who have a COD. Day Center PATH services for clients with a COD will continue to include the use of a non-traditional, non-abstinence model at the initiation of services. SMART Recovery Group is conducted on-site on a weekly basis at the Day Center by a LCSW. Two Peer Recovery Specialists are at the day center everyday and are available to our PATH clients. In-patient detoxification services are coordinated with Ballad Health, Creekside, or the VA. Primary care services are provided at the Day Center in addition to the JCCHC site.

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

PATH eligibility is determined in two ways and occurs through inreach or outreach. Every new client that comes to the center has an orientation to the center and during the orientation; a PATH screening

tool is administered. When staff do outreach, new potential clients are administered the PATH screening tool. If clients are deemed PATH eligible either through inreach or outreach, they are immediately enrolled in the program. Eligibility and enrollment are documented in the Electronic Health Record System (EPIC) and HMIS.

• **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).

Housing continues to be a critical initiative of PATH services. Every PATH eligible client is provided with a thorough review of housing needs and options. Those clients desiring housing are actively supported through case management, referrals, and coordination with the housing resources of Frontier Health, Inc. Other agencies PATH staff work with to address housing needs include ARCH, Fairview Housing, Good Samaritan, Tapestry, Clark Manor, Westgate, and Tyler Apartments. There is a new initiative PATH staff have worked with for our client's housing needs, Ballad Appalachian Community Health Network. The Day Center continues a cooperative effort with the local SRO providers in the community to give preference to Day Center PATH clients and to work with the Day Center when problems arise with a housed client's behavior in order to prevent loss of housing. PATH clients with co-occurring serious mental illness and substance abuse disorders are given preference for placement at Manna House, a transitional housing facility for clients with COD. There are approximately 100 permanent supportive housing units available for the chronically mentally ill in our region. The Salvation Army in Johnson City offers transitional housing for unhoused clients who are veterans. Eligible clients are enrolled in the Shelter Plus Care (SPC) Housing Program which is a HUD grant utilized by Kingsport Housing and Redevelopment Authority. If a PATH client isn't eligible for SPC then they would be referred to our local housing authority, Johnson City Housing Authority (JCHA). Additionally, PATH case managers do weekly outreach to established or new boarding homes and apartments to assess available housing.

• **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.

The primary service area for the Day Center PATH program is Washington County, Tennessee, a non-urban county, with an estimated 2025 population of 141,191. Although the county is considered the service area, and includes Johnson City, ETSU, and the Day Center, the clinic attracts clients from the entire northeast Tennessee region. Washington County is a partially designated Medically Underserved Area (MUA). The number of unhoused persons in the service area continues to rise. Additionally, 39% of PATH clients are between the ages of 18-40 and 60% are over the age of 41. Twenty-four percent of clients were chronically homeless in 2025 while 55% were literally homeless. The most common diagnosis of PATH clients is affective disorders with psychotic disorders being the second most common. Approximately 49.4% of PATH clients have a co-occurring substance abuse disorder. A minimum of 400 inreach/outreach contacts and 100 clients will be enrolled. It is projected that at least 50% of PATH clients will be "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.

Consumer involvement continues to be an integral part of the Day Center PATH program. All PATH-eligible clients are the leaders of their treatment planning terms and have input at every level of service planning. When new services, or modifications of present services, are planned, consumer input is solicited and is part of the active planning. As part of compliance with the performance measures for JCCHC's UDS grant, patient satisfaction surveys are administered to patients who receive care at both facilities during a one-week period every year. Informal forums for PATH clients are held to provide a mechanism to solicit feedback from clients regarding PATH funded services. A governing board for the JCCHC meets on a monthly basis. The governing board is a 501(c)(3) board and includes 51% client membership among the 19 members.

• **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds. The PATH contract is $118,260.00, matching is $39,420.00 and state is $48,241.00 for a total of $205,921.00. ETSU-JCDC will use PATH funds primarily for salaries of staff who directly work with PATH clients. Forty percent of each case manager's salary will be funded by PATH. Forty percent of the psychiatric nurse practitioner's salary will be funded by PATH. $2,000 will be used for supplies and $2,500.00 will be used for special assistance to clients. $2,000.00 will be used to travel to Nashville for annual meeting and conferences.

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 60,008**	**$ 31,390**	**$ 91,398**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	56,352.00	15.00 %	0.15	8,453.00	0.00	8,453.00	
Case Manager	56,352.00	15.00 %	0.15	8,452.00	0.00	8,452.00	
Registered Nurse	202,512.00	15.00 %	0.15	30,831.00	0.00	30,831.00	Psych NP
Registered Nurse	124,752.00	25.00 %	0.00	0.00	31,390.00	31,390.00	Nurse Practitioner
Social Worker	81,816.00	15.00 %	0.15	12,272.00	0.00	12,272.00	LCSW

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**24.34%**	**$ 22,246.00**	**$ 8,030.00**	**$ 30,276.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 2,000.00**	**$ 0.00**	**$ 2,000.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Annual PATH Conference	$ 2,000.00	$ 0.00	$ 2,000.00	

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 1,500.00**	**$ 0.00**	**$ 1,500.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 1,500.00	$ 0.00	$ 1,500.00	

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	**$ 2,500.00**	**$ 0.00**	**$ 2,500.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 2,500.00	$ 0.00	$ 2,500.00	Specific Assistance

j. Total Direct Charges (Sum of a-i)	$ 88,254.00	$ 39,420.00	$ 127,674.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 30,006.00**	**$ 0.00**	**$ 30,006.00**	
l. Grand Total (Sum of j and k)	$ 118,260.00	$ 39,420.00	$ 157,680.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 400 Estimated Number of Persons to be Enrolled: 100

Estimated Number of Persons to be Contacted who are Literally Homeless: 200

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

Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds. The PATH contract is $118,260.00, matching is $39,420.00 and state is $48,241.00 for a total of $205,921.00. ETSU-JCDC will use PATH funds primarily for salaries of staff who directly work with PATH clients. Forty percent of each case manager's salary will be funded by PATH. Forty percent of the psychiatric nurse practitioner's salary will be funded by PATH. The case managers provide services to PATH clients five days per week while the psychiatric nurse practitioner provides services to PATH clients two days per week. $2,000 will be used for supplies. Supplies consist of basic office supplies and supplies needed for outreach and inreach, $2,500.00 will be used for special assistance to PATH clients. $2,000.00 will be used to travel to Nashville for annual meeting and conferences. Travel to Nashville for the annual PATH meeting is mandatory. Nashville is 250 miles from the Johnson City TN PATH Program. We will use the travel monies for 3 PATH funded staff to travel to this meeting. Mileage, hotel for two nights and food for 3 days will be covered. These funds will also be used for mileage for outreach.

Footnotes:

II. Executive Summary

Intended Use Plans

Helen Ross McNabb Center
205 W. Springdale Ave
Knoxville, TN 37917
Contact: Jessica Carlton
Email Address:

Provider Type: Community mental health center
PDX ID: TN-003
State Provider ID:
Contact Phone #: 865-637-9711

- **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.

McNabb Center PATH Intended Use Plan (IUP) – FY26 – 27

Provider Name: McNabb Center
Street Address: 200 Tech Center Drive, Knoxville, TN 37912
Provider Type: Community Mental Health Agency
Geographical Area Served: East Tennessee
Provider Contacts: (800) 255-9711
1. Jennifer Phillips – Jennifer.Phillips@McNabb.org
2. Jessica Carlton- Jessica.Carlton@McNabb.org
3. Jewell Minnich- Jewell.Minnich@McNabb.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.

The McNabb Center is a private, not-for-profit, regional community mental health facility. McNabb began serving the community's children in 1948 and has since evolved into a comprehensive regional system of care that provides mental health treatment, substance use treatment, victim services, and other social services to children, adults, and families. McNabb serves 30 counties in East Tennessee, has over 23 locations, and provides five counties with mobile mental health clinics. The Center provides services in both Region II and Region III. McNabb's PATH Program serves individuals who reside in Knoxville and Knox County.

McNabb receives $115,641 from the Federal PATH Grant. These funds are allocated and received through the State of Tennessee's Department of Mental Health and Substance Abuse Services. The Federal PATH funds go to direct services offered by the McNabb Center. The PATH State Grant Supplements $92,005, and the PATH required local match (supplied by agency) provides an additional $38,547 PATH total $246,193.

Collaboration with HUD Continuum of Care (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 recipients(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.

Since opening the doors more than 77 years ago, the vision of the McNabb Center has been to provide services that improve the lives and well-being of persons in the community who suffer from the most impairing disorders and the most disadvantaging social circumstances by fostering an environment where all populations are valued and respected. Community collaboration and coordination is vital to the success of this program and working to eliminate homelessness. PATH collaborates with multiple agencies in the community, including but not limited to: Tennessee Valley Homeless Coalition, Community Action Center Homeward Bound, Voluntary Ministry

Center, Salvation Army, Family Promise, Positively Living, Catholic Charities, Metro Drug Coalition, CareCuts, YWCA Knoxville, and the Knox Area Rescue Mission. PATH staff participate in monthly meetings with the Knox County Homeless Coalition, which includes representatives from multiple agencies within the CoC.

Additionally, PATH supervisors have served in the roles of Secretary and Vice President of the Knoxville-Knox County Homeless Coalition in the past. PATH staff are members of the Outreach and Engagement Committee and the Education and Training Committee. These meetings bring together several agencies within the CoC in order to increase the effectiveness of serving those in the homeless population with the greatest barriers to achieving housing (i.e., frequently incarcerated and/or multiple evictions). PATH Outreach Workers and Team Leader participate in the Point in Time (PIT) Count annually. PATH Outreach Workers and Team Leader enter all homeless outreach data into the Knox HMIS database, and they attend weekly Coordinated Entry System (CES) case conferencing meetings. The most vulnerable PATH clients are entered into the Coordinated Entry System, which Knoxville has named the Coordinated Housing Assessment and Match Plan (CHAMP). The Center's Assistant Director of Homeless and Recovery Services and Homeless Services Team Leader attend Coordinated Entry Work Group meetings to work on implementing upcoming changes to Knoxville's Coordinated Entry System (CHAMP). The Center's CEO is currently the Chair of the Knoxville –Knox County Continuum of Care Board of Directors and the Assistant Director of Homeless and Recovery Services is also a member of this Board.

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 health, mental health, substance use disorder, 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.

In the Knoxville/Knox County area, there are several community agencies that provide services to the people who are unhoused; however, these agencies do not directly target the Severely and Persistently Mentally Ill (SPMI) population that the PATH Program serves. The following is a list of local agencies who serve the unhoused population and who access/refer to the PATH Program for services such as permanent housing, mental health treatment, assistance in obtaining a source of income, and other linkage and advocacy services: Salvation Army, Knox Area Rescue Ministries, Peninsula Hospital, Mobile Crisis, Knoxville and Morristown Crisis Stabilization Units, Ridgeview Mental Health, Knoxville Section 8 Office, Knox County Community Action Committee, Tennessee Department of Health and Human Services, Home Based Employment, Inc., Benevolent Client Services, Knoxville Community Development Corporation, Catholic Charities, Volunteer Ministries Center, Knox County Health Department, Interfaith Health Clinic, VA Services, Compassion Coalition, Helen Ross McNabb Center Outpatient Services, Coordinated Care Meeting, Parkridge Harbor, Knox County Detention Facility, Public Defender's Office, Youth Villages, UT Legal Clinic, YWCA, Cherokee Health Systems, Housing and Urban Development, Ladies of Charity, Angelic Ministries, Knox County Housing Authority, Serenity Shelter, Partner's Housing Committee, Family Crisis Center, Legal

Aid, Volunteers of America, STEPS House, Family Promise of Knoxville, Minvilla Manor, NAMI, Knoxville Police Department, CareCuts, Metro Drug Coalition, and Flenniken Landing.

Coordination with local community agencies is achieved by PATH staff attending monthly Knox County Homeless Coalition meetings. PATH also works directly with, and receives referrals from, Knoxville Police Department's Homeless Outreach Officers who have been tasked with locating individuals experiencing homelessness at local campsites. PATH works in tandem with Volunteer Ministries' Street Outreach Team to assist those individuals who are experiencing both homelessness and mental illness. If a client is outreached to by the PATH team, and this individual does not meet criteria for the program, they are referred and connected to CAC Homeward Bound, Volunteer Ministry Center, or Volunteers of America (Veteran services).

Coordination with local community agencies is also achieved by entering data into the HMIS system. The McNabb Center began entering data into the HMIS system beginning on December 15, 2015. All new staff attend trainings at the local HMIS office to receive their HMIS certification as well as login information. The team enters all PATH data into HMIS throughout each month to ensure accuracy of the data. HMIS has proven it can be an invaluable tool in assisting with coordination of care between homeless service providers. This allows us to better communicate and work together to meet our client's needs with other members in our CoC. Along with better coordination of care, it enables the team to avoid duplication of services to clients and to better focus on diversification of services between CoC members. PATH providers have ongoing communication with HMIS employees. A monthly Null Data report is sent to the PATH TL which assists with identifying data errors so that corrections can be made in a timely manner. HMIS support staff offer monthly HMIS trainings to discuss specific data measures and data entry. HMIS staff are also very responsive to questions regarding data and PATH reporting and offer to meet with PATH leadership and case managers on an ongoing basis to ensure data quality and offer support.

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 Co-Occurring Disorders, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;*

The PATH Team conducts outreach to gather data to assist the team in assessing the needs, possible diagnoses, barriers, and vulnerability of each person encountered. During the outreach phase, clients are connected to mainstream mental health services to stabilize their mental health symptoms while working on obtaining permanent housing. The PATH funding is utilized to obtain documentation needed for housing, such as birth certificate and State Identification. Funding assistance can also be provided for utility payment or connection, deposits, and rent. By assisting the clients with these barriers, we are building a foundation for them to be able to

maintain long-term housing. Once housing is established, the clients are more likely to be able to maintain their mental health treatment.

- *Any gaps that exist in the current service systems*;

One of our greatest challenges in Knox County continues to be our ability to keep pace with those who are becoming homeless. In recent years we have seen a steady increase in the number of individuals and families on the verge of being homeless. At the same time, rental rates have significantly increased and there has been very limited development of new subsidized and/or low-income housing, causing increasingly long wait lists for available affordable properties. In FY 2022, the Knoxville, TN HUD Metro FMR Area rent for a studio or efficiency was $717 per month and $1,512 per month to rent a house or apartment with 4 bedrooms. The average Fair Market Rent for a 2-bedroom home was $980 per month. In FY 2023, the rent for a studio or efficiency increased to $887 per month and the rent for a house or apartment with 4 bedrooms increased to $1,773 per month. The average Fair Market Rent for a 2-bedroom home in FY 2023 was $1,156 per month. In FY 2024, the rent for a studio or efficiency increased to $985 per month and the rent for a house or apartment with 4 bedrooms increased to $1,833 per month. The average Fair Market Rent for a 2-bedroom home in FY 2024 was $1,221 per month. In FY 2025, the rent for a studio or efficiency increased to $1,177 per month and the rent for a house or apartment with 4 bedrooms increased to $2,172 per month. The average Fair Market Rent for a 2-bedroom home in FY 2025 was $1,471 per month. Due to these increases, PATH is placing a priority on working with the chronically homeless, as well as literally homeless, clients as defined by the state of Tennessee. Additionally, because of the lack of available housing, the PATH Team looks at community options to assist those who are at risk of homelessness in maintaining their current housing as a prevention measure.

Another big gap in this community is the lack of temporary emergency shelter for families. Our two largest shelters have limited space and will not allow men to stay in the same room as women and children. Also, these shelters will not allow any male children between the ages of 14-18 to stay at their shelters. There is only one shelter that will allow the family to stay together in shelter and allow boys over 14, and that shelter can only host approximately 8 families at a time. The families are also required to move to a new location every week. In Knoxville, families tend to choose not to enter a shelter setting and are considered couch homeless, staying with family and friends and frequently moving. This can make it difficult for the PATH team to meet consistently with families.

Lack of low-barrier emergency shelter that allows couples to stay together, accommodates pets, or skips strict sobriety requirements is also a gap in the Knoxville community. The Foyer was Knoxville's only low barrier shelter and it closed in March of 2024. According to the U.S. Department of Housing and Urban Development, a low barrier shelter should include: Immediate, low barrier access with 24/7 open space; elimination of sobriety, income, employment, or housing process requirements; no prerequisites to enter shelter or receive services towards housing; shelter services focused on alternative housing options through discussions, community supports and lighter touch solutions; rapid-exit services; and data measurement with metrics that support changes to systems, processes, collaborations, and outcomes.

An additional gap in our current service system is safe and affordable housing for the elderly population. Since FY23 Knox HMIS has shown a gradual increase in the elderly unhoused population. Over the last two years there has been a 17.5% increase in those individuals aged 62 and older. During this time there have been no new housing opportunities or additional emergency shelters available for this specific subset of population. Senior adults are more likely to be living with functional impairments, chronic disease, mobility limitations, and cognitive and sensory impairments making navigating shelter environments more difficult. Shelters often fail to accommodate for mobility devices and mobility limitations which can lead to these individuals sleeping in unsafe outdoor locations. Currently, there is only one agency in Knoxville who provides a continuum of care for senior adults who are experiencing homelessness or housing instability. This program provides limited emergency shelter, transitional housing, and supportive services tailored to the unique needs of older adults.

- *A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder;*

In August of 1997, The McNabb Center merged with Detoxification Rehabilitation Institute, creating a range of treatment options for individuals who are homeless and have a need for both addiction services and mental health services. These programs are offered to individuals regardless of insurance coverage who need both addiction and mental health services. The PATH Program also accesses other area resources for inpatient detoxification, inpatient residential rehabilitation, intensive outpatient, and AA/NA support groups in the community. Additionally, McNabb has the Behavioral Health Urgent Care Center, which provides 4-6 jail diversion beds for low-level offenders with both a serious mental illness and/or substance use disorders and the Individual Placement and Support (IPS) program offering supportive employment programming to individuals with serious mental illness and co-occurring disorders. PATH staff have also familiarized themselves with local halfway houses and community funding available to assist clients with co-occurring disorders in obtaining placement.

In June of 2024, The McNabb Center opened the EmPATH unit, a first-of-its-kind resource in Tennessee for individuals facing a behavioral health crisis. The Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) unit is designed to offer rapid, accessible, services in a calm, supportive environment. Open 24/7, the unit welcomes adults 18 and older who are experiencing a behavioral health crisis. EmPATH provides evaluation, medication, and therapeutic support. The comprehensive program includes a walk-in triage/reception center and a dedicated, multidisciplinary team of physiatrists, nurse practitioners, master's level clinicians, nurses, mental health technicians, and peer specialists. Services begin immediately upon arrival. Medical care and wrap-around services that follow patients into the community, ensuring they find ongoing mental health care, substance use treatment, stable housing, and support.

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

McNabb's PATH Program is a two-tier program. First, the program provides outreach to individuals who are homeless and have a mental illness for the purposes of screening and diagnostic treatment services. Secondly, the program provides transitional services for acquiring appropriate housing, the entitlement of benefits or employment, and community mental health treatment services geared toward the mentally ill, dually diagnosed, and post-adolescent consumers who are generally less likely to engage. The delivery of services by the PATH Program is typically initiated in homeless camps, one of the area homeless shelters, in other service agencies, through walk-in services, or on the streets of Knoxville. At the initial contact, the homeless outreach worker will screen the individual to determine whether or not he/she has a mental illness and meets the eligibility requirements of the PATH Program, requires on-going services, or needs information/referral only. Outreach services will include assessment in the community, information and referral resources, pre-vocational services, transportation, basic needs acquisition, supportive counseling, and/or case management services, based on the client's needs.

To assist with Coordinated Entry, the PATH Team implemented a walk-in day for individuals to be able to readily attend referral appointments and/or access time with their Outreach Worker. Community partners are able to refer their clients to PATH's walk-in clinic every Thursday. Case management services offered through the homeless program consists of engagement of the individual into mental health treatment, technical assistance in applying for housing assistance, locating and securing permanent housing through assisting the individual with security deposits, first month's rent, one-time rental payment to prevent eviction, or utility assistance. For those clients who are unwilling or unable to engage in the traditional PATH model due to his/her severe and persistent mental illness, case managers will continue to engage to establish a rapport with the perspective client. Case managers may work with client on a "creative outreach," basis to ensure that the individual's needs are being met.

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).

The traditional housing options remain consistent through Section 8 Housing, Knoxville Community Development Corp (KCDC), group homes, and other forms of subsidized housing. McNabb currently operates eight sites for the SPMI population in Knox County, which not only provide housing, but also case management, as well as two additional facilities designed specifically to meet the needs of single parents with children. For the most difficult to house individuals, rental assistance is made available through the Tennessee Department of Mental Health and Substance Abuse Community Targeted Transitional Support program. Housing assistance is a major priority of the PATH Program; therefore, all consumers eligible for PATH case management services are offered technical assistance in terms of planning and applying for housing.

PATH Program staff have built relationships with local private landlords who have affordable housing options for individuals that may have bad credit history, no rental history, and/or a criminal record. Beyond rendering assistance, PATH Program staff actively participate in the Knox County Homeless Coalition to improve the coordination of housing services for the unhoused population in the Knoxville/Knox County area. PATH continues to collaborate and

actively participate with the CoC in an effort to find ways to better serve Knoxville/Knox County's unhoused population. PATH staff also participate in the Outreach and Engagement Committee to discuss chronically homeless individuals who require a more intensive and collaborative effort from different agencies in the community to ensure they can locate, attain, and maintain housing. PATH staff participate in the CoC's Coordinated Entry System (CES) which is designed as a centralized process to coordinate program participant intake assessment and provision of referrals. The CES covers the geographic area [encompassed by the CoC], is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. CES meetings are held weekly and attended by PATH case managers and the PATH Team Leader.

• **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.

The PATH Program's client population is expected to follow the same trends as in FY 2025. These trends are as follows:

- *Age*- 6.5% were between the ages of 18-23, 8.6% were between the ages of 24-30, 24.7% were between the ages of 31-40, 31.2% were between ages 41-50, 22.6% were between the ages of 51-61, and 6.5% were over 62 years of age.
- *Race*- 64.6% were Caucasian, 32.3% were African American, 2% were Hispanic/Latino and 1% were American Indian, Alaska Native, or Indigenous.

McNabb proposes to serve 320 individuals for outreach information and referral services during the course of FY27 for PATH homeless services. A minimum of 90 will receive additional outreach, case management, and advocacy through enrollment into the PATH Program.

• **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. See Appendix H – Guidelines for Consumer and Family Participation.

The McNabb Center actively pursues input from consumers and family members in the planning, implementation, and evaluation of our services through a number of different avenues. All services at the McNabb Center utilize a client-centered approach in treatment planning and service delivery. Case Managers encourage clients to include natural and peer supports to assist in goals towards maintaining permanent housing. PATH clients are often referred to the Friendship House Peer Support Center where they can share their lived experience with homelessness with both peers and Center staff. Clients are encouraged to participate by filling out satisfaction surveys, which not only collect the client's feeling about the program in the form of multiple-choice questions, but also asks clients for input about changes that could be made to the program to make services more effective. The McNabb Center encourages the employment of individuals

with lived experience in the mental health system and is supportive of staff gaining their Certified Peer Recovery Support Certification as well as their Family Support Specialist Certification.

Information and data are collected from both PATH clients and family members through the Knox County Homeless Coalition and HMIS. The Knoxville/Knox County Homeless Coalition is also currently revising its bylaws to include a person with lived experience be a Coalition delegate to the Office of Housing Stability Board of Directors. In addition, PATH team involvement with area shelter directors and homeless advocates provides vital information for programming. The PATH Program does not utilize volunteers. This program does not have a separate governing or formal advisory board outside of the overall McNabb Center Board of Directors.

• **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget.

