Attachment 1: Project Director Telephone Interview & Web Survey

Substance Abuse and Mental Health Services Administration (SAMHSA)

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

Project Director Interview – Web Survey

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

2. **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.

3. **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:

4. 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:

5. 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):_____
6. Which of the following are dominant values[1] of the grantee agency? *(check all that apply)*	___ Rehabilitative ___ Strengths based ___ Prescriptive ___ Confrontive ___ Supportive continuum ___ Other, specify:

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[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

7. **Which of the following is the most important value of the grantee agency:** *(check one)*	___ Rehabilitative ___ Strengths based ___ Prescriptive ___ Confrontive ___ Supportive continuum ___ Other, specify:	
8. **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	

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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.

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
9. What is the total project funding across all years for your CABHI project?	$_____ Project Funding from SAMHSA for CABHI
10. 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.

11. 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	$	$	$

12. 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

13. 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

14. 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
a. State or local Public Housing Authority	Yes No	Yes No
b. Local mental health services provider organizations	Yes No	Yes No
c. Local substance abuse services provider organizations	Yes No	Yes No
d. Local primary care provider organizations	Yes No	Yes No
e. Local Continuum of Care	Yes No	Yes No

Member Represents	Member of Steering/Advisory Committee *[If NO, skip to next row]*	Signed MOU available
f. State Medicaid Office	Yes No	Yes No
g. State Mental Health Authority	Yes No	Yes No
h. State Substance Abuse Authority	Yes No	Yes No
i. Individuals who are homeless or have experienced homelessness and are recovering from mental and/or substance use disorders	Yes No	Yes No
j. SAMHSA Government Project Officer	Yes No	Yes No
k. Local housing providers	Yes No	Yes No
l. Other (specify): _____	Yes No	Yes No
m. 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
a. State or local Public Housing Authority	Yes No	Yes No
b. Local mental health services provider organizations	Yes No	Yes No
c. Local substance abuse services provider organizations	Yes No	Yes No
d. Local primary care provider organizations	Yes No	Yes No

CABHI Evaluation – Project Director Interview

Member Represents	Member of Community Consortium [If NO, skip to next row]	Signed MOU available
e. Local Continuum of Care	Yes No	Yes No
f. State Medicaid Office	Yes No	Yes No
g. State Mental Health Authority	Yes No	Yes No
h. State Substance Abuse Authority	Yes No	Yes No
i. Individuals who are homeless or have experienced homelessness and are recovering from mental and/or substance use disorders	Yes No	Yes No
j. Local housing providers	Yes No	Yes No
k. Other (specify): _____	Yes No	Yes No
l. 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?

Frequency of collaboration prior to CABHI/

Collaborations with…	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. <u>Since the start of your local CABHI project,</u> 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. <u>Since Federal funding of your local CABHI project stopped</u>, 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, <u>how effective have your collaborations been</u> 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)

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)

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 <u>primary</u> 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						
<u>**ANY SUBSTANCE ABUSE (SA) TREATMENT**</u> *(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*
<u>**ANY MENTAL HEALTH (MH) TREATMENT**</u> *(if known, specify and check all that apply)*:						

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)

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 <u>primary</u> 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
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						
<u>ANY</u> 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*

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)

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 <u>primary</u> 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
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-help groups, peer-to-peer counseling, peer mentoring)*:						
<u>**ANY MEDICAL/ HEALTH CARE SERVICES**</u> *(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						

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)

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
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, <u>answer **Q29**</u>; If integrated mental health and substance abuse treatment is not provided or provided only through referral, <u>SKIP to **Q30**</u>.*

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

a. Clients are screened for both mental health and substance use problems	☐ Yes	☐ No
b. Clients are assessed for <u>both</u> 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					

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
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					

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**
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 <u>CABHI</u> 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. <u>If yes</u>, 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 <u>housing</u> 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

	Type of TA	Requested?	If requested: Received?	If received: Was it helpful?
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

	Type of TA	Requested?	If requested: Received?	If received: Was it helpful?
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 <u>received any TA</u>, 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.

Substance Abuse and Mental Health Services Administration (SAMHSA)

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

Project Director Interview – Telephone Interview

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

54. 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.

    a. Current and proposed criteria are identical; we have made no changes.
    b. We expanded our criteria because under the proposed criteria we were unable to identify enough participants.
    c. We tightened our criteria because under the proposed criteria we were had more eligible individuals than we had slots for.
    d. 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.

    a. We recruit and enroll only participants who match all of our target population criteria.
    b. 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.
    c. We do not focus our recruitment based on target population criteria but we give priority enrollment to those who meet the criteria.
    d. 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 <u>100%</u>.

    a. _____% meet ALL of the criteria
    b. _____% meet SOME BUT NOT ALL of the criteria
    c. _____% 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, <u>but does not serve only that group or give them priority for admission</u> (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				

		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, <u>but does not serve only that group or give them priority for admission</u> (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.
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*):				

		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, <u>but does not serve only that group or give them priority for admission</u> (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.
	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)	--------	--------	--------	

		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, <u>but does not serve only that group or give them priority for admission</u> (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.
	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				

		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, <u>but does not serve only that group or give them priority for admission</u> (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.
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 <u>have</u> a criminal justice record				
ss.	Participants who <u>do not have</u> a criminal justice record				
tt.	Participants who are **reentering** from jail or prison				
uu.	Participants who are currently <u>on</u> probation/parole/court mandate				
vv.	Participants who are currently <u>not on</u> probation/parole/court mandate				
ww.	Participants who are chronic public inebriates				
xx.	Participants who are veterans				
yy.	Participants who are pregnant				

		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, <u>but does not serve only that group or give them priority for admission</u> (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.
zz.	Participants <u>with</u> 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 <u>past 6 months</u>, (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 <u>barriers</u> 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 <u>facilitator</u>s 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 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%]*	B 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]		
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:		

---

[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).

[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** **While in [HOUSING TYPE]?** Yes/No/Unk	**B** **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?**

    a. Lesson learned about serving target population

    b. Lesson learned about implementing the project

    c. Lesson learned about implementing an evidence-based practice (EBP)

    d. Lesson learned about partner collaboration

    e. Lesson learned about sustainability