Attachment 1: State PATH Contact Web Survey

Welcome to the

National Evaluation of SAMHSA's Project for Assistance in Transition from

Homelessness (PATH)

State PATH Contact (SPC)
Web Survey

Thank you for taking time to complete the **National Evaluation of SAMHSA's Project for Assistance in Transition from Homelessness State PATH Contact (SPC) – Web Survey.** the questions in this survey are about your knowledge of and experience with **[Name of Grantee Organization]'s** PATH program.

Please click the "Continue" button below to proceed of you are affiliated with **[Name of Grantee Organization]'s** PATH program. Please click here if you are not affiliated with this program [link to terminate].

CONTINUE button

_____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0XXX. Public reporting burden for this collection of information is estimated to average 1 hour per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

Consent to Participate in the National Evaluation of
Substance Abuse and Mental Health Services Administration (SAMHSA)
Project for Assistance in Transition from Homelessness (PATH)

State PATH Contact (SPC)
Web Survey

About the Study
This interview is part of the data collection for a national evaluation of SAMHSA's Center for Mental Health Services (CMHS) Project for Assistance in Transition from Homelessness (PATH) program, to ensure that the grantee and local programs are consistent with legislative requirements and to recommend changes to the program design and operation. HSRI though a subcontract from RTI International is conducting the evaluation. These questions were approved by the Department of Health and Human Services, SAMHSA, CMHS.

We are contacting State and Territories PATH Contacts (SPCs) to get their perspectives on their PATH project to help SAMHSA improve PATH program and the supports they offer to clients and grantees. You are one of 56 SPCs who may participate in this study. The following questions ask about your agency's PATH program.

The SPC web survey covers background information about your agency; the services provided by your PATH program; your PATH providers; the monitoring and oversight of the PATH providers; the target population of clients/consumers of focus for your program and your experience implementing your program.

Voluntary Participation and Privacy
Your participation in this survey is completely voluntary. You may refuse to answer any question in the survey and you may stop participating at any time.

All the information you provide in this web survey will be kept private and will not be shared with anyone from your agency or directly with SAMHSA. We will not divulge your individual responses to your employer or anyone else outside of the research team. You will be assigned a participant ID number and your name will not appear on the web survey; the information linking your name and agency ID will be kept—separately from this consent and your responses—in a password-protected folder accessible only to the evaluation team.

Risks and Benefits of the Study
Participation in this interview poses little risk to you. In addition to the privacy protections described above, we will reduce the risk of inadvertent disclosure by associating your responses with a unique identifier and not your name.

There are no immediate benefits of participation. No incentive for participation is provided. Information from project directors and other key staff like you will be aggregated, and the results will help stakeholders, practitioners, policy makers, researchers, and funders learn more about the efforts of the SAMHSA CMHS PATH program and factors contributing to their success. Results will help inform SAMHSA and future programs about what works.

Duration
This survey will take about 1 hour of your time. This includes the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing the interview.

Questions
You are welcome to contact our office any time if you have any questions. Please call Terry Camacho-Gonsalves, the Project Manager for the PATH evaluation at 1-617-844-2504 or by email at tcamacho@hsri.org. If you have any questions about your rights as a study participant, you may call the Human Services Research Institute (HSRI) Office of Institutional Review Board at 1-617-844-2501; or you may write to them at HSRI Office of Institutional Review Board, 2236 Massachusetts Avenue, Cambridge MA 02140.

By clicking on "Consent" below, you agree to participate in the study. Please select "Consent" only if:

✔ You understand the information about the study in this consent form, and
✔ You are willing to continue to participate in the study.

   Consent   Do not consent

Substance Abuse and Mental Health Services Administration (SAMHSA)
Project for Assistance in Transition from Homelessness (PATH)

State PATH Contact (SPC)
Web Survey

Module A: Grantee and State PATH Contact (SPC) Background

Please review and verify the pre-populated information about your PATH program.

