**Attachment 1:** Project Director Telephone Interview & Web Survey

OMB No. 0930-0339

Expiration Date 1/31/2017

Substance Abuse and Mental Health Services Administration (SAMHSA)

Evaluation of the Cooperative Agreements to Benefit Homeless Individuals (CABHI) Program

Project Director Interview – Web Survey

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 0930-0339.  Public reporting burden for this collection of information is estimated to average 1.1 hours 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| **A1. TI/SM (Application#):** | | | |  | | | | | | | | | | | | |
| **A2. Grantee Agency Name:** | | | | |  | | | | | | | | | | | |
| **A3. Project Name:** |  | | | | | | | | | | | | | | | |
| **A4. Grantee Location: City:** | | | | |  | | | | | | | | | **State:** | |  |
| **A5. Evaluation Extractor ID#:** | | | | | |  | | | | | | | | | | |
| **A6. Date of document extraction:** | | | | | | | | |  | | | | | | | |
| **A7. Interviewer ID#:** | |  | | | | | | | | | | | | | | |
| **A8. Date of email** (mm/dd/yy)**:** | | | | | | |  | | | | | | | | | |
| **A9. Date of interview** (mm/dd/yy)**:** | | | | | | | | |  | | | | | | | |
| **A10: Respondent ID #:** | | |  | | | | | | | | | | | | | |
| **A11. Role of respondent:** | | | |  | | | | Project Director/Manager | | | | | | | | |
|  | | | | Evaluator | | | | | | | | |
|  | | | | Other, specify: | | |  | | | | | |
| **A12. Project’s SAMHSA Homeless Program:** | | | |  | | | | Cooperative Agreements to Benefit Homeless Individuals (CABHI) | | | | | | | | |
| **A13. Cohort Year** (Year Grantee was funded): | | | | | | | | | |  | | 2016 |  | | 20XX | |
|  | | 20XX |  | | 20XX | |

*Welcome—and thank you for taking the time to complete this survey!*

As a CABHI grantee, your knowledge and understanding of the CABHI program and services are valuable. In your responses, consider the events that have occurred since the CABHI project was awarded. If federal funding has ended, please think about the program while it was funded. There will be a few questions that are specific to those grantees who have ended their CABHI funding.

**Grantee Agency & Project Characteristics**

1. Has Federal funding for your local CABHI project ended?

\_\_\_Yes \_\_\_No

|  |  |
| --- | --- |
| 1. **SAMHSA Homeless Program(s) for which your grantee agency currently receives funding or has ever received funding:**   *(check all that apply)* | \_\_\_ Cooperative Agreements to Benefit Homeless Individuals (CABHI)  \_\_\_ Grants for the Benefit of Homeless Individuals (GBHI)  \_\_\_ General Track  \_\_\_ Chronic Homeless Track (2006 only)  \_\_\_ SSH Track  \_\_\_ Services in Supportive Housing (SSH)  \_\_\_ Projects for Assistance in Transition from Homelessness (PATH) |

**The next questions address characteristics of the grantee agency.**

|  |  |
| --- | --- |
| 1. **What type of organization is your grantee agency?** *(check more than one, if appropriate)* | \_\_\_ Social service agency  \_\_\_ Drop-in center agency  \_\_\_ Shelter  \_\_\_ Case Management agency  \_\_\_ Housing organization \_\_\_ Treatment provider (non-hospital stand alone clinic/agency/residence):  \_\_\_Substance abuse treatment agency  \_\_\_ Residential  \_\_\_ Outpatient  \_\_\_ Both  \_\_\_ Mental health treatment agency  \_\_\_ Residential  \_\_\_ Outpatient  \_\_\_ Both  \_\_\_ Medical treatment  \_\_\_ Hospital \_\_\_ Employment organization  \_\_\_ Education organization \_\_\_ Veterans organization/administration \_\_\_ Criminal justice organization  \_\_\_ Youth organization  \_\_\_ HIV/AIDS service agency  \_\_\_ Not a direct service provider (e.g., state/city government, SA/MH/Housing Authority, etc.); specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Other, specify: |
| 1. **Which single organization type best describes your grantee agency?**   *(check one)* | \_\_\_ Social service agency  \_\_\_ Drop-in center agency  \_\_\_ Shelter  \_\_\_ Case Management agency  \_\_\_ Housing organization \_\_\_ Treatment provider (non-hospital stand alone clinic/agency/residence):  \_\_\_Substance abuse treatment agency  \_\_\_ Residential  \_\_\_ Outpatient  \_\_\_ Both  \_\_\_ Mental health treatment agency  \_\_\_ Residential  \_\_\_ Outpatient  \_\_\_ Both  \_\_\_ Medical treatment  \_\_\_ Hospital \_\_\_ Employment organization  \_\_\_ Education organization \_\_\_ Veterans organization/administration \_\_\_ Criminal justice organization  \_\_\_ Youth organization  \_\_\_ HIV/AIDS service agency  \_\_\_ Not a direct service provider (e.g., state/city government, SA/MH/Housing Authority, etc.); specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Other, specify: |
| 1. **Is your grantee agency or organization:** *(check one)* | \_\_\_ State or local government agency \_\_\_ For-profit company \_\_\_ Non-profit organization |
| **5a. If not state or local government agency:** *(check all that apply)* | \_\_\_ Faith-based organization  \_\_\_ Research firm/organization  \_\_\_ University  \_\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Which of the following are dominant values[[1]](#footnote-1) of the grantee agency?** *(check all that apply)* | \_\_\_ Rehabilitative  \_\_\_ Strengths based \_\_\_ Prescriptive \_\_\_ Confrontive \_\_\_ Supportive continuum \_\_\_ Other, specify: |
| 1. **Which of the following is the most important value of the grantee agency:** *(check one)* | \_\_\_ Rehabilitative \_\_\_ Strengths based \_\_\_ Prescriptive \_\_\_ Confrontive \_\_\_ Supportive continuum \_\_\_ Other, specify: |
| 1. **Does the grantee agency receive HUD funding?** | \_\_\_ Yes  \_\_\_ No  \_\_\_ Don’t Know |
| **8a. If yes, what is the annual amount provided?** | \_\_\_\_\_\_\_\_ Annual amount provided by HUD |
| **8b. What is the source of this HUD funding?**  *(check all that apply)* | \_\_\_ McKinney-Vento  \_\_\_ Emergency Solutions Grant (ESG)  \_\_\_ Continuum of Care Program  \_\_\_ HUD-Veterans Affairs Supportive Housing Program (VASH)  \_\_\_ Housing Opportunities for Persons with AIDS (HOPWA)  \_\_\_ HUD Mainstream housing funds  \_\_\_ Other, specify |
| **What is the total project funding across all years for your CABHI project?** | $\_\_\_\_\_\_\_\_ Project Funding from SAMHSA for CABHI |
| **What amount and percent of the total annual award budget for the CABHI project goes toward evaluation annually?** | $\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_% of total CABHI award  If the amount varies by year, please provide the average across all years of the grant period. |
| 1. **Project funding from non-SAMHSA Homeless Program sources:** | |  |  |  |  | | --- | --- | --- | --- | | **Funding Source** | **Funding Year** | | | | 1 | 2 | 3 | | In-kind | $ | $ | $ | | SAMHSA (non-CABHI) | $ | $ | $ | | Federal (non-SAMHSA) | $ | $ | $ | | State | $ | $ | $ | | County | $ | $ | $ | | City | $ | $ | $ | | Medicaid | $ | $ | $ | | Other: | ----------- | ----------- | ----------- | | SPECIFY | $ | $ | $ | | SPECIFY | $ | $ | $ | |
| 1. **What is the approximate number of unduplicated clients served annually by the grantee agency (include all clients—CABHI and non- CABHI)? (Use most recent complete year)** | \_\_Less than 100  \_\_101 – 500  \_\_501 – 1,000  \_\_1,001 – 5,000  \_\_5,001 – 10,000  \_\_More than 10,000 |
| 1. **How many clients did your CABHI project serve in past project-funded years or do you plan to serve in the current and future project years (e.g., the SAMHSA approved target enrollment)?**   **What is the total for all funded years?** | \_\_\_\_\_\_ Year 1  \_\_\_\_\_\_ Year 2  \_\_\_\_\_\_ Year 3  \_\_\_\_\_\_ 3 year total for CABHI |
| **13a. What percentage of the CABHII project clients receive SSI/SSD for a psychiatric disability?** | \_\_\_ None  \_\_\_ 1% to 25% \_\_\_ 26% to 50% \_\_\_ 51% to 75% \_\_\_ 76% to 100% \_\_\_ Don’t Know |
| **13b. What percentage of the CABHI project clients receive SSI/SSD for a medical disability?** | \_\_\_ None  \_\_\_ 1% to 25% \_\_\_ 26% to 50% \_\_\_ 51% to 75% \_\_\_ 76% to 100% \_\_\_ Don’t Know |
| **13c. For what percentage of the CABHI project clients does the grantee agency serve as a representative payee for SSI/SSD?** | \_\_\_ None  \_\_\_ 1% to 25% \_\_\_ 26% to 50% \_\_\_ 51% to 75% \_\_\_ 76% to 100% \_\_\_ Don’t Know  \_\_\_ Not applicable |

|  |  |
| --- | --- |
| 1. **Which geographic area(s) does the CABHI project serve?** | Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **14a. Is the area you serve through the CABHI program: (check all that apply)** | \_\_\_ Rural area  \_\_\_ Suburban area (e.g., Urban Cluster) \_\_\_ Urban area |

**15. What types of staff expertise does your CABHI project make available to project clients? List the name of each project staff member, then specify for each staff member: (1) area/s of licensure, (2) area/s of certification, (3) highest degree attained, (4) position in the CABHI project, (5) primary location where the staff member provides services, and (6) the funded FTE and in-kind FTE.**

**Please include all in-kind and paid through the CABHI grant staff.**

| **Staff Name** | **Area of Licensure**  *(list all that apply)*  1. None  2. Medical - Psychiatry  3. Medical – Other Specialties  4. Physician Assistant  5. Nurse Practitioner  6. Registered Nurse  7. Clinical Psychologist  8. Counseling Psychologist  9. Marriage & Family Therapist  10. Mental Health Counseling  11. Substance Abuse Counseling  12. Social Worker  13. Education Specialist  14. Attorney/Esquire  15. Other specify:\_\_ | **Area of Certification**  *(list all that apply)*  1. None  2. Integrated Treatment  3. Mental Health Counseling  4. Substance Abuse Counseling  5. Trauma Treatment  6. Domestic Violence  7. Peer Advocacy  8. Housing Specialist  9. Vocational Specialist  10. Education Specialist  11. Other, specify\_\_\_\_\_ | **Highest Degree**  1. None  2. High School degree or GED  3. Associate’s degree  4. Bachelor’s degree  5. Master’s degree  6. Doctoral degree  7. Law degree  8. Medical degree | **Position in CABHI Project**  *(list all that apply)*  1. Diagnosis, Medication Treatment & Management  2.Health Specialist  3.Mental Health Counselor  4. Substance Abuse Counselor  5. Integrated Treatment Counselor  6. Trauma Specialist  7. Case Manager  8. Outreach Worker  9. Peer Specialist  10. Housing Specialist  11. Vocational Specialist  12. Educational Specialist  13. Project Director  14. Project Coordinator  15. Program Manager  16. Evaluator/Research/ Quality Improvement  17. Administrative/ Secretarial  18. Transportation (e.g. driver)  19. Other, specify:\_\_\_\_ | **Primary Location**  for providing services  1. Street  2. Jail or prison  3. Hospital  4. Shelter  5. Drop-in center  6. Residential treatment facility  7. Halfway house  8. Three quarter housing (e.g., Oxford)  9. Safe Haven  10. Other Transitional housing (other than residential treatment, safe haven, halfway house)  11. Permanent housing  12. Outpatient treatment center  13. CABHI project offices/grantee administration offices  14. Other, specify:\_\_\_\_ | **Funded FTE**  (0 – 1) | **In-Kind FTE**  (0 – 1) |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Stakeholders/Partners

16. Does your CABHI project hold formal partner/stakeholder meetings?

\_\_\_Yes

\_\_\_No *[If NO, skip to* ***Q17****]*

16a. If yes, do these formal meetings include stakeholders beyond project/subcontract staff?