Supplementary Instruction for Standard Form 424A Budget Information – Non-Construction Programs (For Local Area Provider Intended Use Plans)

Budget Narrative and Justification

Prepare a separate budget narrative that provides additional detail regarding PATH federal and match (i.e., state and local) funds requested for each object class category. See the example below for the level of detail to include in the budget for each local provider agency. Submit budgets for the local provider agency with Section C: Local Provider Intended Use Plan.

The current breakout is:

Federal $115,641
State $92,005
Local Match $38,547

BUDGET

PERSONNEL Position	Annual Salary	PATH-funded FTE	PATH-funded Salary	TOTAL
Homeless Services Team Leader	$44,315	55.00%	$24,373	$24,374.00
Homeless CM (Adults and Families)	$40,657	55.00%	$22,362	$22,362.00
Homeless CM (Disability Assistance)	$37,395	100.00%	$37,395	$37,395.00
Homeless CM (Inpatient Population)	$37,395	60.00%	$22,437	$22,437.00
Assistant Director Homeless & Recovery	$92,659	5.00%	$4,633	$4,633.00
Services Coordinator	$56,303	30.00%	$16,891	$16,891.00
Enter sub-total on SF-424A, Section B, 6a				**$128,092**

FRINGE BENEFITS Position	PATH Funded Salary	Benefits Percentage	PATH-funded Benefits	TOTAL
Homeless Services Team Leader	$24,373	0.25	$6,093	$6,094
Homeless CM (Adults and Families)	$22,362	0.25	$5,590	$5,590
Homeless CM (Disability Assistance)	$37,395	0.25	$9,349	$9,349

Homeless CM (Inpatient Population)	$22,437	0.25	$5,609	$5,609
Assistant Director Homeless & Recovery	$4,633	0.25	$1,158	$1,158
Services Coordinator	$16,891	0.25	$4,223	$4,223
Enter sub-total on SF- 424A, Section B, 6b				**$32,023**

TRAVEL	**Cost**	**Number Persons**	**Number Trips/Miles**	**TOTAL**
Local travel for Outreach Team and State-wide trainings, workshops & meetings	0.725	3	1,379	$3,000
Conferences and accreditation training				$600
Enter sub-total on SF- 424A, Section B, 6c				**$3,600**

EQUIPMENT		**Per unit Cost**	**Number**	
Equipment Rental & Maintenance		$108	12	$1,300
Enter sub-total on SF-424A, Section B, 6d				**$1,300**

SUPPLIES		**Per Unit Cost**	**Number**	**TOTAL**
Clinical/Therapy/Drug Testing Supplies, Office, Technology, and Cleaning Supplies		$331.33	12	$3,975
Enter sub-total on SF-424A, Section B, 6e				**$3,975**

OTHER COSTS				
Professional Fees		$50.00 per month	12	$600
Telephone		$416.67 per month	12	$5,000

Occupancy		$666.67 per month	12	$8,000
Printing		$.83 per month	12	$10
Postage and Shipping		$.83 per month	12	$10
Insurance		$225.83 per month	12	$2,710
Client Assistance	Basic Needs	$1,250 per month	12	15,000
Other Non-Personnel		0	12	0
Enter sub-total on SF-424A, Section B, 6i				**$31,330**

TOTAL DIRECT CHARGES				
Enter sub-total on SF-424A, Section B, 6i				**$200,320**
INDIRECT COSTS				
Federal Indirect Cost Rate of 28.5% of Salaries and Fringe				
Enter sub-total on SF-424A, Section B, 6j				**$45,873**
SUM OF COSTS				**$246,193**

Helen Ross McNabb Center, Inc. Budget Narrative for PATH IUP
Total Award $246,193
Personnel – A total of $160,115

Salaries, Benefits and Taxes are for the employees who will be performing the duties within the scope of this program. There are a total of 3.05 Full Time Positions for the scope of this program. Please see the Salaries Page included in this proposal for a detailed listing of each position and individual salary. The Benefit percentage is 25% for full time employees that includes health, life, long-term disability, 403(b), etc.

Professional Fee, Grant & Award - $600

Program specific and program's pro-rata share of Professional Fees and Awards encumber an array of services specific to: Consulting Services, Background checks, Monitoring Services, Interpreter Services for hearing impaired and Limited English Proficiency (LEP) persons, and Employee Drug Screens.

Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications – A total of $18,295

Program specific and pro-rata share of Supplies, Telephone, Postage and Shipping Occupancy, Equipment and Rental, Printing and Publication are defined in this budget as: Supplies.

Telephone services including cellphone usage, postage for mailing services, Occupancy, Equipment Rental and Maintenance (computers, copiers, fax, and internet service), Printing and Publications for specific printing for the public pertaining to this program. Also included in this line item will be office furnishings for new employees, purchases of computers, and other equipment outside of those allocated as mentioned above.

Travel – A total of $3,600

Travel is based on a reimbursement rate of $.725 per mile for all employees listed in the Salaries, Benefits, and Taxes line item traveling locally performing duties within the scope of this program. Travel also includes specific program training for staff performing duties within the scope of this program, and any required trainings per the Grantor Agency. This line item also contains a pro-rata share of the Helen Ross McNabb Center's required trainings for all staff.

Insurance – A total of $2,710

Program's pro-rata share of annual insurance for professional, general, umbrella, property, auto, indemnity, and cyber security liability insurance based on FTEs.

Client Assistance – A total of $15,000

Basic needs for clients including but not limited to: hygiene products, shelter, food, etc.

Other Non-Personnel – A total of $0

Indirect Cost – A total of $45,873

The indirect cost is based on 28.65% of Salaries and Fringe ($160,115 x .2865)

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 60,167**	**$ 20,056**	**$ 80,223**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	37,392.00	100.00 %	0.47	17,565.00	5,855.00	23,420.00	Disability Assistance
Case Manager	37,392.00	60.00 %	0.28	10,539.00	3,513.00	14,052.00	INPT Population
Case Manager	40,656.00	55.00 %	0.26	10,504.00	3,501.00	14,005.00	Adults and Families
Other (Describe in Comments)	44,316.00	55.00 %	0.26	11,448.00	3,816.00	15,264.00	Homeless Services Team Leader
Other (Describe in Comments)	56,304.00	30.00 %	0.14	7,934.00	2,645.00	10,579.00	Services Coordinator
Other (Describe in Comments)	92,664.00	5.00 %	0.02	2,177.00	726.00	2,903.00	Assistant Director Homeless & Recovery

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**18.75%**	**$ 15,042.00**	**$ 5,014.00**	**$ 20,056.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 1,691.00**	**$ 564.00**	**$ 2,255.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 1,409.00	$ 470.00	$ 1,879.00	Local Travel
Other (Describe in Comments)	$ 182.00	$ 74.00	$ 256.00	Training Implemented By Agency for Accrediation and Licensure
Other (Describe in Comments)	$ 100.00	$ 20.00	$ 120.00	Training and Conferences Attended by Staff

d. Equipment	**$ 611.00**	**$ 204.00**	**$ 815.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 611.00	$ 204.00	$ 815.00	Equipment Rental and Maintenance Budget

e. Supplies	**$ 2,537.00**	**$ 843.00**	**$ 3,380.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other Supplies (Describe in Comments)	$ 2,537.00	$ 843.00	$ 3,380.00	Clinical/Therapy Supplies, Office Supplies, Minor Equipment

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	**$ 14,046.00**	**$ 4,683.00**	**$ 18,729.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 6,375.00	$ 2,125.00	$ 8,500.00	Specific Assistance to Individuals
Office: Insurance (Property, Vehicle, Malpractice, etc.)	$ 1,273.00	$ 424.00	$ 1,697.00	
Office: Misc (Copying, Courier, Postage, etc.)	$ 5.00	$ 2.00	$ 7.00	Printing and Publication
Office: Misc (Copying, Courier, Postage, etc.)	$ 5.00	$ 2.00	$ 7.00	
Office: Rent Expenses	$ 3,758.00	$ 1,253.00	$ 5,011.00	Occupancy
Office: Utilities/Telephone/Internet	$ 2,348.00	$ 783.00	$ 3,131.00	
Office: Other (Describe in Comments)	$ 282.00	$ 94.00	$ 376.00	Professional Fees

j. Total Direct Charges (Sum of a-i)	$ 94,094.00	$ 31,364.00	$ 125,458.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 21,547.00**	**$ 7,183.00**	**$ 28,730.00**	

l. Grand Total (Sum of j and k)	$ 115,641.00	$ 38,547.00	$ 154,188.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 320 Estimated Number of Persons to be Enrolled: 90

Estimated Number of Persons to be Contacted who are Literally Homeless: 320

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

Budget Narrative and Justification

Prepare a separate budget narrative that provides additional detail regarding PATH federal and match (i.e., state and local) funds requested for each object class category. See the example below for the level of detail to include in the budget for each local provider agency. Submit budgets for the local provider agency with Section C: Local Provider Intended Use Plan.

The current breakout is:

Federal $115,641
State $92,005
Local Match $38,547

Helen Ross McNabb Center, Inc. Budget Narrative for PATH IUP
Total Award $246,193
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Professional Fee, Grant & Award - $600

Program specific and program's pro-rata share of Professional Fees and Awards encumber an array of services specific to: Consulting Services, Background checks, Monitoring Services, Interpreter Services for hearing impaired and Limited English Proficiency (LEP) persons, and Employee Drug Screens.

Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications – A total of $18,295

Program specific and pro-rata share of Supplies, Telephone, Postage and Shipping Occupancy, Equipment and Rental, Printing and Publication are defined in this budget as: Supplies. Telephone services including cellphone usage, postage for mailing services, Occupancy, Equipment Rental and Maintenance (computers, copiers, fax, and internet service), Printing and Publications for specific printing for the public pertaining to this program. Also included in this line item will be office furnishings for new employees, purchases of computers, and other equipment outside of those allocated as mentioned above.

Travel – A total of $3,600

Travel is based on a reimbursement rate of $.725 per mile for all employees listed in the Salaries, Benefits, and Taxes line item traveling locally performing duties within the scope of this program. Travel also includes specific program training for staff performing duties within the scope of this program, and any required trainings per the Grantor Agency. This line item also contains a pro-rata share of the Helen Ross McNabb Center's required trainings for all staff.

Insurance – A total of $2,710

Program's pro-rata share of annual insurance for professional, general, umbrella, property, auto, indemnity, and cyber security liability insurance based on FTEs.

Client Assistance – A total of $15,000

Basic needs for clients including but not limited to: hygiene products, shelter, food, etc.

Other Non-Personnel – A total of $0

Indirect Cost – A total of $45,873

The indirect cost is based on 28.65% of Salaries and Fringe ($160,115 x .2865)

Footnotes:

II. Executive Summary

Intended Use Plans

Mental Health Cooperative
275 Cumberland Bend
Nashville, TN 37228
Contact: Julie Smith
Email Address:

Provider Type: Other mental health agency
PDX ID: TN-004
State Provider ID:
Contact Phone #: 615-994-1785

- **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.

FFY2027 PATH Intended Use Plan

Please provide the following information regarding your agency's intention to provide PATH Service in the upcoming fiscal year.

Provider Name: Mental Health Cooperative
Street Address: 275 Cumberland Bend
City: Nashville
State: TN
Zip: 37228
Provider Type: Non-Profit Outpatient Mental Health Organization
Geographical Area Served:
Metro/Nashville Region (Primary Service Area – PATH Funded):
Davidson, Sumner, Wilson, Montgomery
Expanded Middle Tennessee Service Area (Non-PATH Funded):
Cheatham, Williamson, Rutherford, Stewart, Maury, Giles, Lawrence, Lewis, Marshall, Dickson, Houston, Humphreys, Hickman, Perry, Robertson, Macon, Trousdale, Bedford, Cannon, Coffee
Regional Service Locations
Chattanooga/Cleveland (East Region; Non-PATH Funded):
Hamilton, Marion, Sequatchie, Bledsoe, Rhea, Meigs, Bradley, McMinn, Monroe, Polk
Cookeville Location (Non-PATH Funded):
Putnam, Cumberland, DeKalb, Jackson, Overton, Smith, White
Manchester Location (Opened 2022; Non-PATH Funded):
Coffee, Franklin, Grundy, Lincoln, Moore, Bedford
Memphis Location (Opened 2023; Non-PATH Funded):
Shelby

Provider Contact: Julie Smith, MS, Grants Manager
Contact Phone: 615-994-1785
Email Address: jusmith@mhc-tn.org

Please provide the following information on each provider site for inclusion in the state's PATH application to SAMHSA.

- **Local 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.

  Headquartered in Nashville, MHC has been a pillar of the community for more than 31 years providing a comprehensive, person-first model of care that integrates behavioral health, physical health and substance use services into a highly coordinated, unified system of care. By focusing on

the whole person, we eliminate barriers and empower individuals and families facing mental health challenges to access resources and support. Through trauma-informed practices and community-driven support, we create an accessible and compassionate pathway to greater wellbeing.

In February 2019, Mental Health Cooperative (MHC) opened the Crisis Treatment Center (CTC), which serves as both a 24/7 crisis walk-in facility and the headquarters for the Davidson County Mobile Crisis Team. The CTC is open to anyone seeking help, regardless of insurance status, and also provides a dedicated access point for Metropolitan Nashville Police Department officers encountering individuals experiencing a mental health emergency.

In addition to the walk-in center, the CTC houses several crisis diversion programs, including the Crisis Stabilization Unit (CSU) for adults and, beginning October 2025, for youth as well, along with crisis respite services.

All MHC locations are licensed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) as Mental Health Outpatient Facilities.

The PATH funded services are available to those staying in Davidson, Sumner, Wilson, and Montgomery counties. MHC receives $105,828 in state funds and $241,965 in Federal funds and $80,655 in agency matched funds to provide outreach and mental health services to the homeless. The entirety of these funds is used towards specific assistance, supplies, travel, and salaries for homeless services staff.

MHC services include the following:

- 24-Hour Crisis Services
- Care Management / Care Coordination
- Community Health Workers
- Financial Support through the Representative Payee Program
- First Episode Psychosis Initiative
- Homeless Outreach
- Housing Assistance / Referral Services
- Individual / Group Therapies
- Individual Placement and Support (IPS)
- Medication Assisted Treatment (MAT)
- On-Site Pharmacy Services – NPS Pharmacy
- Partners in Care (Co-Responders) Outreach and Crisis Resolution

- Pediatric Partnerships
- Peer Support Leadership and Peer Support Services
- Physical Health Care Coordination with Outside Providers
- Primary Health Care
- Psychiatric Services including Medication Management, Psychiatric Evaluations, and Routine Follow-Up with Providers
- REACH (Responders Engaged and Committed to Help)
- Referral and Coordination with SOAR (SSI/SSDI Outreach, Recovery, and Accessibility) Program
- Safety Net
- School-Based Therapy
- Social Support Services
- Transportation Services
- Vocational and Education Referral Services

- **Collaboration with HUD Continuum of Care (Continuum of Care) Program** – Describe the organization's participation with local HUD Continuum of Care recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the agency to collaborate with the Continuum of Care(s) in the areas where PATH operates.

  Members of MHC PATH regularly attend Continuum of Care meetings and strongly encourages participation in various committees. MHC Homeless Services are using the Homeless Management Information System (HMIS) as the sole method for documentation of outreach efforts. Care management continues to utilize both HMIS and the agency medical record. PATH supervisor has continued the oversight and monitoring of documentation in HMIS through monthly data entry days for both case management and outreach. The results of this have been outstanding as evidenced by de-duplication of individuals served and responses to all questions required in HMIS. PATH Supervisor is currently serving on the Homelessness Planning Council, The General Membership Council, The Housing Opportunities Committee, The Data & HMIS Oversight Committee, and The Coordinated Entry Oversight Committee. If the role is vacant, the PATH Supervisor will fulfill this obligation. The team is strongly encouraged to participate in committees and collaborations with our community partners. MHC participates each year in the annual Point-In-Time Count with staff serving as team leads. MHC continues to coordinate with Metro Homeless Impact Division, Collaborative Applicant, CoC and others to provide feedback and suggestions to improve systems in serving those who are unhoused.

- **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 health, mental health, substance abuse, 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.**

  Metro Homeless Impact Division (Office of Homeless Services) - MHC collaborates with the Office of Homeless Services to create and prioritize the bi-name list in order to identify and prioritize the most vulnerable individuals and families experiencing homeless in order to have quicker access to housing resources. This is done through Navigator meetings, case conferencing and coordination of care. Shared databases through *HMIS*' *Coordinated Entry System (CES)* are used in the efforts to identify the most vulnerable by using the VI-SPDAT Assessment Tool.

  Office of Homeless Services-PATH Street outreach has collaborated with MHID and other community providers in encampment outreach to be able to safely serve the needs of our population. MHID workers and PATH street outreach join efforts almost weekly to discuss encampment issues and partner in the field to help serve and monitor the growing homeless population in our community. PATH Outreach Specialist is asked to help connect consumers in encampments to service options. PATH Outreach Specialist occasionally assists in encampment clean up efforts to improve the sanitary and living conditions of those living in encampments. These efforts are combined through multiple non-profit organizations, volunteers and Metro Parks when needed.

  Park Center – MHC collaborates with Park Center through community outreach meetings and use of their online referral system. MHC and Park Center have a reciprocating referral system in which MHC refers to them for employment services, housing referrals, day programs, SOAR and IOP for substance abuse. With or without the subcontracting, Park Center and MHC have formed a very collaborative partnership through a Memorandum of Understanding. In 2020, MHC formalized the SOAR referral system with Park Center to ensure those served by MHC outreach, case management, Crisis Treatment Center and Behavioral Health Safety Net Program have access to SOAR process. This process continues to evolve and develop to improve tracking and data keeping for those referred, applied, and approved through SOAR.

Local Outreach organizations – MHC works with outreach staff from various provider agencies including Metro Social Services, Room In the Inn, Park Center, Open Table Nashville, Catholic Charities, Family Safe Haven, Community Care Fellowship, Downtown Partnership, Nashville Cares and The Salvation Army, and many others. This is done through local navigator meetings and Continuum of Care meetings to identify areas where unhoused individuals frequent and ensure adequate coverage and assistance to those areas. MHC Outreach also provides "in-reach" during designated days and times at many of these locations. MHC also partners with these agencies in response to the Rapid Re-Housing efforts by way of collaborating warm hand-offs and connection to long-term mental health care and support once housing placement is obtained.

Dismas House, Inc. (Dismas Without Walls) – In January 2023, MHC established an MOU with Dimas House for the purpose of providing individual placement and support (IPS) services to those involved in the judicial system who desire employment. This continues to be an ongoing partnership. Dismas House staff continuing to participate in weekly team meetings to provide support and placement for the consumers we serve.

In 2020, MHC developed relationships for those serving the children, youth and transitional youth ages. Since that time, MHC CYHOP outreach specialist provides support and "in-reach" at Monroe Harding Youth Connections, Launch Pad, Oasis Center, Salvation Army, Family Life Center, and Nashville Public Libraries to connect, engage, link and refer the children, youth and young adults. If this role is vacant, this will be fulfilled by other PATH Outreach Workers.

Local Homeless Shelters – Onsite outreach has continued to thrive and work with a partnership to serve consumers that are utilizing shelter resources. PATH management meets with the Nashville Rescue Mission monthly to create plans to address the mental health needs of homeless consumers. Outreach Specialist and care management working closely with the staff and leaders of shelters weekly to be a support and connect consumers to housing options.

Metro Police Department – Since 2016 to foster relationships between people experiencing homelessness and police officers, a designated outreach specialist partners up with one or two police officers for three hours each month. During this time, outreach specialist and officers go to a local day shelter, Samaritan Ministries, where officers serve lunch, and the outreach specialist completes outreach tasks. Tasks include assessing for services, referring to mental health services (if applicable), data entry through obtaining

HMIS consents, complete release of information forms, enter data into Coordinated Entry System, completing VISPDAT, providing education, and build rapport with individuals. In FY2021, MHC further expanded these efforts in other precincts.
PATH Outreach Specialist leadership provides training and assistance to the Metro Police Department Quality of Life Team through methods of presentation and role playing. PATH Outreach Specialist frequently responds and assist with calls from the Partners in Care Co-Responders Team for intervention and service coordination for those experiencing homelessness or at risk of homelessness.

Downtown Partnership – MHC has a strong relationship with Downtown Partnership and continues to assist in providing crisis de-escalation, coordinating with Emergency Psychiatric Services and providing resources to the unhoused living in the downtown area.

Metro Development and Housing Authority (MDHA) – MHC has developed strong working relationships with staff at the local MHDA office to ensure MHC are well informed of requirements and processes necessary to obtain housing through MDHA program such as Shelter Plus are, Section 8 vouchers, Scattered Sites properties and various towers throughout Nashville.

MHC has designated contacts to oversee the coordination and partnership of the Murfreesboro Housing Authority for the purposes Shelter Plus Care applications.

Primary Healthcare services – MHC acknowledges the various physical health complications prevalent within the homeless community. MHC coordinates with agencies such as Neighborhood Health, Vanderbilt, and our own on-site Integrated Health Cooperative to provide physical health care to those experiencing homelessness. MHC collaborates with Comprehensive Care Center, Nashville Cares, and Metro Public Health Department in efforts to serve people living with HIV/AIDS and experiencing homelessness. MHC outreach receives referrals from the Outreach organizations including United Neighborhood Health collaboration that provides mobile physical and mental healthcare to those un-housed and living on the streets or in encampments. MHC works closely with Vanderbilt outreach and care management teams to assess housing options, assign navigators, and ensure services are not being duplicated. MHC has recently hired 6 Community Health Workers to support and provide services to our high utilizer consumers of the ER. This program is a (non-PATH Funded) program to engage those who frequently visit local emergency departments, many of whom are experiencing homelessness. PATH

funded outreach specialist and partially funded care managers coordinate with MHC's Community Health workers as a means of coordinating care and identifying resources to minimize unnecessary use of local hospitals.

Substance Abuse services – MHC utilizes a variety of A&D recovery resources, contingent upon insurance. Buffalo Valley, Samaritan Recovery and Elam Center are the most used. Halfway homes and programs such as Hope Program for Women, The Next Door, Grandpa's House, and the Oxford House are also commonly referred to programs to provide both treatment and housing.

In late 2019, MHC began a medication assisted treatment (MAT) program for those with insurance. For those eligible and willing to participate, staff will refer to this program. Outreach specialists are trained and certified in Naloxone as an intervention and response to those they may encounter experiencing an overdose. In March 2022, PATH Outreach Specialist partnered with MHC MAT Program to provide services to those living in encampments and struggling with addiction. It's the intent to continue such shared outreach efforts. We continue to collaborate with the MAT team monthly and Natalie Marshall, Director for MAT.

- **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 to and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental and substance use disorder treatment services and community recovery support necessary to assure success in long term housing.**

    PATH funds provide salary, benefits, and resources to outreach specialist providing in-reach and outreach within the community. Outreach will continue to identify areas of town and locations in which homeless individuals frequent and will prioritize such places to provide community outreach, specifically to those living in places not meant for human habitation. This will include encampments and bridges, some of which are identified by Metro Nashville Police Department and TN Department of Transportation. Outreach regularly receives referrals from the Partners in Care (Co-Response) program which provides support and intervention to many of the unhoused in the community. This coordinated effort is

particularly helpful to those with frequent incarcerations and non-violent offenses. PATH Outreach Specialist will continue to attend the community outreach meetings in efforts to coordinate outreach and care throughout the community to ensure appropriate coverage in all areas. MHC program manager will continue to work with the Office of Homeless Services and other community providers to develop systems and methods to ensure maximum coverage throughout the county and minimize duplication of efforts.