[PREFILL GRANTEE1 – GRANTEE2]

[GRANTEE1]
Grantee Organization Name: [ALLOW 200]

[GRANTEE2]
Grantee Location – City: [ALLOW 50] State: |___|___|

[GRANTEE3]
Which of the following best describes the grantee organization? Agency, Department or Division of:
- o   Aging and Disabilities
- o   Behavioral Health
- o   Behavioral Health and Developmental Disabilities
- o   Behavioral Health and Wellness
- o   Health
- o   Health and Disparities
- o   Health and Family Services
- o   Health and Hospitals
- o   Health and Human Services
- o   Health and Mental Hygiene
- o   Human Services
- o   Human and Social Services
- o   Mental Health
- o   Mental Health and Substance Abuse/Use or Addiction
- o   Mental Health, Developmental Disabilities and Substance Abuse Services
- o   Public Health
- o   Public Welfare
- o   Social Services
- o   Social and Health Services
- o   Other (Specify): _____

Next we would like to ask you some questions about yourself.

[ROLE1]
Are you the State PATH Contact (SPC) or in a comparable role for this agency's PATH program?
- o Yes [1] [GO TO ROLE2]
- o No [2] [GO TO ROLE3]
- o Don't know [98]

[ROLE2]
How long have you been in this position for this agency's PATH program?
_____ Years   _____ Months   ___Don't Know

SKIP TO ROLE5

[ROLE3]
What is your role in the PATH program?
- o Alternate/Secondary SPC [1]
- o Supervisor of the SPC or PATH program [2]
- o Other (Specify): _____ [3]
- o Don't know [98]

[ROLE4]
How long have you been in this role for this agency's PATH program?
- o _____ Years   _____ Months ___Don't Know]

[ROLE5]
On a typical week, what percentage of your time is spent on PATH-related activities?
_____ %

[ROLE6]
In addition to your responsibilities with this agency's PATH program, please describe your other responsibilities within your state/territory agency. For example, state/territory Lead for SOAR, supervision of other clinical programs, management of other agency programs, non-PATH training or technical assistance, direct service provision etc.

MODULE B: PATH PROGRAM ADMINISTRATION AND OVERSIGHT

The next questions are about the administration of your agency's PATH program. First, we want to know if there are specific target populations that have been designated as high priority populations to be served by PATH providers in your state/territory.

[POP1]
Which of the following populations have been designated as high priority populations to be served by your agency's PATH providers? Check all that apply.
- o Persons with serious mental illness (SMI) [1]
- o Persons with co-occurring SMI and substance use disorders [2]
- o People who are homeless [3]
- o People who are literally homeless [4]
- o People who are chronically homeless [5]
- o Veterans [6]
- o Persons with criminal justice backgrounds (e.g., previously incarcerated, reentry/diversion, or on probation/adjudication) [7]
- o People from racial and ethnic minority groups [8]
- o Youth [9]
- o People who are Lesbian, gay, bisexual, or transgender individuals, questioning and allies (LGBT/LGBTQA) [10]
- o Families [11]
- o Other (Specify): _____ [12]
- o Other (Specify): _____ [13]
- o Other (Specify): _____ [14]
- o No priority populations have been designated by your state/territory [15]
- o Don't Know [98]

[SERVICES]
The next questions are in regards to the PATH services provided by your agency's PATH program. For each PATH allowable/eligible service, we would like to know a) whether the service is an allowable/eligible service within your agency's PATH program; and b) whether the service is a priority service within your PATH program. By priority service, we mean a service that is emphasized within your agency's PATH program or that is a focus of your agency's PATH program.

[SERV1A]
Are <u>outreach services</u> allowable/eligible services within your agency's PATH program?
- o Yes [1]
- o No [2] [Go to SERV2A]
- o Don't know [98] [Go to SERV2A]

[SERV1B]
Are <u>outreach services</u> priority services within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV1C]
Do your agency's PATH providers conduct street outreach?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV1D]
Do your agency's PATH providers conduct in-reach?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV2A]
Are <u>screening and diagnostic treatment services</u> allowable/eligible services within your agency's PATH program?
- o Yes [1]
- o No [2] [Go to SERV3A]
- o Don't know [98] [Go to SERV3A]

