Attachment 5. Stakeholder Survey, Wave 3.

Welcome to the

National Evaluation of SAMHSA's CABHI Program

Stakeholder Survey, Wave 3

[WELCOME] Thank you for taking time to complete the **Stakeholder Survey,** which is part of the **National Evaluation of SAMHSA's Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant program**. The questions in this survey are about your knowledge of and experience with **[NAME OF GRANTEE ORGANIZATION]**'s grant **[PROJECT NAME].**

Please click the "Continue" button below to proceed. If you are not affiliated with [NAME OF GRANTEE ORGANIZATION]'s grant [PROJECT NAME], please click here. [PROGRAMMER NOTE: IF R CLICKS HERE SKIP TO TERMINATE.]

[PROGRAMMER NOTE: INSERT "Continue" BUTTON]

_____

[PROGRAMMER NOTE: RESPONDENTS DO NOT SEE THE CONTENTS]

Contents –

MODULE A: INTRODUCTION

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[INTINTRO] For questions about the <u>SAMSHA Homeless project</u>, please answer *only* about **[NAME OF GRANTEE ORGANIZATION]**'s grant **[PROJECT NAME]**, referred to throughout this survey as "SAMHSA CABHI project". Other questions are about <u>your organization</u> and are explicitly identified as such.

The survey is estimated to take 25 minutes of your time, including the time it took to review the consent form. If you start and are unable to complete the survey, you can return to complete it at a later date using the same link. The survey will continue where you left off.

All the information you provide is private and will not be shared with anyone at the SAMHSA CABHI project. You will never be identified in any report that uses information from this Evaluation. Thank you again for your support.

MODULE B: STAKEHOLDER'S PERSONAL INVOLVEMENT

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[STAKEINTRO] We will start with questions about *your personal involvement* with the SAMHSA CABHI project. If you have previously completed a prior administration of the SAMHSA CABHI Stakeholder Survey, items in this section have been "pre-filled" to show your most recent responses. Please check that the information is still correct and current. If it is, you do not need to do anything on this item. If you wish to make changes, please click on any new response(s) you wish to check, click on any currently checked response(s) you wish to uncheck, or both.

[STAKE1]
Which of the following best describes your role(s) or position(s) in this SAMHSA CABHI project?
(check all that apply)

• Administrative/secretarial [STAKE1_1]	• Mental health counselor [STAKE1_20]
• Advisory [STAKE1_2]	• Outreach worker [STAKE1_21]
• Case manager [STAKE1_3]	• Peer specialist/consumer [STAKE1_22]
• Consumer advocate [STAKE1_4]	• Policymaker/legislator [STAKE1_23]
• Diagnosis, medication treatment & management [STAKE1_5]	• Project coordinator [STAKE1_24]
• Educational specialist [STAKE1_6]	• Project director [STAKE1_25]
• Evaluation/research/quality improvement [STAKE1_7]	• Program manager [STAKE1_26]
• Family member [STAKE1_8]	• Substance abuse counselor [STAKE1_27]
• Funder (e.g., city/state/federal/ foundation) [STAKE1_9]	• Technical assistance/training [STAKE1_28]
Government official • Criminal justice agency [STAKE1_10] • Housing agency/authority [STAKE1_11] • Medical/health agency [STAKE1_12] • Mental health agency/authority [STAKE1_13] • Social services/benefits agency [STAKE1_14] • Substance abuse agency/authority [STAKE1_15] • Veterans administration [STAKE1_16]	• Transportation (e.g. driver) [STAKE1_29]

• Health specialist [STAKE1_17]	• Trauma specialist [STAKE1_30]
• Housing specialist [STAKE1_18]	• Vocational specialist [STAKE1_31]
• Integrated treatment counselor [STAKE1_19]	• Other role, specify: [ALLOW 50] [STAKE1_32]

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[STAKETRANS1] Please indicate whether the following describes your involvement in this SAMHSA CABHI project.

[STAKE2]
I helped plan for or prepare the initial project grant application.

- o Yes [1]
- o No [2]

[STAKE3]
I have been involved since the project was originally funded.

- o Yes [1] [PROGRAMMER NOTE: IF STAKE3=1, SKIP TO STAKE4; ELSE GET STAKE3B]
- o No [2]

[STAKE3B]
Approximately what month and year did you become involved?

_ _ / _ _ [NUMERIC ACCEPT 2 CHARACTERS FOR MONTH AND 2 CHARACTERS FOR YEAR]

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[STAKE4]
I regularly attend steering committee or advisory/consortium meetings.

