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## **Attachment C**

### **PATH Provider Site Visit Interview Guide: Outreach Worker/Case Manager**

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.

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 Outreach Worker/Case Manager**

### ***Background on Respondent and Organization***

First, I'd like to get some background on you.

1. How long have you been employed with this agency?
2. How long did you work in mental health or in homelessness before joining this agency?
3. What are your PATH and non-PATH job responsibilities?

### ***Services to PATH Clients***

I'd like to know about your work with PATH-supported clients.

4. How do you locate potential PATH clients?
  - a. Probe: primary referral sources
  - b. Probe: where outreach is conducted
  - c. Probe: where homeless individuals are most likely to be found
5. Who is homeless in your community?
  - a. Probe: as to whether there is anything unique about their PATH client population.
  - b. Probe: as to what percentage of homeless individuals come into the community from elsewhere for the express purpose of receiving better service.
6. How often are you in the field/visiting clients? How often do you meet with clients?
  - a. Probe: how long they generally work with a potential PATH client before the person is willing to accept agency services
  - b. Probe: what percentage of their clients are literally homeless or at imminent risk of homelessness
7. What is the size of your current caseload, and how many are PATH clients?
8. How do you screen clients for eligibility for PATH-supported services?
9. Please describe the assessment process for PATH clients in your agency (e.g., when and how they are assessed, who conducts the assessment).
10. After a client is enrolled, how long do you generally work with him/her before moving him/her to long-term case managers?
11. What service gaps exist in your community?

12. How does your agency use the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) to track client participation in housing and services and for follow-up?
  - a. Probe: as to what they consider to be the strengths/weaknesses of HMIS.

### ***Understanding of PATH and Federal Expectations***

For this next set of questions, my focus will be specifically on the PATH formula grant program. If you cannot answer, please feel free to tell me that you don't know.

13. What is your understanding of the purpose of PATH formula grants?
14. What PATH-supported services do you provide to individuals experiencing homelessness or who are at risk for homelessness (e.g., outreach services, screening and diagnostic treatment services)?

### ***Collaborative Services To Address Homelessness***

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

15. 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.

### ***Transition and Housing***

In this 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 into housing.

16. How do you decide when the client is ready to make a transition from PATH-supported services [or your homeless program] into other services?  
*[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?]*
17. Please identify the factors that your agency always considers as a client prepares to move to mainstream mental health services (e.g., quality of services the client will receive, ability to track the client).

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18. 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?  
Probe: availability of permanent housing available. *[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 chose 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.”]*
19. 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)?
20. What success is your organization having in placing clients in permanent housing?
  - a. Probe: common barriers to successful placement of clients in housing
  - b. Probe: common reasons for successful placement of clients in housing
  - c. Probe: whether the availability of affordable housing has any effect on the placement of clients
  - d. Probe: whether the willingness of housing providers to work with the population has any effect on the placement of clients
  - e. Probe: whether the availability of support services for clients placed in housing has any effect on the placement of clients
  - f. Probe: whether the client’s readiness for community life has any effect on the placement of clients

### **Training**

I would like now to shift to a couple of questions about your training needs.

21. Is there training that would help you do your job better?
  - a. Specify:
22. What types of training have you received in the past year?

### **Cultural Competency**

I would now like to shift to some questions about cultural competency and the role of consumers in your agency?

23. Please describe the role of former and current consumers as peer workers in the agency.
24. How do you assess the cultural background and identity of consumers?
25. What languages (other than English) are spoken by agency staff to non-English-speaking consumers?
26. To what extent do homeless clients actively participate in making decisions about the services they receive in your organization?
27. What could you or your organization do to improve client participation in decision-making about the services they receive?
28. What service and treatment approaches are you able to adopt that are culturally relevant to the clients you are serving?

### ***Wrap-Up and Closing***

We have only a few questions remaining.

29. Which emerging trends regarding homelessness ~~that~~ are especially important to the PATH formula grant program?
30. For you, what has been the greatest challenge in working with clients experiencing homelessness?
31. For you, what has been the greatest success or satisfaction in working with clients experiencing homelessness?
32. What do you like best about the PATH program?
33. What do you like least about the PATH program?

34. What changes, if any, would you like to see to the PATH program?
35. These are all the questions I have to ask. Do you have any questions that you'd like to ask us about this session, or about what we've been talking about?

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

## **Consent Form**

### **Outreach Worker/Case Manager 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 is information that can be used to assist in program planning and improved service provision.

As part of the evaluation, MANILA is conducting interviews with outreach workers and case managers from a random selection of 10 States currently receiving PATH funding. During the interview, you will be asked questions about services you provide to PATH clients, your understanding of the PATH program, collaboration with other agencies for service provision, the transition from homelessness to housing, training needs, and cultural competency. 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 file after it has been transcribed, which we anticipate will be within 2 months of its recording.

Participation in this research study is voluntary. 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 [lkleppel@manilaconsulting.net](mailto:lkleppel@manilaconsulting.net) 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 [llunghofer@manilaconsulting.net](mailto:llunghofer@manilaconsulting.net) or 240-271-4941.

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 consent 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.*