[SERV2B]
Are <u>screening and diagnostic treatment services</u> priority services within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV3A]
Are <u>habilitation and rehabilitation services</u> allowable/eligible services within your agency's PATH program?
- o Yes [1]
- o No [2] [Go to SERV4A]
- o Don't know [98] [Go to SERV4A]

[SERV3B]
Are <u>habilitation and rehabilitation services</u> priority services within your agency's PATH program?
- o Yes [1]
- o No [2]

- o Don't know [98]

[SERV4A]
Are <u>community mental health services</u> allowable/eligible services within your agency's PATH program?
- o Yes [1]
- o No [2] [Go to SERV5A]
- o Don't know [98] [Go to SERV5A]

[SERV4B]
Are <u>community mental health services</u> priority services within your PATH agency's program?
- o Yes [1]
- o No [2] [Go to SERV5A]
- o Don't know [98] [Go to SERV5A]

[SERV5A]
Are <u>alcohol or drug treatment services</u> allowable/eligible services within your agency's PATH program?
- o Yes [1]
- o No [2] [Go to SERV6A]
- o Don't know [98] [Go to SERV6A]

 [SERV5B]
Are <u>alcohol or drug treatment services</u> priority services within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV6A]
Is <u>staff training</u> an allowable/eligible service within your agency's PATH program? Staff training includes the training of individuals who work in shelters, mental health clinics, substance abuse programs and other sites where persons who are homeless require services or training in program areas such as outreach or engagement.
- o Yes [1]
- o No [2] [Go to SERV7A]
- o Don't know [98] [Go to SERV7A]

[SERV6B]
Is <u>staff training </u>a priority service within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV7A]

Are <u>case management services</u> allowable/eligible services within your agency's PATH program?

- o Yes [1]
- o No [2] [Go to SERV8A]
- o Don't know [98] [Go to SERV8A]

[SERV7B]

Are <u>case management services</u> priority services within your agency's PATH program?

- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV8A]

Are <u>supportive and supervisory services in residential settings</u> allowable/eligible services within your agency's PATH program?

- o Yes [1]
- o No [2] [Go to SERV9A]
- o Don't know [98] [Go to SERV9A]

[SERV8B]

Are <u>supportive and supervisory services in residential settings</u> priority services within your agency's PATH program?

- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV9A]

Are making <u>referrals for other services (e.g., primary healthcare, job training, educational services and housing)</u> an allowable/eligible service within your agency's PATH program?

- o Yes [1]
- o No [2] [Go to SERV10A]
- o Don't know [98] [Go to SERV10A]

[SERV9B]

Are making <u>referrals for other services (e.g., primary healthcare, job training, educational services and housing)</u> a priority service within your agency's PATH program?

- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV9C]
Which services do your agency's PATH providers make referrals for? Check all that apply
- o Primary healthcare [1]
- o Job training [2]
- o Educational services [3]
- o Housing [4]
- o Other (Specify): _____ [5]
- o Other (Specify): _____ [6]
- o Other (Specify): _____ [7]
- o Don't know [98]

[SERV10A]
Is providing the PATH allowable <u>housing assistance services</u> an allowable/eligible service within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV10B]
Is providing the PATH allowable <u>housing assistance services</u> a priority service within your agency's PATH program?
- o Yes [1]
- o No [2] [Go to EBP1]
- o Don't know [98] [Go to EBP1]

[SERV10C]
Which PATH allowable <u>housing assistance services</u> are provided by your PATH providers? Check all that apply.
- o Minor renovation, expansion, and repair of housing [1]
- o Planning of housing [2]
- o Technical assistance in applying for housing assistance [3]
- o Improving the coordination of housing services [4]
- o Security deposits [5]
- o Costs associated with matching eligible homeless individuals with appropriate housing situations [6]
- o One-time rental payments to prevent eviction [7]
- o Other (Specify): _____ [8]
- o Other (Specify): _____ [9]
- o Other (Specify): _____ [10]
- o Don't know [98]

[EBP1]
Does your agency promote the use of Evidence Based Practices (EBPs) by your agency's PATH providers? By EBPs we mean interventions that are well-defined with established fidelity criteria and/or manuals and that have research evidence behind them.
   o Yes [1] [Go to EBP2]
   o No [2] [Go to SELECT1]
   o Don't know [98]