\_\_\_Yes

\_\_\_No

16b. If yes, how frequently are stakeholder meetings held?

\_\_\_Weekly

\_\_\_Monthly

\_\_\_Quarterly

\_\_\_Annually

\_\_\_Less frequently

**16c. If yes, are formal minutes taken and disseminated?**

\_\_\_Yes

\_\_\_No

**17. Does your CABHI project have a Steering Committee or an Advisory Committee that oversees your project?**

\_\_\_Yes

\_\_\_No *[Skip to* ***Q19****]*

**18. Please indicate who is on the Steering/Advisory Committee and if there is a signed Memorandum of Understanding (MOU).**

| **Member Represents** | **Member of Steering/Advisory Committee**  ***[If NO, skip to next row]*** | **Signed MOU available** |
| --- | --- | --- |
| 1. State or local Public Housing Authority | Yes No | Yes No |
| 1. Local mental health services provider organizations | Yes No | Yes No |
| 1. Local substance abuse services provider organizations | Yes No | Yes No |
| 1. Local primary care provider organizations | Yes No | Yes No |
| 1. Local Continuum of Care | Yes No | Yes No |
| 1. State Medicaid Office | Yes No | Yes No |
| 1. State Mental Health Authority | Yes No | Yes No |
| 1. State Substance Abuse Authority | Yes No | Yes No |
| 1. Individuals who are homeless or have experienced homelessness and are recovering from mental and/or substance use disorders | Yes No | Yes No |
| 1. SAMHSA Government Project Officer | Yes No | Yes No |
| 1. Local housing providers | Yes No | Yes No |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_ | Yes No | Yes No |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_ | Yes No | Yes No |

**19. Is your CABHI project part of a Community Consortium?**

\_\_\_Yes

\_\_\_No *[If NO, skip to* ***Q23****]*

**20. Is your CABHI project the Local Lead Agency (LLA) for the Community Consortium?**

\_\_\_Yes

\_\_\_No

**21. Was the Community Consortium newly created for the grant or was it an existing State/Local Community Consortium?**

\_\_\_New Community Consortium created for grant

\_\_\_An existing State/Local Community Consortium

**22. Please indicate who comprises the Community Consortium and if there is a signed Memorandum of Understanding (MOU).**

| **Member Represents** | **Member of Community Consortium**  ***[If NO, skip to next row]*** | **Signed MOU available** |
| --- | --- | --- |
| 1. State or local Public Housing Authority | Yes No | Yes No |
| 1. Local mental health services provider organizations | Yes No | Yes No |
| 1. Local substance abuse services provider organizations | Yes No | Yes No |
| 1. Local primary care provider organizations | Yes No | Yes No |
| 1. Local Continuum of Care | Yes No | Yes No |
| 1. State Medicaid Office | Yes No | Yes No |
| 1. State Mental Health Authority | Yes No | Yes No |
| 1. State Substance Abuse Authority | Yes No | Yes No |
| 1. Individuals who are homeless or have experienced homelessness and are recovering from mental and/or substance use disorders | Yes No | Yes No |
| 1. Local housing providers | Yes No | Yes No |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_ | Yes No | Yes No |
| 1. Other (specify):\_\_\_\_\_\_\_\_\_ | Yes No | Yes No |

23. Prior to your local CABHI project*,* how often did you collaborate with agencies or organizations in each of the following areas?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Collaborations with…** | **Frequency of collaboration prior to CABHI/** | | | |  |
|  | **Never** | **Rarely** | **Occasionally** | **Frequently** | **Don’t know** |
| a. | Social service providers |  |  |  |  |  |
| b. | State Medicaid office |  |  |  |  |  |
| c. | Substance abuse treatment providers |  |  |  |  |  |
| d. | State Substance Abuse Authority |  |  |  |  |  |
| e. | Mental health treatment providers |  |  |  |  |  |
| f. | State Mental Health Authority |  |  |  |  |  |
| g. | Housing providers |  |  |  |  |  |
| h. | State or local Housing Authority |  |  |  |  |  |
| i. | Local Continuum of Care |  |  |  |  |  |
| j. | Shelters |  |  |  |  |  |
| k. | Drop-in centers |  |  |  |  |  |
| l. | Medical (primary/specialized) care providers |  |  |  |  |  |
| m. | Education providers |  |  |  |  |  |
| n. | Employment or job training providers |  |  |  |  |  |
| o. | Veterans agencies |  |  |  |  |  |
| p. | Criminal justice agencies |  |  |  |  |  |
| q. | Peers/Consumers |  |  |  |  |  |
| r. | Family advocacy groups |  |  |  |  |  |
| s. | Policy-makers/legislators |  |  |  |  |  |
| t. | Research/evaluation |  |  |  |  |  |

24. Since the start of your local CABHI project, how often have you collaborated with agencies or organizations in each of the following areas?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Collaborations with…** | **Frequency of collaboration since CABHI** | | | |  |
|  | **Never** | **Rarely** | **Occasionally** | **Frequently** | **Don’t know** |
| a. | Social service providers |  |  |  |  |  |
| b. | State Medicaid office |  |  |  |  |  |
| c. | Substance abuse treatment providers |  |  |  |  |  |
| d. | State Substance Abuse Authority |  |  |  |  |  |
| e. | Mental health treatment providers |  |  |  |  |  |
| f. | State Mental Health Authority |  |  |  |  |  |
| g. | Housing providers |  |  |  |  |  |
| h. | State or local Housing Authority |  |  |  |  |  |
| i. | Local Continuum of Care |  |  |  |  |  |
| j. | Shelters |  |  |  |  |  |
| k. | Drop-in centers |  |  |  |  |  |
| l. | Medical (primary/specialized) care providers |  |  |  |  |  |
| m. | Education providers |  |  |  |  |  |
| n. | Employment or job training providers |  |  |  |  |  |
| o. | Veterans agencies |  |  |  |  |  |
| p. | Criminal justice agencies |  |  |  |  |  |
| q. | Peers/Consumers |  |  |  |  |  |
| r. | Family advocacy groups |  |  |  |  |  |
| s. | Policy-makers/legislators |  |  |  |  |  |
| t. | Research/evaluation |  |  |  |  |  |

**[*IF Q1 = YES, ANSWER 25; IF Q1 = NO, SKIP 25, GO TO 26*]**

25. Since Federal funding of your local CABHI project stopped, how often have you collaborated with agencies or organizations in each of the following areas?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Collaborations with…** | **Frequency of collaboration since CABHI** | | | |  |
|  | **Never** | **Rarely** | **Occasionally** | **Frequently** | **Don’t know** |
| a. | Social service providers |  |  |  |  |  |
| b. | State Medicaid office |  |  |  |  |  |
| c. | Substance abuse treatment providers |  |  |  |  |  |
| d. | State Substance Abuse Authority |  |  |  |  |  |
| e. | Mental health treatment providers |  |  |  |  |  |
| f. | State Mental Health Authority |  |  |  |  |  |
| g. | Housing providers |  |  |  |  |  |
| h. | State or local Housing Authority |  |  |  |  |  |
| i. | Local Continuum of Care |  |  |  |  |  |
| j. | Shelters |  |  |  |  |  |
| k. | Drop-in centers |  |  |  |  |  |
| l. | Medical (primary/specialized) care providers |  |  |  |  |  |
| m. | Education providers |  |  |  |  |  |
| n. | Employment or job training providers |  |  |  |  |  |
| o. | Veterans agencies |  |  |  |  |  |
| p. | Criminal justice agencies |  |  |  |  |  |
| q. | Peers/Consumers |  |  |  |  |  |
| r. | Family advocacy groups |  |  |  |  |  |
| s. | Policy-makers/legislators |  |  |  |  |  |
| t. | Research/evaluation |  |  |  |  |  |

26. Since the start of your local CABHI project, how effective have your collaborations been with agencies or organizations in each of the following areas? That is, how effective have your collaborations been in helping your local CABHI project achieve its intended outcomes?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Collaborations with…** | **Effectiveness of collaboration in helping achieve outcomes** | | |
|  | **Not effective** | **Somewhat effective** | **Very effective** | **Don’t know** | **N/A** |
| a. | Social service providers |  |  |  |  |  |
| b. | State Medicaid office |  |  |  |  |  |
| c. | Substance abuse treatment providers |  |  |  |  |  |
| d. | State Substance Abuse Authority |  |  |  |  |  |
| e. | Mental health treatment providers |  |  |  |  |  |
| f. | State Mental Health Authority |  |  |  |  |  |
| g. | Housing providers |  |  |  |  |  |
| h. | State or local Housing Authority |  |  |  |  |  |
| i. | Local Continuum of Care |  |  |  |  |  |
| j. | Shelters |  |  |  |  |  |
| k. | Drop-in centers |  |  |  |  |  |
| l. | Medical (primary/specialized) care providers |  |  |  |  |  |
| m. | Education providers |  |  |  |  |  |
| n. | Employment or job training providers |  |  |  |  |  |
| o. | Veterans agencies |  |  |  |  |  |
| p. | Criminal justice agencies |  |  |  |  |  |
| q. | Peers/Consumers |  |  |  |  |  |
| r. | Family advocacy groups |  |  |  |  |  |
| s. | Policy-makers/legislators |  |  |  |  |  |
| t. | Research/evaluation |  |  |  |  |  |

**Services**

**27. To what extent is each of the following types of services provided to CABHI project clients: directly by the grantee and paid by CABHI project funds, by the grantee not paid by CABHI project funds (in-kind), by other organizations paid by CABHI funds, or through referral to other organizations not paid with CABHI funds? For each cell, select 1 – 5 as follows:**

**1 – None or almost none (i.e., 0-5%)**

**2 – Very little (i.e., 6-25%)**

**3 – Some (i.e., 26-74%)**

**4 – Most (i.e., 75-94%)**

**5 – All or almost all (i.e., 95-100%)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Provided directly by grantee to CABHI clients paid by CABHI project funds** | **Provided by grantee to CABHI clients NOT paid by CABHI project funds (in-kind)** | **Provided to CABHI clients by other organizations, paid by the grantee with CABHI project funds** | **Provided to CABHI clients by other organizations through referral from grantee, no payment from grantee** |
| **Outreach & recruitment** | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| **Case management** (e.g., make appointments, provide referrals/linkages, monitor service delivery, etc) | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| **Substance abuse & mental health treatment** | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| **Housing support services** (e.g., complete housing applications, prepare for housing interview, contact landlords, etc) | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| **Housing** | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| **Wraparound services** (e.g., educational/vocational services, transportation, assistance in acquiring benefits, daily living skills, etc) | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

