OMB No. XXXX-XXXX Expiration Date XX-XX-XXXX

# **Attachment B**

**PATH Provider Site Visit Interview Guide: Supervisor/Administrator** 

OMB No. XXXX-XXXX Expiration Date XX-XX-XXXX

Name of Organization:
Name of Interviewee:
Name of Interviewer(s):
Date:

#### Introduction

Hi, my name is [name]. I'm with MANILA Consulting, and we are under contract with the Substance Abuse and Mental Health Services Administration to conduct the regularly scheduled evaluation of the Projects for Assistance in Transition from Homelessness formula grant program. You may know it better as PATH. Thank you for taking the time to speak with me today.

MANILA is responsible for conducting the current evaluation of PATH. As part of our evaluation, we are speaking with selected local PATH contacts, such as you, to enrich our understanding of how States and local programs administer the PATH formula grant.

The information you provide is exclusively for MANILA's use. We will not identify either you or your State in our report. Nothing you say during this interview will be disclosed in a manner such that you can be identified. Please read the consent form carefully, sign and return one copy to me, and keep the second copy for your records.

This interview should take about 40 minutes. Do you have any questions before we begin?

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 40 minutes per respondent, per year, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 8-1099, Rockville, Maryland, 20857.

### Questions for Supervisor/Administrator

### Background on Respondent and Organization

First, I'd like to get some background on you and the organization/agency where you are employed.

- 1. How long have you been employed with this agency?
- 2. What are your PATH and non-PATH job responsibilities?
- 3. How many outreach workers and case managers are employed by the agency? How many of these are involved with PATH?
- 4. Does the agency have a housing specialist on staff?

Yes/No

- 5. What methods are used for initial contact/outreach with potential PATH clients (e.g., direct contact: streets and encampments, meal programs; referrals: shelters, CMH, police, churches)?
  - a. Probe: primary referral sources
- 6. How frequently do you meet with the outreach workers and case managers to review services and status or to problem-solve?
  - a. Probe: as to whether they have separate meetings to discuss PATH clients, or if they are discussed as part of the overall caseload
- 7. Where are homeless persons in your community most likely to be found?
  - a. Probe: who are most likely to be homeless in this community?
  - b. Probe: where there is anything unique about their homeless population
- 8. Which subpopulations have been designated as high priority to be served by PATH-supported services in your community?
- 9. What types of housing options (e.g., shelter, temporary or permanent housing) does this agency provide for homeless individuals?
- 10. What client needs cannot be met by this agency or in this community?

#### Understanding of PATH and Federal Expectations

In this next set of questions, I'd like to explore your perceptions of PATH. If you cannot answer a question, please feel free to tell me that you don't know.

- 11. What is your understanding of the purpose of PATH formula grants?
- 12. What types of-restrictions or directed actions from the State are attached to the receipt of PATH resources?
- 13. Please describe activities that State personnel conduct, in addition to providing funds, which are directly connected with PATH funding (e.g., conducting site visits, providing training).
- 14. Please identify which PATH-eligible services your agency provides to PATH clients (e.g., outreach services, screening and diagnostic treatment services).
  - a. Please describe any changes in PATH services provided over the past year
  - b. Probe: where the resources for these changes came from and how the change came about

### Determining Service Needs and Eligibility for PATH Services

15. When your outreach worker meets a potential client, how do you determine if the person is eligible for PATH services?

Probe: who conducts the eligibility screening for PATH-supported services?

- 16. When are clients formally assessed for service and treatment needs over and above homelessness or being at risk for imminent homelessness?
  - a. Probe: who conducts the formal assessment?
  - b. Probe: the domains included in the structured assessment (e.g., mental health, substance abuse, housing, income, veterans status, housing history, employability)
  - c. Probe: as to whether a service plan is developed
  - d. Probe: as to whether client records can be obtained from other sources (e.g., agencies, Homeless Management Information Systems, Transformation Accountability System)

#### Collaborative Services To Address Homelessness

For the next few questions, think about the services you provide to people experiencing homelessness, without regard to whether PATH funds are involved.

17. Please describe collaborative or coordinated arrangements that your agency has with other agencies to provide services (e.g., housing, substance abuse treatment, health care) for persons who experience homelessness.

- 18. If your agency participates in the U.S. Department of Housing and Urban Development (HUD) State Continuum of Care for homelessness projects, please describe the nature of the participation (e.g., provision of matching resources that are documented in the application to HUD, provision of specific services offered within the continuum, operation of one of the projects funded in the continuum).
- 19. How have the conditions that HUD has added to Continuum of Care funding (that direct communities to focus on specific homeless groups and specific kinds of housing opportunities) affected the work of your Continuum of Care?
  - a. How have the conditions affected how your organization uses funding for homeless services, including PATH?

### Transition and Housing

In this next set of questions, I want to explore the transition of clients—that is, how a client moves from being homeless and being served within a homeless service program to more mainstream services and housing.

- 20. How do you decide when the client is ready to make a transition from PATH-supported services [or your homeless program] into other services?
  - [If respondent asks for clarification: For example, is transition a milestone that is built into the treatment plan? Is it a joint decision between the case worker and the client? Or might it depend on when the client's eligibility status for another program such as Medicaid has been determined?]
- 21. Please identify the factors that your agency always considers as a client prepares to transition to mainstream mental health services (e.g., quality of services the client will receive, ability to track the client).
- 22. Another aspect of transition is the client's access to housing. What types of housing options are available in this area for clients in your homeless program?
  - a. Are these HUD-funded projects?Yes/No/Don't know
- 23. How often do case managers visit clients in their homes once they are placed in housing?
- 24. What is the general policy of your agency regarding housing for persons experiencing homelessness (e.g., housing first, clients need to be stabilized before they are placed in housing)?
- 25. What success is your organization having in placing clients in permanent housing?