[EBP2]
How does your agency promote the use of Evidence Based Practices (EBPs) by your agency's PATH providers? Check all that apply.
   o State/territory provides program/intervention recommendations [1]
   o State/territory provides funding for specific EBPs [2]
   o State/territory provides funding incentives for the implementation of EBPs [3]
   o Training provided by state/territory personnel [4]
   o Training funded by the state/territory and provided by outside trainers [5]
   o State/territory arranges training through the PATH technical assistance (TA) contract [6]
   o State/territory provides training materials [7]
   o State/territory provides technical assistance [8]
   o State/territory arranges and/or pays for technical from program developers or other third-party technical assistance providers [9]
   o Other (Specify): _____ [10]
   o Other (Specify): _____ [11]
   o Other (Specify): _____ [12]
   o Don't know [98]

[EBP3]
Which of the following EBPs does your agency promote for use by your agency's PATH providers. Check all that apply.
   o Assertive Community Treatment (ACT) [1]
   o Cognitive Behavioral Therapy (CBT) [2]
   o Critical Time Intervention (CTI) [3]
   o Double Trouble in Recovery (DTR) [4]
   o Eye Movement Desensitization and Reprocessing (EMDR) [5]
   o Housing First Model [6]
   o Illness Management and Recovery (IMR) [7]
   o Integrated Dual Disorder Treatment (IDDT) [8]
   o Intensive Case Management (ICM) [9]
   o Matrix Model [10]
   o MISSION [11]
   o Motivational Interviewing [12]
   o Motivational Enhancement Therapy (MET) [13]

- o Permanent Supportive Housing [14]
- o Screening and Brief Intervention (SBI) [15]
- o Seeking Safety [16]
- o SSI/SSDI Outreach, Access, and Recovery (SOAR) [17]
- o Trauma Recovery and Empowerment Model (TREM) [18]
- o Trauma-informed care [19]
- o Wellness Recovery Action Plan (WRAP) [20]
- o Other (Specify): _____ [21]
- o Other (Specify): _____ [21]
- o Other (Specify): _____ [23]
- o Don't know [98]

The next few questions are regarding the selection of your agency's PATH providers and the allocation of PATH funds.

[SELECT1]
Are your agency's PATH providers selected using a competitive procurement process?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SELECT2]
How are your agency's PATH providers selected for funding? Check all that apply.
- o Prevalence of potential PATH-eligible clients in the geographic area or region [1]
- o Past performance of a provider [2]
- o Availability of interested and capable providers in the geographic area or region of state/territory [3]
- o Other (Specify): _____ [4]
- o Other (Specify): _____ [5]
- o Other (Specify): _____ [6]
- o Don't know [98]

[ALLOCATE1]
Are funds distributed equally among providers?
- o Yes [1] [Go to ALLOCATE2]
- o No [2] [Go to ALLOCATE3]
- o Not applicable (e.g., only have one provider) [3]
- o Don't know [98]

[ALLOCATE2]
Are funds distributed equally among regions?
- o Yes [1] [Go to MATCH1]
- o No [2] [Go to ALLOCATE3]
- o Not applicable (e.g., only have one region) [3]
- o Don't know [98]

[ALLOCATE3]
How are PATH funds allocated to your agency's providers? Check all that apply.
- o Population formula [1]
- o Level of need [2]
- o Other (Specify): _____ [3]
- o Other (Specify): _____ [4]
- o Other (Specify): _____ [5]
- o Don't know [98]

Next we want to ask you some questions regarding the sources of match funds.

[MATCH1]
Does the state/territory provide match funds?
- o Yes [1]
- o No [2]
- o Don't know [98]

[MATCH2]
Are your agency's PATH providers required to provide match funds?
- o Yes [1]
- o No [2]
- o Don't know [98]

The next few questions are about the types of organizations that receive PATH funds.