**28. The following questions address the types of services that are provided to clients by the CABHI project. For each listed service (A), please indicate:**

**(B) If the service is being provided to CABHI project clients either directly by the grantee agency or through referral.**

***If no, SKIP to the next service row.***

**(C) Indicate the percentage of CABHI project clients who have received the service in the past 6 months.**

***If less than 26% of project clients received the service, SKIP to the next service row.***

**(D) Indicate if the *grantee directly provides the service*, the *grantee pays for someone else (another agency/organization) to provide it*, a *partner directly provides the service without a referral from the grantee*, or the *client is referred to the service but no payment is given to provide the service*.**

***If the grantee makes a referral only, SKIP to the next service row.***

**(E) Indicate the primary location/s where the service is provided (use the Setting Codes).**

**(F) Indicate how the service is paid for.**

**(G) Indicate if the grantee provided this service prior to receiving CABHI funding?**

|  |
| --- |
| **Setting codes: (check all that apply)**   1. Street 2. Jail or prison 3. Hospital 4. Shelter 5. Drop-in center 6. Residential treatment facility 7. Halfway house 8. Three quarter housing (e.g., Oxford) 9. Safe Haven 10. Other Transitional housing (other than residential treatment, safe haven, halfway house) 11. Permanent housing 12. Outpatient treatment center 13. CABHI project offices/grantee administration offices 14. Other (specify) |

| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF SERVICE** | **Provided to CABHI project clients either directly or by referral?**  YES/NO  *[****IF NO****, skip to next service row]* | **What percentage of your project’s clients received the service during the past 6 months?**  0) 0%  1) 1-25% ***[if <26%, skip to next service row]***  2) 26-50%  3) 51-75%  4) 76-100% | **How is the service provided?**  *(list all that apply)*  1. Grantee provides it directly  2. Grantee pays for someone else to provide it  3. Partner provides it directly without referral  4. Grantee makes a referral but does not pay  ***[If 4 ONLY,*** *skip to the next service row****]*** | **Where is the service provided (note the primary location/s)?**  [USE SETTING CODES ABOVE] | **How is the service paid for?**  *(list all that apply)*  1. CABHI funds  2. In-kind by grantee  3. In-kind by partner agency  4. Medicaid/ Medicare  5. Client’s private insurance  6. Out-of-pocket by client  UNKNOWN | **Was this service provided prior to receiving CABHI funding?**  YES/NO |
| **Outreach, Engagement & Recruitment** |  |  |  |  |  |  |
| **Screening or Assessment** *(e.g., for mental disorders, substance abuse disorders, co-occuring disorders, trauma):* |  |  |  |  |  |  |
| **TREATMENT SERVICES** |  | |  |  | | | |
| **ANY SUBSTANCE ABUSE (SA) TREATMENT** *(if known, specify and check all that apply)*: |  |  |  |  |  |  |
| SA outpatient counseling *(if known, specify and check all that apply)*: |  |  |  |  |  | *SKIP* |
| SA group outpatient counseling |  |  |  |  |  | *SKIP* |
| SA individual outpatient counseling |  |  |  |  |  | *SKIP* |
| SA residential treatment (group & individual) |  |  |  |  |  | *SKIP* |
| SA inpatient (hospital) treatment |  |  |  |  |  | *SKIP* |
| SA Pharmacotherapy (e.g., Methadone/ Buprenorphine) |  |  |  |  |  | *SKIP* |
| Outpatient Detox |  |  |  |  |  | *SKIP* |
| Residential Detox |  |  |  |  |  | *SKIP* |
| Relapse prevention |  |  |  |  |  | *SKIP* |
| **ANY MENTAL HEALTH (MH) TREATMENT** *(if known, specify and check all that apply)*: |  |  |  |  |  |  |
| MH outpatient counseling *(if known, specify and check all that apply)*: |  |  |  |  |  | *SKIP* |
| MH group outpatient counseling |  |  |  |  |  | *SKIP* |
| MH individual outpatient counseling |  |  |  |  |  | *SKIP* |
| MH partial hospitalization/day treatment |  |  |  |  |  | *SKIP* |
| MH residential treatment (group & individual) |  |  |  |  |  | *SKIP* |
| Inpatient psychiatric hospitalization |  |  |  |  |  | *SKIP* |
| MH Pharmacotherapy (e.g., anti-depressants, anti-psychotics, anti-anxiety medications, etc) |  |  |  |  |  | *SKIP* |
| Family Treatment |  |  |  |  |  |  |
| Trauma/PTSD treatment services |  |  |  |  |  |  |
| **ANY INTEGRATED MENTAL HEALTH AND SUBSTANCE ABUSE (COD) TREATMENT** *(if known, specify and check all that apply)*: |  |  |  |  |  |  |
| COD outpatient counseling *(if known, specify and check all that apply)*: |  |  |  |  |  | *SKIP* |
| COD group outpatient counseling |  |  |  |  |  | *SKIP* |
| COD individual outpatient counseling |  |  |  |  |  | *SKIP* |
| COD residential treatment (group & individual) |  |  |  |  |  | *SKIP* |
| **Crisis care (e.g., 24 hour crisis response service)** |  |  |  |  |  |  |
| **WRAPAROUND SERVICES** |  | |  |  | | | |
| **Case management** |  |  |  |  |  |  |
| **Discharge planning** |  |  |  |  |  |  |
| **Aftercare** |  |  |  |  |  |  |
| **Self-help or peer services** *(e.g., 12-step groups, other self-helf groups, peer-to-peer counseling, peer mentoring)*: |  |  |  |  |  |  |
| **ANY MEDICAL/ HEALTH CARE SERVICES** *(if known, specify and check all that apply)*: |  |  |  |  |  | *SKIP* |
| General medical treatment |  |  |  |  |  |  |
| Specialized medical care for women |  |  |  |  |  |  |
| HIV/AIDS testing & medical treatment |  |  |  |  |  |  |
| HIV/AIDS/STI prevention education |  |  |  |  |  |  |
| **Vocational or employment services** *(e.g., job readiness, job placement, job retention services, on-site employment )*: |  |  |  |  |  |  |
| **Education/GED programs** |  |  |  |  |  |  |
| **Assistance with benefits or insurance applications** *(e.g., Medicaid, Medicare, SSI/SSDI, food stamps)*: |  |  |  |  |  |  |
| **Legal assistance** *(including civil or criminal)* |  |  |  |  |  |  |
| **Housing application assistance & placement** |  |  |  |  |  |  |
| **Housing readiness training** |  |  |  |  |  |  |
| **Independent living skills/Daily living skills training** (e.g., food shopping, cleaning, hygiene, money management, etc) |  |  |  |  |  |  |
| **Family and parenting services** *(e.g., parenting skills, child care, family advocacy, family reunification)* |  |  |  |  |  |  |
| **Transportation** |  |  |  |  |  |  |
| **Social & Recreational Activities** |  |  |  |  |  |  |
| **Other, specify:** |  |  |  |  |  |  |

*As reported in Q28, if integrated mental health and substance abuse treatment is provided directly by the grantee, the grantee pays for someone else to provide it,OR a partner directly provides it, answer Q29; If integrated mental health and substance abuse treatment is not provided or provided only through referral, SKIP to Q30.*

29. Please tell us about the integrated mental health and substance abuse treatment you provide to CABHI clients. These questions apply only to clients who are receiving integrated mental health and substance abuse treatment.

|  |  |
| --- | --- |
| a. Clients are screened for both mental health and substance use problems | Yes  No |
| b. Clients are assessed for both mental health diagnosis and substance use diagnosis and accompanying treatment needs by a licensed professional | Yes  No |
| c. Clients receive mental health services on-site and are referred to substance abuse treatment services off-site | Yes  No |
| d. Clients receive substance abuse treatment services on-site and are referred for mental health services, including medication management, off-site | Yes  No |
| e. Clients receive mental health and substance abuse treatment at the same site | Yes  No |
| f. Clients receive on-site group sessions specifically designed to address both mental health and substance use problems (e.g., dual diagnosis groups) | Yes  No |
| g. Staff include mental health professionals who provide mental health treatment and substance abuse professionals who provide substance abuse treatment | Yes  No |
| h. Staff are cross-trained in substance abuse and mental health treatment. | Yes  No |
| i. Clients must be in recovery prior to beginning mental health treatment. | Yes  No |
| j. Mental health and substance abuse treatment staff serve on the same team and collaborate on treatment plan | Yes  No |
| k. Clients must be stable mentally before beginning substance abuse treatment | Yes  No |

30. Please tell us about the role of client choice in treatment.

|  |  |
| --- | --- |
| a. In which ways does your agency accommodate client choice with regard to treatment for your CABHI project clients? *(check all that apply)* | \_\_\_ Type of treatment (e.g., substance abuse, trauma, integrated treatment, etc.)  \_\_\_ Types of medication prescribed \_\_\_ Modality of treatment (e.g., group vs.individual)  \_\_\_ Treatment setting (e.g., residential, outpatient, continuing day treatment, at housing)  \_\_\_ Length of treatment  \_\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **b.** **Treatment assignments are determined by:** *(check all that apply)* | \_\_\_ Client choice  \_\_\_ The treatment program  \_\_\_ Criminal justice record  \_\_\_ Probation/parole/court mandate considerations  \_\_\_ Being clean and sober  \_\_\_ Reached a certain phase of treatment  \_\_\_ Stability of mental health symptoms  \_\_\_ Stage of change  \_\_\_ Other clinical determinations, specify:\_\_\_\_\_  \_\_\_ Psychiatric advanced directives  \_\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CABHI Project Organization and Implementation**

31. The following statements refer to your agency or organization’s CABHI project staff experience with cultural competence, gender services and trauma and consumer involvement. The statements are worded for grantees that are currently operating. If your local CABHI grant has ended, please think about the situation just prior to the grant ending. Please indicate the extent to which you agree or disagree.

| ***Please indicate the extent to which you agree or disagree with the following statements about the services provided by your agency or organization:*** | **Strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)** | | | | |
| --- | --- | --- | --- | --- | --- |
| **SA** | **A** | **N** | **D** | **SD** |
| a. Our staff has experience serving the target population (e.g., homeless youth, adults or families with substance use and/or co-occurring mental disorders) |  |  |  |  |  |
| b. Our staffing has diversity reflecting the target population |  |  |  |  |  |
| c. We have specific plans to overcome language barriers (bilingual staff, instruments in various languages) |  |  |  |  |  |
| d. Treatment and/or support services were selected based on specific effectiveness/appropriateness to the target population’s age, gender, race or ethnicity. |  |  |  |  |  |
| e. We have had training(s) on cultural sensitivity |  |  |  |  |  |
| f. We have planned future training(s) to increase cultural sensitivity |  |  |  |  |  |
| g. We assess the client’s trauma history |  |  |  |  |  |
| h. We offer trauma-specific treatment or other services |  |  |  |  |  |
| i. We have had training(s) on trauma-informed treatment or services |  |  |  |  |  |
| j. We have planned future training(s) on trauma-informed treatment or services |  |  |  |  |  |
| k. Our agency (not just the CABHI project) generally offers gender-specific services |  |  |  |  |  |
| l. The CABHI project offers gender-specific treatment or services options |  |  |  |  |  |
| m. We have had training(s) on gender-specific treatment or other services |  |  |  |  |  |
| n. We have planned future training(s) on gender-specific treatment or other services |  |  |  |  |  |
| o. Our clients have choice in selecting treatment or other services in which to participate |  |  |  |  |  |
| p. Our clients have choice in selecting type of housing/locations/configurations |  |  |  |  |  |
| q. Clients/consumers serve as paid staff members |  |  |  |  |  |
| r. Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