- o Yes [1]
- o No [2]

[STAKE5]

I am directly involved with the project.

- o   Yes [1]
- o   No [2]

MODULE C: STAKEHOLDER'S ORGANIZATION

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: Project Name: [INSERT PROJECT NAME]

 [ORGINTRO] The following questions are to describe your organization and the core services it provides to clients in general, not limited to CABHI project clients.

As previously noted, if you have previously completed a prior administration of the SAMHSA CABHI Stakeholder Survey, items in this section have been "pre-filled" to show your most recent responses. Please check that the information is still correct and current. If it is, you do not need to do anything on this item. If you wish to make changes, please click on any new response(s) you wish to check, click on any currently checked response(s) you wish to uncheck, or both.

[ORG1_1]
As part of its core services, does your organization provide behavioral healthcare?

- o   Yes [1]
- o   No [2]

[PROGRAMMER NOTE: IF ORG1_1=1, GET ORG1_1B; ELSE SKIP TO ORG1_2]

[ORG1_1B]
Which behavioral service(s) does your organization provide? *(Check all that apply)*
- o   Substance abuse treatment
- o   Mental health treatment
- o   Integrated substance abuse and mental health treatment
- o   HIV/AIDS prevention or treatment

[ORG1_2]
As part of its core services, does your organization provide primary healthcare?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_2=1, GET ORG1_2B; ELSE SKIP TO ORG1_3]

[ORG1_2B]
In which setting(s) does your organization provide primary healthcare? *(Check all that apply)*
- o Hospital
- o Outpatient clinic
- o Other, please specify: _____

[ORG1_3]
As part of its core services, does your organization provide HIV/AIDS prevention or treatment?

- o Yes [1]
- o No [2]

[ORG1_4]
As part of its core services, does your organization provide housing services and supports, including identifying and securing housing?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_4=1, GET ORG1_4B; ELSE SKIP TO ORG1_5]

[ORG1_4B]
What type(s) of housing services and supports does your organization provide? *(Check all that apply)*
- o Coordinated entry (including through the HUD Continuum of Care)
- o Management or administration of housing vouchers
- o Other, for example help with applications or interviews or help maintaining housing

[ORG1_5]
As part of its core services, does your organization provide or manage housing?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_5=1, GET ORG1_5B; ELSE SKIP TO ORG1_6]

[ORG1_5B]
What type(s) of housing does your organization provide? *(Check all that apply)*
- o Permanent public housing
- o Permanent, privately owned housing
- o Transitional housing
- o Emergency shelter
- o Other, please specify: _____

[ORG1_6]
As part of its core services, does your organization provide social services (other than any addressed in preceding questions)?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_6=1, GET ORG1_6B; ELSE SKIP TO ORG1_7]

[ORG1_6B]
What type(s) of social services does your organization provide? *(Check all that apply)*
- o Case management
- o Drop-in center
- o Soup kitchen or other meals
- o Food pantry
- o Other, please specify: _____

[ORG1_7]
As part of its core services, does your organization provide educational services (other than any addressed in preceding questions)?

- o   Yes [1]
- o   No [2]

[PROGRAMMER NOTE: IF ORG1_7=1, GET ORG1_7B; ELSE SKIP TO ORG1_8]

[ORG1_7B]
What type(s) of educational services does your organization provide? *(Check all that apply)*
- o   K – 12 (other than GED)
- o   GED
- o   Post-secondary
- o   Other, please specify: _____

[ORG1_8]
As part of its core services, does your organization provide employment services (other than any addressed in preceding questions)?

- o   Yes [1]
- o   No [2]

[PROGRAMMER NOTE: IF ORG1_8=1, GET ORG1_8B; ELSE SKIP TO ORG1_9]

[ORG1_8B]
What type(s) of employment services does your organization provide? *(Check all that apply)*

- o   Job training/vocational rehab

- o   Job placement

- o   Other employment support services (e.g. help with resume, interviewing skills, presentation)

[ORG1_9]
As part of its core services, does your organization focus on any particular groups (i.e. target groups or specific populations)?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_9=1, GET ORG1_9B; ELSE SKIP TO ORG1_10]

[ORG1_9B]
What type(s) of employment services does your organization provide? *(Check all that apply)*

- o Families
- o Unaccompanied youth, including runaway youth
- o Women
- o LGBTQ individuals
- o Veterans
- o Individuals with HIV/AIDS
- o Other, please specify: _____

[ORG1_10]
As part of its core services, does your organization provide peer support services?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_10=1, GET ORG1_10B; ELSE SKIP TO ORG1_11]

[ORG1_10B]
Is your organization peer-led or peer-run?