PATH Outreach Specialist will continue to provide consistent, weekly in-reach, virtual and/or in person with homeless shelters and libraries both of which the unhoused population frequent. MHC will continue in-reach efforts at local day shelter such as Community Care Fellowship, Oasis Center, Room in the Inn and The Salvation Army. PATH Outreach Specialist will work with Davidson County Mobile Crisis and Diversion Services in order to connect unhoused individuals exiting diversion services with community resources, education, and ongoing outreach as needed. Outreach specialist will follow up with the identified community support needed to identify and obtain suitable housing referrals. This includes entering information into the Coordinated Entry System within HMIS.

PATH Outreach Specialist and all homeless services staff will maintain familiarity with current and available community resources. Staff will ensure the sharing of knowledge and resources both within the agency and to outside providers to ensure needs are met for those most vulnerable in the community. For PATH eligible consumers, MHC outreach specialist will continue to utilize the mental health services, most appropriate for the individual. PATH Outreach Specialist will refer to either the Mental Health Cooperative Safety Net (SN) program and/or the Tennessee Health Link (THL) for coordination of care and psychiatric services and other community resources, as appropriate and/or requested. If referred to MHC SN and/or THL, referred individuals will be assigned to the homeless services team consisting of care managers. These care managers meet weekly with outreach specialist providing a seamless transition from outreach services to mental health services, which allows collaboration while creating individual treatment plans. Outreach, care managers, team supervisor will determine if each referral requires a higher level of care and will adjust their visits accordingly to ensure needs are met. Referrals will be made to primary care providers, housing providers, substance abuse programs, legal aid (if necessary) and other needs identified by the consumer during completion of the initial treatment plan.

Outreach specialist and care managers will refer and link eligible individuals to a Park Center SOAR specialist for assistance in applying for disability and/or to communicate and advocate with the SSA/DDS offices. Program Supervisor will serve as an initial screener to ensure the most vulnerable individuals are referred to this service. This process has been formalized through a Memorandum of Understanding.

Individuals enrolled in the PATH program will also have access to a variety of non-PATH Funded services offered at MHC; including transportation, pharmacy services, rep payee services, therapy, and physical health care. Regarding costs associated with moving, individuals will have access for funds using the most appropriate funding source including PATH Funds, ILS, and/or Basic Needs funds. MHC will continue to work with resources such as The Arc, Need Link, Roof Top, Metro Action Commission, Metro Homeless Impact Division, the Adventist Community Center, Catholic Charities, and Ladies of Charity for monetary resources when appropriate.

Starting in FY26, additional PATH grant funds were allocated to establish a Peer Support Lead position to strengthen the delivery and coordination of peer services within the PATH program. As the scope of peer support continues to expand, this role has shown to be essential to ensure consistency, quality, and fidelity to the core principles of recovery-oriented, trauma-informed, and person-centered care.

The Peer Support Lead provides ongoing supervision, mentorship, and professional development to PATH Peer Support Specialists. This position has assisted in coordinating outreach efforts, maintaining accurate documentation, and promoting engagement with individuals experiencing homelessness or at risk of homelessness who are living with serious mental illness or co-occurring disorders. By fostering collaboration among the peer team and other PATH staff, the Peer Support Lead has helped streamline service delivery, enhance communication, and support integrated care coordination.

In addition to supporting day-to-day operations, the Peer Support Lead plays a key role in quality improvement by monitoring program outcomes, identifying gaps, and implementing strategies to strengthen peer involvement and participant engagement. This dedicated role has proven to be beneficial in building the PATH Peer Support role up into a more meaningful role with continued specific Peer Support supervision, field observations, and retention of this role which historically was difficult to retain.

- **Any gaps that exist in the current service systems.**

The most identified gap in services continues to be the lack of *affordable* housing options within the community. Wait lists for Section 8, MDHA and HUD housing exceed a one year wait, significantly limiting independent housing options for those experiencing homelessness. With supportive services linking individuals to SOAR, employment options, or SSA for application of benefits many individuals have low and/or fixed income to pay for rent but given the rapid increase of housing costs they cannot afford market rate housing. Given the extreme limits to housing, individuals often are faced with three options, the shelter, the streets/encampments, or living in group settings such as rooming homes where costs are extreme and environments subpar.

While housing options are extremely limited for those experiencing homelessness, options are nearly non-existent for those with a criminal background, including those on the sex offender registry. Public housing and affordable housing providers have strict background and credit checks that prevent individuals from being eligible for housing. As such sex offenders are in situations of repeatedly violating conditions of release and those with poor credit history have no opportunities to improve their credit rating or report.

Frequently, individuals have high amounts of debt due to previous evictions; often exceeding $1000. Organized efforts to negotiate payment or forgive a portion of the debt would increase the likelihood for individuals and agencies to sponsor an individual or help them overcome the barrier of debt to more quickly get off the streets, out of shelters and into housing. The current method for dealing with previous eviction costs is assistance from Legal Aid, applying for disability, and/or employment for the individual; however, processes can be lengthy, and debt can accrue over time.

With the consistency in a lack of housing options, individuals have been faced with staying in shelters and/or residing in encampments or places not meant for habitation. Those not in shelters are reliant upon service providers to provide food, hygiene products and to provide proper sanitation sites to minimize risk and exposure. Many of these places are over-crowded due to growing numbers, putting both the homeless and service providers at a strain on both unhoused individuals and service providers.

Shelters are available, though some have protocols and mandates in place requiring mental health treatment including medication management for those with identified or perceived mental illness. As such, individuals with limited insight, l

lacking engagement, not yet seen by providers, or those treated and still symptomatic may be banned or suspended from the shelter.

- **A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.**

  The outreach specialist will provide services to individuals who lack housing, are in imminent risk of becoming homeless, or are literally homeless and living in conditions not suitable for human habitation and have a mental illness. Through in-reach and outreach efforts, staff will identify individuals living in encampments, in cars, under bridges, and in short-term shelters. Outreach specialist will, on occasion, be allowed to work "flex hours" to engage with individuals who are difficult to locate during more traditional working hours. Through relationships with community service organizations, criminal justice liaisons, faith-based organizations, private residents; the outreach specialist will be connected to individuals and locations where unhoused individuals may congregate. They will continue to maintain good working relationships with these organizations to better serve the unhoused population in Davidson, Sumner, Wilson, and Montgomery Counties. Outreach specialist will serve to link recently and/or frequently incarcerated individuals with outpatient community serves and housing resources at the time of release from jail. All specialists will advocate for any homeless person seeking any type of services, though priority and enrollment will be reserved for those with severe mental illness and/or substance abuse and literally or chronically homeless. They will refer individuals to the appropriate services to ensure emotional/mental health, physical health, alcohol or drug, housing, financial, vocational and social issues are addressed, and needs are met in a manner of the consumer's choosing. There will be close monitoring during the transition of services to care management, housing and/or medical care. MHC PATH will acknowledge and respect the process of developing trusting relationships with those experiencing homelessness and will move to swiftly but respectfully transition care. The amount of contact or length of enrollment will be re-evaluated every 90 days to assess barriers with successful housing placement. The priority will be placed to ensure seamless, smooth transitions and integration to services which will contribute to the unlikeliness of a return to homelessness for the individual. Outreach specialist will work to efficiently discharge those individuals integrated into care in a timely manner to allow for continued assistance and attention to be given to newly identified individuals experiencing homelessness, prioritizing the most vulnerable.

Care managers will work with individuals to develop a treatment plan within the first 30 days of integration to mental health services. Service plans will address both mental and physical health, housing and financial needs first. MHC will place an emphasis on integrating both the mental and physical health care through Mental Health Cooperative and Integrated Health Cooperative as well as other local physical healthcare providers to provide optimum opportunity for coordination of care. Care managers will work with unhoused individuals to secure housing placements through housing navigation and use of the Coordinated Entry System (CES). During FY2027, MHC will continue to leverage the Peer Supports to assist in the transition from homelessness to housing to promote housing retention. This Peer Support Specialist will also aid in the assistance of decreasing unnecessary visits to the ED's and hospitals through education, support and appropriate linkage and referrals. Care managers will refer individuals in need of increased support to work alongside the peer support specialist for 30, 60, or 90 days post move-in to increase the sustainability of housing, prior to transitioning to a more independent system of support.

Outreach Specialist will identify appropriate candidates for the SOAR process and will refer to Park Center SOAR program as requested by the individual. SOAR specialist will then screen, interview, and assist those meeting the SOAR criteria in completing the application process for receiving SSI/SSDI benefits. In FY26, MHC made connection with our SOAR partners at Park Center to ensure that we are making appropriate and accurate referrals. With this strong partnership, in FY27, we will continue to refer to Park Center for SOAR and meet quarterly with leadership to ensure smooth processes and streamlined approaches. In FY26, MHC has referred 40 identified individuals to SOAR at Park Center.

For those uninsured individuals with co-occurring disorders of substance use and mental health, MHC will continue to utilize Park Center's Intensive Outpatient Program (IOP) to support their sobriety. When beds are available, MHC will utilize Buffalo Valley. For unhoused individuals with insurance, MHC will link and refer to Park Center, Buffalo Valley, Bradford Health Services, Skyline PHP & IOP. MHC utilizes programs such as Mirror Lake and Buffalo Valley for inpatient treatment.

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

  Outreach specialist use an agency developed Intake Triage Form to determine eligibility for outpatient mental health treatment. The form

addresses history of treatment, medications and presentation of symptoms. In some instances, outreach specialists use their own observation skills and knowledge of mental illness to form a "presumptive eligibility" based on the presentation of the individual (example: responding to internal stimuli, disorganized or tangential thoughts, rapid/pressured speech, etc.). In other instances, psychiatric evaluations, crisis assessments, or historical data help outreach determine eligibility. In many instances, PATH eligible clients are enrolled same day in order to access resources, provide intake appointments and enroll in HMIS (PATH and Coordinated Entry System). In other instances, enrollment into PATH programming may take some time due to limited engagement and the need for rapport building with the individual. Documentation is currently being done in HMIS and is continuing to evolve as staff are more familiar with the HMIS database and the benefits. PATH Outreach Workers may stay actively involved with Consumers post-BH service enrollment until housing is secured. It is also recommended Consumers stay enrolled in PATH Outreach worker program up to 30 days post-housing being secured to ensure the placement is sustained.

For PATH-eligible clients referred to our Care Management Program; eligibility is determined at intake or during crisis assessments and encounters. Eligibility is determined by self-report, observation, and in some instances by psychiatric examinations. Initial documentation of eligibility and enrollment is done in *eClinical Works (eCW),* MHC's electronic medical record. PATH Outreach enters data monthly in HMIS.

- **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).**

  MHC uses multiple strategies for independent housing including the following:

  MDHA Shelter Plus Care – applications are completed if the consumer has been homeless for one year and this can be verified through support letters.

  Section 8 Housing - VI-SPDAT assessments are completed by outreach specialist/" navigators" via HMIS/Coordinated Entry System. Once the individual's vulnerability is determined, the individual is placed on a Section 8 waiting list to receive a voucher.

Urban Housing Solutions (UHS) – staff contact UHS staff to apply for available Standard Room Occupancy (SRO) openings for homeless individuals. These applications are completed using an income-based voucher and are submitted through the Coordinated Entry System in HMIS.

Park Center Independent Housing - staff apply using an online referral form. Both MHC and Park Center provide additional ongoing support as needed to individual housed in Park Center independent housing.

HUD Housing - staff utilize local apartment buildings around time which are subsidized living arrangements for individuals. Currently the following towers are used; Chippington Towers, Trevecca Towers, and Wedgewood Towers. Staff refer to these locations when openings are available.

Mental Health Cooperative Housing Department - housing can be secured through MHC Housing Coordination program, which attempts to maintain several housing options available. These housing options include group home, boarding homes, independent living arrangements, roommate situations, and single room occupancies. Referrals to this program are done through communication with the on-site MHC Housing Program Manager and/or staff.

Rapid Re-Housing Program - housing referrals are made through Coordinated Entry to local ESG-funded RRH providers. MHC ensures the data entry into HMIS/Coordinated Entry and the completion of the VI-SPDAT tool used for prioritization. MHC staff work with funded programs to ensure ongoing mental health support to those recently housed through the RRH Program. Existing partners include; Downtown Partnership, Community Cares, Nashville Cares, and The Salvation Army.

Nashville Encampment Prioritization Tool – Nashville providers in conjunction with Metro Homeless Impact Division developed an encampment prioritization tool. Homeless service providers assist with the resources and referrals needed for unhoused individuals to be transitioned to housing for 3 months to 1 year contingent upon housing barriers. MHC assist in these “resource and housing surges” to serve as housing navigators and providing care management and care to those meeting MHC criteria for services.

- **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 served using PATH funds to be literally homeless.**

  The PATH Program's client population is expected to follow the same trends as in FY2025. These trends are as follows: Of the individuals contacted and enrolled, we project approximately 50% will be white, 42% will be black, African American, or African. Children will be referred to other staff members serving children and youth, therefore none of the individuals enrolled in PATH will be under the age of 18 years. MHC projects approximately 4.5% will be between the ages of 18-23, 11% will be between the ages of 24-30, 20% will be between 31-40 years of age, and 31% will be 41-50 years of age and approximately 25% will be 51 and over. These statistical projections are based on previous years' data.

  MHC outreach specialist will have contact with approximately 450 persons of whom may or may not become enrolled in services. Encampment enclosures have contributed to barriers in consistently accessing those needing services due to unknown whereabouts.

  While MHC will strive to enroll all eligible homeless individuals into the PATH Program, MHC anticipates enrolling 375 (approximately 75%) of those contacted into PATH. Those that are not enrolled will be due to having been previously engaged and referred to mental health services by way of mobile crisis and/or diversion services; those already connected to mental health services will not be eligible. Individuals without mental health diagnosis, nor presumptive diagnosis will not be eligible for PATH; however, will be entered into HMIS' Coordinated Entry System for assistance in obtaining housing. It's anticipated that due to the affordable housing crisis in the metro Nashville area, fewer homeless individuals will be homeless because of their mental illness and more likely due to economic factors.

  MHC anticipates that approximately 350-400 (75-80%) of those enrolled will be literally homeless. These individuals will be found through coordinated outreach efforts with community outreach partners and navigators, shelter in-reach, and encampment outreach efforts.

- **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**. See Appendix I – Guidelines for Consumer and Family Participation.

  MHC involves consumers and family members of consumers in the planning, implementation, and evaluation of services through Care planning and feedback surveys. MHC believes in peer support and guidance allowing those with lived experience to bring hope to those served through PATH. These identified peer supports will assist in establishing good treatment teams wrapping around the consumers served. Our mission is to help identified individuals find hope and security through developing skills to live independently.

Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget. Although federal budget line items differ from state budget line items, please ensure that this budget reflects the budget submitted by your agency for inclusion in the state contract.

GRANT BUDGET 1				
Agency Name: Mental Health Cooperative, Inc.				
Program Code Name: Federal PATH				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: **BEGIN: 7/1/2026** **END: 6/30/2027**				
POLICY 03 Object Line-item Reference	**EXPENSE OBJECT LINE-ITEM CATEGORY [1]**	**GRANT CONTRACT**	**GRANTEE PARTICIPATION**	**TOTAL PROJECT**
1, 2	Salaries, Benefits & Taxes [2]	$204,209.00	$0.00	$204,209.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$2,000.00	$0.00	$2,000.00
11. 12	Travel, Conferences & Meetings [2]	$3,000.00	$0.00	$3,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$8,756.00	$0.00	$8,756.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$24,000.00	$0.00	$24,000.00
24	In-Kind Expense 2	$0.00	$0.00	$0.00
25	GRAND TOTAL	$241,965.00	$0.00	$241,965.00

GRANT BUDGET 2

Agency Name: Mental Health Cooperative, Inc.

Program Code Name: State PATH

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:
BEGIN: 7/1/2026 END: 6/30/2027

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$88,643.00	$0.00	$88,643.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$500.00	$0.00	$500.00
11. 12	Travel, Conferences & Meetings [2]	$500.00	$0.00	$500.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$3,985.00	$0.00	$3,985.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$12,200.00	$0.00	$12,200.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$105,828.00**	**$0.00**	**$105,828.00**

GRANT BUDGET 3				
Agency Name: Mental Health Cooperative, Inc.				
Program Code Name: Local Match PATH				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: **BEGIN: 7/1/2026 END: 6/30/2027**				
POLICY 03 Object Line-item Reference	**EXPENSE OBJECT LINE-ITEM CATEGORY [1]**	**GRANT CONTRACT**	**GRANTEE PARTICIPATION**	**TOTAL PROJECT**
1, 2	Salaries, Benefits & Taxes [2]	$0.00	$69,889.00	$69,889.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$0.00	$766.00	$766.00
11. 12	Travel, Conferences & Meetings [2]	$0.00	$500.00	$500.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$0.00	$9,500.00	$9,500.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$0.00**	**$80,655.00**	**$80,655.00**

PATH Budget Narrative
Agency: Mental Health Cooperative, Inc.
Program: Projects for Assistance in Transition from Homelessness (PATH)
Budget Period: July 1, 2026 – June 30, 2027

- **Federal PATH Budget Narrative (Budget 1)**
  - A. Staffing
    - Federal PATH funding supports personnel and leaders who provide outreach, engagement, and coordination of services for individuals experiencing homelessness/at risk of homelessness who have serious mental illness.
    - Position: 3 PATH Outreach Specialists, Direct Supervisor, Grants Manager, and Peer Support Lead.
    - Salary/Rate: Salaries and associated personnel costs total $204,209 annually.
    - Percent of Time: Staff funded through this grant dedicate 100% of their time to PATH outreach, engagement, and service coordination activities unless otherwise specified.
    - Personnel funded through this grant conduct street outreach, engagement, screening, referrals to mental health and housing services, and coordination with community providers to ensure individuals experiencing homelessness receive appropriate behavioral health care and supportive services.
  - B. Fringe Benefits
    - Fringe benefits are included in the personnel total and cover employer-paid costs such as:
    - Health, dental, and vision insurance
    - Medicare taxes
    - Unemployment insurance
    - Workers' compensation
    - Retirement contributions
    - Other standard employee benefit costs
    - These benefits are calculated according to Mental Health Cooperative's established organizational fringe benefit rate and are included in the $204,209 personnel total.

  C. Travel
    - Total: $3,000
    - Travel funds support staff transportation necessary to conduct outreach and attend training related to the PATH program.
    - Allowable travel expenses include:
    - Local mileage for community outreach and home visits

- Travel to shelters, encampments, hospitals, and community partner locations
- Attendance at PATH-related conferences or meetings
- Parking and transportation costs
- Travel ensures staff can reach individuals experiencing homelessness in the community and participate in professional development related to PATH services.

- D. Supplies
  - Total: $2,000
  - Supplies support program operations and outreach activities. Items include:
    - Office supplies (paper, folders, notebooks, etc.)
    - Printing and publications for outreach materials
    - Telephone and communication expenses
    - Postage and shipping
    - Small equipment rental or maintenance related to program operations
    - These supplies support daily program functions and allow staff to effectively engage with individuals experiencing homelessness.
- E. Specific Assistance to Individuals
  - Total: $8,756
  - These funds provide direct assistance to individuals enrolled in the PATH program to remove barriers to treatment and housing stability. Assistance may include:
    - Transportation assistance
    - Identification replacement fees
    - Temporary lodging support
    - Food or basic necessities
    - Hygiene items
    - Bus passes or rideshare transportation
    - This assistance allows program staff to address immediate needs that prevent individuals from accessing mental health treatment and housing services.
- F. Indirect Costs
  - Total: $24,000
  - Indirect costs support administrative and operational infrastructure necessary to operate the PATH program. These costs include:
    - Fiscal and grant management
    - Human resources support
    - Information technology

- Facilities and utilities
- Organizational administrative oversight
- Indirect costs are calculated according to Mental Health Cooperative's approved indirect cost allocation methodology.

- **State PATH Budget Narrative (Budget 2)**
  - A. Staffing
    - State PATH funds support additional staff time dedicated to outreach and engagement activities for individuals experiencing homelessness with serious mental illness.
    - Positions: 4 PATH Outreach Specialists, Direct Supervisor, Grants Manager, Psychiatrist, and Peer Support Lead.
    - Salary/Rate: Personnel costs total $88,643 annually.
    - Percent of Time: Staff dedicate 100% of their funded time under this portion of the grant to PATH-related outreach, engagement, and service coordination unless otherwise specified.
    - Staff provide case management, coordinate treatment referrals, and assist individuals in accessing housing and behavioral health services.
  - B. Fringe Benefits
    - Fringe benefits are included in the personnel total and consist of:
    - Medicare taxes
    - Health and dental insurance
    - Workers' compensation
    - Retirement contributions
    - Other standard employee benefit costs
    - These benefits are calculated according to Mental Health Cooperative's established fringe benefit policies and are included in the $88,643 personnel total.
  - C. Travel
    - Total: $500
    - Travel supports local outreach and service coordination activities including:
    - Mileage for community outreach
    - Travel to shelters and community partner agencies
    - Attendance at PATH program meetings or trainings
    - These funds ensure staff can effectively reach individuals experiencing homelessness and maintain strong collaboration with community partners.
  - D. Supplies
    - Total: $500

        - Supplies support day-to-day operations of the PATH program. Items include:
            - Office and outreach supplies
            - Printing and program materials
            - Communication expenses
            - These supplies support documentation, outreach engagement, and program administration.
    - E. Specific Assistance to Individuals
        - Total: $3,985
        - These funds provide direct support to PATH participants to remove barriers to care and housing. Allowable uses include:
            - Bus passes or transportation assistance
            - Identification replacement
            - Basic necessities
            - Short-term emergency assistance related to engagement in services
    - F. Indirect Costs
        - Total: $12,200
        - Indirect costs support administrative functions required to manage and operate the PATH program, including:
            - Accounting and fiscal oversight
            - Human resources services
            - Information technology infrastructure
            - Facilities and administrative support

- **Local Match PATH Budget Narrative (Budget 3)**
    - A. Staffing
        - Local matching funds support personnel time dedicated to PATH program activities.
        - Position: Psychiatrist / Outreach Specialist
        - Salary/Rate: Personnel costs total $69,889 annually.
        - Percent of Time: Staff funded through the local match contribute time directly to PATH outreach, engagement, and case management services.
        - These staff assist individuals experiencing homelessness with accessing behavioral health treatment, housing resources, and community services.
    - B. Fringe Benefits
        - Fringe benefits are included within the personnel total and include:
            - Employer-paid payroll taxes
            - Health and dental insurance

        - Workers' compensation
        - Retirement contributions
        - Other standard employee benefits
        - Benefits are calculated based on the agency's established fringe benefit structure.
    - C. Travel
        - Total: $500
        - Travel costs support outreach activities and transportation needed for:
            - Community engagement
            - Visits to shelters and encampments
            - Coordination with community service providers
    - D. Supplies
        - Total: $766
        - Supplies support operational and outreach needs including:
            - Office supplies
            - Program materials
            - Printing
            - Telephone and communication costs
    - E. Indirect Costs
        - Total: $9,500
        - Indirect costs support the administrative infrastructure necessary for program implementation, including:
            - Fiscal oversight
            - Human resources
            - Information technology
            - Administrative management
        - These costs ensure compliance with grant requirements and support effective program operations.