32. The following statements refer to the implementation and operation of your local CABHI project. The statements are worded for grantees that are currently operating. If your local CABHI grant has ended, please think about the situation just prior to the grant ending. Please indicate the extent to which you agree or disagree.

| ***Please indicate the extent to which you agree or disagree with the following statements about the implementation and operation of your CABHI project:*** | **strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)** | | | | |
| --- | --- | --- | --- | --- | --- |
| **SA** | **A** | **N** | **D** | **SD** |
| a. Information sharing about specific clients among partners has improved as a result of CABHI |  |  |  |  |  |
| b. Communication among partnering organizations has improved as a result of CABHI |  |  |  |  |  |
| c. CABHI partners have created common goals as a result of the CABHI project |  |  |  |  |  |
| d. Support for the CABHI project from grantee agency line staff has been strong |  |  |  |  |  |
| e. Support for the CABHI project from housing partner(s) line staff has been strong |  |  |  |  |  |
| f. Support for the CABHI project from substance abuse treatment partner(s) line staff has been strong |  |  |  |  |  |
| g. Support for the CABHI project from mental health treatment partner(s) line staff has been strong |  |  |  |  |  |
| h. Support for the CABHI project from housing partner(s) administration has been strong |  |  |  |  |  |
| i. Support for the CABHI project from substance abuse treatment partner(s) administration has been strong |  |  |  |  |  |
| j. Support for the CABHI project from mental health treatment partner(s) administration has been strong |  |  |  |  |  |
| k. CABHI has increased clients’ willingness to access available services |  |  |  |  |  |
| l. CABHI has increased my agency or organization’s capabilities to provide clients effective and appropriate services |  |  |  |  |  |
| m. The CABHI project has tapped into other federal, state or local government funding to enhance its activities during CABHI funding |  |  |  |  |  |
| n. The CABHI project has tapped into federal, state or local government funding to sustain its activities after CABHI funding ends |  |  |  |  |  |
| o. My agency has been involved in sustainability planning to help the CABHI project continue after CABHI funding ends |  |  |  |  |  |
| p. The CABHI project has implemented targeted approaches and strategies as planned |  |  |  |  |  |
| q. The CABHI project has effectively overcome obstacles or setbacks |  |  |  |  |  |
| r. The CABHI project has improved integration of services for target clients in our community |  |  |  |  |  |
| s. The CABHI project has fostered coordination between different types of service providers |  |  |  |  |  |
| t. The CABHI project includes members from all relevant agencies or organizations that are necessary to successfully implement the project |  |  |  |  |  |
| u. Our CABHI project has clear criteria on how resources are allocated |  |  |  |  |  |
| v. CABHI project goals and strategies are well-focused |  |  |  |  |  |
| w. The CABHI project has effectively utilized pre-existing community capabilities and assets |  |  |  |  |  |
| x. CABHI project efforts have been undercut by turf battles or in-fighting |  |  |  |  |  |
| y. The CABHI project has had insufficient involvement from agency leaders |  |  |  |  |  |
| z. The CABHI project has used too much of a “top down” approach |  |  |  |  |  |
| aa. The CABHI project has used too much of a “bottom up” approach |  |  |  |  |  |
| bb. Staff turnover has limited effectiveness of CABHI activities |  |  |  |  |  |
| cc. The CABHI project has placed too much emphasis on substance abuse treatment and/or mental health treatment, at the expense of housing |  |  |  |  |  |
| dd. The CABHI project has placed too much emphasis on housing, at the expense of substance abuse treatment and/or mental health treatment |  |  |  |  |  |
| ee. The CABHI project has had little effect on moving clients into permanent housing |  |  |  |  |  |
| ff. The CABHI project has had little effect on integrating housing and support and treatment services |  |  |  |  |  |
| gg. Formal interagency agreements (e.g., MOUs) have facilitated CABHI efforts |  |  |  |  |  |
| hh. The CABHI project has fostered development of uniform application, eligibility criteria, or intake assessments |  |  |  |  |  |
| ii. CABHI project efforts have been supported by co-location of services |  |  |  |  |  |
| jj. The CABHI project has increased use of interagency MIS or client tracking systems |  |  |  |  |  |
| kk. The CABHI project has focused on the wrong clients |  |  |  |  |  |
| ll. The CABHI project has had little effect on how my agency or organization serves clients |  |  |  |  |  |
| mm. The CABHI project will have little lasting impact on the treatment system in our community |  |  |  |  |  |
| nn. TA provided under CABHI has helped my agency or organization contribute to CABHI project objectives |  |  |  |  |  |
| oo. Evaluation findings are used early in the CABHI project to help inform project implementation |  |  |  |  |  |
| pp. Interim evaluation findings are used in the CABHI project to help with sustainability efforts |  |  |  |  |  |

**33. The following questions address barriers that may have impacted project implementation and service delivery.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Please indicate the extent to which you agree or disagree that the following barriers impacted implementation and/or service delivery for the CABHI project:*** | **strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD)** | | | | |
| **SA** | **A** | **N** | **D** | **SD** |
| a. Difficulties hiring qualified staff |  |  |  |  |  |
| b. Difficulties retaining qualified staff |  |  |  |  |  |
| c. Shortfalls in recruiting or enrolling target clients |  |  |  |  |  |
| d. Client reluctance to access CABHI services |  |  |  |  |  |
| e. Difficulties retaining target clients in CABHI project |  |  |  |  |  |
| f. Difficulties following up with clients in CABHI project for GPRA reassessments |  |  |  |  |  |
| g. Difficulties providing services as planned |  |  |  |  |  |
| h. Existing agency rules or regulations |  |  |  |  |  |
| i. Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

Sustainability

**The following questions address issues associated with your CABHI project’s efforts toward sustaining the project.**

|  |  |
| --- | --- |
| **34.** **Has your CABHI project begun sustainability planning (for completed projects—did the project engage in sustainability planning)?** | Yes  No *[****If no, SKIP to Q38****]* |
| **34a. When did sustainability planning begin?** | \_\_\_Grant Year 1  \_\_\_Grant Year 2  \_\_\_Grant Year 3  \_\_\_Grant Year 4  \_\_\_Grant Year 5 |
| **35. Which type of stakeholders are directly involved in your sustainability planning and/or efforts for the CABHI project?** | \_\_\_Social services  \_\_\_Substance abuse treatment provider  \_\_\_Mental health treatment provider \_\_\_Housing provider  \_\_\_Shelter  \_\_\_Medical treatment provider  \_\_\_Education  \_\_\_Employment/job training  \_\_\_Veterans agency  \_\_\_Criminal justice agency  \_\_\_Consumer/family  \_\_\_Policy/Legislator  \_\_\_Evaluation/Research  \_\_\_Case management  \_\_\_Funder (e.g., city/state/federal/foundation)  \_\_\_Advocacy  \_\_\_Advisory  \_\_\_TA/Training  \_\_\_Other, specify: |
| **36. Does your CABHI project have a written sustainability plan?**  *[****IF YES answer Q36a-Q36c]:*** | Yes  No ***[If no, SKIP to Q37]*** |
| **36a. When was the written sustainability plan developed?** | \_\_\_Grant Year 1  \_\_\_Grant Year 2  \_\_\_Grant Year 3  \_\_\_Grant Year 4  \_\_\_Grant Year 5 |
| **36b. Does the sustainability plan identify potential funding sources to replace CABHI grant funds?** | Yes  No |
| **36c. Does the plan identify strategies for promoting the project?** | Yes  No |
| **37.** **Does sustainability planning incorporate local evaluation data and findings to promote sustainability activities?** | Yes  No *[****If no, SKIP to Q38]*** |
| **37a. When is evaluation data used to promote sustainability and funding efforts?** | \_\_\_Grant Year 1  \_\_\_Grant Year 2  \_\_\_Grant Year 3  \_\_\_Grant Year 4  \_\_\_Grant Year 5 |
| **38.** **Since you received the original CABHI grant, were any of the following types of funding received for the operation of the CABHI project?** (*check all that apply*) | \_\_\_ No additional funds received  \_\_\_ Supplemental CABHI funds $\_\_\_\_\_  \_\_\_ Other SAMHSA funding $ \_\_\_\_\_  \_\_\_Conversion to Medicaid reimbursed services  \_\_\_ Other non-Medicaid Federal government funding $ \_\_\_\_\_  \_\_\_ State government funding $\_\_\_\_\_  \_\_\_ Local government funding $ \_\_\_\_\_  \_\_\_ Private funding $ \_\_\_\_\_\_  \_\_\_ In-kind services (type of services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **39. Are there other homeless initiatives (e.g., 10-year plan to end homelessness) under way in the community?** | Yes  No |
| **40. What are the plans for continuing the CABHI project once CABHI funds are no longer available?** | \_\_\_Expand the project (e.g., serve a larger number of clients and/or offer more services than the original project)  \_\_\_Continue the project at the current level  \_\_\_Retain only some elements/activities of the original project  \_\_\_End the project ***[if selected, SKIP to 40b]***  \_\_\_Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **40a. Do you have sufficient resources to continue the project at the current level following cessation of CABHI funding?** | Yes  No  Too soon to tell  ***[All answers, SKIP to 41]*** |
| **40b.** ***[Answer only if “End the project” is selected in 40]*** **Indicate the main reasons that the grantee is NOT planning to continue the CABHI project once CABHI funds are no longer available?** *(check all that apply)* | \_\_\_ Insufficient funding  \_\_\_ Lack of support from partnering agencies  \_\_\_ Too many barriers to program implementation and operation  \_\_\_ Insufficient numbers of eligible participants  \_\_\_ Program model was not viewed as successful  \_\_\_ Other, specify: |
| **41.** **Please indicate which sustainability efforts your CABHI project has engaged in during the course of CABHI funding:** *(check all that apply)* | Held sustainability planning meetings  Assessed the stakeholder/partners’ satisfaction/feedback about project implementation  Assessed progress achieved compared with original goals and objectives  Assessed resource needs  Developed a written sustainability plan  Developed MOAs/MOUs with partnering agencies  Sought out other partnering agencies  Pursued additional federal funding  Pursued additional state funding  Pursued additional funding from local sources  Pursued additional funding from private funding sources  Reallocated resources within the grantee agency in order to continue CABHI  Reallocated resources across the partnering agencies in order to continue CABHI  Obtained reimbursement for CABHI services (Medicaid)  Cross-training of staff in mental health and substance abuse treatment  Staff was provided training in effective implementation of EBP’s chosen  Sustainability planning will incorporate and make use of local evaluation data and findings  Made plans to continue EBP implementation/services after funding ends  Publicized project acomplishments  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Technical Assistance**