- o Yes [1]
- o No [2]

[ORG1_11]
Is your organization a government agency, authority or other entity?

- o Yes [1]
- o No [2]

[PROGRAMMER NOTE: IF ORG1_11=1, GET ORG1_11B; ELSE SKIP TO ORG1_12]

[ORG1_11B]
What type(s) of government entity is your organization? *(Check all that apply)*
- o Substance abuse agency/authority
- o Mental health agency/authority
- o Housing agency/authority
- o Medical/health agency
- o Social services agency
- o Veterans administration
- o Benefits, other than VA (for example, Social Security, Medicaid)
- o Employment services agency/authority
- o Criminal justice agency
- o Other, please specify: _____

[ORG1_11C]
What level of government is your organization? *(Check all that apply)*
- o Local, for example city or county
- o State or territory
- o Federal

[ORG1_12]

[PROGRAMMER NOTE: IF ORG1_1=2 AND ORG1_2=2 AND ORG1_3=2 AND ORG4_1=2 AND ORG1_5=2 AND ORG1_6=2 AND ORG1_7=2 AND ORG1_8=2 AND ORG1_9=2 AND ORG1_10=2, GET ORG1_12; ELSE SKIP TO ORG_INTRO2]

[ORG1_12]

It appears that your organization is not any of the organization types address above. Please indicate what type of organization it is: [SPECIFY] _____

[ORG1_13]
Does your organization serve as the lead agency for Coordinated Entry?

- o Yes [1]
- o No [2]

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[ORG_INTRO2]
The next questions ask about your organization's involvement in the SAMHSA CABHI project.

[ORG2]

Has your organization received funding from this SAMHSA CABHI project?
- o Yes [1]
- o No [2]
- o Don't know [8]

[ORG3]
Does your organization provide <u>substance abuse or mental health treatment or case management </u>to SAMHSA CABHI project clients?
- o Yes [1]
- o No [2]
- o Don't know [8]

[ORG4]
Does your organization provide <u>primary healthcare or HIV/AIDS services</u> to SAMHSA CABHI project clients?
- o Yes [1]
- o No [2]
- o Don't know [8]

[ORG5]
Does your organization provide <u>wraparound or support services</u> (e.g., support securing or maintaining housing, daily living skills, vocational or education services, or family services) to SAMHSA CABHI project clients?
- o Yes [1]
- o No [2]
- o Don't know [8]

[ORG6]
Does your organization provide <u>permanent housing</u> to SAMHSA CABHI project clients?

- o Yes [1]
- o No [2]
- o Don't know [8]

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[PROGRAMMER NOTE: IF ORG3=1, OR ORG4=1, OR ORG5=1, OR ORG6=1, GET ORG7; ELSE SKIP TO COLLABINTRO]

[ORG7]
How many SAMHSA Homeless project clients has your organization served to date? Please count a single client only once. If you are not certain of the exact amount, please provide your best estimate.

_____ [ALLOW 4; NUMERIC ONLY]

MODULE I: COLLABORATION WITH OTHER ORGANIZATIONS

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[COLLABINTRO]
The next sets of questions ask about your organization's collaboration with other local organizations that have been involved with the SAMHSA CABHI project. If you are part of a CABHI State grant, unless otherwise indicated please respond regarding your collaboration with local grant partners, not State-level partners or partners in other areas of the state.

[COLLAB1]
Since the start of the SAMHSA CABHI project, how often has your organization collaborated with other local organizations in each of the following areas?

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Social services providers [COLLAB1_1]	○	○	○	○	○
Drop-in centers [COLLAB1_2]	○	○	○	○	○
Medical (primary/specialized) care providers [COLLAB1_3]	○	○	○	○	○
Peers/consumers [COLLAB1_4]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[COLLAB2]
Since the start of the SAMHSA CABHI project, how often has your organization collaborated with other local organizations in each of the following areas?

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Substance abuse treatment providers [COLLAB2_1]	○	○	○	○	○
State substance abuse authority [COLLAB2_2]	○	○	○	○	○
Mental health treatment providers [COLLAB2_3]	○	○	○	○	○
State mental health authority [COLLAB2_4]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[COLLAB3]
Since the start of the SAMHSA CABHI project, how often has your organization collaborated with other local organizations in each of the following areas?