[TYPE1]
Does the state/territory limit what type of provider can receive PATH funds?
- o Yes [1] [go to TYPE2]
- o No [2]
- o Don't know [98]

[TYPE2]
What types of providers can apply for PATH funds? Check all that apply.
- o Community mental health center [1]
- o Consumer-run mental health agency [2]
- o Other mental health agency [3]
- o Social service agency [4]

o Shelter or other temporary housing resource [5]
o Other housing agency [6]
o Health Care for Homeless/other health agency [7]
o Substance use treatment agency [8]
o Other (Specify): _____ [9]
o Other (Specify): _____ [10]
o Other (Specify): _____ [11]
o Don't know [98]

The next few questions are regarding the use of intermediary organizations to provide PATH funds to providers.

[INTERMEDIARY1]
Are PATH funds provided through intermediary organizations?
o Yes [1]
o No [2]
o Don't know [98]

[INTERMEDIARY2]
What types of organizations are the intermediary organizations? Check all that apply
o County agencies [1]
o Local or regional behavioral health agencies [2]
o Local or regional mental health authorities [3]
o Local or regional governing entities [4]
o Managed entities [4]
o Other (Specify): _____ [5]
o Don't know [98]

[INTERMEDIARY3]
Are intermediary organizations involved in the programmatic oversight of your agency's PATH funded providers?
o Yes [1]
o No [2]
o Don't know [98]

[INTERMEDIARY4]
Are intermediary organizations involved in the financial oversight of your agency's PATH funded providers?
o Yes [1]
o No [2]
o Don't know [98]

The next few questions are regarding the programmatic and financial oversight of your agency's PATH funded providers.

[OVERSIGHT1]
What are the methods utilized to monitor your agency's PATH providers? Check all that apply.
- o Site visits [1]
- o Regularly scheduled meetings or teleconferences [2]
- o Review of progress reports [3]
- o Review of HMIS or other data [4]
- o Evaluation of performance goals [5]
- o Review of financial documents or billing [6]
- o Audits [7]
- o Other (Specify): _____ [8]
- o Other (Specify): _____ [9]
- o Other (Specify): _____ [10]
- o Don't know [98]

[OVERSIGHT2]
How are concerns with the performance of your agency's PATH providers handled? Check all that apply.
- o Technical Assistance [1]
- o Training [2]
- o Corrective Action Plans [3]
- o Quality Improvement Projects [4]
- o Other (Specify): _____ [5]
- o Other (Specify): _____ [6]
- o Other (Specify): _____ [7]
- o Don't know [98]

MODULE C: TECHNICAL ASSISTANCE AND TRAINING
The next few questions are about the technical assistance and training that your agency's PATH program may have received during the past year?

[TTA1]
Has your agency's PATH Program provide technical assistance to your agency's PATH providers in the past year?
   o   Yes [1] [Go to TTA2]
   o   No [2] [Go to TTA]
   o   Don't know [98] [Go to TTA]

[PROGRAMMER NOTE: If TTA= 1, GET TTA2; ELSE SKIP TO TTA3]

[TTA2]
How has the technical assistance provided to your agency's PATH providers in the past year been funded? Check all that apply.
   o   Through PATH state funds [1]
   o   Through state funds (non-PATH) [2]
   o   Through the SAMHSA PATH Technical Assistance contractor [3]
   o   Through another SAMHSA funded contract or contractor [4]
   o   Other (Specify): _____ [5]
   o   Other (Specify): _____ [6]
   o   Other (Specify): _____ [7]
   o   Don't know [98]

[TTA3]
Has your agency's PATH Program provided trainings to your agency's PATH providers in the past year?
   o   Yes [1] [Go to TTA4]
   o   No [2] [Go to HMIS1]
   o   Don't know [98] [Go to HMIS1]

[PROGRAMMER NOTE: If TTA3 = 1, GET TTA4; ELSE SKIP TO MODULE D]

[TTA4]
How has the training provided to your agency's PATH providers in the past year been funded? Check all that apply.
   o   Through PATH state funds [1]
   o   Through state funds (non-PATH) [2]
   o   Through the SAMHSA PATH Technical Assistance contractor [3]
   o   Through another SAMHSA funded contract or contractor [4]
   o   Other (Specify): _____ [5]
   o   Other (Specify): _____ [6]
   o   Other (Specify): _____ [7]

o Don't know [98]

[PROGRAMMER NOTE: If TTA1 =1 OR TTA3 = 1, GET TTA5; ELSE SKIP TO MODULE D]

[TTA5]
In which topics areas has your agency's PATH program provided technical assistance or training to your agency's PATH providers in the past year? Check all that apply.