**The following questions refer to the grantee’s requests for and receipt of technical assistance (TA).**

**42. Has your CABHI project used the CSAT GPRA helpdesk?**

Yes

No

**42a. If yes, what type of technical assistance did you receive?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**43. Has your CABHI project requested Technical Assistance from CSAT/CMHS or the Homeless and Housing Resource Network (HHRN)?**

Yes ***[If YES, answer Q44 & 45]***

No ***[If NO, SKIP to Q46]***

**44. *[If yes to Q43]* The following questions refer to your project’s requests for and receipt of technical assistance (TA). Please indicate if your project requested the listed type of TA. If yes, indicate if the TA was received and, if it was received, if the TA was helpful.**

|  | **Type of TA** | **Requested?** | ***If requested:* Received?** | ***If received:***  **Was it helpful?** |
| --- | --- | --- | --- | --- |
| a. | Program implementation | Y  N  DK | Y  N  DK | Y  N  DK |
| b. | Staff training on housing Evidence-Based Practices (EBPs; e.g., Permanent Supportive Housing (PSH), Housing First) | Y  N  DK | Y  N  DK | Y  N  DK |
| c. | Staff training on other EBPs | Y  N  DK | Y  N  DK | Y  N  DK |
| d. | Staff development (non-EBP) | Y  N  DK | Y  N  DK | Y  N  DK |
| e. | Consumer involvement (in program, evaluation, board, etc.) | Y  N  DK | Y  N  DK | Y  N  DK |
| f. | Quality Assurance (QA)/Continuous Quality Improvement (CQI) | Y  N  DK | Y  N  DK | Y  N  DK |
| g. | Increasing enrollment/retention (e.g., GPRA processes) | Y  N  DK | Y  N  DK | Y  N  DK |
| h. | GPRA performance outcomes (e.g., abstinence, housing stability, etc) | Y  N  DK | Y  N  DK | Y  N  DK |
| i. | Workforce stability | Y  N  DK | Y  N  DK | Y  N  DK |
| j. | Financing/financial management | Y  N  DK | Y  N  DK | Y  N  DK |
| k. | Management Information System (MIS)/electronic records | Y  N  DK | Y  N  DK | Y  N  DK |
| l. | Linkages/partnerships/referrals | Y  N  DK | Y  N  DK | Y  N  DK |
| m. | Sustainability | Y  N  DK | Y  N  DK | Y  N  DK |
| n. | Housing skills training | Y  N  DK | Y  N  DK | Y  N  DK |
| o. | Housing resources | Y  N  DK | Y  N  DK | Y  N  DK |
| p. | Fidelity evaluation | Y  N  DK | Y  N  DK | Y  N  DK |
| q. | Data management | Y  N  DK | Y  N  DK | Y  N  DK |
| r. | Data analysis/analytic skills | Y  N  DK | Y  N  DK | Y  N  DK |
| s. | Cost effectiveness evaluation | Y  N  DK | Y  N  DK | Y  N  DK |
| t. | Other evaluation Technical Assistance, Specify: | Y  N  DK | Y  N  DK | Y  N  DK |
| u. | Cultural competence | Y  N  DK | Y  N  DK | Y  N  DK |
| v. | Dissemination | Y  N  DK | Y  N  DK | Y  N  DK |
| w. | Other, specify: | Y  N  DK | Y  N  DK | Y  N  DK |

**45. If your CABHI project received any TA, did the TA affect any of the following aspects of the implementation of your project?** *(check all that apply)*

\_\_\_Number of project staff

\_\_\_Type and/or level of project staff

\_\_\_Type of partnerships

\_\_\_Target enrollment

\_\_\_Change in recruitment site or geographic area

\_\_\_Location of services

\_\_\_Number of EBPs offered to clients

\_\_\_Type of EBPs offered to clients, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Conversion to Medicaid

\_\_\_Evaluation design

\_\_\_Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Evaluation**

**46. Please describe the Evaluator:** *(check all that apply)*

\_\_\_Independent Evaluator (from a private/not-for-profit organization)

\_\_\_Independent University-Based Evaluator

\_\_\_Agency Internal Evaluation/Quality Assurance Unit

\_\_\_Program Director or Other Grantee Staff

\_\_\_No evaluator

**47. Data Management Information Systems:**  (C*heck all that apply*)

This applies to the data sources and MIS your project is using.

\_\_\_CSAT-GPRA only

\_\_\_HMIS

\_\_\_Electronic Medical records

\_\_\_Service Utilization data base (services received and collected)

\_\_\_Medicaid/Medicare

\_\_\_SOAR Online Application Tracking (OAT)

\_\_\_State/local Criminal Justice database ( \_\_\_arrest; \_\_\_court; \_\_\_probation/parole; \_\_\_unknown)

\_\_\_Local Shelter database, specify\_\_\_\_\_\_\_\_\_\_\_

\_\_\_VA database

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**48. Are you conducting a process study?**

\_\_\_Yes

\_\_\_No **[SKIP to Q49]**

**48a. [If Yes to Q48]** **Which process evaluation methods are being used** (C*heck all that apply*):

\_\_\_Focus groups

*Specify: \_\_\_\_client, \_\_\_\_staff, \_\_\_\_partners, \_\_\_\_others, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Key informant interviews

*Specify: \_\_\_\_client, \_\_\_\_staff, \_\_\_\_partners, \_\_\_\_others, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Document review

*Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Observation

\_\_\_Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**48b.** **[If Yes to Q48]** **What is being addressed by the process study?** (*Check all that apply)*

\_\_\_Services access (e.g., referral) and services received (including length of service receipt)

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Housing placement and housing retention (including length of stay)

*Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Comparison of grant proposed versus implemented services (including barriers and facilitators)

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Workforce Training

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Infrastructure development

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Partnerships and collaboration

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Program improvement (QI/QA/CQI)

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_Effect of program on community, services, and systems

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_ Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**49. Are consumers/peers part of evaluation staff?**

Yes  No

**50. Please describe the involvement of the Evaluator in the activities of the CABHI project:** *(Check all that apply)*

Writes evaluation portion of progress report (quarterly, biannual)

Writes program portion of progress report (quarterly, biannual)

Writes annual evaluation report

Attends program/agency Quality Assurance meetings

Attends stakeholder meetings

Participates in sustainability planning

Prepares presentations

Prepares journal articles

Prepares client-level outcomes data reports; for:

\_\_\_\_ QA meeting;

\_\_\_\_ program team meetings;

\_\_\_\_ partner/stakeholder meetings;

\_\_\_\_ for sustainability/funding planning;

\_\_\_\_ agency board;

\_\_\_\_ other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Prepares process data reports (e.g. on partnerships, progress toward program implementation goals and objectives); for:

\_\_\_\_ QA meeting;

\_\_\_\_ program team meetings;

\_\_\_\_ partner/stakeholder meetings;

\_\_\_\_ for sustainability/funding planning;

\_\_\_\_ agency board;

\_\_\_\_ other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Helps program select and/or implement EBP

Attends clinical staff meetings

Collects data

Provides training/TA to program staff or others on data collection

Enters GPRA data on CSAT system

Enters data into another system (specify types of data and types of systems: \_\_\_\_\_\_\_\_\_\_\_\_)

Other, specify \_\_\_\_\_\_\_\_

**51. Does the evaluation or project administer additional measures other than the GPRA for process and or outcome evaluation?**

Yes  No ***[If No, Skip to Q53]***

**52. If YES to Q51, please complete the table:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Measure**  (e.g., Brief Symptom Inventory, Addiction Severity Index, etc)—cite source if it is a standardized measure | **Implemented**  (is the instrument being used by the local evaluation)  YES/NO  *[If NO, SKIP to next Measure row]* | **Type of Measure**  1. Client assessment  2. Client self-report symptom measure  3. Satisfaction assessment  4. Services Referred, Received, Dosage  5. Partnerships/Collaboration  6. Cultural Competence Assessment  7. Sustainability  8. Other, specify:\_\_\_ | **From whom is the data collected:**  *(select all that apply)*  1. Client  2. Client’s family  3. Staff  4. Partner/Stakeholder  5. Other, specify:\_\_\_ | **When will it be administered?**  *(select all that apply)*  1. Baseline  2. 6-months post baseline  3. Every 6 months  4. 12-months post baseline  5. Discharge  6. Annual  7. Quarterly  8. Other, specify |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**53. Please list three main obstacles to evaluation/data collection and three main successes in implementing your local evaluation:**

|  |  |
| --- | --- |
| **A. Obstacles** | **B. Successes** |
| **1.** | **1.** |
| **2.** | **2.** |
| **3.** | **3.** |

OMB No. 0930-0339

Expiration Date 1/31/2017

Substance Abuse and Mental Health Services Administration (SAMHSA)

Evaluation of the Cooperative Agreements to Benefit Homeless Individuals (CABHI) Program

Project Director Interview – Telephone Interview

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 0930-0339.  Public reporting burden for this collection of information is estimated to average 1 hour 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

*Welcome—and thank you for taking the time to speak with us today!*

As a CABHI grantee, your knowledge and understanding of the CABHI program and services are valuable. In your responses, consider the events that have occurred since the CABHI project was awarded. If federal funding has ended, please think about the program while it was funded. There will be a few questions that are specific to those grantees who have ended their CABHI funding.

**Grantee Agency & Project Characteristics**

|  |  |
| --- | --- |
| 1. **Is the grantee agency formally part of a HUD Continuum of Care (CoC)?** | \_\_\_ Yes  \_\_\_ No  \_\_\_ Don’t Know  *[If No or Don’t Know, skip to* ***Q55****]* |
| **54a. What is the name of the CoC?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **54b. What is the geographic area of this CoC?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **54c. What organization(s) are the lead/primary agencies of the CoC?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **54d. How long has your agency been involved?**  *(check one)* | \_\_\_ less than 1 year  \_\_\_ 1- 2 years  \_\_\_ 2-3 years  \_\_\_ 3 – 4 years  \_\_\_ 5-10 years  \_\_\_ 11 or more years |
| **54e. Has your agency been involved since the CoC’s inception?** | \_\_\_Yes  \_\_\_No  \_\_\_Don’t Know |
| **54f. What is your agency’s role in the CoC?**  *(check all that apply)* | \_\_\_Membership or attendance to committees, boards or other CoC groups and meetings  \_\_\_Advocacy for a particular population  \_\_\_As a provider of specific services |
| **54g. Describe whether or how your CABHI project is related to or is influenced by your agency’s role in the CoC?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Target Populations**

**55. How do your current target population criteria compare to the criteria you proposed in your initial application for the CABHI grant? Please select the option that best describes your situation regarding your target population criteria.**

1. Current and proposed criteria are identical; we have made no changes.
2. We expanded our criteria because under the proposed criteria we were unable to identify enough participants.
3. We tightened our criteria because under the proposed criteria we were had more eligible individuals than we had slots for.
4. We substantially changed our target population criteria because we changed the services and programs we are implementing; we selected new criteria to better fit our revised services and programs.

**56. How do you select participants for CABHI project activities? Please select the option that best describes your recruitment and enrollment process.**

1. We recruit and enroll only participants who match all of our target population criteria.
2. We recruit participants who match target population criteria and give them priority enrollment, but if we have open slots we accept others who don’t match some criteria.
3. We do not focus our recruitment based on target population criteria but we give priority enrollment to those who meet the criteria.
4. We do not focus our recruitment based on target population criteria and enroll anyone who needs and will benefit from our services and programs.