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Housing providers [COLLAB3_1]	○	○	○	○	○
State or local housing authority [COLLAB3_2]	○	○	○	○	○
Local continuum of care [COLLAB3_3]	○	○	○	○	○
Shelters [COLLAB3_4]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[COLLAB4]
Since the start of the SAMHSA CABHI project, how often has your organization collaborated with other local organizations in each of the following areas?

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Education providers [COLLAB4_1]	○	○	○	○	○
Employment or job training providers [COLLAB4_2]	○	○	○	○	○
Veterans agencies [COLLAB4_3]	○	○	○	○	○
Criminal justice agencies [COLLAB4_4]	○	○	○	○	○
State Medicaid office [COLLAB4_5]	○	○	○	○	○
Family advocacy groups [COLLAB4_6]	○	○	○	○	○
Policy-makers/legislators [COLLAB4_7]	○	○	○	○	○
Research/evaluation [COLLAB4_8]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[PROGRAMMER NOTE: IF COLLAB1_1=3 OR 4, GET COLLAB5_1; IF COLLAB1_2=3 OR 4, GET COLLAB5_2; IF COLLAB1_3=3 OR 4, GET COLLAB5_3; IF COLLAB1_4=3 OR 4, GET COLLAB5_4; ELSE SKIP TO COLLAB6]

[COLLABINTRO5]
The next questions refer to the *effectiveness* of your organization's collaboration with other local organizations.

[COLLAB5]
Since the start *of* the SAMHSA CABHI project, *how effective* have your organization's collaborations with the following local groups been in helping the SAMHSA CABHI project achieve its intended outcomes?

	Not at all effective [1]	**Slightly effective [2]**	**Moderately effective [3]**	**Very effective [4]**	Don't know [8]
Social services providers [COLLAB5_1]	○	○	○	○	○
Drop-in centers [COLLAB5_2]	○	○	○	○	○
Medical (primary/specialized) care providers [COLLAB5_3]	○	○	○	○	○
Peers/consumers [COLLAB5_4]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[PROGRAMMER NOTE: IF COLLAB2_1=3 OR 4, GET COLLAB6_1; IF COLLAB2_2=3 OR 4, GET COLLAB6_2; IF COLLAB2=3 OR 4, GET COLLAB6_3; IF COLLAB2_4=3 OR 4, GET COLLAB6_4; ELSE SKIP TO COLLAB7]

[COLLAB6]
Since the start of the SAMHSA CABHI project, *how effective* have your organization's collaborations with the following local groups been in helping the SAMHSA CABHI project achieve its intended outcomes?

	Not at all effective [1]	Slightly effective [2]	Moderately effective [3]	Very effective [4]	Don't know [8]
Substance abuse treatment providers [COLLAB6_1]	○	○	○	○	○
State substance abuse authority [COLLAB6_2]	○	○	○	○	○
Mental health treatment providers [COLLAB6_3]	○	○	○	○	○
State mental health authority [COLLAB6_4]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[PROGRAMMER NOTE: IF COLLAB3_1=3 OR 4, GET COLLAB7_1; IF COLLAB3_2=3 OR 4, GET COLLAB7_2; IF COLLAB3_3=3 OR 4, GET COLLAB7_3; IF COLLAB3_4=3 OR 4, GET COLLAB7_4; ELSE SKIP TO COLLAB8]

[COLLAB7]
Since the start of the SAMHSA CABHI project, *how effective* have your organization's collaborations with the following local groups been in helping the SAMHSA CABHI project achieve its intended outcomes?

	Not at all effective [1]	Slightly effective [2]	Moderately effective [3]	Very effective [4]	Don't know [8]
Housing providers [COLLAB7_1]	○	○	○	○	○
State or local housing authority [COLLAB7_2]	○	○	○	○	○
Local continuum of care [COLLAB7_3]	○	○	○	○	○
Shelters [COLLAB7_4]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[PROGRAMMER NOTE: IF COLLAB4_1=3 OR 4, GET COLLAB8_1; IF COLLAB4_2=3 OR 4, GET COLLAB8_2; IF COLLAB4_3=3 OR 4, GET COLLAB8_3; IF COLLAB4_4=3 OR 4, GET COLLAB8_4; IF COLLAB4_1=3 OR 4, GET COLLAB8_1; IF COLLAB4_2=3 OR 4, GET COLLAB8_2; IF COLLAB4_3=3 OR 4, GET COLLAB8_3; IF COLLAB4_4=3 OR 4, GET COLLAB8_4; ELSE SKIP TO COLLAB9]

[COLLAB8]
Since the start of the SAMHSA CABHI project, *how effective* have your organization's collaborations with the following local groups been in helping the SAMHSACABHI project achieve its intended outcomes?