- ☑ **Total PATH Program Budget:**
    - Federal PATH: $241,965
    - State PATH: $105,828
    - Local Match: $80,655
    - Combined Total Program Budget: $428,448

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 163,367**	**$ 58,241**	**$ 221,608**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	43,692.00	100.00 %	0.75	32,771.00	0.00	32,771.00	
Outreach worker	42,624.00	100.00 %	0.75	31,969.00	0.00	31,969.00	
Outreach worker	42,000.00	100.00 %	0.75	31,500.00	0.00	31,500.00	
Outreach worker	42,624.00	100.00 %	0.00	0.00	31,969.00	31,969.00	
PATH Administrator	56,532.00	60.00 %	0.45	25,441.00	0.00	25,441.00	SUPV Care Management
PATH Administrator	84,480.00	10.00 %	0.08	6,336.00	0.00	6,336.00	Grants Manager
Peer Support Specialist	47,136.00	100.00 %	0.75	35,350.00	0.00	35,350.00	
Psychiatrist	350,304.00	10.00 %	0.00	0.00	26,272.00	26,272.00	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**18.43%**	**$ 40,842.00**	**$ 11,648.00**	**$ 52,490.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 3,000.00**	**$ 500.00**	**$ 3,500.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 3,000.00	$ 500.00	$ 3,500.00	Local Travel Budget/Training and Conferences Attended by Staff

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 1,000.00**	**$ 0.00**	**$ 1,000.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 1,000.00	$ 0.00	$ 1,000.00	

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	**$ 9,756.00**	**$ 766.00**	**$ 10,522.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 8,756.00	$ 0.00	$ 8,756.00	Specific Assistance to Individuals Budget
Office: Rent Expenses	$ 1,000.00	$ 0.00	$ 1,000.00	Occupancy
Office: Utilities/Telephone/Internet	$ 0.00	$ 766.00	$ 766.00	Telephone

j. Total Direct Charges (Sum of a-i)	$ 217,965.00	$ 71,155.00	$ 289,120.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 24,000.00**	**$ 9,500.00**	**$ 33,500.00**	
l. Grand Total (Sum of j and k)	$ 241,965.00	$ 80,655.00	$ 322,620.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 450 Estimated Number of Persons to be Enrolled: 375

Estimated Number of Persons to be Contacted who are Literally Homeless: 375

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

Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget. Although federal budget line items differ from state budget line items, please ensure that this budget reflects the budget submitted by your agency for inclusion in the state contract.

GRANT BUDGET 1				
Agency Name: Mental Health Cooperative, Inc.				
Program Code Name: Federal PATH				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: **BEGIN: 7/1/2026** **END: 6/30/2027**				
POLICY 03 Object Line-item Reference	**EXPENSE OBJECT LINE-ITEM CATEGORY [1]**	**GRANT CONTRACT**	**GRANTEE PARTICIPATION**	**TOTAL PROJECT**
1, 2	Salaries, Benefits & Taxes [2]	$204,209.00	$0.00	$204,209.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$2,000.00	$0.00	$2,000.00
11. 12	Travel, Conferences & Meetings [2]	$3,000.00	$0.00	$3,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$8,756.00	$0.00	$8,756.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$24,000.00	$0.00	$24,000.00
24	In-Kind Expense 2	$0.00	$0.00	$0.00
25	GRAND TOTAL	$241,965.00	$0.00	$241,965.00

GRANT BUDGET 2

Agency Name: Mental Health Cooperative, Inc.

Program Code Name: State PATH

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:
BEGIN: 7/1/2026 END: 6/30/2027

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$88,643.00	$0.00	$88,643.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$500.00	$0.00	$500.00
11. 12	Travel, Conferences & Meetings [2]	$500.00	$0.00	$500.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$3,985.00	$0.00	$3,985.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$12,200.00	$0.00	$12,200.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$105,828.00**	**$0.00**	**$105,828.00**

GRANT BUDGET 3

Agency Name: Mental Health Cooperative, Inc.

Program Code Name: Local Match PATH

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:

BEGIN: 7/1/2026 END: 6/30/2027

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$0.00	$69,889.00	$69,889.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$0.00	$766.00	$766.00
11. 12	Travel, Conferences & Meetings [2]	$0.00	$500.00	$500.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$0.00	$9,500.00	$9,500.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$0.00**	**$80,655.00**	**$80,655.00**

PATH Budget Narrative
Agency: Mental Health Cooperative, Inc.
Program: Projects for Assistance in Transition from Homelessness (PATH)
Budget Period: July 1, 2026 – June 30, 2027

- **Federal PATH Budget Narrative (Budget 1)**
  - A. Staffing
    - Federal PATH funding supports personnel and leaders who provide outreach, engagement, and coordination of services for individuals experiencing homelessness/at risk of homelessness who have serious mental illness.
    - Position: 3 PATH Outreach Specialists, Direct Supervisor, Grants Manager, and Peer Support Lead.
    - Salary/Rate: Salaries and associated personnel costs total $204,209 annually.
    - Percent of Time: Staff funded through this grant dedicate 100% of their time to PATH outreach, engagement, and service coordination activities unless otherwise specified.
    - Personnel funded through this grant conduct street outreach, engagement, screening, referrals to mental health and housing services, and coordination with community providers to ensure individuals experiencing homelessness receive appropriate behavioral health care and supportive services.
  - B. Fringe Benefits
    - Fringe benefits are included in the personnel total and cover employer-paid costs such as:
    - Health, dental, and vision insurance
    - Medicare taxes
    - Unemployment insurance
    - Workers' compensation
    - Retirement contributions
    - Other standard employee benefit costs
    - These benefits are calculated according to Mental Health Cooperative's established organizational fringe benefit rate and are included in the $204,209 personnel total.

  C. Travel
    - Total: $3,000
    - Travel funds support staff transportation necessary to conduct outreach and attend training related to the PATH program.
    - Allowable travel expenses include:
    - Local mileage for community outreach and home visits

        - Travel to shelters, encampments, hospitals, and community partner locations
        - Attendance at PATH-related conferences or meetings
        - Parking and transportation costs
        - Travel ensures staff can reach individuals experiencing homelessness in the community and participate in professional development related to PATH services.
    - D. Supplies
        - Total: $2,000
        - Supplies support program operations and outreach activities. Items include:
            - Office supplies (paper, folders, notebooks, etc.)
            - Printing and publications for outreach materials
            - Telephone and communication expenses
            - Postage and shipping
            - Small equipment rental or maintenance related to program operations
            - These supplies support daily program functions and allow staff to effectively engage with individuals experiencing homelessness.
    - E. Specific Assistance to Individuals
        - Total: $8,756
        - These funds provide direct assistance to individuals enrolled in the PATH program to remove barriers to treatment and housing stability. Assistance may include:
            - Transportation assistance
            - Identification replacement fees
            - Temporary lodging support
            - Food or basic necessities
            - Hygiene items
            - Bus passes or rideshare transportation
            - This assistance allows program staff to address immediate needs that prevent individuals from accessing mental health treatment and housing services.
    - F. Indirect Costs
        - Total: $24,000
        - Indirect costs support administrative and operational infrastructure necessary to operate the PATH program. These costs include:
            - Fiscal and grant management
            - Human resources support
            - Information technology

- Facilities and utilities
- Organizational administrative oversight
- Indirect costs are calculated according to Mental Health Cooperative's approved indirect cost allocation methodology.

- **State PATH Budget Narrative (Budget 2)**
  - A. Staffing
    - State PATH funds support additional staff time dedicated to outreach and engagement activities for individuals experiencing homelessness with serious mental illness.
    - Positions: 4 PATH Outreach Specialists, Direct Supervisor, Grants Manager, Psychiatrist, and Peer Support Lead.
    - Salary/Rate: Personnel costs total $88,643 annually.
    - Percent of Time: Staff dedicate 100% of their funded time under this portion of the grant to PATH-related outreach, engagement, and service coordination unless otherwise specified.
    - Staff provide case management, coordinate treatment referrals, and assist individuals in accessing housing and behavioral health services.
  - B. Fringe Benefits
    - Fringe benefits are included in the personnel total and consist of:
    - Medicare taxes
    - Health and dental insurance
    - Workers' compensation
    - Retirement contributions
    - Other standard employee benefit costs
    - These benefits are calculated according to Mental Health Cooperative's established fringe benefit policies and are included in the $88,643 personnel total.
  - C. Travel
    - Total: $500
    - Travel supports local outreach and service coordination activities including:
    - Mileage for community outreach
    - Travel to shelters and community partner agencies
    - Attendance at PATH program meetings or trainings
    - These funds ensure staff can effectively reach individuals experiencing homelessness and maintain strong collaboration with community partners.
  - D. Supplies
    - Total: $500

        - Supplies support day-to-day operations of the PATH program. Items include:
            - Office and outreach supplies
            - Printing and program materials
            - Communication expenses
            - These supplies support documentation, outreach engagement, and program administration.
    - E. Specific Assistance to Individuals
        - Total: $3,985
        - These funds provide direct support to PATH participants to remove barriers to care and housing. Allowable uses include:
            - Bus passes or transportation assistance
            - Identification replacement
            - Basic necessities
            - Short-term emergency assistance related to engagement in services
    - F. Indirect Costs
        - Total: $12,200
        - Indirect costs support administrative functions required to manage and operate the PATH program, including:
            - Accounting and fiscal oversight
            - Human resources services
            - Information technology infrastructure
            - Facilities and administrative support

- **Local Match PATH Budget Narrative (Budget 3)**
    - A. Staffing
        - Local matching funds support personnel time dedicated to PATH program activities.
        - Position: Psychiatrist / Outreach Specialist
        - Salary/Rate: Personnel costs total $69,889 annually.
        - Percent of Time: Staff funded through the local match contribute time directly to PATH outreach, engagement, and case management services.
        - These staff assist individuals experiencing homelessness with accessing behavioral health treatment, housing resources, and community services.
    - B. Fringe Benefits
        - Fringe benefits are included within the personnel total and include:
            - Employer-paid payroll taxes
            - Health and dental insurance

        - Workers' compensation
        - Retirement contributions
        - Other standard employee benefits
        - Benefits are calculated based on the agency's established fringe benefit structure.
    - C. Travel
        - Total: $500
        - Travel costs support outreach activities and transportation needed for:
            - Community engagement
            - Visits to shelters and encampments
            - Coordination with community service providers
    - D. Supplies
        - Total: $766
        - Supplies support operational and outreach needs including:
            - Office supplies
            - Program materials
            - Printing
            - Telephone and communication costs
    - E. Indirect Costs
        - Total: $9,500
        - Indirect costs support the administrative infrastructure necessary for program implementation, including:
            - Fiscal oversight
            - Human resources
            - Information technology
            - Administrative management
        - These costs ensure compliance with grant requirements and support effective program operations.

- ☑ **Total PATH Program Budget:**
    - Federal PATH: $241,965
    - State PATH: $105,828
    - Local Match: $80,655
    - Combined Total Program Budget: $428,448

Footnotes:

II. Executive Summary

Intended Use Plans

Pathways
238 Summar Drive
Jackson, TN 38301
Contact: Yolanda Neal
Email Address:

Provider Type: Community mental health center
PDX ID: TN-007
State Provider ID:
Contact Phone #: 731-541-9918

- **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.

SFY 27 PATH Intended Use Plan

Please provide the following information regarding your agency's intention to provide PATH Service in the upcoming fiscal year.

Provider Name: Pathways of Tennessee, Inc.
Street Address: 238 Summar Drive, Jackson, Tennessee 38301

Counties to be served by this location: Madison. Services may also be included to individuals residing in Hardeman, Haywood, and Henderson; however, outreach services are not required in these additional counties.
Provider Type: Community Mental Health
Geographical Area Served: Region VI

Provider Contact: Yolanda Neal
Contact Phone: 731-215-0584
Contact Email Address: Yolanda.Neal@wth.org

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.

Pathways of Tennessee, Inc. is a community mental health center serving Region VI in rural West Tennessee. The PATH program focuses on Madison County, with additional services offered in Hardeman, Haywood, and Henderson counties. Outreach is not required in these additional areas.

For this funding period, Pathways of Tennessee, Inc. will receive $129,599 in PATH funding, including $79,634 in federal funds and $49,965 in state funds. An additional $26,544 in matching revenue brings the total program budget to $156,143.

Pathways of Tennessee, Inc. offers a comprehensive system of care for individuals with serious mental illness (SMI), substance use disorders (SUD), and co-occurring disorders (COD). Services include medication management, inpatient psychiatric care, crisis stabilization, medical detoxification, and therapeutic interventions such as individual, group, and family therapy, as well as intensive outpatient treatment.

Additional services include case management, Tennessee Health Link, peer support, and outreach to connect individuals to care. Specialized programs include school-based services, supported employment (IPS), prevention, and criminal justice initiatives.

Housing and recovery supports, include transitional housing, respite care, and substance use treatment. Mobile and crisis services are available through 24/7 walk-in triage, 988 Crisis Center and the Project Rural Recovery mobile unit. These services promote access to evidence-based treatment, crisis intervention, and recovery supports in line with SAMHSA priorities.

2. Collaboration with HUD Continuum of Care (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.

PATH employees actively participate in the West Tennessee HUD Continuum of Care (CoC) program to ensure coordinated services for individuals experiencing homelessness and behavioral health conditions.

Participation includes regular attendance at CoC meetings, involvement on committees such as HMIS and Coordinated Entry, and representation on the CoC Board of Directors. PATH Case Managers attend bi-weekly Coordinated Entry meetings to support prioritization and housing placement.

PATH staff also participate in the annual Point-in-Time (PIT) count and collaborate with agencies such as Area Relief Ministries, Tennessee Homeless Solutions, The Salvation Army, and RIFA. These partnerships facilitate coordinated entry, rapid re-housing, eviction prevention, and access to emergency housing resources.

Pathways provides mental health and substance use training to community partners and participates in outreach events and resource fairs. These efforts support a coordinated system of care, improve access to treatment, promote housing stability, and reduce homelessness among individuals with SMI and COD, consistent with SAMHSA priorities.

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 health, 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.

The PATH program collaborates with a broad network of community organizations to deliver comprehensive, coordinated services to individuals experiencing homelessness.

Partnerships include West Tennessee Legal Services for legal assistance, local hospitals and inpatient facilities for discharge planning, and substance use providers such as JACOA and Aspell Manor Recovery Center. Housing partners include Area Relief Ministries, RIFA, Tennessee Homeless Solutions, Jackson Housing Authority, THDA, and the Southwest Human Resource Agency.

PATH staff collaborate with law enforcement through Crisis Intervention Teams (CIT) and the Homeless Task Force to ensure appropriate crisis response and diversion to treatment. Additional partnerships include Recovery Court and WRAP program Coordination occurs through CoC meetings, community network meetings, shared outreach, and direct referrals. PATH staff also participate in resource fairs and outreach events to engage individuals who are literally homelessness.

These partnerships support SAMHSA's focus on community-based collaboration, expand access to evidence-based treatment, and improve outcomes for individuals with SMI, SUD, and COD.

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

O 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;

Pathways of Tennessee, Inc. will use PATH funding to provide street outreach and case management for individuals who are literally homeless and living with serious mental illness (SMI) and co-occurring disorders (COD).

Services align with SAMHSA's strategic priorities by expanding crisis services, improving access to evidence-based treatment, and supporting long-term recovery and housing stability. PATH Case Managers engage individuals in the community, connect them to behavioral health services, and provide ongoing support to promote recovery and self-sufficiency.

PATH staff assist uninsured individuals with enrollment in TennCare or Safety Net programs to ensure access to care. Once enrolled, individuals are connected to services including Tennessee Health Link, case management, and treatment programs.

PATH funds also support housing-related expenses such as deposits, utilities, meals, and essential supplies. Staff assist individuals with Coordinated Entry through Tennessee Homeless Solutions to access permanent housing resources.

Pathways supports SAMHSA's priority to expand crisis intervention services through 24/7 walk-in triage, 988 Crisis Center, mobile outreach, and collaboration with Crisis Intervention Teams (CIT). These efforts ensure individuals in crisis are connected to appropriate care rather than emergency or correctional systems.

O Any gaps that exist in the current service systems;

Affordable housing remains a significant barrier due to rising rental costs and limited availability. There are no permanent emergency shelters for men and shelter options for women are limited and often restrictive. Housing options are also unavailable for men with children or individuals with certain legal backgrounds.

Transportation barriers further limit access to care because public transit has limited coverage and hours. Food resources are available but infrequent.

These gaps underscore the need for expanded housing resources, crisis services, and transportation access to support individuals with SMI and COD experiencing homelessness.

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

Pathways of Tennessee, Inc. is a Co-Occurring Enhanced Provider with staff trained to deliver integrated treatment for individuals with mental health and substance use disorders.

Services include detoxification, medication-assisted treatment (MAT), and intensive outpatient programs (IOP). Housing support is available through partnerships with JACOA, Aspell Manor, Oxford House, and Opportunity House.

Collaboration with law enforcement through CIT supports crisis intervention and linkage to care. These services improve access to evidence-based treatment and promote long-term recovery and sobriety for individuals with COD, consistent with SAMHSA priorities.

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

PATH clients must have a serious mental illness or co-occurring disorder, be homeless or at imminent risk of homelessness, and be at least 18 years old or an emancipated minor. Individuals must demonstrate functional impairment in daily living, interpersonal functioning, concentration, or adaptation.

Enrollment occurs after eligibility is confirmed. All information is documented in the initial progress note and entered into HMIS as required by the program.

O 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).

Transitional housing is available through Montgomery Hall A&D Transitional Living Home, Turning Point Safe Haven, and Pathways' Preston Street home. Additional resources include Section 8 vouchers, public housing, and partnerships with the Jackson Housing Authority and Tennessee Homeless Solutions.

PATH staff participate in CoC efforts and Coordinated Entry to connect individuals to appropriate housing resources and support long-term housing stability.

O 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.

Client demographics are approximately 48% African American, 49% Caucasian, less than 1% Hispanic, and 2% multiracial.

The PATH program anticipates approximately 190 contacts annually through outreach and community referrals.

The PATH program expects to enroll approximately 75% (143) of these contacts.

Of those enrolled, 80% (115) are expected to be considered "literally homeless."

O Consumer Involvement – Describe how individuals, who experience homelessness and have SMI (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.

Pathways of Tennessee, Inc. involves individuals with lived experience in service delivery and program planning through Certified Peer Specialists and Certified Family Support Specialists. A client representative also serves on the organization's advisory board.

Pathways partners with NAMI and encourages staff with lived experience to obtain peer certification. These efforts promote meaningful consumer involvement and ensure services are person-centered and recovery-oriented, consistent with SAMHSA's focus on recovery and engagement.

O Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget.

The community is experiencing a rise in higher-acuity cases due to neglected mental health care, leading to an increase in homelessness. As a result, the demand for critical resources and financial support continues to grow.

However, the cost of these necessities has risen exponentially, further straining available funding. Given the increasing need for housing support, crisis intervention, and basic survival resources, additional financial assistance will be essential to continue effectively serving the growing homeless population.

Funding allocated for specific assistance to individuals will be utilized to address immediate and essential needs that support housing stability and overall well-being for individuals experiencing homelessness. These funds are used to remove barriers to housing by covering costs such as rental assistance, utility payments, transportation, identification documents, and other critical services that enable clients to secure or maintain safe housing.

The use of these funds is guided by Pathways' commitment to providing targeted, flexible support that responds to each client's unique circumstances. By addressing urgent financial gaps, specific assistance funds help prevent prolonged homelessness, reduce the risk of returns to homelessness, and promote long-term self-sufficiency. This approach ensures that resources are used efficiently and equitably to achieve meaningful outcomes for vulnerable populations while aligning with program goals and funding requirements.

Pathways' compensation and benefits have increased to keep pace with rising living costs, reflecting the organization's commitment to retaining skilled employees who serve individuals experiencing homelessness.

Office supplies will be used to support client engagement by ensuring that necessary forms, educational materials, and resource guides are readily available during service delivery.

Appendix C

SFY-2027 PATH BUDGET FORM for Pathways of Tennessee, Inc.

PERSONNEL Position	Annual Salary	PATH-funded FTE	PATH-funded Salary	TOTAL
PATH Case Manager	37,668.00	1.0	37668.00	
PATH Case Manager	37,668.00	0.5	18,835.00	
Manager Non-Licensed	58,812.00	0.4	23,525.00	
Director	106,416.00	.07	6,562.00	
subtotal		1.9	86,590.00	86,590.00
FRINGE BENEFITS Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded Salary**	**TOTAL**
PATH Case Manager	37,668.00	1.0	12,055.00	
PATH Case Manager	37,668.00	.5	6,027.00	
Manager Non-Licensed	58, 812.00	.40	7,528.00	
Director	106,416.00	.07	2,099.00	
subtotal			27,709.00	27,709.00
TRAVEL	**Cost**	**Number Persons**	**Number Trips/Miles**	**TOTAL**
Local Travel for outreach	700.00	2		700.00
subtotal				$700.00
SUPPLIES		**Per Unit Cost**	**Number**	**TOTAL**
Office supplies	580.00			580.00
Postage				
Printing				
subtotal				580.00

CONTRACTUAL/CONSULTANTS		**Per Unit Cost**	**Number**	**TOTAL**

subtotal				
OTHER COSTS		**Per Unit Cost**	**Number**	**TOTAL**
Insurance	$2,813.00			$2,813.00
Specific Assistance to Individuals	$11,207.00			$11,207.00
subtotal				$14,020.00
TOTAL DIRECT CHARGES Enter sub-total				$129,598.00
INDIRECT COSTS				
SUM OF COSTS				$129,598.00

FUNDING SOURCE BY LINE ITEM

Category	PATH federal grant	State PATH	Local Match	Total Costs
Personnel	51,028.00	35,562.00	3,498.00	93,367.00
Fringe	16,329.00	11,380.00	1,155.00	28,864.00
Travel	450.00	250.00		700.00
Supplies	580.00			580.00
Contractual				
Other	11,207.00	2813.00		14,020.00
Total Direct	**79,594.00**	**50,005.00**	**4,653.00**	**134,252.00**
Indirect			21,891.00	21,891.00
Total Costs	**79,594.00**	**50,005.00**	**26,544.00**	**156,143.00**

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 51,028**	**$ 3,498**	**$ 54,526**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	37,668.00	100.00 %	0.58	21,973.00	0.00	21,973.00	
Case Manager	37,668.00	50.00 %	0.29	10,987.00	0.00	10,987.00	
PATH Administrator	106,416.00	7.00 %	0.04	4,345.00	3,498.00	7,843.00	Program Director
Other (Describe in Comments)	58,812.00	40.00 %	0.23	13,723.00	0.00	13,723.00	Program Manager

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**29.95%**	**$ 16,329.00**	**$ 1,155.00**	**$ 17,484.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 450.00**	**$ 0.00**	**$ 450.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 450.00	$ 0.00	$ 450.00	Local Travel

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 150.00**	**$ 0.00**	**$ 150.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 150.00	$ 0.00	$ 150.00	

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	**$ 11,677.00**	**$ 0.00**	**$ 11,677.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 9,223.00	$ 0.00	$ 9,223.00	Specific Assistance to Individuals Budget
Office: Insurance (Property, Vehicle, Malpractice, etc.)	$ 2,024.00	$ 0.00	$ 2,024.00	
Office: Utilities/Telephone/Internet	$ 230.00	$ 0.00	$ 230.00	Phone
Office: Other (Describe in Comments)	$ 200.00	$ 0.00	$ 200.00	Occupancy

j. Total Direct Charges (Sum of a-i)	$ 79,634.00	$ 4,653.00	$ 84,287.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 21,891.00**	**$ 21,891.00**	

l. Grand Total (Sum of j and k)	$ 79,634.00	$ 26,544.00	$ 106,178.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 240 Estimated Number of Persons to be Enrolled: 180

Estimated Number of Persons to be Contacted who are Literally Homeless: 126

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

O Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget.

The community is experiencing a rise in higher-acuity cases due to neglected mental health care, leading to an increase in homelessness. As a result, the demand for critical resources and financial support continues to grow.

However, the cost of these necessities has risen exponentially, further straining available funding. Given the increasing need for housing support, crisis intervention, and basic survival resources, additional financial assistance will be essential to continue effectively serving the growing homeless population.

Funding allocated for specific assistance to individuals will be utilized to address immediate and essential needs that support housing stability and overall well-being for individuals experiencing homelessness. These funds are used to remove barriers to housing by covering costs such as rental assistance, utility payments, transportation, identification documents, and other critical services that enable clients to secure or maintain safe housing.