**57. Please provide an estimate of the percentage of your current CABHI participants who meet each of the following levels of your current target population criteria. Your estimates should sum to 100%.**

1. \_\_\_\_\_\_\_\_\_\_\_% meet ALL of the criteria
2. \_\_\_\_\_\_\_\_\_\_\_% meet SOME BUT NOT ALL of the criteria
3. \_\_\_\_\_\_\_\_\_\_\_% meet NONE of the criteria

100% total

**Within each of the following categories (i.e., Gender, Race/Ethnicity, Age, Behavioral Health and Treatment Status, Homeless Populations, Participants’ Primary Living Situation Before Entry into the Project, and Other Populations), indicate whether or not (1) the listed group is an *inclusion criterion* for enrollment/acceptance into your CABHI project. Next, indicate if your project will (2) *give priority* to the group, but will also accept other groups. Finally, indicate if (3) the listed group has been or would be *served*, but is not an inclusion criterion and is not given priority admission to your project.**

|  |  | **1** | | **2** | | **3** | | **4** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **58.** | **Within each of the following categories (e.g., gender, race/ethnicity, etc.), please tell us whether or not your CABHI project:**  1) has **INCLUSION CRITERIA**, that is, clients must meet these criteria/characteristics in order to be enrolled in the project (may include more than one group per category)  2) will give **PRIORITY** to one or more of the groups to receive project services – that is, the project will prioritize those groups for admission but will also accept others (may include more than one group per category)  3) **SERVES** one or more of the groups, but does not serve only that group or give them priority for admission (may include more than one group per category) | **Inclusion Criteria:**  (Yes/No) | | **Priority:**  (Yes/No)  If *YES*, skip to Column 4  If *NO*, answer Column 3 | | **Serve:**  (Yes/No/ NA)  If *YES*, answer Column 4  If *NO*, skip to next row | | ***If YES to 1, 2 or 3****,*please estimate the percentage of CABHI project clients you serve in terms of this group. |
|  | **GENDER** |  | |  | |  | |  |
| a. | Female participants |  | |  | |  | | ------------ |
| b. | Male participants |  | |  | |  | | ------------ |
| c. | Transgender participants |  | |  | |  | | ------------ |
|  | **AGE** |  | |  | |  | |  |
| d. | Adult (ages 18 and above) participants (i.e., general adult population, no youth) |  | |  | |  | | ------------ |
| e. | Youth (e.g., under 18 years old) participants |  | |  | |  | | ------------ |
| f. | Young adult (e.g., ages 18-21) participants |  | |  | |  | | ------------ |
| g. | Older adult (e.g., 55 and over) participants |  | |  | |  | | ------------ |
|  | **BEHAVIORAL HEALTH & TREATMENT STATUS** |  | |  | |  | |  |
| h. | Participants with mental disorders only |  | |  | |  | |  |
| i. | Participants with substance abuse/dependence only |  | |  | |  | |  |
| j. | Participants with co-occurring mental and substance use disorders |  | |  | |  | |  |
| k. | Participants who are clean and sober |  | |  | |  | |  |
| l. | Participants who are actively using alcohol or drugs (e.g., wet or damp) |  | |  | |  | |  |
| m. | Participants who demonstrate stability of mental health symptoms |  | |  | |  | |  |
| n. | Participants who are compliant with medication |  | |  | |  | |  |
| o. | Participants who have reached a certain stage of change/readiness |  | |  | |  | |  |
| p. | Participants in a mental health/substance abuse treatment program |  | |  | |  | |  |
| q. | Participants who have reached a certain phase of treatment |  | |  | |  | |  |
| r. | Participants who have completed treatment |  | |  | |  | |  |
| s. | Other behavioral health or treatment status (*specify*): |  | |  | |  | |  |
|  | **CLINICAL MENTAL HEALTH SEVERITY** *(percentage only)* | |  | |  | |  | |
| t. | Serious Mental Illness (SMI)or Serious and Persistent Mental Illness (SPMI) (e.g., Bipolar Disorder, Major Depressive Disorder, Schizophrenia and Schizoaffective Disorder) | -------- | | -------- | | -------- | |  |
| u. | Mental Illness (Axis I disorders) other than SMI/SPMI | -------- | | -------- | | -------- | |  |
| v. | Personality Disorders only | -------- | | -------- | | -------- | |  |
| w. | Other (*specify*): | -------- | | -------- | | -------- | |  |
|  | **CLINICAL SUBSTANCE USE SEVERITY** *(percentage only)* | |  | |  | |  | |
| x. | Drug Dependence | -------- | | -------- | | -------- | |  |
| y. | Alcohol Dependence | -------- | | -------- | | -------- | |  |
| z. | Public Inebriate | -------- | | -------- | | -------- | |  |
| aa. | Drug Abuse | -------- | | -------- | | -------- | |  |
| bb. | Alcohol Abuse | -------- | | -------- | | -------- | |  |
| cc. | Drug use (not meeting criteria for Abuse/Dependence) | -------- | | -------- | | -------- | |  |
| dd. | Alcohol use (not meeting criteria for Abuse/Dependence) | -------- | | -------- | | -------- | |  |
|  | **HOMELESS POPULATIONS** |  | |  | |  | |  |
| ee. | At risk for becoming homeless (e.g., doubled up, coming out of jail or hospital, couch surfing, temporarily with friends/family) participants |  | |  | |  | |  |
| ff. | Acutely (first time) homeless participants |  | |  | |  | |  |
| gg. | Episodically homeless participants |  | |  | |  | |  |
| hh. | Chronically homeless participants |  | |  | |  | |  |
|  | **PARTICIPANTS’ PRIMARY LIVING SITUATION BEFORE ENTRY INTO THE PROJECT** | | | | | | | |
| ii. | Street |  | |  | |  | |  |
| jj. | Shelter |  | |  | |  | |  |
| kk. | Housed—transitional housing (e.g., time-limited, residential, sober housing, etc) |  | |  | |  | |  |
| ll. | Housed—doubled up, couch surfing, living with others (friends and family) |  | |  | |  | |  |
| mm. | Housed—current institutional to be released from jail/prison |  | |  | |  | |  |
| nn. | Housed—current institutional, to be released from hospital |  | |  | |  | |  |
| oo. | Housed—in own house, room or apartment (permanent housing, supportive or non-supportive) |  | |  | |  | |  |
| pp. | Other living situation *(specify)*: |  | |  | |  | |  |
|  | **OTHER POPULATIONS** |  | |  | |  | |  |
| qq. | Participants experiencing high levels of housing mobility or instability |  | |  | |  | |  |
| rr. | Participants who have a criminal justice record |  | |  | |  | |  |
| ss. | Participants who do not have a criminal justice record |  | |  | |  | |  |
| tt. | Participants who are **reentering** from jail or prison |  | |  | |  | |  |
| uu. | Participants who are currently on probation/parole/court mandate |  | |  | |  | |  |
| vv. | Participants who are currently not on probation/parole/court mandate |  | |  | |  | |  |
| ww. | Participants who are chronic public inebriates |  | |  | |  | |  |
| xx. | Participants who are veterans |  | |  | |  | |  |
| yy. | Participants who are pregnant |  | |  | |  | |  |
| zz. | Participants with children/families |  | |  | |  | |  |
| aaa. | Participants with a physical or developmental disability |  | |  | |  | |  |
| bbb. | Participants living with HIV/AIDS |  | |  | |  | |  |
| ccc. | Participants who have experienced domestic violence |  | |  | |  | |  |
| ddd. | Participants who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ) |  | |  | |  | |  |
| eee. | Participants who are undocumented immigrants |  | |  | |  | |  |
| fff. | Other group of participants (*specify*): |  | |  | |  | |  |

Stakeholders/Partners

**59. We would like to know about the relationship between your agency and key partners (including other agencies, government bodies, communities, etc.) in your CABHI project that support various aspects of your project, including implementation, community integration of the project, sustainability, etc. Include formal and informal partners who have a clear role in your CABHI project; note that a clear role does not have to mean direct provision of services, it may also include participating on advisory boards, providing general advocacy, funders, state legislators, etc.**

**Please provide (A) the name of each partner/stakeholder, (B) if the partner/stakeholder is funded by HUD, (C) the type of service(s) the partner/stakeholder provides for your CABHI project, (D) the partner/stakeholder’s organization type, (E) if your relationship was in effect BEFORE your CABHI project was funded, and (F) the type of agreement you have with the partner/stakeholder, if any.**

**Please indicate if (G) the partner/stakeholder is a part of your project’s steering committee and (H) if the partner/stakeholder is a part of your project’s Community Consortium.**

| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Partner /Stakeholder Name** | **HUD Funded (Yes/No/ Unknown)** | **Type of Service(s) Partner Provides to the CABHI project**  ***(list all that apply)*** | **Type of Organization/Stakeholder**  ***(list all that apply)*** | **Was this partnership in effect BEFORE this CABHI grant was funded? (Yes/No)** | **Type of agreement:**  ***(list all that apply)***  **0) None**  **1) Letter of Support**  **2 )MOA/MOU**  **3) Subcontract** | **On Steering Committee (Yes/No)** | **Part of Community Consortium**  **(Yes/No)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Note for colum C: Types of Service:** Housing (1), Substance abuse treatment (2), Mental health treatment (3), Integrated treatment (4), Medical treatment (5), Detox (6), HIV specific services (7), Case management (8), Peer support/services (9), Family support/counseling (10), Benefits assistance (11), Employment/vocational training (12), Education (13), Other Wraparound, specify:\_\_\_\_ (14), Evaluation/Research (15), TA/Program Training (16), Referral Source (17)

Not a direct service provider, *SPECIFY: 18. Advocacy, 19. Policymaker, 20. Funder, 21. Advisory*, Other, specify (22)

**Note for column D: Types of Organization:** Social services (1), Substance abuse treatment provider (2), Mental health treatment provider (3), Housing provider (4), Shelter (5), Medical treatment provider (6), Education (7), Employment/job training (8), Veterans agency (9), Criminal justice agency (10), Consumer/family (11), Policy/Legislator (12), Evaluation/Research (13), Case management (14), HIV/AIDS Service agency (15), Funder (e.g., city/state/federal/foundation) (16), Advocacy (17), Advisory (18), TA/Training (19), Other, specify (20)

**Evidence Based Practices/Promising or Best Practices**

60. Given the scope of the CABHI projects, there is a range of Evidence-Based Practices (EBPs) and promising practices that could be implemented. We are interested in the implementation of EBPs for your CABHI project for CABHI clients. Please indicate (A) the status of implementation for each EBP proposed for the CABHI project. If the EBP was implemented or is currently being implemented during the grant project, please indicate (B) the percentage of project clients that received the practice in the past 6 months, (C) whether it was provided by the grantee agency or through referral/linkage to another agency and if CABHI funds were used to pay for the practice, and (D) where the practice is provided. If CABHI grant funding has ended, please indicate (E) whether you are still implementing the EBP.