	Not at all effective [1]	Slightly effective [2]	Moderately effective [3]	Very effective [4]	Don't know [8]
Education providers [COLLAB8_1]	○	○	○	○	○
Employment or job training providers [COLLAB8_2]	○	○	○	○	○
Veterans agencies [COLLAB14_3]	○	○	○	○	○
Criminal justice agencies [COLLAB8_4]	○	○	○	○	○
State Medicaid office [COLLAB8_5]	○	○	○	○	○
Family advocacy groups [COLLAB8_6]	○	○	○	○	○
Policy-makers/legislators [COLLAB8_7]	○	○	○	○	○
Research/evaluation [COLLAB8_8]	○	○	○	○	○

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

The next set of questions asks about different types of collaboration with SAMHSA grant partners in 4 categories: (1) substance abuse or mental health treatment providers, (2) healthcare providers or agencies, (3) public housing authorities and/or housing providers, and (4) other types of organizations, for example criminal justice agencies, veterans affairs, or the local HUD Continuum of Care.

Please include collaboration with partners *in your organization* ONLY IF the partner works in a category different from your own; do not include collaboration with partners in your organization who work in your category. Include collaboration with partners *from other organizations* whether they work in your category or a different category.

[COLLAB9]
How often do you collaborate with one or more local <u>substance abuse or mental health treatment provider</u> partners to:

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Work with the partner to identify, recruit, and/or screen clients [COLLAB9_1]	○	○	○	○	○
Make referrals to the partner [COLLAB9_2]	○	○	○	○	○
Receive referrals from the partner [COLLAB9_3]	○	○	○	○	○
Exchange information on specific clients [COLLAB9_4]	○	○	○	○	○
Work together to implement HIT solutions to support effective coordination of care for the population(s) of focus [COLLAB9_5]	○	○	○	○	○
Collaborate on services for one or more individual clients [COLLAB9_6]	○	○	○	○	○
Plan coordinated approaches to serving the population(s) of focus [COLLAB9_7]	○	○	○	○	○
Plan coordinated approaches to funding current services for client [COLLAB9_8]	○	○	○	○	○
Plan coordinated approaches to sustaining services for the population(s) of focus [COLLAB9_9]	○	○	○	○	○

[COLLAB10]
How often do you collaborate with one or more local <u>healthcare provider</u> partners to:

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Work with the partner to identify, recruit, and/or screen clients [COLLAB10_1]	○	○	○	○	○
Make referrals to the partner [COLLAB10_2]	○	○	○	○	○
Receive referrals from the partner [COLLAB10_3]	○	○	○	○	○
Exchange information on specific clients [COLLAB10_4]	○	○	○	○	○
Work together to implement HIT solutions to support effective coordination of care for the population(s) of focus [COLLAB10_5]	○	○	○	○	○
Collaborate on services for one or more individual clients [COLLAB10_6]	○	○	○	○	○
Plan coordinated approaches to serving the population(s) of focus [COLLAB10_7]	○	○	○	○	○
Plan coordinated approaches to funding current services for client [COLLAB10_8]	○	○	○	○	○
Plan coordinated approaches to sustaining services for the population(s) of focus [COLLAB10_9]	○	○	○	○	○

[COLLAB11]
How often do you collaborate with one or more local <u>public housing authority and/or housing provider</u> partners to**:**

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Work with the partner to identify, recruit, and/or screen clients [COLLAB11_1]	○	○	○	○	○
Make referrals to the partner[COLLAB11_2]	○	○	○	○	○
Receive referrals from the partner [COLLAB11_3]	○	○	○	○	○
Exchange information on specific clients [COLLAB11_4]	○	○	○	○	○
Work together to implement HIT solutions to support effective coordination of care for the population(s) of focus [COLLAB11_5]	○	○	○	○	○
Collaborate on services for one or more individual clients [COLLAB11_6]	○	○	○	○	○
Plan coordinated approaches to serving the population(s) of focus [COLLAB11_7]	○	○	○	○	○
Plan coordinated approaches to funding current services for client [COLLAB11_8]	○	○	○	○	○
Plan coordinated approaches to sustaining services for the population(s) of focus [COLLAB11_9]	○	○	○	○	○

[COLLAB12]
How often do you collaborate with one or more local [SELECTED OTHER] agencies or organizations partners to:

[PROGRAMMING NOTE: SELECT THE HIGHEST RATING AMONG COLLAB1_1, COLLAB1_2, COLLAB1_4, COLLAB4_1, COLLAB4_2, COLLAB4_3, COLLAB4_4, COLLAB4_5, COLLAB4_6, COLLAB4_7, AND COLLAB4_8; USE THAT LABEL IN "SELECTED OTHER" IMMEDIATELY ABOVE. IF TWO OR MORE RATINGS ARE TIED, RANDOMLY SAMPLE ONE OF THOSE WITH THE HIGHEST RATINGS.]