The use of these funds is guided by Pathways' commitment to providing targeted, flexible support that responds to each client's unique circumstances. By addressing urgent financial gaps, specific assistance funds help prevent prolonged homelessness, reduce the risk of returns to homelessness, and promote long-term self-sufficiency. This approach ensures that resources are used efficiently and equitably to achieve meaningful outcomes for vulnerable populations while aligning with program goals and funding requirements.

Pathways' compensation and benefits have increased to keep pace with rising living costs, reflecting the organization's commitment to retaining skilled employees who serve individuals experiencing homelessness.

Office supplies will be used to support client engagement by ensuring that necessary forms, educational materials, and resource guides are readily available during service delivery.

Appendix C

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Printing				
subtotal				580.00

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subtotal				
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Indirect			21,891.00	21,891.00
Total Costs	**79,594.00**	**50,005.00**	**26,544.00**	**156,143.00**

Footnotes:

II. Executive Summary

Intended Use Plans

Volunteer Behavioral Health
PO Box 4028
Chattanooga, TN 37405
Contact: Kim Poff
Email Address:

Provider Type: Community mental health center
PDX ID: TN-008 TN-009 TN-012
State Provider ID:
Contact Phone #: 423-779-7305

- **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.

Volunteer Behavioral Health Care System
SFY 2027 Intended Use Plan

Local Area Provider Description

Organization Name
Volunteer Behavioral Health Care System

Volunteer Behavioral Health Care System (VBHCS) is a leading nonprofit provider of community-based behavioral health services, dedicated to improving the well-being of individuals and families across Tennessee. We offer a comprehensive range of services tailored to meet the needs of adults, children, and youth, including mental health and substance use care.
Operating 21 outpatient centers throughout a 12,555 square-mile area, we serve the middle, southeast, and Upper Cumberland regions of Tennessee. Our mission is rooted in providing accessible, compassionate care, ensuring that no one faces their mental health challenges alone.
At VBHCS, we believe in the power of support and recovery. Our motto, "Help Today... For a Better Tomorrow," reflects our commitment to making a lasting, positive impact on the lives of those we serve.

Contact person

Kimberly Poff –Sr. Director of Grants-Homeless Services
Email: kipoff@vbhcs.org
Cell: 423-779-7305

PATH Offices & Focus Counties Served

1) Hamilton (office in Chattanooga)
2) Bradley (office in Cleveland)
3) Rutherford (office in Murfreesboro) and Williamson
4) Putnam (office in Cookeville)
5) Monroe (office in Madisonville)

We will ensure that PATH services are available to eligible service recipients in the focus counties identified. If the county is not identified, we may serve any adjacent counties by receiving any referrals from that adjacent county's community. Primarily we anticipate these will be Roane, Cumberland, Warren, DeKalb, White, Overton, Meigs, Loudon, and McMinn, but could also include additional adjacent counties based on available capacity.

Amount of Requested PATH Funds

Federal PATH funds: $272,957
State PATH funds: $127,414
Matching funds from State and local sources: $349,710
Total PATH funds: $750,081

Collaboration with HUD Continuum of Care (CoC)

Each program collaborates with CoC and local housing resources to serve individuals who are experiencing homelessness and have mental health conditions.

Volunteer Middle PATH staff:

*Identifies and addresses emerging behavioral threats, engaging crisis services and law enforcement as needed

* Improves access to evidence-based treatment for mental illness, substance misuse, and co-occurring disorders

* Works with local law enforcement and city officials to advocate and implement best practices for assisting those who are unsheltered

* Educates the public about the CoC and refers qualified applicants in the community who are in need of housing assistance.

* Attends meetings with the Rutherford County CoC and serves as an active voice for individuals and families experiencing homelessness.

* Attends the Department of Children's Services & System of Care, Child and Family Team meetings, when needed

*PATH staff are active members of multiple subcommittees that coordinate essential services for individuals experiencing homelessness.
* VBHCS PATH staff collaborates with local agencies to participate in the annual Point-in-Time Count
*PATH collaborates with Mental Health Co-Op Youth Homeless Outreach Program (CYHOP) offering cross-referrals for eligible participants, ensuring that children have access to the full range of services and support available through combined efforts to prevent substance misuse and trauma
*Serving Rutherford and Williamson as the counties of focus, and then also adjacent counties based on available capacity.

The Volunteer Plateau PATH staff:
*Identifies and addresses emerging behavioral threats, engaging crisis services and law enforcement as needed
* Improves access to evidence-based treatment for mental illness, substance misuse, and co-occurring disorders
* Works with local law enforcement and city officials to advocate and implement best practices for assisting those who are unsheltered
* Continues to be an active advocate for people who are unsheltered or at immediate risk of becoming unsheltered at: the Upper Cumberland CoC (HART), the Community Advisory Board, the Power of Putnam, the Health Councils, & the Anti-Drug Coalition.
*Educates CoC members on the services offered through the PATH program.
*Partners with the mayor's office to champion policies that enhance resources and support for everyone facing becoming unsheltered.
*Educates the public about the CoC and refers qualified applicants in the community who are in need of housing assistance.
* Attends the Department of Children's Services & System of Care, Child and Family Team meetings, when needed
*VBHCS PATH staff collaborates with local agencies to participate in the annual Point-in-Time Count
*Serving Putnam as the county of focus, and then also adjacent counties of Cumberland, DeKalb, Warren, Roane, White, and Overton, along with any other adjacent counties based on available capacity.

The Volunteer East PATH staff:
*Identifies and addresses emerging behavioral threats, engaging crisis services and law enforcement as needed
* Improves access to evidence-based treatment for mental illness, substance misuse, and co-occurring disorders

* Works with local law enforcement and city officials to advocate and implement best practices for assisting those who are unsheltered
* Participates in the CoC via the Chattanooga Regional Homeless Coalition and is involved in community outreach services.
*Collaborates closely with the Chattanooga Office of Homelessness and Supportive Housing (OHSH), an organization that delivers emergency services, rapid rehousing, supportive services, and street outreach throughout the Chattanooga area.
* Attends case conferencing meetings which address veteran & non-veteran homelessness in the area and assists in the implementation of coordinated entry system
* Attends the Department of Children's Services & System of Care, Child and Family Team meetings, when needed
* VBHCS PATH staff collaborates with local agencies to participate in the annual Point-in-Time-Count
*PATH collaborates with McNabb's Children and Youth Homeless Outreach Program (CYHOP) offering cross-referrals for eligible participants, ensuring that children have access to the full range of services and support available through combined efforts to prevent substance misuse and trauma
*Serving focus counties of Hamilton and Bradley, along with any other adjacent counties based on available capacity.

The Volunteer MMML PATH staff:
*Identifies and addresses emerging behavioral threats, engaging crisis services and law enforcement as needed
* Improves access to evidence-based treatment for mental illness, substance misuse, and co-occurring disorders
* Works with local law enforcement and city officials to advocate and implement best practices for assisting those who are unsheltered
* Educate the public about the CoCs (Chattanooga Regional Homeless Coalition and Tennessee Valley Coalition for the Homeless) and refer qualified applicants in the community who are in need of housing.
* Participates in the CoC as well as to be actively involved in community housing outreach services.
* Attends the Department of Children's Services & System of Care, Child and Family Team meeting, when needed
* Participates in the Point-in-Time count
*Works with local shower bus to engage with individuals for PATH outreach
*Serving focus county of Monroe, and adjacent counties of McMinn, Meigs, and Loudon, along with any other adjacent counties based on available capacity.

Collaboration with Local Community Organizations

All PATH programs are field-based with secure offices in local VBHCS outpatient offices. All locations provide evidence-based mental health and substance mis-use treatment services, including outpatient care, residential programs, medication-assisted treatment for addiction, and web-based peer support. From these centralized locations, PATH staff can effectively collaborate with a wide network of community service providers and volunteers to ensure comprehensive support for PATH clients. We work collaboratively with crisis services and local law enforcement to address mental health emergencies, life-threatening crime, and child abuse. We believe that prevention is key to a healthy society, and know that trauma early in life is linked to poor outcomes later in life. Our goal is to clear encampments, increase functionality and work/life responsibilities, and increase rates of individuals in recovery for both mental illness and substance misuse.

Volunteer Middle PATH has built solid relationships with a large array of housing providers, several emergency shelters (Stepping Stones for women and children, Salvation Army for individuals and families), and shelters specializing in domestic violence services and sober living apartments. VBH's IPS (Individual Placement and Support) Employment Program serves Rutherford County, partners with Vocational Rehabilitation and Goodwill Career Services, and helps find employment for anyone who has a mental illness and/or substance misuse and wants to work.

Other Rutherford County area partnerships include Cold Patrol, which conducts weekly street outreach to address basic needs and operates two transitional homes for men. Greenhouse Ministries runs Living University; provides 12-18 month residential programs for men; and provides food, clothing, furniture, and basic health care. Our PATH staff also works alongside the HOST (Homeless Outreach Support Team) program of the Murfreesboro Police Department as well our own VBH co-responders who are embedded within the Police Department. Journey Home is part of the treatment team, screening individuals for intake into the PATH program for mental health assistance.

Additional community partners include the Nourish Food Bank which regularly provides food boxes to unhoused PATH clients and housed clients. The Journey Home provides hot meals, showers, storage, clothing, and supportive housing apartments, along with The Coldest Night shelter. The Salvation Army provides hot meals daily, supportive housing, rent and utility assistance, short-term financial assistance, and personal care items. The Outreach Thrift Store provides emergency clothing and household items to PATH clients by referral.

Volunteer Plateau PATH has strong partnerships with the American Job Centers, various employment agencies, Vocational Rehabilitation, and Goodwill Career Solutions to provide job training and assistance with job placement for PATH clients. Additionally, PATH collaborates with multiple emergency food pantries across the counties served, as well as with UCHRA/UCDD, faith-based coalitions, city governments, law enforcement, and both state and private housing providers. In addition to housing support, PATH works closely with domestic violence shelters, sober living homes, and local missions, including the Cookeville Rescue Mission in Putnam County, the Crossville Mission, and Bread of Life Shelter in Cumberland County, all of which offer temporary shelter.

PATH partners with other local community organizations that address housing-related needs. These include the Cumberland Presbyterian Church, Willow Avenue Church of Christ, Monterey Mission Center, First United Methodist Church, Choices, the Department of Children's Services, and the Upper Cumberland Family Justice Center. Additionally, the Stevens Street Care Center—comprising First Baptist Church, Poplar Grove Baptist, Stevens Street Baptist, and The River Community Church—provides essential support such as utilities assistance, clothing, food, and other special needs services.

Volunteer East PATH

The Homeless Health Center, a one-stop shop for services in Chattanooga, is a strong community partner. Services available at this center include: Homeless Healthcare, The Salvation Army, and access to faith-based emergency shelters. Integrated mental health care services can be obtained through VBH's Chattanooga Campus, which includes medication management, mental health therapy, crisis intervention, Crisis Stabilization Unit, Intensive Outpatient Programs, and substance abuse services, including referral to AA and NA meetings. Other social services offered in the Chattanooga/Hamilton County area are; CADAS (Council for Alcohol and Drug Abuse Services) which offers inpatient and outpatient services, HUD, AIM Center, Second Blessings Thrift Store, and The Samaritan Center which is utilized to obtain household items. The CHATT Foundation provides hot meals, clothing, laundry and shower facilities, employment services, and an array of other services geared to help meet basic needs of the most vulnerable people in the community.

The PATH staff participate in monthly Homeless Coalition meetings to help develop and facilitate community actions that assist in moving individuals and their families to self-sufficiency and permanent housing.

VBH's PATH program has an active MOU with McNabb's CYHOP program. This partnership allows both programs to offer cross-referrals for eligible participants, ensuring that individuals have access to the full range of services and support available through our combined efforts.

Additional community partners that provide services related to housing needs include the Hixson CHI Memorial – primary care, Abba's House clothing closet, Exodus ministries – medication assistance and Comprehensive Community Care.

PATH staff are active members of the Housing and Homeless Coalitions and participate in the community resource networks in these areas.
Community Partners that provide services related to housing needs in Bradley County include: Advocates in Ministry (provides assistance targeted to those experiencing homelessness), the Salvation Army, which runs a day-program in Cleveland; The Caring Place, which provides food, clothing, utility assistance, and spiritual care; Family Promise of Bradley County/Cleveland, which provides faith-based temporary shelter; Cleveland Emergency Shelter (Bradley Cleveland Community Services), which has a 48-bed facility and also provides commodities, low income home energy assistance program, summer feeding program, etc.

Volunteer MMML PATH has strong partnerships with local organizations, which are primarily faith-based and depend heavily on volunteers in the community. These include Advocates in Ministry, Coordinated Charities, and Meigs Ministries, which all provide limited financial assistance for rent or utilities. The Better Living Center, Coordinated Charities, Grace and Mercy, and Table Graces have food pantries and assist with warm meals or bags of groceries, and accept clothing donations which they distribute. Our Peer Support Center in McMinn is available at no cost to service recipients and assist with job searches via computers available for member use.

Service Provision

Aligning PATH Funds with PATH Goals

VBH's PATH program is committed to being responsible stewards of PATH funds. We prioritize those experiencing literal and chronic homelessness and untreated serious mental illness, recognizing them as the most vulnerable. Before dispersing PATH funds, we attempt to utilize local resources—including local shelters, hospital benevolent funds, faith-based financial assistance, community food pantries, and local grant-funded or state-contracted social services for job skills training and transportation. PATH funds will only be used when no other resources are available.

Additionally, all PATH staff negotiate discounted rates and free services whenever possible. To further extend PATH funds, PATH engages in community fundraising and applies for small community grants, such as United Way of South Central Tennessee, which has granted us funds to assist Rutherford area PATH clients. Our staff also educates potential PATH participants about the

full range of community resources, employment services, mental health options, housing, and other supports to ensure they are connected with the help they need as quickly as possible.

Gaps In the current service systems

* Not enough employment services willing to work with high-barrier clients; VBH has an IPS employment program which is currently only funded for one county
*Not enough Temporary Emergency Shelters and Transitional Housing, leaving many individuals without immediate, safe shelter during times of crisis. Many shelters depend on limited volunteer time, and churches willing to help often face liability issues
*Limited or unaffordable Transportation, which reduces access to essential services such as employment and healthcare. In rural areas, ride share programs are the only options available or public buses must be scheduled in advance for a fee.
*Not enough affordable mental health care, limiting individuals' availability to seek healthcare and essential medications
* Increased cost of housing. Tennessee has experienced an influx of people moving in from out-of-state and there is strong competition, especially for people with limited income or resources. Landlords are apt to choose other tenants.

Serious Mental Illness & Substance Use Services Available

PATH clients have access to a range of services addressing serious mental illness and substance use disorders. VBH provides integrated mental health and substance abuse support through its community mental health facilities. These services include outpatient care, residential treatment, substance use treatments, and peer support. Additionally, VBH offers specialty services—such as treatment for co-occurring disorders, medication management, psychiatric evaluations, case management, group therapy, and grief counseling—some of which are available at no cost through grant funding.

Similar services can be obtained from other local providers, including Buffalo Valley, Vanderbilt Hospital, Rolling Hills Hospital, Middle Tennessee Mental Health Institute, Moccasin Bend Mental Health Institute (MBMHI), Veterans Administration Medical Centers, and Trustpoint Hospital. These facilities offer inpatient treatment for individuals with serious mental illness as well as a variety of substance misuse services tailored to meet client needs.

PATH Eligibility Determination

As indicated in the PATH contract, eligibility is determined by meeting all 3 of the following criteria:

1- The individual has been determined to have a serious mental illness or co-occurring disorder; and be experiencing homelessness, or at imminent risk of becoming homeless; be at least 18 years old or an emancipated minor, and
2- The individual and the PATH provider have reached a point of engagement where there is a mutual agreement that service will be provided, and
3- The PATH provider has started an individual file or record for the individual that includes basic demographic information, documentation of PATH eligibility, documentation of mutual agreement for the provision of services, and documentation of services provided.

Enrollment

Enrolling a PATH client:

*The client has engaged with PATH staff, met all program requirements, and has a clear understanding of services available. Achieving full enrollment may require one or more follow-up contacts.

* HMIS pages + agreement to participate + ROI are completed
* Client is entered into HMIS
* Mutual agreement for the provision of services

Documentation of PATH Eligibility

Documentation of PATH eligibility will be entered into the VBH electronic system (Qualifacts). Services and contacts will be documented in a case note within 24 hours of service.

Housing

Volunteer Middle PATH continues to utilize Shelter Plus Care vouchers through the Murfreesboro Housing Authority to support clients in securing stable housing. Various local organizations collaborate with PATH to provide an array of housing options tailored to specific needs: The Journey Home offers supportive housing for select PATH clients, Greenhouse Ministries provides transitional housing for individuals recovering from addiction, while its Wellsprings Program specifically houses men with disabilities. Cold Patrol offers transitional housing for single men and Doors of Hope provides both transitional and emergency housing for women. PATH connects clients with private landlords, including Spring Valley, Imperial Gardens, and Midtown Estates to assist individuals in finding stable and suitable living environments. For those seeking sober living arrangements, PATH refers eligible clients to First Things First sober living homes, which are state-licensed. Clients seeking structured group living will receive assistance from PATH staff in identifying and connecting with state-licensed group homes.

Volunteer Plateau PATH will continue its partnership with the Crossville Housing Authority, which provides housing assistance through programs such as Shelter Plus, Section 8, Community Supportive Housing, and Iris Cottage. These resources are available to PATH clients who qualify and when openings are available. Additionally, PATH collaborates with local landlords to identify housing opportunities for clients. PATH remains committed to educating potential private landlords about the voucher system, encouraging additional participation in voucher programs.

Volunteer East PATH programs collaborates closely with local HUD offices, Section 8 housing providers, and individual landlords throughout Hamilton County who regularly rent to PATH clients and understand their unique needs. The program provides critical support by assisting with rental deposits and/or the first month's rent to secure safe, stable housing. Additionally, PATH works continually to identify housing opportunities for clients with felony convictions, drug histories, or sex offender designations. Furthermore, VBHCS has established an active Memorandum Of Understanding that enables PATH participants to qualify for priority mainstream vouchers through the Chattanooga Housing Authority.

Volunteer MMML PATH staff collaborate closely with HUD offices and Section 8 housing providers, but rely heavily on private landlords, faith-based resources, natural support systems, and local organizations such as: Advocates in Ministry; Coordinated Charities; Grace and Mercy, Meigs Ministries, and The Better Living Center since this is a rural area. We work with Family Promise and other programs to ensure that people are safely sheltered while they work to attain permanent housing.

Client Information

VBHCS Client Demographics

In FY 2025, through client reporting: 5% were ages 18-23; 12% were ages 24-30; 23% were ages 31-40; 23% were ages 41-50; 30% were ages 51-61; and 7% were 62 or older.

For race and ethnicity: 70% were white; 28% were African American; 1% reported 2 or more races; 1% were Native American; 2% were Hispanic; and 0.34 reported being Middle Eastern.

Only 1% reported having Veteran status.
Forty-four percent reported having co-occurring disorders; and 69% were experiencing literal homelessness

Target Numbers of PATH Clients

* The 4 combined PATH programs anticipate contacting *750* homeless adults this contract year.
* The 4 combined PATH programs anticipate enrolling *360* adults in PATH services and the HMIS data systems.
* The 4 combined PATH programs anticipate that a minimum of *80%* of the adult clients enrolled will be experiencing literal homelessness (living in places not fit for human habitation or in an emergency shelter the night before being contacted or enrolled).

Consumer Involvement

Volunteer Middle PATH – encourages graduates of PATH to volunteer as participants in the CoCs, for input in planning strategies to end chronic homelessness and for assistance with the Point-in-Time count. Also, the Consumer Council is a working group of the CoC which meets every two weeks and is made up of individuals with lived experience. They report to the Alliance of Rutherford County. PATH staff help clients identify and strength their natural supports, and help them to include their friends, family, church, co-workers, and other community on their path to recovery and housing stability.

Volunteer Plateau PATH – also encourages graduates of PATH to join the CoC, and to assist the Point in Time count by helping locate homeless encampments, and be involved in Homeless Awareness week in November. They are also encouraged to participate in partner fundraisers & events that assist others, join the Community Advisory Board, Power of Putnam, and any of the drug coalitions that are in their area.

Volunteer East PATH service recipients can receive satisfaction surveys and opportunities to provide feedback on the services they receive. VBHCS has an online peer support group, Finding My Recovery, which is accessible to anyone in the state.

Volunteer MMML PATH – is finding that PATH participants are very quick to share information and the contact number to others in the community who need our assistance, which is a great benefit to this team as these are rural area. As PATH participants are successfully housed, we encourage them to also become involved with the local councils and coalitions that are providing housing and support services.

In addition, VBHCS has 10 peer support centers, 9 physical locations and Finding My Recovery online support. These services are available at no cost and easily accessed by clients across the state. PATH participants can be a huge support to others by contributing to the peer-lead recovery-oriented education and support groups.

Budget Narrative

This budget narrative outlines the funding required to support the Projects for Assistance in Transition from Homelessness (PATH) program at VBHCS. The total program budget is $750,081. This includes Federal, Local Match, and State funding. We will use these funds to provide vital outreach, case management, and SOAR (SSI/SSDI Outreach, Access, and Recovery) services to individuals experiencing homelessness and severe mental illness.

Federal Funds Budget ($272,957)

Federal grant funds will only be used to pay for staff/personnel expenses including benefits and specific assistance for payments made directly to third party vendors on behalf of eligible PATH service recipients for the purpose of securing and/or maintaining permanent housing.

Salaries and Wages: $183,504

Salaries are in line with other salaries within VBHCS on a scale based on experience, job performance, and level of responsibility.

- **PATH Program Director (TBD, 100%): $58,000.** This role oversees all PATH operations, ensures compliance with federal guidelines, and guides the outreach team. Provides programmatic oversight and ensures accurate documentation, reporting, etc.
- **PATH Coordinator (Dawn Towry, 100%): $50,004.** This coordinator provides direct field outreach, engages vulnerable individuals, and connects them to mental health and housing services. Primarily serving Hamilton County, and then also adjacent counties.
- **SOAR Regional Coordinator (Cheryl Taylor, 100%): $48,000.** This role helps clients navigate the complex SSI/SSDI application process, which is a vital step toward housing stability.
- **PATH Coordinator (David Perez, 55%): $27,500.** This coordinator splits time across funding sources to maximize our reach in the community. Serving Rutherford and Williamson counties primarily, and then also adjacent counties.

Fringe Benefits: $55,051

We calculate benefits at a standard rate of 30% of the allocated salaries. This covers the employer portion of health insurance, life insurance, long-term disability, worker's compensation, FICA, and Medicare.

Specific Assistance to Individuals: $9,580

We use these funds to provide direct, barrier-reducing help to PATH clients. This includes emergency medication coverage, transportation to medical appointments, and basic supplies needed to transition clients safely into housing.

Indirect Costs: $24,822

These funds cover our administrative overhead, ensuring we have the organizational infrastructure, human resources, and financial oversight needed to run the program effectively.

Local Match Funds Budget ($349,710)

Salaries and Wages: $193,008

Our local match heavily supports our frontline outreach and administrative data tracking.

- **PATH Coordinators (Jamie Brown, 100% & Destiny Young, 100%): $100,008.** Two full-time coordinators dedicated to finding and building trust with individuals living in encampments or shelters. Jamie Brown primarily serving Bradley and Hamilton and then Roane/Cumberland, and then also adjacent counties. Destiny Young primarily serving the focus county of Putnam, and then also adjacent counties.
- **PATH Coordinator (Teagan Buckner, 90%): $45,000.** This role provides direct case management and helps clients access ongoing care. Primarily serving Bradley County as the focus county, along with adjacent counties.
- **PATH Data/Admin (TBD, 100%): $48,000.** This role ensures accurate tracking of client encounters, demographic data, and program outcomes for required reporting with PDX and HMIS. Additionally, will assist with all required reports to TDMHSAS.