|  | **A** | **B** | **C** | **D** | **E** |
| --- | --- | --- | --- | --- | --- |
| **EBP/Promising or Best Practice Name** | **Status of EBP implementation for the CABHI project:**  1. Not planned and not implemented  2. Planned but decided not to implement  3. Planned but not yet implemented  4. Previously implemented as part of the grant project, but stopped  5. Currently implementing  ***[IF 1, 2, or 3, SKIP to next EBP]*** | ***If implemented for the grant project,***  **What % of project participants received the practice during the past 6 months?**  1. 0 % *[IF 0, skip to next row]*  2. 1 – 25%  3. 26 – 50%  4. 51 – 75%  5. 76 – 100% | ***If implemented for the grant project,***  **How was it provided (by grantee agency, through linkage/ referral to another agency) and was it paid for with CABHI grant funds?**  *(check all that apply)*  1. Provided by grantee, paid by grant  2. Provided by grantee, in-kind  3. Provided through linkage/referral, paid by grant  4. Provided through linkage/referral, in-kind | ***If implemented for the grant project,***  **Where is/was this service provided?**  ***(use setting codes)*** | ***If CABHI grant funding has ended,* are you still implementing the EBP?**  YES/NO |
| *[PREPOPULATE WITH PROPOSED EBP FROM GRANT APPLICATION]* |  |  |  |  |  |
| *[PREPOPULATE]* |  |  |  |  |  |
| *[PREPOPULATE]* |  |  |  |  |  |
| *[PREPOPULATE]* |  |  |  |  |  |

**Note for column D: Setting Codes:** 1. Street, 2. Jail or prison, 3. Hospital , 4. Shelter, 5. Drop-in center, 6. Residential treatment facility, 7. Halfway house

8. Three quarter housing (e.g., Oxford), 9. Safe Haven, 10. Other Transitional housing (other than residential treatment, safe haven, halfway house), 11. Permanent housing,

12. Outpatient treatment center, 13. CABHI project offices/grantee administration offices, 14. Other (specify)

**61. What are the top three primary EBPs (Clinical and/or Non-Clinical) to be implemented with CABHI clients? Primary EBPs are defined as those received by the largest number of clients. If there is one primary EBP being implemented, list that EBP only (do not list additional EBPs if they are not considered primary). If there is more than one primary EBP being used for main implementation, note up to 3 practices total.**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**62. For each of the primary EBPs identified above in Q60, please tell us more about where you are with regard to implementation:**

|  |  |
| --- | --- |
| **62a.** Which of the following best describes the current stage of implementation of this EBP for program participants? | Preparation (e.g., hiring staff, conducting initial training, creating new operation polices & procedures, developing/finalizing strategic implementation plan)  Early Implementation (e.g., referrals, screening & assessments occurring, services are underway)  Full Implementation (e.g., staff skillful in service delivery, new policies & procedures are routine, practice is fully integrated into agency/program)  Sustainability (e.g., fully implementing, sustainability plan developed & underway, continuous staff training & funding secured for future, outcomes used for program improvement)  Other, specify:\_\_\_\_\_\_\_\_\_ |
| **62b.** How is fidelity to this EBP monitored?  *(check all that apply)* | Direct observation  Tape/video recorded sessions/groups  Focus groups or interviews with program participants  Key informant interviews  Document review  Regular use of a standardized fidelity tool/checklist, specify:­­­­\_\_\_\_\_\_\_\_  Other, specify:\_\_\_\_\_\_\_\_\_  We do not monitor fidelity to this EBP **[If selected, SKIP to 62h]** |
| **62c.** How often is fidelity data collected/assessed for this EBP?  ***[If not monitoring fidelity, SKIP]*** | Every six months  Annually  Ongoing  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_ |
| **62d.** Who conducts fidelity assessments for this EBP?  *(check all that apply)*  ***[If not monitoring fidelity, SKIP]*** | CABHI Project Evaluator  Staff internal to provider agency  Staff external to provider agency  Consultant  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_ |
| **62e.** To what degree has this EBP been implemented to fidelity so far?  ***[If not monitoring fidelity, SKIP]*** | Low – Less than 50% of components implemented to fidelity  Moderate 50-80% of components implemented to fidelity  High – 80-100% of components implemented to fidelity |
| **62f.** If implemented with moderate to low fidelity so far, why?  ***[If not monitoring fidelity, SKIP]*** | All components planned but not yet fully implemented *[Go to* ***62h****]*  Some components were purposefully modified *[Go to* ***62g****]*  **62g.** If modified, describe how and why (e.g., why certain components were not implemented or revised or new components added): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **62h.** What factors have served as barriers to implementation of this EBP (i.e. have hindered successful implementation) *(check all that apply)* | Lack of clear strategic plan for implementing the EBP  Inadequate financing for the EBP  Limited staff time/staff resources for EBP implementation  Lack of on-going training, supervision, and consultation on the EBP  Lack of positive practitioner attitudes toward the EBP  Lack of prior experience with this EBP  Lack of prior experience with other EBPs  State or local policy/regulations  Grantee or partner agency policies or practices  Lack of support for implementation from key leaders at grantee or partner agency  Lack of support for implementation from key external stakeholders  Other, specify­­­­\_\_\_\_\_\_\_  Other, specify­­­­\_\_\_\_\_\_\_  None |
| **62i.** What factors have served as facilitators to implementation of this EBP (i.e. have helped with successful implementation) *(check all that apply)* | Clear strategic plan for implementing the EBP  Adequate financing for the EBP  Adequate allocation of staff time/staff resources for EBP implementation  Access to on-going training, supervision, and consultation on the EBP  Positive practitioner attitudes toward the EBP  Prior experience with this EBP  Prior experience with other EBPs  Supportive state or local policy/regulations  Supportive grantee or partner agency policies or practices  Support for implementation from key leaders at grantee or partner agency  Support for implementation from key external stakeholders  Other, specify­­­­\_\_\_\_\_\_\_  Other, specify­­­­\_\_\_\_\_\_\_  None |

**Housing**

| **63. Regarding housing and homelessness, how much is each of the following a focus of your CABHI project?** | | | | |
| --- | --- | --- | --- | --- |
|  | 1 = Not at all  *(0 or up to 5%)* | 2 = Somewhat  (*Less than half)* | 3 = A lot  *(The majority- more than half)* | 4 = Totally  *(All or almost all are in the category, e.g., at least 90%)* | |
| a. Client transition from **street to shelter** |  |  |  |  | |
| b. Client transition from **street to transitional housing** (e.g., time-limited housing such as residential treatment, sober house, etc.) |  |  |  |  | |
| c. Client transition from **street to permanent housing** |  |  |  |  | |
| d. Client transition from **shelter to transitional housing** |  |  |  |  | |
| e. Client transition from **shelter to permanent housing** |  |  |  |  | |
| f. Client transition from **jail or hospital to shelter** |  |  |  |  | |
| g. Client transition from **jail or hospital to transitional housing** |  |  |  |  | |
| h. Client transition from **jail or hospital to permanent housing** |  |  |  |  | |
| i. Client transition from **transitional housing** (e.g., time-limited housing such as residential treatment, sober house, etc) **to permanent housing** (no time-limit) |  |  |  |  | |
| j. Client housing stability in transitional housing |  |  |  |  | |
| k. Client housing stability in permanent housing |  |  |  |  | |

**64. Screening questions for housing types:**

|  |  |  |
| --- | --- | --- |
|  | A | B |
| During the past 6 months *[from DATE]*, approximately how many CABHI clients has your CABHI project moved into each of the following types of housing?  *[None, 1-25%, 26-50%,*  *51-75%, 76-100%]* | As of TODAY, how many CABHI project clients are currently residing in *[name the type of housing]*?  *[None, 1-25%, 26-50%,*  *51-75%, 76-100%]* |
| a. Emergency housing (short-term, e.g. emergency shelter, crisis housing) |  |  |
| b. Safe haven[[2]](#footnote-2) |  |  |
| c. Housing in Residential Treatment (e.g., therapeutic communities, community residential facilities) |  |  |
| d. Transitional housing (time-limited (e.g., 2 years or less), e.g., halfway house, three-quarter house, sober homes) |  |  |
| e. Permanent supportive housing (PSH; housing with no time limit and program participants hold the lease) *or* Permanent subsidized housing (e.g. affordable housing for seniors, affordable housing for persons with disabilities, public housing) |  |  |
| f. Permanent private/unsubsidized housing without support services |  |  |
| g. Other, specify: |  |  |

**65 - 70. HOUSING SUBSECTIONS**

*[COMPLETE THE FOLLOWING QUESTIONS FOR EACH HOUSING TYPE WHERE MORE THAN 25% OF CLIENTS HAVE BEEN MOVED INTO OR ARE CURRENTLY RESIDING]*

The following questions apply to grantee agencies that have CABHI project clients who are currently staying in [HOUSING TYPE].