- o Development of Intended Use Plans [TTA5_1]
- o Determining client eligibility for PATH services [TTA5_2]
- o Enrolling clients for PATH services [TTA5_3]
- o PATH-eligible services specify: (Check all that apply) [TTA5_4]
  - ☐ Outreach services [TTA5_4_1]
  - ☐ Screening and diagnostic treatment services [TTA5_4_2]
  - ☐ Habilitation and rehabilitation services [TTA5_4_3]
  - ☐ Community mental health services [TTA5_4_4]
  - ☐ Alcohol or drug treatment services [TTA5_4_5]
  - ☐ Staff training [TTA5_4_6]
  - ☐ Case management services [TTA5_4_7]
  - ☐ Supportive and supervisory services in residential services [TTA5_4_8]
  - ☐ Referral for primary health services, job training, educational services and relevant housing services [TTA5_4_9]
  - ☐ Allowable housing services (e.g., planning of housing, technical assistance in applying for housing assistance, security deposits, etc.) [TTA5_4_10]

- o Evidence-Based Practices (EBPs) (general trainings or trainings on specific EBPs) Check all that apply. [TTA5_5]
  - ☐ Assertive Community Treatment (ACT) [TTA5_5_1]
  - ☐ Cognitive Behavioral Therapy (CBT) [TTA5_5_2]
  - ☐ Critical Time Intervention (CTI) [TTA5_5_3]
  - ☐ Double Trouble in Recovery (DTR) [TTA5_5_4]
  - ☐ Eye Movement Desensitization and Reprocessing (EMDR) [TTA5_5_5]
  - ☐ Housing First Model [TTA5_5_6]
  - ☐ Illness Management and Recovery (IMR) [TTA5_5_7]
  - ☐ Integrated Dual Disorder Treatment (IDDT) [TTA5_5_8]
  - ☐ Intensive Case Management (ICM) [TTA5_5_9]
  - ☐ Matrix Model [TTA5_5_10]
  - ☐ MISSION [TTA5_5_11]
  - ☐ Motivational Interviewing [TTA5_5_12]
  - ☐ Motivational Enhancement Therapy (MET) [TTA5_5_13]
  - ☐ Permanent Supportive Housing [TTA5_5_14]
  - ☐ Screening and Brief Intervention (SBI) [TTA5_5_15]
  - ☐ Seeking Safety [TTA5_5_16]
  - ☐ SSI/SSDI Outreach, Access, and Recovery (SOAR) [TTA5_5_17]
  - ☐ Trauma Recovery and Empowerment Model (TREM) [TTA5_5_18]
  - ☐ Trauma-informed care [TTA5_5_19]

□ Wellness Recovery Action Plan (WRAP) [TTA5_5_20]
□ Other (Specify): _____ [TTA5_5_21]
□ Other (Specify): _____ [TTA5_5_21]
□ Other (Specify): _____ [TTA5_5_23]
□ Don't know [98]

o Data Collection [TTA5_6]
o Data Reporting [TTA5_7]
o Annual Survey Report [TTA5_8]
o Homeless Management Information Systems (HMIS) [TTA5_9)
o Transitioning clients out of PATH services [TTA5_10]
o Other (Specify): _____ [TTA5_11]
o Other (Specify): _____ [TTA5_12]
o Other (Specify): _____ [TTA5_13]
o Don't Know [98]

[TTA6]
How are your agency's PATH providers' technical assistance and training needs determined?
Check all that apply.
o By requests from PATH providers [1]
o From information and alerts received from the PATH TA contractor [2]
o From information and alerts received from the SAMHSA government project officer [3]
o From information and alerts received from national homeless organizations [4]
o From needs identified in monitoring visits [5]
o Review of reported data [6]
o Other (Specify): _____ [7]
o Don't know [98]