Fringe Benefits: $57,902

Calculated at our standard 30% rate to cover essential employee taxes and benefits for the match-funded staff.

Professional Fees: $3,600

We allocate these funds for necessary software fees, allowing staff to securely track client data and program metrics.

Supplies: $6,000

These funds pay for basic office materials and specific outreach supplies our coordinators need while working in the field. Computers as well as office supplies, postage, printing, and publications are necessary for the general operation of the program and include pens, paper, paperclips, folders, and other customary supplies required to meet programmatic goals and are part of the VBHCS match.

Telephone: $3,600

We provide cell phones to our field staff. Reliable communication is necessary for safety and for coordinating client care on the go. Also includes additional communication needs such as Zoom.

Occupancy: $3,600

This covers the prorated cost of office space for our PATH team, giving them a secure place to perform administrative duties and meet with partners.

Travel, Conferences & Meetings: $8,000

We use these funds to reimburse staff for local mileage. PATH coordinators must travel extensively across the region to locate clients, and visit shelters and encampments. This line also covers any

travel for required training.

Other Non-Personnel: $2,000

This covers human resources expenses, including background checks and recruitment costs to keep our team fully staffed.

Indirect Costs: $72,000

This covers the local match portion of our administrative overhead, supporting the facility and operational structures that keep the PATH program running.

State Funds Budget ($127,414)

Salaries and Wages: $77,504

State funds complete the salary requirements for our blended-funded outreach staff and provide for 1 FTE in Hamilton County. Salaries are in line with other salaries within VBHCS on a scale based on experience, job performance, and level of responsibility.

- **PATH Coordinator (Denver Clendenen, 100%): $50,004.** A dedicated full-time outreach worker focusing on direct client engagement and service connection. Primarily serving Hamilton County as the focus county, and then also any adjacent counties.
- **PATH Coordinator (David Perez, 45%): $22,500.** This covers the remaining portion of David Perez's salary, allowing him to work full-time in the community. Primarily serving Rutherford and Williamson Counties as the focus counties, and then also any adjacent counties.
- **PATH Coordinator (Teagan Buckner, 10%): $5,000.** This completes the funding for Teagan Buckner's full-time role primarily in Bradley County, and then also any adjacent counties.

Fringe Benefits: $23,251

Calculated at our standard 30% rate to cover essential employee taxes and benefits for the state-funded staff.

Travel, Conferences & Meetings: $486

This provides a small supplement to cover additional local mileage reimbursement for outreach activities.

Specific Assistance to Individuals: $584

We use these supplemental funds to offer emergency aid to clients, helping them overcome immediate hurdles to treatment or housing access.

Indirect Costs: $25,589

We calculate this using an approved Indirect Cost Rate (ICR) of 26.9%. It supports the state-funded portion of our facility maintenance, accounting, and compliance efforts.

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

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.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**$ 183,504**	**$ 193,008**	**$ 376,512**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	50,004.00	100.00 %	1.00	50,004.00	0.00	50,004.00	
Case Manager	50,004.00	55.00 %	0.55	27,500.00	0.00	27,500.00	
Case Manager	50,004.00	100.00 %	0.00	0.00	50,004.00	50,004.00	
Case Manager	50,004.00	100.00 %	0.00	0.00	50,004.00	50,004.00	
Case Manager	4,167.00	90.00 %	0.00	0.00	45,000.00	45,000.00	
PATH Administrator	57,996.00	100.00 %	1.00	58,000.00	0.00	58,000.00	
Other (Describe in Comments)	48,000.00	100.00 %	1.00	48,000.00	0.00	48,000.00	SOAR Regional Coordinator
Other (Describe in Comments)	48,000.00	100.00 %	0.00	0.00	48,000.00	48,000.00	PATH DATA/ADMIN

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**14.62%**	**$ 55,051.00**	**$ 57,902.00**	**$ 112,953.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 8,000.00**	**$ 8,000.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 0.00	$ 8,000.00	$ 8,000.00	Local Travel

d. Equipment	**$ 0.00**	**$ 3,600.00**	**$ 3,600.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 0.00	$ 3,600.00	$ 3,600.00	Sodtware Maintenance

e. Supplies	**$ 0.00**	**$ 6,000.00**	**$ 6,000.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 0.00	$ 6,000.00	$ 6,000.00	

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	**$ 9,580.00**	**$ 9,200.00**	**$ 18,780.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	$ 9,580.00	$ 0.00	$ 9,580.00	Specific Assistance for Client needs
Client: Other (Describe in Comments)	$ 0.00	$ 2,000.00	$ 2,000.00	Hiring and Other HR Costs
Office: Utilities/Telephone/Internet	$ 0.00	$ 3,600.00	$ 3,600.00	
Office: Other (Describe in Comments)	$ 0.00	$ 3,600.00	$ 3,600.00	Occupancy

j. Total Direct Charges (Sum of a-i)	$ 248,135.00	$ 277,710.00	$ 525,845.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 24,822.00**	**$ 72,000.00**	**$ 96,822.00**	

l. Grand Total (Sum of j and k)	$ 272,957.00	$ 349,710.00	$ 622,667.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 750 Estimated Number of Persons to be Enrolled: 360

Estimated Number of Persons to be Contacted who are Literally Homeless: 288

Budget Narrative

This budget narrative outlines the funding required to support the Projects for Assistance in Transition from Homelessness (PATH) program at VBHCS. The total program budget is $750,081. This includes Federal, Local Match, and State funding. We will use these funds to provide vital outreach, case management, and SOAR (SSI/SSDI Outreach, Access, and Recovery) services to individuals experiencing homelessness and severe mental illness.

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Travel, Conferences & Meetings: $486

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Specific Assistance to Individuals: $584

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Indirect Costs: $25,589

We calculate this using an approved Indirect Cost Rate (ICR) of 26.9%. It supports the state-funded portion of our facility maintenance, accounting, and compliance efforts.

Volunteer Behavioral Health Care System

Help Today…For a Better Tomorrow

Footnotes:

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	An individual experiencing homelessness is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation.
Imminent Risk of Becoming Homeless:	The definition of imminent risk of homelessness commonly includes one or more of the following criteria: an individual who has an annual income below 30 percent of median family income for the area, as determined by HUD, doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live, not having sufficient resources or support networks available to prevent them from moving to an emergency shelter or place not meant for habitation.
Serious Mental Illness (SMI):	A serious mental illness refers to adults, 18 years of age or older, with a diagnosable mental health disorder of such severity that it impairs their personal life and their ability to function in daily living activities.
Co-occurring Disorders (COD):	Co-occurring disorders refer to individuals who have at least one serious mental illness and a substance use disorder. They may overlap or may be independent of one another.

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

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:

Collaboration

The Office of Housing and Homeless Services maintains a strong collaborative relationship with the Tennessee Housing Development Agency (THDA). This partnership is supported through ongoing statewide coordination calls that include the Department of Mental Health and Substance Abuse Services, THDA, the Tennessee Department of Health, the Tennessee Department of Human Services, the Tennessee Emergency Management Agency, and lead agencies from each of Tennessee's ten HUD Continuums of Care (CoCs). These meetings are designed to strengthen cross-agency collaboration and identify opportunities to more effectively leverage resources for individuals experiencing or at risk of homelessness.

Tennessee also engages with national partners through active participation in the National Association of State Mental Health Program Directors Meet-Me Calls. These regular convenings provide a forum to exchange best practices, monitor emerging policies, and align with national strategies related to mental health and housing. This engagement enhances Tennessee's ability to strengthen cross-system coordination and improve outcomes for individuals with serious mental illness.

Additionally, the State PATH Contact and the SOAR State Lead were recently selected to participate in the SAMHSA Learning Collaborative on Cross-System Coordination to Address Unsheltered Homelessness Among Individuals with Serious Mental Illness. Participation in this initiative has strengthened internal collaboration across state departments and fostered valuable relationships with PATH leads and housing partners in other states, supporting the exchange of innovative strategies and system-level improvements.

Collaboration between HMIS leads and PATH provider agencies continues to be a successful and evolving initiative. Regular monthly meetings between HMIS leads and providers support ongoing data quality improvement, shared understanding of reporting expectations, and enhanced use of HMIS and PATH data to inform service delivery and program outcomes.

PATH services in Tennessee are delivered through community-based provider agencies, the majority of which are mental health treatment organizations. Many of these agencies also offer housing-related services as part of their broader continuum of care. PATH providers maintain strong partnerships with housing agencies and other community service organizations, ensuring a comprehensive, coordinated approach to supporting individuals experiencing homelessness. These partnerships expand access to critical resources and promote long-term stability, wellness, and recovery.

PATH providers will continue to collaborate with rental agencies, landlords, group homes, and housing authorities across their regions to advocate for individuals with serious mental illness. Through participation in local CoCs and service on key committees, all PATH providers are actively engaged in the Coordinated Entry process. This process prioritizes individuals with the

most significant health, behavioral health, and functional needs, ensuring that those requiring the highest level of support are connected to appropriate housing and services.

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.

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

Footnotes:

Veterans

PATH providers are strongly encouraged to maintain a comprehensive understanding of the agencies and services in their communities that support veterans. These resources include VA medical centers, local VA service offices, private and nonprofit organizations specializing in veteran services, and other community-based providers. Several communities across Tennessee have successfully secured HUD-VASH vouchers and Supportive Services for Veteran Families (SSVF) funding, expanding housing and supportive service options for veterans. Through PATH outreach efforts, veterans are identified and appropriately connected to these resources. PATH providers actively identify access points for these services and make referrals for eligible clients. In partnership with their local Continuum of Care (CoC), providers also utilize the Coordinated Entry process to identify and prioritize veterans experiencing homelessness, contributing to ongoing efforts to end veteran homelessness.

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:

Alignment with PATH Goals

Tennessee's PATH program is intentionally structured to prioritize outreach and case management as the core service components, with a strong emphasis on engaging the most vulnerable individuals, specifically those who are literally and chronically homeless and individuals with a history of incarceration.

Tennessee's PATH provider contracts explicitly require that outreach efforts demonstrate measurable progress toward a benchmark in which at least 80% of individuals enrolled in PATH are literally homeless. This expectation ensures that providers are consistently prioritizing those with the highest level of vulnerability. Year-to-date aggregate data reflects continued progress toward this goal, supported by ongoing monitoring, technical assistance, and performance discussions during quarterly provider meetings.

To strengthen outreach effectiveness, this year's annual PATH training has placed a targeted focus on evidence-based engagement strategies for individuals experiencing literal and chronic homelessness. This includes specialized approaches for building trust with unsheltered individuals, addressing co-occurring mental health and substance use disorders, and reducing barriers to service engagement. Trainings also emphasize collaboration with law enforcement and community partners to better identify and engage individuals who are unsheltered and disconnected from traditional systems of care.

Case management is closely integrated with outreach and is designed to ensure rapid connection to mainstream mental health, substance use treatment, and housing resources. Providers are expected to transition individuals from PATH-funded services to ongoing community-based services as quickly as clinically appropriate. This approach allows PATH programs to maintain availability for continued outreach to individuals who remain unserved, maximizing the number

of vulnerable individuals engaged across the state. Providers receive consistent guidance through contract expectations, quarterly meetings, and regular communication reinforcing that the primary purpose of PATH is to identify, engage, and connect individuals who are literally homeless and living with serious mental illness to sustainable supports.

In addition to outreach and case management, PATH funds are strategically utilized to address immediate and critical needs that may otherwise prevent engagement. This includes flexible supports for individuals encountered during outreach, including those who are justice-involved. Several PATH providers have implemented dedicated in-reach days within local jails to engage individuals prior to release. This practice has proven effective in establishing early connections, initiating service planning, and ensuring continuity of care upon reentry into the community. To expand this effort, a peer-led training was recently conducted to equip all PATH providers with the tools and strategies needed to replicate jail in-reach models in their respective regions.

Furthermore, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is leveraging SAMHSA PATH Technical Assistance funding to enhance provider capacity in delivering high-quality, person-centered outreach and case management. Through a partnership with NAMI Davidson County, providers will receive training focused on person-centered care, trauma-informed engagement, and building meaningful connections with individuals experiencing homelessness. Additionally, TDMHSAS is collaborating with community partners to train PATH providers in developing partnerships with local law enforcement agencies, further strengthening coordinated outreach efforts and improving access to hard-to-reach populations.

Collectively, these strategies ensure that PATH-funded services in Tennessee remain firmly focused on proactive outreach and effective case management, prioritizing those with the

greatest needs, including individuals who are chronically homeless and those transitioning from incarceration, while maximizing engagement and long-term stability outcomes.

III. State Level Information

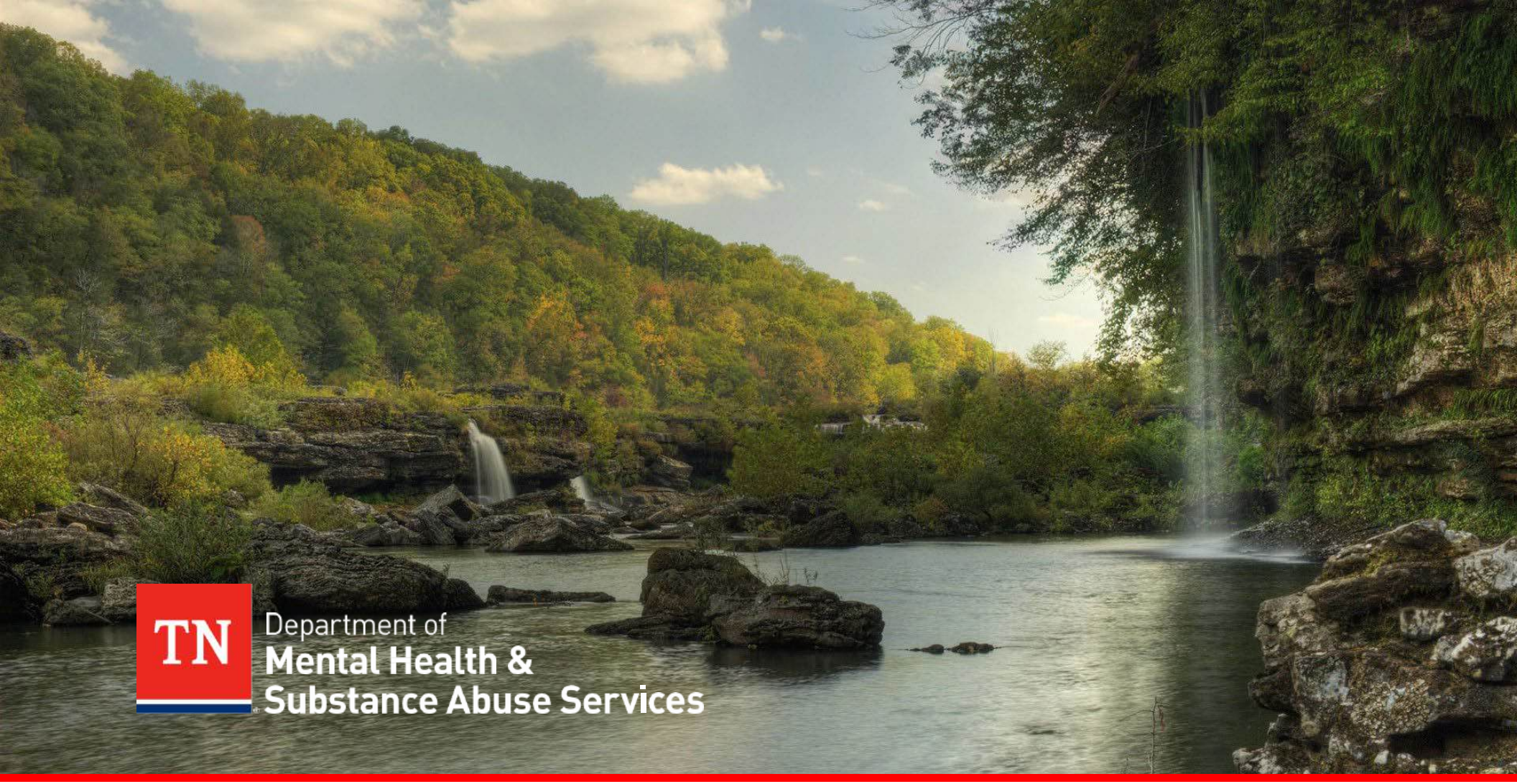
E. Alignment with State Comprehensive Mental Health Services Plan

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:



Three-Year Plan

2026-2028

Tennessee Department of Mental Health & Substance Abuse Services

Year One FY 2026

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Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

Overview

TDMHSAS Vision:

A state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive.

TDMHSAS Mission:

Creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders.

TDMHSAS Goal:

To expand access to high quality behavioral health services to Tennesseans on the path to recovery from mental illness, substance use, and co-occurring disorders.

TDMHSAS Customers:

Individuals and families living with mental illness and substance use issues, providers, local communities, judicial system, legislators, other state agencies, and consumer/advocacy groups.

TDMHSAS Services:

Education, prevention, early intervention, evaluation, treatment, recovery support services, licensing oversight for community organizations providing behavioral health services, outpatient and inpatient care, operation of regional mental health institutes, and research and public policy.

Health and Welfare Operational Goals:

1. Actively work with RMHI leadership continuing efforts to improve outcomes for patient care while containing cost.
2. Maintain and improve community mental health and substance abuse services.
3. Educating Tennesseans and working to improve their understanding of mental health and substance abuse issues and getting people to early intervention services.

Customer Focused Government Goals:

1. Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services.
2. Expand access to low-cost, high-quality, outcomes-oriented community mental health services.
3. Expand access to low-cost, high-quality, outcomes-oriented community substance abuse services.
4. Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention.

Organization of the Department

Division of Administrative and Regulatory Services (DARS) oversees monitoring, general services, procurement, major maintenance, capital outlay projects, administrative oversight for the Regional Mental Health Institutes (RMHIs), licensing of all Tennessee agencies providing mental health, substance abuse, personal support services, and investigating complaints of abuse, neglect, or fraud against licensed organizations.

Office of Strategic Initiatives provides support to the department's executive leadership team and seeks to find and secure opportunities that help further the mission and vision of the department. The Office of Strategic Initiatives is responsible for planning, developing, administering special projects and initiatives to expand the service delivery for Tennesseans living with mental illness and substance use disorders.

Office of Fiscal Services oversees general accounting functions including accounts receivable and payable, and interactions with state and federal funding sources.

Office of Faith-Based Initiatives actively engages faith communities and organizations as a means of increasing outreach, educational activities, access, and visibility to individuals seeking recovery services. The Office of Faith-Based Initiatives oversees the Faith-Based Community Coordinators as well as the Lifeline Peer Project, Hybrid Lifeline, and Collegiate Recovery which were established to reduce the stigma of mental illness and addiction in their respective regions and demographic focus. Additionally, this office provides oversight of the Certified Recovery Congregation Program.

Division of Substance Abuse Services (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, and recovery support services for the general public, persons at risk for substance use disorder, and persons abusing substances.

Division of Clinical Leadership (DCL) promotes high-quality services through consultations, Title VI training, clinical oversight, education, the development and revision of clinical policies, best practice guidelines, and the advancement of research.

Division of Planning, Policy, and Legislation (DPPL) coordinates departmental legislative, rulemaking, and CPO Policy 2013-007 subrecipient monitoring activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment.

Office of Research supports the Department's mission by collecting, analyzing, and disseminating data in collaboration with customers to maintain dashboards, evaluate programs and services, and to develop an array of quality data products to inform mental health and substance abuse service needs, utilization, outcomes, and impact.

Division of Mental Health Services (DMHS) administers and supports an array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including affordable housing programs; homelessness prevention services; a full continuum of 24-hour crisis services; wellness and recovery services; peer recovery services; supported employment services; suicide prevention services; older adults services/PASRR services; and disaster MH services.

Division of Children and Youth Mental Health Services (DCYMHS) offers a wide range of support and services for individuals from infancy to young adulthood, including their families, who experience challenging behaviors, mental health issues, co-occurring disorders, or serious emotional disturbances. DCYMHS develops, enhances, and manages community-based initiatives, including Child Care Consultation (CCC), the Regional Intervention Program (RIP), and Juvenile Justice Reform (JJR), as well as various school-based programs like Project BASIC and School-Based Behavioral Health Liaisons. In addition, DCYMHS collaborates on other services and programs such as the Early Intervention and Prevention Program (EIPP), the First-Episode Psychosis Initiative (FEPI), and partnerships with the Department of Children's Services (DCS) and the Administrative Office of the Courts (AOC) for Safe Baby Courts, as well as the Department of Human Services (DHS) for the System of Care Across Tennessee (SOCAT) TANF initiative.

Division of Hospital Services (DHS) provides oversight of operation of the four Regional Mental Health Institutes (RMHIs) and three private contracted hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

Office of Forensic and Juvenile Court Services (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

Division of General Counsel (DGC) provides comprehensive legal support to the Department including legal and administrative proceedings; conduct internal investigations and handle compliance activities; draft, administratively process and review contracts for legal sufficiency; and serves as the privacy officer and counsel for the Department. The General Counsel serves as the Department's chief legal advisor and the Assistant Commissioner overseeing the DGC.

Office of Human Resources (OHR) assists the Divisions and Offices across the department in obtaining and maintaining a workforce that can fulfill the Department's mission and objectives.

Office of Communications (OC) develops internal and external communication including the drafting, production, and distribution of news releases and statements to the media, publication of quarterly Department newsletters, and managing the Department's website.