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Work with the partner to identify, recruit, and/or screen clients [COLLAB12_1]	○	○	○	○	○
Make referrals to the partner [COLLAB12_2]	○	○	○	○	○
Receive referrals from the partner [COLLAB12_3]	○	○	○	○	○
Exchange information on specific clients [COLLAB12_4]	○	○	○	○	○
Work together to implement HIT solutions to support effective coordination of care for the population(s) of focus [COLLAB12_5]	○	○	○	○	○
Collaborate on services for one or more individual clients [COLLAB12_6]	○	○	○	○	○
Plan coordinated approaches to serving the population(s) of focus [COLLAB12_7]	○	○	○	○	○
Plan coordinated approaches to funding current services for client [COLLAB12_8]	○	○	○	○	○
Plan coordinated approaches to sustaining services for the population(s) of focus [COLLAB12_9]	○	○	○	○	○

The next set of questions asks about your perceptions of how your local SAMHSA CABHI team worked together.

[COLLAB13]
Please rate the frequency of each of the following.

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Always [5]	Don't know [8]
Team members discuss strategies to improve their working relationship. [COLLAB13_1]	○	○	○	○	○	○
The team works together to resolve problems among members. [COLLAB13_2]	○	○	○	○	○	○
The team incorporates feedback about its process to strengthen its effectiveness. [COLLAB13_3]	○	○	○	○	○	○
The team informally and/or formally evaluates how they work together. [COLLAB13_4]	○	○	○	○	○	○
Team members talk about similarities and differences among their professional roles in working with the grant population(s) of focus. [COLLAB13_5]	○	○	○	○	○	○
Members of the team address conflicts with each other directly. [COLLAB13_6]	○	○	○	○	○	○
The team discusses the degree to which each professional should be involved with a particular client. [COLLAB13_7]	○	○	○	○	○	○
Team members talk about ways to involve additional professionals with various expertise in the team. [COLLAB13_8]	○	○	○	○	○	○
There are "turf" issues among members of the team. [COLLAB13_9]	○	○	○	○	○	○

[COLLAB14]
Please rate the frequency of each of the following, using the scale: 1= never, 2 = rarely, 3 = sometimes, 4 = often and 5= always.

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Always [5]	Don't know [8]
The team does not welcome new ideas about how to help clients. [COLLAB14_1]	○	○	○	○	○	○
Team members respect one another even when they have different ideas about how to help clients. [COLLAB14_2]	○	○	○	○	○	○
The team has appropriate expectations of the roles of members in supporting clients. [COLLAB14_3]	○	○	○	○	○	○
The team respects the opinion and input of each member. [COLLAB14_4]	○	○	○	○	○	○
There is open communication among team members. [COLLAB14_5]	○	○	○	○	○	○
Team members focus on understanding the perspectives of others rather than defending their own specific opinions. [COLLAB14_6]	○	○	○	○	○	○
The team supports each member in his or her work with clients. [COLLAB14_7]	○	○	○	○	○	○
There is freedom to be different and disagree within the team. [COLLAB14_8]	○	○	○	○	○	○
New practices related to working with clients occur as a result of the diversity of ideas among team members. [COLLAB14_9]	○	○	○	○	○	○

[COLLAB15]
Please rate the frequency of each of the following, using the scale: 1= never, 2 = rarely, 3 = sometimes, 4 = often and 5= always.