MODULE D: HOMELESS MANAGEMENT INFORMATION SYSTEM

[HMIS1]
What is the status of your agency's PATH providers' transition to the use of HUD's Homeless
Management Information System (HMIS) for the PATH Program?
o Providers have not started using HMIS for the PATH program [1] [Go to HMIS2]
o Some PATH providers are using HMIS for the PATH program [2] [Go to HMIS2]
o All PATH providers are using HMIS for the PATH program [3] [Go to HMIS3]
o Other (Specify): _____ [4]
o Don't know [98]

[HMIS2]
Are those PATH providers that are not using HMIS collecting PATH client data through another
system approved by SAMHSA that supports interoperability with the local HMIS?
o Yes [1]
o No [2]

o Don't know [98]

[HMIS3]
Does your agency's PATH program work with local HMIS administrators to assure that PATH providers are trained in the use of HMIS?
   o Yes [1]
   o No [2]
   o Don't know [98]

[PROGRAMMER NOTE: If HMIS1 = 2, 3, or 4, or HMIS2 =1, GET HMIS4; ELSE SKIP TO MODULE E]

[HMIS4]
How are HMIS data being used by your agency's PATH program? Check all that apply.
   o Not yet being used [1]
   o To plan PATH services or activities [2]
   o To monitor local PATH providers [3]
   o To monitor PATH consumer participation in services or housing [4]
   o To monitor PATH consumer outcomes [5]
   o To report Annual Survey/PATH Data [6]
   o To report to other state or federal agencies [7]
   o Other (Specify): _____ [8]
   o Other (Specify): _____ [9]
   o Other (Specify): _____ [10]
   o Don't Know [98]

MODULE E: CONTINUUM OF CARE

The next few questions are about involvement with the HUD Continuum of Care (CoC) program.

[COC1]

Does your agency participate in the HUD Continuum of Care (CoC) program?
   o Yes [1]
   o No [2]
   o Don't know [98]

[COC2]

Does your agency's PATH program participate in the HUD CoC program?

- o Yes [1]
- o No [2]
- o Don't know [98]

[COC3]

Does your agency's PATH program work with the CoCs to facilitate use of HMIS for PATH data collection?
- o Yes [1]
- o No [2]
- o Don't know [98]

[COC4]

Does your agency's PATH program work with the CoCs to facilitate timely service coordination?
- o Yes [1]
- o No [2]
- o Don't know [98]

[COC5]

Are your agency's PATH providers required to collaborate with or work with their CoCs?
- o Yes [1]
- o No [2]
- o Don't know [98]

[COC6]

Does your agency participate in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities?
- o Yes [1]
- o No [2]
- o Don't know [98]

[COC7]

Does your agency's PATH program participate in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities?
- o Yes [1]
- o No [2]
- o Don't know [98]

[COC8]

Are your agency's PATH providers required to participate in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities?
- o Yes [1]
- o No [2]

o Don't know [98]

MODULE F: COLLABORATION WITH OTHER ORGANIZATIONS

Next we want to know about your grantee's collaboration with other state/territory agencies and national organizations.

[COLLAB1]

First, we want to know what other state/territory agencies, you have worked with in the past year regarding your agency's PATH program and the type of coordination. Check all that apply in Column A and B, and specify the topic or subject matter of coordination in Column C.

A	B	C
State/territory Entity Responsible for:	**Type of Coordination**	**Topic or Subject Matter of Coordination (Specify)**
1. ☐ Mental Health [COLLAB1_1]	☐ Memorandum of Understanding **(**MOU)/ Memorandum of Agreement (MOA) [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
2. ☐ Substance Abuse Treatment Services [COLLAB1_2]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
3. ☐ Health [COLLAB1_3]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5]	

A	B	C
State/territory Entity Responsible for:	**Type of Coordination**	**Topic or Subject Matter of Coordination (Specify)**
	☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
4. ☐ Housing [COLLAB1_4]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
5. ☐ Benefits [COLLAB1_5]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
6. ☐ Veterans Administration [COLLAB1_6]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
7. ☐ Criminal Justice System (includes Corrections and Public Safety) [COLLAB1_7]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
8. ☐ Employment or Vocational Rehabilitation [COLLAB1_8]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4]	

