Attachment D

PATH Consumer Focus Group Discussion Guide

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 (often called SAMHSA) to conduct the regularly scheduled evaluation of the Projects for Assistance in Transition from Homelessness formula grant program. Better known as PATH, it is a Federal grant program that provides funding through States to agencies like this one to help support services to persons experiencing homelessness or who are at-risk for becoming homeless. Thank you for taking the time to talk with me today.

As part of our evaluation, we are talking with some service provider organizations and their clients such as you to gain a better understanding of how programs use the PATH grant. My questions today will focus mainly on services.

The questions we will ask will give us a better understanding of how PATH works in this agency and will help us understand different approaches States and communities use to meet the challenges of homelessness. Your comments may contribute to the suggestions we make to SAMHSA for improving how PATH operates.

I will now read the consent form to you. After I have read the form, please sign and return one copy to me; you will keep the second copy of the form.

Are there 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 90 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 the Focus Group

Background on Respondents

I want to begin by asking you a few questions about your understanding of the PATH program and your experience of homelessness or being at risk for homelessness. This will help me better understand you as a group.

- Before today, had you ever heard of the PATH initiative and what it does for people who are homeless or at risk for homelessness?
- Did you know that the service provider receives funding from the PATH initiative?

Services Received

Now I want to ask you about the services you receive from the service provider you visited today. The purpose of these questions is to help us understand the services the agency offers individuals experiencing homelessness or who are at risk for homelessness.

- How did you become involved with this agency?
- Where were you when you first met an agency staff person?
- Have you always had the same worker, or has the person changed from time to time?
- How long have you been receiving services from this agency?
- Was this the first time that you received services from this agency?
- Did you ever receive services from another agency, whether here or in some other community?
- When you were first involved with this agency, do you remember having an assessment? What was that like for you?
- What services do you receive from this agency?
 If not mentioned, probe:
 - Help with such benefits as welfare, Social Security Insurance, Medicaid, or Medicare?
 - Filling out the application?
 - Employment services?
 - Mental health or substance abuse services?
 - Help with housing?

- Where do you receive health care services?
- Are there any services that you need but can't get from the agency/community? Why?
- How do you like the services you receive from this agency?
- Where are you currently living?
- Did the agency help you get a housing voucher?
- How difficult is it to find housing in this community?

Experience With the Agency

Now I would like to turn our attention from the services you receive to your experience in being a customer of this agency.

- How often do you see your case worker? Is that often enough for you?
- What does your case worker do for you?
- Is your case worker sensitive to your needs?
- How satisfied are you with the services that you receive from this agency? Why?
- Do you find the services you receive helpful?
- What do you like best about the agency?
- Is there anything about the agency that you wish was different or could be done better?
- How difficult has it been for you this past year to get all the services you need? Why?

Wrap-Up

We are almost to the end of this discussion group. I have just a few more questions to ask you.

- Is there anything that you would like to say about the agency that you haven't had a chance to say yet?
- What has this session been like for you?
- Were any of the questions too personal or difficult to answer?
- Is there anything we should have asked about but didn't?

- How about the time that it has taken?
- Do you have any questions that you'd like to ask me about this session, or about what we've been talking about?

Be sure to thank each person for participating in this focus group and for his/her help with the PATH evaluation. Reiterate how nothing the person said will be shared with the agency and how the information will be used in the evaluation.

Consent Form Consumer Focus Group

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 the 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 focus groups with PATH clients to gain a better understanding of how programs use the PATH grant. During the focus group, you will be asked questions about your knowledge of the PATH program, services you received from the provider agency, and your experience as a customer of the provider agency. The focus group will take approximately 90 minutes. With permission from all focus group participants, we will record the interview. If you cannot give permission for the focus group to be taped, you can either choose not to participate in the group by leaving the room, or you can stay for the group but agree not to answer any questions.

There are no risks to your participating in this study other than those encountered in day-to-day life, and there are no benefits to you specifically. To thank you for your time and participation in the focus group, you will receive a gift card for \$20 at the end of the focus group.

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 responses reported 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. It is also important that you respect the privacy of other focus group participants; please do not repeat anything discussed during the focus group with anyone outside of the group, including your therapist or social worker.

Participation in this research study is voluntary. You may choose not to participate or not to respond to 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 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 lunghofer@manilaconsulting.net or 240-271-4941.

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

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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 4, 2011.