[If respondent asks what "permanent housing" means, it is defined as "clients having a private and secure place to live, access to supportive services that they need and choose to receive, where they may live as long as they meet the obligations of tenancy, and leases do not have any provisions that would not be found for someone without a psychiatric disability."]

- a. Probe: the most common barriers to successful placement of clients in housing
- b. Probe: the most common reasons for successful placement of clients in housing
- c. Probe: the availability of affordable housing on the placement of clients
- d. Probe: as to whether the willingness of the housing providers to work with the population has any effects on the placement of clients
- e. Probe: as to whether the availability of support services for clients placed in housing has any effects on the placement of clients
- f. Probe: as to whether the client's readiness for community life has any effects on his or her placement

### **Training**

- 26. What training has the agency provided to staff in the past year?
- 27. Is there training that you believe would be helpful to the outreach and case management staff?

### Role of Consumers in the Agency

- 28. Please describe the role that consumers have in the operation of this agency.
  - a. Probe: as to whether the agency conducts an annual consumer satisfaction survey
  - b. Probe: as to whether consumers serve on the agency board of directors
  - c. Probe: as to whether the agency uses a consumer advisory board to help with decision-making
  - d. Probe: as to whether consumers are involved in agency planning
- 29. Please describe the extent to which homeless clients actively participate in making decisions about the services they receive in your organization.
- 30. What could you or your organization do to improve client participation in decision-making about the services they receive?

#### Wrap-Up and Closing

We have only a few questions remaining.

- 31. Which emerging trends regarding homelessness are especially important to the PATH formula grant program?
- 32. Do you have any questions that you'd like to ask us about this session or about the PATH evaluation?

If I have followup questions to any of your responses or need clarification, may I contact you?

#### **Consent Form**

## Supervisor/Administrator Interview

You are being asked to take part in an evaluation of the Projects for Assistance in Transition from Homelessness (PATH) program. We are asking you to participate because we are interested in learning about your experience with and perspectives about the program. Please read this form carefully, and ask any questions you may have before agreeing to participate in this interview as part of the evaluation.

Every 3 years, the Substance Abuse and Mental Health Services Administration (SAMHSA) is required to conduct an evaluation of the PATH formula grant program and present those findings to Congress. SAMHSA has again contracted with MANILA Consulting Group (MANILA) to conduct the fourth formal evaluation of PATH, which begins this year. The purpose of this evaluation is to gather information that will help SAMHSA and the Center for Mental Health Services understand the extent to which the PATH program is implemented as intended. This information can be used to assist in program planning and improved service provision.

As part of the evaluation, MANILA is conducting interviews with supervisors or agency administrators from a random selection of 10 States currently receiving PATH funding. Your state was 1 of the 10 randomly selected to participate. You were recommended by the State PATH Contact to participate in this interview because of your experience as a supervisor and an advocate for the homeless. During the interview, you will be asked questions related to your understanding of the PATH program and Federal expectations, how you determine service needs and conduct assessments, coordination of services across agencies, the transition of clients from homelessness to housing, training received or needed, and the role of consumers in the agency. The interview will take approximately 40 minutes. With your permission, we will record the interview.

There are no risks to your participating in this study other than those encountered in day-to-day life. There are no benefits to you specifically, and you will not be compensated for participation in this evaluation.

Your answers will be confidential, and the records of this study will be kept private. In any sort of report we make public, we will not include any information that will make it possible to identify you. The data reported will be aggregated, so the responses will not be identifiable by individual or organization. Research records will be kept in a locked file; only the researchers will have access to the records. If we record the interview, we will destroy the recording after it has been transcribed, which we anticipate will be within 2 months of the taping.

Although participation in any research study is voluntary, participation in national evaluation activities is expected since your agency receives Federal grant funding. However, you may choose not to participate or to skip questions that you do not want to answer without any consequence to you or your agency. If you decide to participate, you are free to withdraw at any time.

The researcher overseeing this evaluation is Lisa Kleppel. Please ask any questions you have now. If you have questions later, Lisa Kleppel can be contacted at <a href="lkleppel@manilaconsulting.net">lkleppel@manilaconsulting.net</a> or 571-633-9797, extension 209. If you have any questions or concerns regarding your rights as a subject in this study, you may contact Lisa Lunghofer, chairperson, MANILA Institutional Review Board, at <a href="lunghofer@manilaconsulting.net">llunghofer@manilaconsulting.net</a> or 240-271-4941.

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You will be given a copy of this form to keep for your records.

**Statement of Consent:** I have read the above information and have received answers to all questions I asked. I consent to take part in the study.

Your signature	Date
Your name (printed)	
In addition to agreeing to participate, I also conse	ent to having the interview recorded.
Your signature	Date
Signature of person obtaining consent	Date
Printed name of person obtaining consent	Date

This consent form will be kept by the researcher for at least 3 years beyond the end of the study. The form was approved by the Institutional Review Board on August 5, 2011.