|  |  |  |  |
| --- | --- | --- | --- |
| **A. How is [HOUSING TYPE] provided by the CABHI project to clients? *(Check all that apply)*** | **Yes** | **No** | N/A |
| Directly provided by the grantee agency |  |  |  |
| Through internal referral within the grantee agency |  |  |  |
| Through linkage/referral to a partner agency |  |  |  |
| Through linkage/referral to an agency other than partner agency |  |  |  |
| Project clients are on their own, housing is not provided as part of the project (i.e., clients are staying in this emergency housing program but the grantee agency has nothing to do with it.) |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |
| **B. Does this [HOUSING TYPE] program receive funding from the following sources? (Check all that apply)** | **Yes** | **No** | N/A |
| HUD Tenant-based Emergency Solutions Grant (ESG) funds from a state/local government agency |  |  |  |
| HUD Project-based ESG funds from a state/local government agency |  |  |  |
| HUD Community Development Block Grant (CDBG) funds from a state/local government agency |  |  |  |
| HUD Section 8 Housing Choice Voucher (HCV) |  |  |  |
| HUD Section 8 Project-based Voucher (PBV) |  |  |  |
| HUD Tenant-based Shelter Plus Care (S+C) subsidy |  |  |  |
| HUD Sponsor-based S+C subsidy |  |  |  |
| HUD Project-based S+C subsidy |  |  |  |
| HUD Supportive Housing Program funds awarded through the local/state Continuum of Care (program name) |  |  |  |
| HUD Tenant-based Continuum of Care (CoC) program funds awarded through the local/state CoC |  |  |  |
| HUD Sponsor-based CoC program funds awarded through the local/state CoC |  |  |  |
| HUD Project-based CoC program funds awarded through the local/state CoC |  |  |  |
| HUD-Veterans Affairs Supportive Housing (VASH) vouchers |  |  |  |
| HUD Housing Opportunities for Persons with AIDS (HOPWA) funds from a state/local government agency |  |  |  |
| HUD HOME Investment Partnerships Program (HOME) funds from a state/local government agency |  |  |  |
| State or local government (specify) |  |  |  |
| Funding from foundations (specify) |  |  |  |
| Funding from private donations (specify) |  |  |  |
| Other funding (specify) |  |  |  |
|  |  |  |  |
| **C. What types of housing units/apartments are provided by this [HOUSING TYPE] program? *(Check all that apply)*** | **Yes** | **No** | N/A |
| Congregate housing (e.g. all beds or rooms located in the same site with shared common areas) |  |  |  |
| Single room occupancy (SRO; e.g., single room unit that may have kitchen and/or bathroom facilities in the unit or in a shared space) |  |  |  |
| Single-site apartments (e.g. 2 or more apartments set aside for the target population in one site) |  |  |  |
| Scatter-site apartments (e.g. apartments are located in different sites) |  |  |  |
| Hotels/motels |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |
| **D. Does this [HOUSING TYPE] program accommodate client choice with regard to the following? *(Check all that apply)*** | **Yes** | **No** | N/A |
| Choice on housing location (neighborhood where housing is located) |  |  |  |
| Choice on type of housing unit (bedroom, SRO, apartment) |  |  |  |
| Choice on receipt of treatment (substance abuse or mental health) or not |  |  |  |
| Choice on including adult family members in the housing facility |  |  |  |
| Choice on including children (minors) in the housing facility |  |  |  |
| Other (specify) |  |  |  |
| Not able to accommodate client choice |  |  |  |
|  |  |  |  |
| **E Does this [HOUSING TYPE] program require that project clients maintain the following to stay in the housing program? *(Check all that apply)*** | **Yes** | **No** | N/A |
| Compliance with treatment plan and/or participation in formal treatment activities (e.g., attend groups, see a psychiatrist, etc.) |  |  |  |
| Compliance with medication |  |  |  |
| Sobriety/Abstinence from drugs and alcohol |  |  |  |
| Stability of mental health symptoms |  |  |  |
| Agreement to face-to-face visits with program staff |  |  |  |
| Agreement to allow program staff to enter clients’ housing unit without prior notification |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |
| **F. Does this [HOUSING TYPE] program provide the following types of assistance to project clients to obtain transitional or permanent supportive housing? *(Check all that apply)*** | **Yes** | **No** | N/A |
| Completion of housing application |  |  |  |
| Preparation for housing interview |  |  |  |
| Escorting client to housing interview or housing appointments |  |  |  |
| Contacting or meeting with landlords |  |  |  |
| Communication with agency that determines housing (e.g., housing authority) to prioritize housing placement with the grantee agency |  |  |  |
| Provision of assistance accessing move-in resources |  |  |  |
| Provision of assistance with actual move in |  |  |  |
|  |  |  |  |
| **G. Does the staff at this [HOUSING TYPE] program provide the following types of services to project clients…**  **A. …while clients are staying in the [HOUSING TYPE] program?**  **B. …after clients leave the [HOUSING TYPE] program, in order to maintain transitional or permanent supportive housing?** | **A** | **B** | |
| **While in [HOUSING TYPE]?**  Yes/No/Unk | **After [HOUSING TYPE], to maintain transitional or permanent supportive housing?**  Yes/No/Unk | |
| Treatment services |  |  | |
| Case management services |  |  | |
| Supportive services (e.g., furniture, food pantry, managing bill payment, etc.) |  |  | |
|  |  |  |  |
| **H. The following items address the type of agency that provides [HOUSING TYPE] and whether a partner organization provides treatment, case management, and supportive services. *(Check “yes” or “no” in reference to this [HOUSING TYPE] program)*** | **Yes** | **No** | N/A |
| The [HOUSING TYPE] program is operated by a housing agency. |  |  |  |
| **If yes,** treatment, case management, and/or supportive services are provided by a social service or treatment agency.  *[SKIP to Q10]* |  |  |  |
| The [HOUSING TYPE] program is operated by a social service or treatment agency. |  |  |  |
| **If yes,** treatment, case management, and/or supportive services are provided by a **separate** social service or treatment agency.  *[SKIP to Q10]* |  |  |  |
| The [HOUSING TYPE] program is operated by an agency that is **both** a housing and social service or treatment agency. |  |  |  |
| **If yes,** treatment, case management, and/or supportive services are provided by a **separate** social service or treatment agency. |  |  |  |
|  |  |  |  |
| **I. The following items address the relationship between housing management and treatment, case management, and supportive services. For each item, please check “yes” or “no” in reference to this [HOUSING TYPE] program.** | **Yes** | **No** | N/A |
| Management of [HOUSING TYPE] and provision of **treatment services** are operated by the same organization. |  |  |  |
| Management of [HOUSING TYPE] and provision of **case management services** are operated by the same organization. |  |  |  |
| Management of [HOUSING TYPE] and provision of **supportive services** are operated by the same organization. |  |  |  |
| The roles of housing staff (housing management and fee collection) and **treatment services** staff are distinct from each other (i.e.., housing staff do not provide treatment services and treatment staff do not peform housing management responsibilities). |  |  |  |
| The roles of housing staff (housing management and fee collection) and **case management** staff are distinct from each other (i.e., housing staff do not provide case management services and case management staff do not peform housing management responsibilities). |  |  |  |
| The roles of housing staff (housing management and fee collection) and **supportive services** staff are distinct from each other (i.e., housing staff do not provide supportive services and supportive services staff do not peform housing management responsibilities). |  |  |  |
| **Treatment service** providers are based off-site (i.e., they do not have offices on-site in emergency housing). |  |  |  |
| **Case management** providers are based off-site (i.e., they do not have offices on-site in emergency housing). |  |  |  |
| **Supportive services** providers are based off-site (i.e., they do not have offices on-site in emergency housing). |  |  |  |
|  |  |  |  |
| **J. Which of the following best describes the housing philosophy of this [HOUSING TYPE] program? *(Select only one)*** |  |  |  |
| Housing first (i.e., rapid placement in permanent housing with limited or no transitional placements) |  |  |  |
| Housing ready (i.e., people need to address issues that may have led to their own homelessness before they enter permanent housing) |  |  |  |
| A mixture of housing first and housing ready |  |  |  |
| Other (specify) |  |  |  |
| Unknown |  |  |  |
|  |  |  |  |
| **K. Please indicate the average percentage of income paid by project clients in order to stay in this [HOUSING TYPE] program. *(Select only one)*** |  |  |  |
| Client does not pay |  |  |  |
| Pay 30% or less of their income for housing costs |  |  |  |
| Pay 31-40% of their income for housing costs |  |  |  |
| Pay 41-50% of their income for housing costs |  |  |  |
| Pay more than 50% of their income for housing costs |  |  |  |
|  |  |  |  |
| **L. The following is a list of items concerning the way services (including treatment, case management and supportive services) are delivered to your project clients in this [HOUSING TYPE] program. *(Check all that apply)*** | **Yes** | **No** | N/A |
| Project clients are the primary authors of their service plans at program entry. |  |  |  |
| Project clients are offered the opportunity to modify their service plans (.e.g., modify their selection of services) on an ongoing basis. |  |  |  |
| Project clients must participate in services that staff identify. |  |  |  |
| Project clients have input into design and provision of services (e.g., consumer advisory board). |  |  |  |
| Caseload is no more than 15 project clients to each FTE **treatment service** staff member. |  |  |  |
| Caseload is no more than 15 project clients to each FTE **case management service** staff member. |  |  |  |
| Caseload is no more than 15 project clients to each FTE **supportive service** staff member. |  |  |  |
|  |  |  |  |
| **M. Please indicate which one of the following best describes this [HOUSING TYPE] program’s policy regarding client’s maximum length of stay. *(Select only one)*** |  |  |  |
| Less than 6 months |  |  |  |
| 6 months – less than 12 months |  |  |  |
| 12 months – 24 months |  |  |  |
| No specified length of stay |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |
| **N. The following is a list of items concerning the tenancy status of project clients in this [HOUSING TYPE] program. *(Check all that apply)*** | **Yes** | **No** | N/A |
| Clients stay in the [HOUSING TYPE] program without a rental lease |  |  |  |
| The CABHI project holds a rental lease and master-leases it to clients |  |  |  |
| The housing agency holds a rental lease and master-leases it to clients |  |  |  |
| Clients holds a rental lease under his/her name. There is no master-leasing. |  |  |  |

**Lessons Learned**

**71. Please describe the one most important lesson learned during the implementation of your CABHI project for each of the areas below. In other words, what do you know now that you wish you had known when you started your project?**

1. Lesson learned about serving target population

1. Lesson learned about implementing the project
2. Lesson learned about implementing an evidence-based practice (EBP)
3. Lesson learned about partner collaboration
4. Lesson learned about sustainability

1. **Rehabilitation approach:** focuses on problems that disturb the client’s ability to function in everyday life and sets concrete goals in treatment planning where services received and goals set are based on client choice. All treatment and services received are integrated and there are no time limits set on access to treatment or services. Client’s strengths and deficiencies are assessed and built upon or strengthened through skills training, respectively. The client works toward building social networks and becoming a part of his or her community thus decreasing reliance on treatment providers. When needed, the client’s environment is modified to maximize success (e.g., moving out of a negative environment).

   **Strengths-based approach:** includes four strengths-based practice approaches: strengths case management, solution-focused therapy, individual placement and support model of supported employment, and the asset building model of community development. These practice approaches all have the following characteristics: goal-oriented, systematic assessment of strengths, client’s environment is seen as rich in resources, use of explicit methods for using client and environmental strengths for goal attainment, provider-client relationship is hope-inducing, and clients have the authority to choose and are provided with meaningful choices.

   **Prescriptive approach:** based on the idea that there is not a ‘one size fits all’ treatment model. Clients bring with them different personal characteristics and varying degrees of severity in regard to addiction or mental illness. This needs to be taken into account during treatment planning and used to find the best practices for that particular client. Clients are assessed on certain domains (e.g., functional impairment, coping style, resistance traits, etc) and these measurements are matched to the appropriate treatment methods needed. Once treatment needs are assessed, the most suitable treatment methods are chosen, tailoring the treatment planning to each client.

   **Confrontation approach:** confrontation techniques that focus on behaviors relevant to recovery only, not behavior in general, and how continuation of addictive behaviors can have negative consequences for the client. Confrontation can come from many different sources, not just treatment staff, including family/friends, the workplace, peers in treatment, criminal justice professionals, etc. The following elements have been identified for use in effective confrontation therapy: a focus on behaviors or thinking clearly related to substance misuse, implementation of confrontation within the context of a trusting relationship, consideration of the nature of the treatment setting and characteristics of the client, and avoidance of extreme expression of emotion that can detract from the content of the confrontation.

   **Continuum of Care (CoC):** a community level service delivery model that incorporates a wide range of services for individuals who are homeless or at risk for homelessness. It is based on the idea that providing temporary shelter is not enough to eliminate homelessness; it is necessary to also focus on prevention, outreach, assessment, and assisting people every step of the way from immediate emergency shelter to permanent affordable housing. Another important tenet of CoC is that the homeless also require assistance in receiving supportive services in other areas like substance abuse, mental health, and employment. This is often a multi-agency system within the community that coordinates to provide all of these services to the homeless. Clients receive housing services in a step-wise fashion, beginning with emergency shelter to transitional housing to permanent supportive housing to permanent affordable housing having to complete each step successfully before moving on to the next. As defined by the U.S. Department of Housing and Urban Development, CoC’s contain the following seven components: prevention, outreach and assessment, emergency shelter, transitional housing, permanent supportive housing, permanent affordable housing, and supportive services. [↑](#footnote-ref-1)
2. A safe haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services. Characteristics of safe havens include: 1) 24-hour residence for eligible persons who may reside for an unspecified duration; 2) private or semiprivate accommodations; 3) overnight occupancy limited to 25 persons; 4) low-demand services and referrals; and 5) supportive services to eligible persons who are not residents on a drop-in basis (Title IV, Subtitle D of the McKinney Act, 1992 from Safe Havens Toolkit, undated, retrieve from http://www.hudhre.info/documents/SafeHavens.pdf, p.3). [↑](#footnote-ref-2)