Goal 1: Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Hospital Services (DHS)	Actively work with RMHI leadership to continue efforts to operate cost effective, efficient, and outcomes-driven hospital services by sustaining critical positions	Increase the percentage of positions in the RN series classification that are filled to support the RMHIs	80% of positions in the RN series will be filled	Percentage of RN series positions that are filled to support the RMHIs
	Collaborate with RMHI leadership to evaluate Medical Officers of the Day (MOD) responsibilities and optimize physician coverage	Reduce the required hours of coverage for the MOD by streamlining processes to maximize operational efficiency	10% reduction of MOD hours across all four RMHIs	Number of MOD hours worked across all four RMHIs
	Provide access to psychiatric inpatient services at all four RMHIs	Increase the number of successful community discharges from all four RMHIs	6,000 discharges across all four RMHIs	Number of discharges across all four RMHIs
Office of Forensics and Juvenile Court Services (OFJCS)	Provide court ordered inpatient forensic evaluations and treatment services for defendants referred by outpatient evaluators	Provide inpatient forensic services in the least restrictive hospital setting	No more than 15% of all inpatient defendants will be admitted to the Forensic Services Program (FSP) for inpatient forensic evaluation and treatment	Percentage of all inpatient defendants admitted to the FSP for inpatient forensic evaluation and treatment
Office of Research	Create the State Hospital Readmission (SHR) data file with information about the individuals served by RMHIs using the data warehouse	Use the SHR data file to profile population, diagnostic and readmission trends for individuals receiving services in state psychiatric hospitals	One SHR automated data file will be compiled and contain information for about 7,500 individuals receiving services in psychiatric hospitals operated by the Department	Number of SHR data files submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) by March 1
	Create standardized and ad hoc data products in collaboration with DHS to inform policy and practice	Prepare data products to illustrate trends and variations in services for psychiatric hospitals operated by or under contract with the Department	A minimum of three data products will be generated	Number of data products generated for DHS

Goal 1: Actively work with RMHI leadership continuing efforts to operate cost effective, efficient, and outcomes-driven hospital services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Planning, Policy, and Legislation (DPPL)	Provide technical assistance to support the effective operation of the Regional Councils	Effective operation of Regional Councils	Four quarterly conference calls or in-person meetings with the seven Regional Council Leadership Teams	Number of quarterly conference calls with the Regional Council Leadership Teams
	Identify mental health and substance abuse service needs and supports in the community through the annual needs assessment	Statewide needs assessment will be conducted annually	One statewide needs assessment per year will be completed with the seven Regional Councils, Adult Committee, Children's Committee, and the Consumer Advisory Board (CAB)	Number of statewide needs assessments per year
	Provide an update to Statewide and Regional Councils regarding how the Department is responding to various top needs identified by multiple regions (Department update)	Department update will be provided annually	One Department update will be provided annually to share with the Statewide and Regional Councils at the December Statewide Planning and Policy Council meeting	Number of Department updates per year
	New members representing a children and youth provider and/or family member will be added to each Regional Council as vacancies occur	Increase the number of children and youth providers and/or family members on each Regional Council	A children and youth provider and/or family member representative will be added to each Regional Council as vacancies occur	Number of children and youth providers and/or family members on each Regional Council
	New members representing a consumer and/or family member will be added to each Regional Council as vacancies occur	Increase the number of consumer and/or family member representatives on each Regional Council	One consumer and/or family member representative will be added to each Regional Council as vacancies occur	Number of consumer and/or family member representatives on each Regional Council

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Planning, Policy, and Legislation (DPPL)	Engage in rulemaking activity	Update the rule version of Tennessee's controlled substances schedules I, II, III, IV, and V	100% of the rules will be filed to update Tennessee's controlled substances schedules I, II, III, IV, and V	Percentage of rules filed to update Tennessee's controlled substances schedules I, II, III, IV, and V
	Monitor legislative session and update the Commissioner and staff	Produce an annual summary of legislative activity ("Legislative Summary") from the current year's legislative session regarding subject matter related to TDMHSAS	100% of the Department's executive leadership team and RMHI chief officers will receive the Legislative Summary	Percentage of the Department's executive leadership team members and RMHI chief officers who receive the Legislative Summary
Office of Research	Implementation of an integrated data warehouse to provide cross-division data to inform policy and practice	Operationalize a data governance plan describing how the data warehouse will automate federal reporting, standardize processes for data use and release across divisions, and define roles and decision rules for using the data warehouse	One annual Client Level Data (CLD) file containing basic client information combines information from DHS and DMHS	Number of automated CLD files generated for federal Mental Health Block Grant (MHBG) reporting
	Conduct program evaluations with outcome data that are used to inform program quality in the community for behavioral health programs	Complete program evaluations for behavioral health programs	Seven programs are currently evaluated on an on-going basis	Number of programs under evaluation within our office
	Complete the Uniform Reporting System (URS) Tables containing information about the characteristics of individuals receiving publicly funded mental health services in Tennessee for SAMHSA	Generate URS reports to comply with federal MHBG reporting requirements	The URS report will be compiled and include information about individuals receiving publicly funded mental health services	Number of URS data reports submitted to SAMHSA

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Research	Create data products to compile information for policy makers, the public, and Department leadership about behavioral health service needs, utilization, and impacts	Publish the data products about Department service needs, utilization, and impacts	Maintain 18 data products that are available to the public	Number of data products accessible on the Department's website
	Provide data entry and evaluation trainings to our provider partners with programs under evaluation within our office	Fully trained data entry personnel with provider partners	Trainings should at minimum equal the number of programs under evaluation within our office	Number of data trainings conducted with partner providers
Office of Forensic and Juvenile Court Services (OFJCS)	Provide court ordered forensic evaluations on an outpatient basis for courts statewide	Maximize the delivery of forensic services in the community rather than on an inpatient basis	67% of defendants a year statewide will be forensically evaluated on an outpatient basis without the need for forensic inpatient services	Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services
	Provide mental health and substance abuse screening to improve access to services for youth in juvenile courts	Establish systematic screening for mental health and substance abuse needs of youth in juvenile courts	5,000 screenings will be conducted with the Juvenile Justice version of the Child and Adolescent Needs and Strengths (CANS) survey in Juvenile Courts across the state	Number of screenings conducted in Juvenile Courts statewide
Division of Mental Health Services (DMHS)	Provide a twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) telephone call routing system for individuals experiencing a behavioral health crisis	Continue to improve the effectiveness of the Crisis Services Continuum network of services statewide	53,000 individuals screened for mental health or related interventions by the 988 Call Centers	Number of individuals screened for mental health or related interventions by the 988 Call Centers (only calls included)

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Mobile crisis services are non-hospital community-based services offered 24/7/365 for behavioral health situations	Improve the effectiveness of the Crisis Services Continuum network of services statewide	75,000 individuals will receive a face-to-face crisis assessment	Number of Tennesseans (all ages) accessing emergency psychiatric services and assessment from a mobile crisis responder or at a crisis walk-in center
	Crisis Stabilization Units (CSUs) are licensed by the state to offer 24/7/365 intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment	Increase utilization of CSUs statewide (all ages)	9,600 individuals will be admitted to a state-supported CSU for treatment services	Number of admissions to the CSUs (all ages)
	Behavioral Health Safety Net of Tennessee (BHSN of TN) provides core, essential, outpatient, mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of participating community mental health centers	Increase access to behavioral health services for uninsured/indigent adults and uninsured/underinsured children in Tennessee, and in geographic and population areas	38,500 served by the BHSN of TN	Number of uninsured/indigent adult Tennesseans and number of uninsured/underinsured Tennessee children having a serious mental illness, living at or below 138% of the FPL, able to access outpatient mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide older adult services including agency and in-home counseling to seniors unable to access services outside of their home; care management, clinical social work, peer support, and geriatric psychiatry assisting seniors and their families to meet their behavioral health needs	Enable older adults to improve their quality of life through care management and to develop skills that will help them to live in the community as independently as possible	500 served by the Older Adult Program (OAP)	Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services
	Provide certification for Peer Recovery Specialists in Tennessee	Enhance peer support and resources across Tennessee through individuals certified as peer specialists	635 individuals will become peer specialists through the Certified Peer Recovery Specialist (CPRS), Certified Family Support Specialist (CFSS), and /or Certified Young Adults Peer Support Specialist (CYAPSS) programs	Number of eligible individuals who become certified in the peer workforce annually
	Provide and expand evidence-based employment and education services through the Individual Placement and Support (IPS) Supported Employment initiative for individuals over age 18 with SMI and/or Co-occurring Disorders (CODs)	Increase the rate of employment for individuals with SMI and/or CODs	42% of individuals served through the evidence-based IPS Supported Employment initiative will be employed in competitive and integrated work for at least one day. It is estimated that 2,000 will be served by IPS teams in FY 2026	Percentage rate of employment for the individuals served through the evidence-based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS)	Provide support to individuals throughout the state who have lived experience of mental illness or COD at Peer Support Centers (PSCs) and encourage participants share their voice in an annual survey regarding their satisfaction with the peer support services provided and how their participation influences their own recovery journey	Maintain the rate in individuals who report they are less likely to need psychiatric hospitalization	90% of PSC survey respondents reported less likely to need psychiatric hospitalization	Percentage of PSC survey respondents who report they are less likely to need psychiatric hospitalization
	Complete SSI/SSDI Outreach, Access, and Recovery (SOAR) application for patients ready for discharge who are referred by RMHIs. Community-based mental health agencies have SOAR Liaisons supporting the state-operated RMHIs to work with patients who will be discharging to completing SOAR applications	Assist with access to SSI/SSDI benefits to help facilitate discharge and ensure access to permanent housing and services	98% of completed applications received from the Social Security Administration (SSA) will be approved	Percentage of completed SOAR applications received from SSA that have been approved for RMHI patients discharging back to the community
Division of Administrative and Regulatory Services (DARS)	Monitor licensed facilities to ensure compliance with licensing rules	Improved quality care and safer environments in licensed mental health and substance abuse facilities	2,300 licensing and oversight visits for mental health and substance abuse programs will be conducted	Number of licensing and oversight visits for mental health and substance abuse programs
	Work cooperatively with other state health and social service agencies to address allegations of abuse, neglect, and mistreatment of service recipients	Improved and safer environments for service recipients	If appropriate, ten individuals will be referred for placement on the Tennessee Department of Health's (TDH's) Abuse Registry thereby prohibiting their working with vulnerable populations	Number of individuals referred for placement on the TDH Abuse Registry

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Administrative and Regulatory Services (DARS)	Conduct a comprehensive review of licensure rules to identify recommended changes	Follows annual review of all licensure rules, and recommend changes, as needed	Five licensure rules will be proposed for amendment	Number of licensure rules proposed for amendment
	Train licensure surveyors across all three regional offices on the use of the licensure database and policies for investigations and inspections	Training of all licensure surveyors across all three regional offices to ensure consistent application of licensure rules and procedures	100% of licensure surveyors will participate in training	Percentage of licensure surveyors participating in training
	Monitor department subrecipient agencies according to the Department's fiscal year monitoring schedule to ensure subrecipient agencies' compliance with fiscal requirements of Department grant contracts	Subrecipient agencies compliance with fiscal, state, and federal requirements of Department grant contracts	100% of scheduled agencies will be monitored	Percentage of subrecipient agencies on Department plan monitored
	Provide training and technical assistance to subrecipient grantees	Training and technical support to grantees regarding compliance with fiscal reporting requirements of subrecipient contracts	Twenty-four trainings or technical assistance events offered to contracted agencies	Number of trainings or technical assistance events offered to contracted agencies
Division of General Counsel (DGC)	Draft, administratively process, and conduct legal review for contracts	Timely submission of contracts to the Central Procurement Office on or before deadlines	85% of agency contracts will be timely processed	Percentage of agency contracts submitted by deadline
	Ensure state representation for RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	State representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	100% state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of General Counsel (DGC)	Ensure state representation at administrative proceedings governed by the Uniform Administrative Procedures Act (UAPA) – Tennessee Code Annotated Title 4, Chapter 5	State representation at administrative proceedings to resolve disputes between citizens, state employees, and government agencies	100% state representation at administrative proceedings	Percentage of state representation at administrative proceedings
	Investigate allegations of abuse, neglect, mistreatment, and misappropriation of funds of RMHI service recipients. Conduct workplace investigations into employee complaints of discrimination, harassment, abusive conduct, workplace violence, and complex or serious code of conduct investigations not handled by Human Resources. Investigate service recipient Americans with Disabilities Act (ADA) complaints. Render legal opinions on privacy law compliance	All cases are closed in a manner that provides clear, actionable information for departmental leadership to take appropriate action	100% of investigations will be timely processed	Percentage of investigations and compliance activities processed
Office of Forensic and Juvenile Court Services (OFJCS)	Provide training on standards and practices for certification for evaluators conducting court-ordered forensic mental health evaluations of criminal defendants ordered by Tennessee courts	Ensure that mental health professionals receive training for certification to conduct court-ordered forensic mental health evaluations by contracted community mental health agencies and the RMHIs	Six Forensic Evaluator Training sessions will be offered each fiscal year	Number of Forensic Evaluator Training sessions

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Mental Health Services (DMHS) **Noted in the 2025 Needs Assessment Summary*	Reduce the number of suicides and increase mental health awareness in Tennessee through the provision of mental health and suicide prevention training and/or public awareness activities*	Increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students	150,000 individuals will receive mental health awareness in Tennessee through the provision of mental health and suicide prevention trainings and/or public awareness activities through Tennessee Suicide Prevention Network (TSPN), Mental Health 101, Project TN, and Youth and Young Adult (Y/YA) Suicide Prevention programs	Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students
Office of Communications (OC)	Produce news releases, media advisories, and Departmental promotional materials	Increase the awareness of the Department's actions to execute mission and achieve vision	Distribute 15 news releases, media advisories, and Departmental promotional materials	Number of news releases, media advisories, and Departmental promotional materials
	Engage with the public, providers, and staff through social media posts	Provide education, awareness, and prevention information through Facebook and Instagram posts	600 Facebook and Instagram posts	Total number of Facebook and Instagram postings per year
	Promote and publish the Update newsletter, featuring Department and provider news on a monthly basis	Communicate directly with vital stakeholders including but not limited to the state employee workforce, providers, advocacy groups, individuals receiving services, and lawmakers	Produce 12 Update newsletters	Number of Update newsletters produced
	Distribute emails with current behavioral health news	Email summaries on current news, research, and trends to Department staff	150 email summaries will be sent	Number of email summaries

Goal 2: Expand access to low-cost, high-quality, outcomes-oriented community mental health services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Communications (OC)	Provide the public with online resources for mental health and substance abuse services, programs, and initiatives via our website	Promote prevention, early intervention, treatment, habilitation, and recovery support services via the website	1,000,000 unique web page views	Number of unique web page views
Division of Clinical Leadership (DCL)	Provide mental health and suicide prevention information to veterans	Increase veteran's awareness of mental health and suicide prevention	600 veterans will receive mental health and suicide prevention information	Number of veterans who receive mental health and suicide prevention information
	Develop and implement suicide prevention plans and activities in the faith communities	Prevent suicide in the faith communities	55 community faith leaders will develop and implement suicide prevention plans and activities	Number of faith communities who develop and implement suicide prevention plans and activities
Goal 3: Expand access to low-cost, high-quality, outcomes-oriented community substance abuse services				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Substance Abuse Services (DSAS)	All contracted treatment providers will assess for and provide treatment services to individuals who inject drugs	Provide treatment services to those individuals who inject drugs	Based on trend data, 35% of the individuals who assess for treatment services may disclose they inject drugs	Percentage of individuals receiving treatment services who disclose they inject drugs
	Provide an array of adult and adolescent recovery services to increase chances of recovery *	Provide recovery services that promote recovery	6,500 adult and adolescent consumers will receive recovery support services	Number of individuals enrolled in recovery support services
	Provide trauma-informed care services to individuals who have disclosed experience with trauma	Treatment agencies will provide assurance that individuals who have experienced trauma are receiving trauma-informed care services	11,000 individuals who disclose experience with trauma will receive trauma-informed care	Number of individuals who have been screened for trauma

Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Substance Abuse Services (DSAS)	Establish new recovery homes (i.e., Oxford Houses) statewide *	Expand self-supporting and drug-free homes through Oxford House International for individuals in recovery	Increase the number of recovery homes by 10 for a total of 185	Number of recovery homes (i.e., Oxford Houses)
	Provide medication-assisted treatment (MAT) services (methadone, naltrexone, and buprenorphine) for individuals with opioid use disorder (OUD)	Increase the number of individuals diagnosed with OUD receiving MAT	4,600 individuals will receive MAT services for OUD	Number of individuals receiving MAT services for OUD
	Provide training and technical assistance to SUD treatment providers on opioid and other substance use during pregnancy, access to sex-based responsive services, and other related information	Access to quality SUD treatment for women diagnosed with SUD who are pregnant and/or have dependent children	The number of women who are pregnant and/or have dependent children accessing SUD treatment will be 1,500	Number of women who are pregnant and/or have dependent children accessing SUD treatment
**Noted in the 2025 Needs Assessment Summary*	Ensure that eligible individuals have the opportunity to participate in the Tennessee Mental Health Court Program (TMHCP)	Increase the number of individuals admitted to the TMHCP	325 individuals will access the TMHCP	Number of individuals admitted into the TMHCP
Office of Strategic Initiatives	The Tennessee Recovery Navigator Program seeks to connect individuals entering emergency departments (EDs) to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a SUD	Increase the number of individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals	4,500 individuals will be served by the Tennessee Recovery Navigator Program	Number of individuals served by the Tennessee Recovery Navigator Program

Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Strategic Initiatives	The Tennessee Recovery Navigator Program seeks to connect individuals entering EDs to recovery services after being admitted due to an overdose, experiencing active withdrawal, or being identified as having a SUD	Ensure the individuals being referred to the Tennessee Recovery Navigator Program by our partnered hospitals are consistently connected to treatment and recovery services	Of the individuals served by the Tennessee Recovery Navigator Program, 70% will be connected to treatment and recovery services	Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigator Program
Office of Faith-Based Initiatives (OFBI)	Certify recovery congregations/community organizations on the Tennessee Faith-Based Community Initiatives	Expand access to recovery support services through the faith-based community	Increase the number of newly certified faith-based recovery congregations/community organizations by 100	Number of newly certified faith-based recovery congregations/community organizations
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Increase the number of Lifeline Peer Project trainings provided	480 Lifeline Peer Project trainings will be provided within the community	Number of Lifeline Peer Project trainings provided
	Educate the public, promote prevention, reduce stigma, and spread awareness through the Lifeline Peer Project	Increase the number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project	4,500 referrals to treatment, recovery support, and other services will be made through the Lifeline Peer Project	Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project
	Educate the public and spread awareness surrounding Tennessee Faith-Based Community Initiatives on how it connects the community with recovery and support services	Expand awareness and education to the public on how Tennessee Faith-Based Community Initiatives connect the community with recovery and support services	165 Tennessee Faith-Based Community Initiatives trainings will be provided	Number of Tennessee Faith-Based Community Initiatives trainings provided

Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Faith-Based Initiatives (OFBI)	Educate the public, promote prevention, reduce stigma, and spread awareness through the Collegiate Recovery Initiative (CRI)	Increase the number of Collegiate Recovery and other trainings related to mental health, substance use, and suicide prevention provided on campuses	45 trainings will be provided to post-secondary institutions	Number of trainings provided
	Educate the public, promote prevention, reduce stigma, and spread awareness through the CRI	Increase the number of newly certified collegiate recovery campuses	Five post-secondary institutions will meet the requirements to become a certified collegiate recovery campus	Number of newly certified collegiate recovery campuses
Division of Substance Abuse Services (DSAS)	Provide online and regional face-to-face educational and training opportunities for prevention, treatment, and recovery support professionals	Increase the knowledge of evidence-based programs and strategies for the prevention, treatment, and recovery support workforce	3,300 substance abuse professionals will receive training on prevention, treatment, and recovery support services	Number of substance abuse professionals receiving training
	Substance Abuse Prevention Coalitions will address prescription drug misuse in their communities	Decrease non-medical use of pain relievers for young adults, ages 18-25	Reduce the percentage of young adults, ages 18-25, who report using pain relievers for non-medical use to 5.2%	Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use
	Regional Overdose Prevention Specialists (ROPS) will address the opioid crisis through naloxone distribution	Increase the number of naloxone kits distributed to individuals at high risk of overdose	Increase the number of naloxone kits distributed to individuals at high risk of overdose to 200,000	Number of naloxone kits distributed to individuals at high risk of overdose
Division of Clinical Leadership (DCL)	Monitor opioid treatment programs to improve quality of care	Enhance patient care, safety, and improve patient outcomes in opioid treatment programs	Two monitoring visits per year will be conducted on opioid treatment programs	Number of monitoring visits to opioid treatment programs in compliance with standards

Goal 3: Expand access to low-cost, high-quality, outcomes-oriented substance abuse services (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Office of Strategic Initiatives	The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved to improve their health status	Provide mobile, integrated physical health, mental health, and substance use services to rural Tennesseans in 20 counties.	5,550 visits will be provided to patients of the Project Rural Recovery Program per year	Number of Project Rural Recovery visits provided per year
	The Project Rural Recovery Program seeks to engage and treat rural populations who are currently underserved to improve their health status	Provide mobile, integrated physical health, mental health, and substance use services to rural Tennesseans in 20 counties	1,700 unduplicated individuals will be served through the Project Rural Recovery Program per year	Number of unduplicated individuals served per year

Goal 4: Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Children and Youth Mental Health Services (DCYMHS) **Noted in the 2025 Needs Assessment Summary*	Provide evidence-based treatment and recovery support services for youth and young adults (Y/YA) who have experienced first episode psychosis (FEP)	Ensure that Y/YAs who have experienced FEP receive treatment and recovery support services	245 Y/YAs experiencing FEP will receive evidence-based treatment and recovery support services	Number of Y/YAs who receive treatment and recovery support services through the First Episode Psychosis Initiative (FEPI)
	Reduction in the number of days hospitalized after enrollment in OnTrack TN (FEPI)	Ensure that Y/YAs who have experienced FEP are able to remain in the least restrictive setting possible	Y/YAs will spend fewer than 480 days in the hospital	Number of hospitalized days after enrollment in OnTrack TN (FEPI)
	Provide behavioral health training to school staff *	Ensure school staff working with students are provided training in behavioral health issues	17,000 teachers will receive training by school-based behavioral health liaisons (SBBHLs)	Number of Tennessee teachers to receive behavioral health training from SBBHLs (Tier I)
	Increase the number of students served by the SBBHLs using the Multi-Tiered System of Support interventions from Tier II and Tier III services	Ensure students with or at-risk of behavioral health challenges receive services and supports	25,000 students will receive mental health screenings, services, and/or supports in schools from SBBHLs	Number of students served by the SBBHLs using the Multi-Tiered System of Support interventions from Tier II and Tier III services (Examples of Public Tier II and Tier III services include Psycho-Educational Groups, Individual Student Consultations, Behavioral Health Screenings, Individual, Group, and Family Therapy)
	Provide treatment options for juvenile courts to utilize across the state, specifically services and training that are evidence-based and outcomes oriented	Ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth	1,400 juvenile justice involved youth will be served in the community through the Juvenile Justice Reform (JJR) Local Diversion Grant	Number of juvenile justice involved youth diverted to evidence-based and community-based services

Goal 4: Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Children and Youth Mental Health Services (DCYMHS)	Provide treatment options for children, youth, and young adults within a primary care or pediatric care setting that are evidence-based and outcomes-oriented	Ensure children and Y/YAs who may not seek traditional mental health services and supports have the opportunity to receive them in a non-traditional setting	1,950 children and Y/YAs served through a primary care or pediatric care setting	Number of children and Y/YAs receiving evidence-based, outcomes-oriented treatment in a primary care or pediatric care setting
	Provide community outreach and engage provider services for DCS involved infants, young children, and their families that are evidence-based and outcomes-oriented	Ensure DCS involved infants, young children, and their families have access to supportive community-based services	420 DCS involved infants, young children, and their families in the community through the Safe Baby Court (SBC) model	Number of DCS involved infants, young children, and their families involved in evidence-based and community-based services
	Provide mental health prevention and early intervention services and supports to children under age six (6) and their families through the Regional Intervention Program (RIP)	Ensure that young children and their families experiencing challenging behaviors receive services and supports from RIP	330 children under the age of six (6) and their families will receive prevention and early intervention services and supports through RIP	Number of young children experiencing challenging behaviors served by RIP
	Increase improvement in the child's reported behavior by parent following RIP enrollment	Ensure that children served by RIP will improve parent/child interactions and relationships	93% of children served will demonstrate improvement in parent/child interactions and relationships	Percentage of parents reporting improved parent/child interactions and relationships
	Increase improvement in the parenting skills reported by parents following RIP enrollment	Ensure that parents receiving parenting supports are demonstrating positive parenting skills	97% of parents will report increased positive parenting skills	Percentage of parents reporting increased positive parenting skills
	Provide direct care services to young children experiencing challenging behaviors through Child Care Consultation (CCC)	Ensure that young children experiencing challenging behaviors receive services and supports from CCC	860 young children will receive prevention and early intervention services and supports through CCC	Number of young children experiencing challenging behaviors served by CCC

Goal 4: Expand services targeting children and youth who have or are at-risk for serious emotional disturbances (SED), behavior problems, or substance use disorders to increase opportunities for prevention and early intervention (continued)				
Division:	**Programs and actions:**	**What we expect to accomplish?**	**How many we will serve?**	**How we know we have succeeded?**
Division of Children and Youth Mental Health Services (DCYMHS)	Improvement in the level of functioning in at least one life domain for children receiving services through CCC	Ensure that children receiving services through CCC will improve in at least one life domain	88% of children receiving services through CCC will improve in at least one life domain	Percentage of children receiving services through CCC who improved in at least one life domain
Division of Clinical Leadership (DCL)	Implementation of TDMHSAS-HOMEBUILDERS (TDMHSAS-HB) serving children in or at imminent risk of being placed in state custody	Through TDMHSAS-HB, prevent families with at least one caregiver with a substance use issue and with children from being placed in state custody	70% or more of TDMHSAS-HB focal child participants will not have been removed or re-entered state custody for six (6) months post-case closure	Percentage of TDMHSAS-HB focal child participants that have not been removed or re-entered state custody for six (6) months post-case closure