A	B	C
State/territory Entity Responsible for:	**Type of Coordination**	**Topic or Subject Matter of Coordination (Specify)**
	☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
9. ☐ Education [COLLAB1_9]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
10. ☐ Transportation [COLLAB1_10]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
11. ☐ Other Agency (Specify: _____) [COLLAB1_11]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
12. ☐ Other Agency (Specify: _____) [COLLAB1_12]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
13. ☐ Other Departments/ Offices within	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3]	

A	B	C
State/territory Entity Responsible for:	**Type of Coordination**	**Topic or Subject Matter of Coordination (Specify)**
your own Agency or Department (Specify: _____) [COLLAB1_13]	☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	
14. ☐ Other Departments/ Offices within your own Agency or Department (Specify: _____) [COLLAB1_14]	☐ MOU/MOA [1] ☐ Budget sharing [2] ☐ Contract for service [3] ☐ Joint committees/task forces/workgroups [4] ☐ Informal interactions [5] ☐ Other (Specify): _____ [6] ☐ Not applicable (e.g., is grantee agency) [7] ☐ Don't know [98]	

[COLLAB2]
Did your agency's PATH program consult/collaborate with national-level organizations to better serve PATH consumers in the past year?
- o Yes [1] [GO TO COLLAB3]
- o No [2] [GO TO xx]
- o Don't know [98]

[COLLAB3]
Please indicate which organization(s) your agency's PATH program consulted with. Check all that apply.
- o Health Care for the Homeless [1]
- o National Alliance to End Homelessness [2]
- o National Coalition for the Homeless [3]
- o Homeless and Housing Resource Network (HHRN) [4]
- o National Center for Family Homelessness [5]
- o U.S. Interagency Council on Homelessness [6]
- o U.S. Department of Veterans Affairs [7]
- o U.S. Department of Labor: One-Stop Career Centers [8]
- o U.S. Department of Housing and Urban Development [9]
- o Corporation for Supportive Housing (CSH) [10]
- o Technical Assistance Collaborative (TAC) [11]
- o National Alliance on Mental Illness (NAMI) [12]
- o National Association for State Mental Health Program Directors (NASMHPD) [13]
- o National Council of Community Behavioral Health [14]

o   State Association of Addiction Services(NRHA) [15]
o   National Rural Health Association [16]
o   Other (Specify) _____[17]
o   Other (Specify) _____[18]
o   Other (Specify) _____[19]
o   Don't know [98]

MODULE H: IMPLEMENTATION OF THE SAMHSA PATH PROGRAM

The next questions are about local implementation of the SAMHSA PATH program.

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

Support has been strong for the SAMHSA PATH program from front line staff at …

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Your 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

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

Support has been strong for the SAMHSA PATH program from the <u>administration and management</u> at …

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
Your 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

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

	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/forms 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

The following statements refer to the implementation and operation of the SAMHSA PATH program.

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

The SAMHSA PATH program 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 SAMHSA PATH program 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

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

The SAMHSA PATH program 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

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

The SAMHSA PATH program 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

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

The SAMHSA PATH program 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

[IMPL9]
Please indicate the extent to which you agree or disagree with the following statements about the SAMHSA PATH program.

	Strongly Disagree [1]	Disagree [2]	Neither Agree nor Disagree [3]	Agree [4]	Strongly Agree [5]	Don't know [8]
The SAMHSA PATH program will have little lasting impact on the treatment system in our community [IMPL9_4]	o	o	o	o	o	o

[CLOSE1]

Finally, please provide any additional information about the SAMHSA PATH program or your organization that you think is important and would like to share. You will also have an opportunity to share additional feedback if selected for the SPC Telephone Interview.

[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 PATH program, 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 GRANT ORGANIZATION NOT ACCURATE]

[TERMINATE]
We are sorry for the confusion. A team member from the National Evaluation of SAMHSA's PATH 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 PATH Program or the SPC web survey, please contact Terry Camacho-Gonsalves, the Project Manager for the PATH evaluation at -617-844-2504 or by email at tcamacho@hsri.org.