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Always [5]	Don't know [8]
Working with team members who have multiple perspectives results in new programs available to help clients. [COLLAB15_1]	○	○	○	○	○	○
The roles and/or responsibilities of team members change as a result of teamwork. [COLLAB15_2]	○	○	○	○	○	○
As a result of working as a team, services/supports for clients are delivered in new ways. [COLLAB15_3]	○	○	○	○	○	○
Team members take on tasks outside their role when necessary. [COLLAB15_4]	○	○	○	○	○	○
The team depends on members with varying roles (e.g., mental health professional, case manager, housing specialist, etc.) to implement specific activities. [COLLAB15_5]	○	○	○	○	○	○
The team relies on members with varying roles (e.g., mental health professional, case manager, housing specialist, etc.) to accomplish its goals. [COLLAB15_6]	○	○	○	○	○	○
The team makes distinctions among the roles and responsibilities of each member. [COLLAB15_7]	○	○	○	○	○	○
The team consults with members who have a variety of perspectives about how to address the needs of clients. [COLLAB15_8]	○	○	○	○	○	○

MODULE J: IMPLEMENTATION OF THE SAMHSA CABHI PROJECT

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPLINTRO1]
The next questions are about local implementation of the SAMHSA CABHI project.

[IMPL1]
Please indicate the extent to which you agree or disagree with the following statement about support for the SAMHSA CABHI project from front line staff of partners in each of the following categories.

Support has been strong for the SAMHSA CABHI project from <u>front line staff</u> at local…

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Grantee organization [IMPL1_1]	o	o	o	o	o	o
Housing partner(s) [IMPL1_2]	o	o	o	o	o	o
Substance abuse treatment partner(s) [IMPL1_3]	o	o	o	o	o	o
Mental health treatment partner(s) [IMPL1_4]	o	o	o	o	o	o
Healthcare partner(s) [IMPL1_5]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPL2]
Please indicate the extent to which you agree or disagree with the following about support for the SAMHSA CABHI project from the administration and management of partners in each of the following categories.

Support has been strong for the SAMHSA CABHI project from the <u>administration and management</u> at local…

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Grantee organization [IMPL2_1]	o	o	o	o	o	o
Housing partner(s) [IMPL2_2]	o	o	o	o	o	o
Substance abuse treatment partner(s) [IMPL2_3]	o	o	o	o	o	o
Mental health treatment partner(s) [IMPL2_4]	o	o	o	o	o	o
Healthcare partner(s) [IMPL2_5]	o	o	o	o	o	o

[PROGRAMMER NOTE: IF ORG5=1, OR ORG6=1, OR ORG7=1, OR ORG8=1, GET IMPL3; ELSE SKIP TO IMPL4]

[IMPL3]
Please indicate the extent to which you agree or disagree with the following statements about *your organization's* implementation of the SAMHSA homeless project.

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Staff members have adequate experience to effectively serve the target population [IMPL3_1]	o	o	o	o	o	o
Staff's gender, race, ethnicity and language capability reflects the target population [IMPL3_2]	o	o	o	o	o	o
Appropriate plans or protocols are in place to address language barriers (bilingual staff, instruments in various languages), as needed [IMPL3_3]	o	o	o	o	o	o
Selected treatment or support services are appropriate for the target population's age, gender, race and ethnicity [IMPL3_4]	o	o	o	o	o	o
Staff demonstrates cultural sensitivity in working with clients [IMPL3_5]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPLINTRO2]
The following statements refer to the implementation and operation of the SAMHSA CABHI project.

[IMPL4]
Please indicate the extent to which you agree or disagree with each of the following statements.

The local SAMHSA CABHI project has…

	Strongly Disagree [1]	**Disagree [2]**	**Neither Agree nor Disagree [3]**	**Agree [4]**	**Strongly Agree [5]**	Don't know [8]
Implemented targeted approaches and strategies as planned [IMPL4_1]	o	o	o	o	o	o
Increased clients'] willingness to access available services [IMPL4_2]	o	o	o	o	o	o
Increased my organization's capabilities in providing clients effective and appropriate services [IMPL4_3]	o	o	o	o	o	o
Provided Technical Assistance (TA) that has helped my organization contribute to local project objectives [IMPL4_4]	o	o	o	o	o	o
Improved integration of services for target clients in our community [IMPL4_5]	o	o	o	o	o	o

[IMPL5]
Please indicate the extent to which you agree or disagree with each of the following statements.

The local SAMHSA CABHI project has…

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Effectively engaged all agencies or organizations necessary to successfully implement the project [IMPL5_1]	o	o	o	o	o	o
Effectively utilized pre-existing community capabilities and assets [IMPL5_2]	o	o	o	o	o	o
Used formal interagency agreements such as MOUs effectively [IMPL5_3]	o	o	o	o	o	o
Improved coordination between different types of service providers [IMPL5_4]	o	o	o	o	o	o
Fostered the use of uniform eligibility criteria and intake processes [IMPL5_5]	o	o	o	o	o	o
Increased use of interagency management information systems or client tracking systems [IMPL5_6]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPL6]
Please indicate the extent to which you agree or disagree with each of the following statements.