Reporting: Division of Hospital Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Percentage of RN series positions that are filled to support the RMHIs	Percentage	76%	80%			
Number of MOD hours worked across all four RMHIs	Number	24,004	21,603			
Number of discharges across all four RMHIs	Number	5,581	6,000			

Reporting: Office of Forensic and Juvenile Court Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Percentage of all inpatient defendants admitted to the FSP for inpatient forensic evaluation and treatment	Percentage	7%	15%			
Percentage of outpatient forensic evaluations completed in the community without a referral for inpatient forensic services	Percentage	62%	67%			
Number of screenings conducted in Juvenile Courts statewide	Number	4,605	5,000			
Number of Forensic Evaluator Training sessions	Number	6	6			

Reporting: Division of Planning, Policy, and Legislation

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of quarterly conference calls with the Regional Council Leadership Teams	Number	4	4			
Number of statewide needs assessments per year	Number	1	1			
Number of Department updates per year	Number	1	1			
Number of children and youth providers and/or family members on each Regional Council	Number	1	1			
Number of consumer and family member representatives on each Regional Council	Number	1	1			

Reporting: Division of Planning, Policy, and Legislation (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Percentage of rules filed to update Tennessee's controlled substance schedules I, II, III, IV, and V	Percentage	100%	100%			
Percentage of the Department's executive leadership team members, division leaders, and RMHI chief officers who receive the Legislative Summary	Percentage	100%	100%			

Reporting: Office of Research

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of SHR data files submitted to SAMHSA by March 1	Number	1	1			
Number of data products generated for DHS	Number	3	3			
Number of automated CLD files generated for federal MHBG reporting	Number	1	1			
Number of programs under evaluation within our office	Number	7	7			
Number of URS data reports submitted to SAMHSA	Number	1	1			
Number of data products accessible on the Department's website	Number	18	18			
Number of data trainings conducted with provider partners	Number	10	10			

Reporting: Office of Faith-Based Initiatives

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of newly certified faith-based congregations/organizations	Number	115	100			
Number of Lifeline Peer Project trainings provided	Number	432	480			
Number of referrals to treatment, recovery support, and other services through the Lifeline Peer Project	Number	3,564	4,500			
Number of Tennessee Faith-Based Community Initiatives trainings provided	Number	484	165			
Number of Collegiate Recovery trainings provided on campuses	Number	53	45			
Number of newly Certified Collegiate Recovery campuses	Number	6	5			

Reporting: Division of Mental Health Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of individuals screened for mental health or related interventions by the 988 Call Centers (only calls included)	Number	52,948	53,000			
Number of Tennesseans (all ages) accessing emergency psychiatric crisis services and assessment from a mobile crisis responder or at a crisis WIC	Number	72,784	75,000			
Number of admissions to the CSUs (all ages)	Number	7,854	9,600			
Number of uninsured/indigent adult Tennesseans and number of uninsured/underinsured Tennessee children having a serious mental illness, living at or below 138% of the FPL, able to access outpatient mental health care from BHSN of TN that otherwise would not have the ability to receive core behavioral health services	Number	36,582	38,500			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of older adults served annually with care management services such as outreach, screening, assessment, linkage, in-home therapy, and other supportive services	Number	413	500			
Number of eligible individuals who become certified within the peer workforce annually	Number	629	635			
Percentage rate of employment for the individuals served through the evidence-based IPS Supported Employment initiative who are employed in competitive and integrated work for at least one day	Percentage	42%	42%			

Reporting: Division of Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Percentage of Peer Support Center survey respondents who report they are less likely to need psychiatric hospitalization	Percentage	90%	90%			
Percentage of completed SOAR applications received from SSA that have been approved for RMHI patients discharging back to the community	Percentage	97%	98%			
Number of individuals who receive suicide prevention and postvention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses, and identify potential mental health and/or alcohol and drug use concerns in students	Number	125,893	150,000			

Reporting: Division of Children and Youth Mental Health Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of Y/YAs who receive treatment and recovery support services through the FEPI	Number	243	245			
Number of hospitalized days after enrollment in OnTrack (FEPI)	Number	974	480			The KPI target reduction is the result of a change in federal funding reducing the number of sites by 3 in FY 2026.
Number of Tennessee teachers to receive behavioral health training from SBBHLs (Tier I)	Number	15,935	17,000			
Number of students served by the SBBHLs using the Multi-Tiered System of Support interventions from Tier II and Tier III services	Number	23,053	25,000			
Number of juvenile justice involved youth diverted to evidence-based and community-based services	Number	1,386	1,400			

Reporting: Division of Children and Youth Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of children and Y/YAs receiving evidence-based, outcomes-oriented treatment in a primary care or pediatric care setting	Number	1,898	1,950			
Number of DCS involved infants, young children, and their families involved in evidence-based and community-based services	Number	216	420			
Number of young children experiencing challenging behaviors served by RIP	Number	329	330			
Percentage of parents reporting improved parent/child interactions and relationships	Percentage	93%	93%			
Percentage of parents reporting increased positive parenting skills	Percentage	97%	97%			

Reporting: Division of Children and Youth Mental Health Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of young children experiencing challenging behaviors receiving services through CCC	Number	850	860			
Percentage of children receiving services through CCC who improve in at least one life domain	Percentage	88%	88%			

Reporting: Division of Administrative and Regulatory Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of licensing oversight visits for mental health and substance abuse programs	Number	2,451	2,300			
Number of individuals referred for placement on TDH Abuse Registry	Number	10	10			
Number of licensure rules proposed for amendment	Number	5	5			
Percentage of licensure surveyors participating in training	Percentage	100%	100%			
Percentage of subrecipient agencies on Department plan monitored	Percentage	100%	100%			
Number of trainings or technical assistance events offered to contracted agencies	Number	36	24			

Reporting: Division of General Counsel

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Percentage of agency contracts submitted by deadline	Percentage	100%	85%			
Percentage of state representation of RMHIs at commitment and conservatorship hearings and other hearings/court matters involving the Department	Percentage	100%	100%			
Percentage of state representation at administrative proceedings	Percentage	100%	100%			
Percentage of investigations and compliance activities processed	Percentage	100%	100%			

Reporting: Division of Substance Abuse Services

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Percentage of individuals receiving treatment services who disclose they inject drugs	Percentage	31.3%	35%			
Number of individuals enrolled in recovery support services	Number	10,854	6,500			
Number of individuals who have been screened for trauma	Number	10,824	11,000			
Number of recovery homes (i.e., Oxford Houses)*	Number	175	185			
Number of individuals receiving MAT services	Number	5,210	4,600			
Number of women who are pregnant and/or have dependent child who access SUD treatment	Number	2,198	1,500			

**Noted in the 2025 Needs Assessment Summary*

Reporting: Division of Substance Abuse Services (continued)

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of individuals admitted into the TMHCP	Number	373	325			
Number of substance abuse professionals receiving training	Number	3,570	3,300			
Percentage of young adults, ages 18-25, who report using pain relievers for non-medical use	Percentage	N/A	5.2%			
Number of naloxone kits distributed to individuals at high risk of overdose	Number	232,058	200,000			

Office of Strategic Initiatives

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of Individuals served by the Tennessee Recovery Navigator Program	Number	5,740	4,500			
Percentage of individuals connected to treatment and recovery services by the Tennessee Recovery Navigator Program	Percentage	70%	70%			
Number of Project Rural Recovery visits provided per year	Number	5,645	5,500			
Number of unduplicated individuals served by the Project Rural Recovery program per year	Number	1,752	1,700			

Reporting: Office of Communications

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of news releases and media advisories distributed	Number	12	15			
Total number of Facebook and Instagram postings per year	Number	783	600			
Number of *Update* newsletters produced	Number	11	12			
Number of email summaries	Number	129	150			
Number of website page views	Number	1,282,666	1,000,000			

Reporting: Division of Clinical Leadership

Key Performance Indicator (KPI)	KPI Unit	KPI Baseline (FY25: July 2024 – June 2025)	KPI Target (FY26: July 2025 – June 2026)	February Report (July 2025 – Dec. 2025)	August Report (Jan. 2026 – June 2026)	Explanation (if applicable)
Number of veterans who receive mental health and suicide prevention information	Number	715	60			
Number of faith communities who develop and implement suicide statements for suicide prevention plans and activities	Number	76	55			
Number of monitoring visits to opioid treatment programs in compliance with standards	Number	2	2			
Percentage of TDMHSAS-HB focal child participants that have not been removed or re-entered state custody for six (6) months post-case closure	Percentage	97.2%	70%			

Alignment with State Comprehensive Mental Health Services Plan

The services provided through Tennessee's PATH program are fully consistent with the State Comprehensive Mental Health Services Plan, as outlined in the Three-Year Plan developed by the Tennessee Department of Mental Health and Substance Abuse Services. The PATH program directly supports the State's vision of promoting resiliency, recovery, and independence, and aligns with the overarching goal of expanding access to high-quality behavioral health services for Tennesseans living with mental illness and co-occurring disorders.

PATH-funded services are particularly aligned with Goal 2 of the Three-Year Plan: *expanding access to low-cost, high-quality, outcomes-oriented community mental health services*. Through outreach and engagement, PATH providers identify individuals with serious mental illness (SMI) who are experiencing homelessness and are not currently connected to mainstream mental health services. This reflects the State's emphasis on improving access to services for underserved and high-need populations and ensuring that individuals can receive care in the least restrictive, community-based settings.

The PATH model closely mirrors the service array described within the Division of Mental Health Services (DMHS), which includes outreach, screening, assessment, linkage, and ongoing care management supports. PATH case management activities support individuals in accessing the broader continuum of services outlined in the Plan, including crisis services, outpatient treatment, recovery supports, and benefits. For example, PATH providers assist individuals in connecting to resources such as the Behavioral Health Safety Net and other outpatient services designed to expand access for uninsured and underserved populations.

Additionally, PATH services align with the State Plan's focus on community-based crisis response and early intervention, including linkage to the 988 crisis system, mobile crisis services,

and crisis stabilization units. By engaging individuals early through street outreach and connecting them to these services, PATH helps reduce reliance on higher levels of care and supports stabilization in community settings.

PATH also supports the State's emphasis on housing stability and recovery-oriented services. The Three-Year Plan highlights the importance of community supports such as housing, peer services, and employment in promoting long-term recovery. PATH providers play a critical role in connecting individuals experiencing homelessness to permanent housing opportunities and supportive services, as well as assisting with SSI/SSDI access through SOAR, which is identified in the Plan as a key strategy to improve access to income and housing stability.

Furthermore, PATH services are consistent with the State's focus on data-driven decision-making, accountability, and continuous quality improvement. The Three-Year Plan emphasizes the use of data collection, reporting, and program evaluation to inform service delivery and improve outcomes. PATH providers contribute to these efforts through required data reporting, performance monitoring, and participation in statewide evaluation and planning activities.

Finally, PATH aligns with the State's commitment to serving justice-involved and high-risk populations in community settings, as demonstrated by initiatives that expand forensic services, diversion efforts, and community-based supports. Through outreach and in-reach efforts, PATH providers engage individuals exiting incarceration who are at risk of homelessness and connect them to behavioral health and recovery services, supporting successful community reintegration.

Through these coordinated efforts, Tennessee's PATH program directly advances the goals and priorities outlined in the Three-Year Plan by expanding access to care, strengthening community-based service delivery, and improving outcomes for individuals with serious mental illness who are experiencing homelessness.

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.

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Footnotes:

Providing Public Notice

The FFY 2026 plan is being made available on the TDMHSAS website for public comment prior to submission to SAMHSA. On the website the PATH Program, the service goals, expectations, and counties served are explained, as well as the Tennessee State PATH manual. All comments received will be reviewed and appropriate adjustments made to the PATH plan prior to submission. As of the date of this application there were no comments made. Comments suggesting appropriate adjustments received after the plan has been submitted to SAMHSA will be added through a request for revision to SAMHSA project officer.

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.

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Footnotes:

Programmatic and Financial Oversight

The PATH program in Tennessee is administered at the state level by the Office of Housing and Homeless Services within the Division of Mental Health Services at the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). The Program Manager is responsible for oversight and monitoring of all PATH-funded providers across the state. Program monitoring is conducted through multiple methods, including regular provider networking meetings, newly established office hours as a means to provide further technical assistance, review of monthly program data reports, and annual on-site monitoring visits for each PATH provider. These activities ensure ongoing communication, consistency in service delivery, and alignment with federal PATH requirements and state priorities.

Standardized performance measures have been established for the PATH program and are used to evaluate provider performance. During annual monitoring visits, each provider is assessed on these measures, which emphasize outcomes such as the percentage of individuals served who are literally homeless, successful linkage to mainstream services, and timely transition of individuals from PATH services to longer-term supports. Providers are required to submit monthly data reports detailing program activities, outreach efforts, enrollments, and progress toward established performance benchmarks.

Fiscal monitoring is conducted in accordance with TDMHSAS grant contract requirements and state policies. All PATH-funded providers are subject to routine fiscal oversight, including at least one on-site fiscal monitoring review every three years. These reviews verify supporting documentation, appropriate use of funds, and compliance with

required local match. In addition, providers must complete an annual independent audit to ensure adherence to accepted accounting standards.

To support fiscal accountability, providers submit quarterly financial reports that align with and verify monthly reimbursement requests. At the close of each state fiscal year, providers submit a final report of actual expenditures and match contributions. These reports are reviewed by TDMHSAS Fiscal Services staff, and any necessary adjustments are made prior to submission of the annual federal PATH fiscal report.

If concerns arise related to program performance or service delivery, TDMHSAS will initiate additional monitoring, which may include targeted site visits, corrective action plans, and increased oversight until compliance and performance expectations are met.

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).

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Footnotes:

Selection of PATH Local Providers

PATH funding is strategically targeted to the eleven largest urban populations in the state while ensuring that all ten Continua of Care (CoC) regions are served by at least one PATH provider. Providers within each region were initially selected through a sole-source procurement process, prioritizing organizations with established capacity and experience serving individuals experiencing homelessness.

Point-in-Time (PIT) Count data consistently demonstrate that urban areas within each CoC region have the highest concentrations of individuals experiencing homelessness. PATH providers actively participate in CoC meetings, where they are informed of emerging trends and service gaps, allowing them to adjust outreach and service delivery to areas of greatest need. Additionally, the Coordinated Entry System has strengthened system-wide collaboration, improved data sharing, and enhanced the identification of priority populations and service gaps. Current PATH providers have demonstrated effectiveness in delivering outreach, engagement, and supportive services to individuals experiencing homelessness. Ongoing training is provided to ensure providers are equipped to serve special populations, including veterans experiencing homelessness and individuals with co-occurring disorders. Performance monitoring, including the review of monthly data reports and consumer and provider feedback, informs targeted technical assistance and individualized coaching during annual site visits, as needed.

Leadership has undertaken a comprehensive review of provider selection and targeted service areas to ensure alignment with current data, system needs, and PATH program priorities. This review includes analysis of PIT Count data, provider performance metrics, and geographic service coverage to assess whether resources are optimally distributed. Leadership will continue to evaluate and refine the provider selection process and target service areas in advance of each

new grant year to ensure responsiveness to emerging needs and alignment with federal expectations.

As additional PATH funding becomes available, allocation decisions are guided by objective data and performance outcomes. Funding is prioritized based on demonstrated need, including PIT Count data reflecting higher numbers of individuals experiencing homelessness with serious mental illness, as well as provider performance indicators such as the number of individuals served and cost efficiency.

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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Footnotes:

Location of Individuals with SMI Experiencing Homelessness

As of March 2026, finalized 2025 Point-in-Time (PIT) Count data for Tennessee is not yet available. However, based on Continuum of Care (CoC) reporting to the U.S. Department of Housing and Urban Development (HUD), it is estimated that approximately 10,221 individuals are experiencing homelessness on any given night across the state. Due to staggered reporting across CoCs, this estimate reflects the most current available data and trends.

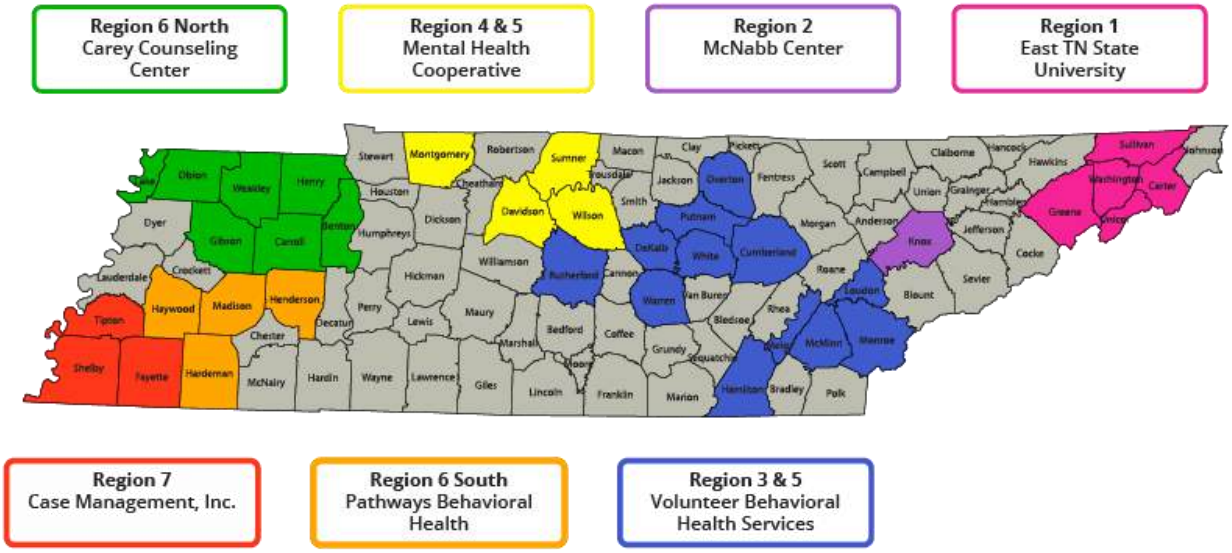
Based on current data, it is estimated that 20–25% of the population are families with children, 6–8% are Veterans, and 10–15% are unaccompanied young adults (ages 18–24). Additionally, approximately 30% of individuals meet the definition of chronically homeless, representing those with the highest level of need and longest histories of homelessness.

Behavioral health needs remain significant within this population. Current estimates indicate that 25–30% of individuals are experiencing serious mental illness (SMI) and 35–45% have a co-occurring mental health and substance use disorder (COD). These trends continue to highlight the need for targeted outreach and engagement strategies focused on individuals with the most complex needs.

This data is used to guide the placement and focus of PATH services across the state, ensuring resources are directed to areas with the greatest need. Because a finalized statewide 2025 PIT breakdown is not yet available, Tennessee relies on a combination of CoC-level data and prior HUD reporting trends to inform planning and service delivery.

PATH providers actively participate in local CoC meetings and coordinated entry processes to stay informed of current needs within their communities. This allows providers to both share information and adjust outreach efforts in real time based on where unsheltered individuals and high need populations are being identified. This approach ensures PATH services remain responsive, targeted, and focused on individuals who are most vulnerable, including those who are chronically homeless and living with SMI or co-occurring disorders.

Below is the map indicating which service provider serves the various regions in Tennessee.



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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Footnotes:

Matching Funds

The required non-federal match for the PATH program is provided by the local provider agencies under contract with the state. All current PATH providers have submitted their State FY2027 budgets confirming their ability and commitment to meet this match requirement. Providers invoice the state on a monthly basis for reimbursement of PATH program expenses. These invoices clearly separate PATH Federal funds, PATH State funds, and required PATH match expenditures to ensure accurate tracking and accountability. Federal PATH funds are not reimbursed without documentation showing that the required local match has been met. State PATH funds are used to further support the program but are not counted toward the required match. These funds are generally accessed after the federal funds and match requirements have been satisfied. This process ensures that all PATH funds are used appropriately and in compliance with federal requirements, while maintaining clear oversight of both program and fiscal activity.

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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Footnotes:

Other Designated Funding

Within the Tennessee Department of Mental Health and Substance Abuse Services, the Mental Health Block Grant and Substance Abuse Block Grant are not exclusively designated to serve individuals experiencing homelessness with mental illness; however, both funding sources may be utilized to support this population. Historically, state appropriations have supplemented these efforts by funding programs that serve adults experiencing homelessness, as well as outreach initiatives targeting at-risk children and youth in homeless families. These programs also extend services to adults with mental illness who are caregivers of participating children.

Providers within the Children and Youth Homeless Outreach Project are required to maintain formal cross-referral agreements with PATH providers to ensure coordination of care. In addition, state appropriations are specifically allocated to supplement the federal PATH grant and required local match, strengthening the overall capacity of PATH services.

The continued state-supported expansion of the SOAR program enhances access to SSI and SSDI benefits for individuals and families experiencing homelessness by increasing approval rates and reducing systemic barriers to enrollment. Further, connections to supportive housing and rental assistance are facilitated through state-funded Regional Housing Facilitators and Consumer Housing Specialists, who actively participate in Continuum of Care meetings and other local planning bodies.

Through PATH service engagement, individuals are connected to a broad array of federal and state-funded services, including primary healthcare through Federally Qualified Health Centers, Vocational Rehabilitation and Supported Employment programs, Veterans Affairs services, and rental or utility assistance administered through Community Services Block Grant providers and VA benefit programs.

All PATH providers are required to participate in their local Continuum of Care, with many also serving on committees and work groups. These partnerships ensure that outreach staff are effectively coordinating with community resources, enabling timely referrals, strengthening service integration, and communicating unmet needs identified through outreach. This collaborative approach supports the ongoing development and expansion of a comprehensive network of state and federally funded services for individuals and families experiencing homelessness.

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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Footnotes:

Data

Tennessee's PATH program operates within a decentralized Homeless Management Information System (HMIS) framework aligned with the state's 10 community-operated Continuums of Care (CoCs), each maintaining its own HMIS. Across these CoCs, five different HMIS vendor systems are in use. The state currently has seven PATH provider agencies, including one that operates across five separate CoCs. All seven providers actively report program data into their respective local HMIS, demonstrating full participation in coordinated statewide data collection efforts.

Training for new PATH staff on HMIS data entry is primarily led at the provider level, with support from local HMIS administrators. New staff typically receive onboarding and hands-on training from experienced agency personnel with existing HMIS access, supplemented by formal instruction from the local HMIS lead. In most cases, this includes direct engagement with the HMIS administrator to ensure staff are well-versed in system functionality, data standards, and reporting expectations.

The State PATH office provides ongoing support to reinforce PATH-specific data entry requirements and promote consistency across providers. This includes technical assistance to clarify federal reporting standards and to connect new staff with local HMIS and homeless service partners as needed.

To further strengthen data quality and accuracy, PATH providers regularly collaborate with local HMIS administrators through routine data review meetings. These efforts focus on assessing data completeness and quality prior to submission to the PATH Data Exchange (PDX). As a result of these coordinated quality assurance practices, PATH providers have achieved measurable improvements in the accuracy, consistency, and timeliness of HMIS data reporting statewide.

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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Footnotes:

PATH Eligibility and Enrollment

PATH eligibility is determined by each provider agency identifying service recipients with the following qualifications: 18 years of age or an emancipated minor, diagnosed with a serious mental illness or co-occurring disorder, and be homeless, literally homeless, or at imminent risk of being homeless. Enrollment begins when the service recipient and the identified PATH provider have reached a collective point of engagement where there is mutual agreement that services will be provided. Further, the PATH provider has started an individual file for the service recipient that includes at least the following: basic demographical information for reporting, documentation by the provider of PATH eligibility, documentation by the provider of mutual agreement for the provision of services, documentation of services provided, and documentation of exit summary upon discharge from the PATH program. The State Department reviews client records to ensure eligibility and enrollment criteria are met during the Program Annual Monitoring visits.

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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