The local SAMHSA CABHI project has…

	Strongly Disagree [1]	**Disagree [2]**	**Neither Agree nor Disagree [3]**	**Agree [4]**	**Strongly Agree [5]**	Don't know [8]
Well-focused goals and strategies [IMPL6_1]	o	o	o	o	o	o
Partners have created common goals [IMPL6_2]	o	o	o	o	o	o
Partners have effectively coordinated efforts to achieve common goals [IMPL6_3]	o	o	o	o	o	o
Placed too much emphasis on substance abuse and/or mental health treatment, at the expense of housing [IMPL6_4]	o	o	o	o	o	o
Placed too much emphasis on housing, at the expense of substance abuse and/or mental health treatment [IMPL6_5]	o	o	o	o	o	o
Focused on the wrong clients [IMPL6_6]	o	o	o	o	o	o
Used too much of a "top down" approach [IMPL6_7]	o	o	o	o	o	o
Used too much of a "bottom up" approach [IMPL6_8]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPL7]
Please indicate the extent to which you agree or disagree with each of the following statements.

The local SAMHSA CABHI project has…

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Communication among partners has improved [IMPL7_1]	o	o	o	o	o	o
Information sharing among partners about specific clients has improved [IMPL7_2	o	o	o	o	o	o
Had little effect on moving clients into permanent housing [IMPL7_3]	o	o	o	o	o	o
Had little effect on integrating housing, treatment and support services [IMPL7_4]	o	o	o	o	o	o
Had little effect on how my agency serves clients [IMPL7_5]	o	o	o	o	o	o
Had insufficient involvement from organization leaders [IMPL7_6]	o	o	o	o	o	o
Had limited effectiveness due to staff turnover [IMPL7_7]	o	o	o	o	o	o
Effectively overcome obstacles or setbacks [IMPL7_8]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPL8]
Please indicate the extent to which you agree or disagree with each of the following statements.

The local SAMHSA CABHI project has…

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Communicated clear criteria on how resources are allocated [IMPL8_1]	o	o	o	o	o	o
Tapped into other federal, state or local government funding to enhance its activities during the SAMHSA grant funding period [IMPL8_2]	o	o	o	o	o	o
Tapped into federal, state or local government funding to sustain its activities after SAMHSA grant funding ends [IMPL8_3]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[IMPL9]
Please indicate the extent to which you agree or disagree with the following statements about the local SAMHSA CABHI project.

	Strongly Disagree [1]	**Disagree [2]**	**Neither Agree nor Disagree [3]**	**Agree [4]**	**Strongly Agree [5]**	Don't know [8]
My agency has been involved in planning to sustain project activities after the SAMHSA grant funding ends [IMPL9_1]	o	o	o	o	o	o
Project evaluation findings are used to help inform and improve project implementation [IMPL9_2]	o	o	o	o	o	o
Project evaluation findings are being used to help with sustainability efforts [IMPL9_3]	o	o	o	o	o	o
The SAMHSA CABHI project will have little lasting impact on the treatment system in our community [IMPL9_4]	o	o	o	o	o	o

[NEW SCREEN]
Grantee Organization: [INSERT NAME OF GRANTEE ORGANIZATION]
Project Name: [INSERT PROJECT NAME]

[CLOSE1]
Finally, please provide any additional information about the SAMHSA CABHI project that you think is important and would like to share. We are especially interested in "lessons learned" – things that went well, or not so well, during grant close out that you would like to share (anonymously) with SAMHSA and future grantees.
[ALLOW 1000]

THANK YOU VERY MUCH for participating!

Information from key stakeholders like you will help practitioners, policy makers, researchers and funders better understand the efforts of SAMHSA CABHI projects, including factors contributing to success, which we hope will improve future efforts to reduce homelessness and provide clients the services they need.

[NEW SCREEN]
[IF STAKEHOLDER, GRANT ORGANIZATION OR PROJECT NAME NOT ACCURATE]

[TERMINATE]
We are sorry for the confusion. A team member from the National Evaluation of SAMHSA's CABHI Program will look into the problem and get back to you.

If you have any questions or need to speak with someone about this National Evaluation of SAMHSA's CABHI Program or the Stakeholder survey, please contact Jim Trudeau, RTI International Project Director, via email <u>HomelessProgramsEval@rti.org</u>, or phone, toll-free 1-877-653-1240.