

**Attachment 4: PATH Site Visit Discussion Guides**

## **Attachment 4.1: Opening Session with State Discussion Guide**

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**Opening Session with State Discussion Guide**  
**National Evaluation of SAMHSA's PATH Program**

*The key informants for this session are the SPC, grantee directors, managers and upper management, as identified by the SPC.*

Introductory Script:

Welcome and thank you for participating in the PATH Program site visit. We appreciate your taking the time out of your busy day to meet with us.

**[Site visitors should also discuss: (1) The purpose of the evaluation, (2) the overall sample (3) types of data collection, (4) types of products, and (5) answer any questions.]**

**[Site visitors should pass around sign-in sheet]**

I want to remind you that everything you say during this conversation will remain private; it's very important for this study that you feel free to be candid with me. Of course, you can refuse to answer any of my questions for any reason. This discussion will take approximately 2 hours, though we can certainly take a break during that time if you'd like.

**[Site visitors should note audio taping and provide time for each respondent to read informed consent, complete, and ask questions as needed.]**

I want to point out a couple of things before we begin. Throughout this interview, when I refer to the "PATH program" or "your program" I am specifically talking about the PATH program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). When I refer to "Consumers" or "Clients," I am specifically referring to the individuals served by the PATH program.

Do you have any questions before we begin?

### Session Goals:

1. Ensure Grantee Understanding of National Evaluation
2. Understand the grantee agency and role in community
3. Understand the context for the program, its relationship to the community
4. Understand how program is organized to deliver services- partners and staffing
5. Understand treatment and other services implemented by the program (Client Flow), barriers and facilitators to program implementation, and lessons learned

## 1: Overview of Grantee/Partner Agencies

*Instructions: The purpose of these questions is to provide an overview of the grantee/partner agencies, including how the grant fits within each agency, and to provide a summary of the central focus of the grant.*

1. How would you describe your agency in terms of its mission and its position or role in the local treatment and service system?
  2. How does the PATH program fit within your agency? How does it help fulfill its mission?
    - a. Have there been any challenges to integrating the PATH grant within your agency?
  3. Does your agency have any other SAMHSA grants? If yes, how are the grants related?
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## 2: Community Context

*Instructions: The purpose of these questions is to provide site visitors with a better understanding of the larger community context or local treatment and service system in which the grant functions.*

1. What are the characteristics of the local treatment and service system for the target population?
  - a. What are the major gaps in treatment/services, wraparound services?
  - b. How is the PATH program targeting these gaps?
2. What are the homeless and housing resources for the target population?
  - a. How is housing financed for the target population?
  - b. Are there housing policies that impact clients' ability to secure/retain housing?
  - c. Are there any major housing gaps/barriers?

3. What is the relationship of grantee and state/community homeless prevention/intervention activities, including: an interagency council on homelessness, in homeless continuum of care, Balance of State Continuum of Care, city/county/state efforts to end homelessness, 10-year plan?
  4. What is the relationship of grantee and the criminal justice system, including: reentry and jail diversion programs, jails and prisons, etc.?
  5. What is the relationship of grantee and the veterans' administration or affairs?
  6. Are there important state-level changes that we should understand (e.g., changes in funding, policy, etc.) that affect your program's implementation or effectiveness?
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### **3: Target Population**

*Instructions: The purpose of these questions is to provide site visitors with a better understanding of the target population, why it was chosen and program specific inclusion/exclusion criteria. Prefill this section as necessary based on grant application.*

1. As we understand it, the target population for your PATH program is \_\_\_\_\_.
  2. What are the specific criteria for program enrollment? Why are you using these criteria? Are there specific factors that influenced your choice of target population?
  3. Are there specific exclusion criteria? (e.g., not having a severe mental illness, children and youth, drug use)
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### **4: Brief Program Overview**

*Instructions: The purpose of these questions is to provide site visitors with a brief overview of how the program is organized - including partners and collaboration.*

1. How is your PATH program organized to provide services? (e.g., partnering, allocation of funds, selection of PATH eligible services or service package, provider selection, provider oversight and monitoring)
    - a. Why is the program organized this way? Have there been any notable changes in the general approach from what was proposed?
    - b. Who are your service partners (i.e., other state agencies and PATH providers) for this program? What is their role in the program and in the larger treatment and service system?
  2. Has PATH led your agency to change how it partners with or relates to other agencies or systems?
  3. Are there any stakeholders (e.g., partners, providers) missing from the program?
- 

### **5: Systems and Client Outcomes**

*Instructions: The purpose of these questions is to better understand how program implementation has affected the grantee agency and the larger treatment system.*

1. Has your program influenced any processes in the treatment and services system? If yes, how? Probe areas not noted by respondent.
    - a. Client outreach and referral? State Plan to End Homelessness and Mental Health Services Plan? Other mechanisms for service access, delivery, or retention?
  2. How does the program track client outcomes related to treatment, case management and housing services?
  3. Do you feel the Annual Report/Homeless Management Information System (HMIS) questions are useful measures for your client outcomes?
    - a. Are there limitations with Annual Report/HMIS about the description of your clients and their outcomes? What should we consider when we interpret Annual Report/HMIS outcomes for this grantee?
  4. Is the U.S. Department of Housing and Urban Development (HUD) HMIS utilized for the PATH program?
    - a. [If yes] What are some of the advantages of using HMIS?
    - b. [If yes] What are some of the disadvantages or challenges?
    - c. [If no] What are some of the challenges of implementing HMIS for PATH?
    - d. Are PATH funds utilized to support HMIS implementation activities?
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## **6: Barriers, Facilitators & Innovations**

*Instructions: The purpose of these questions is to better understand the barriers and facilitators to program implementation and service delivery, as well as any changes or innovations – among grantee, partners, and the larger treatment system – because of the grant.*

1. Has the program encountered any barriers or facilitators to implementation or service delivery, including:
    - a. Identifying and enrolling the intended numbers of program clients? Collaboration among partners? Selecting providers? Conducting provider oversight? Managing data collection? Providing training? Achieve systems change through this program? Others?
  2. Has the grant led to any innovations at your agency or your partners? For example, are there new processes, technologies, or tracking approaches?
  3. Has the grant led to any changes/innovations in the treatment system? For example, are there new processes, technologies, or tracking approaches?
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## **7: Lessons Learned**

*Instructions: The purpose of these questions is gather information on lessons learned or things the program would have done differently if starting again, including lessons related to program organization, implementation and outcomes.*

1. Do you have any lessons learned or recommendations based on the program, including:
    - a. Program organization or approach? Successfully serving this target population? Improving client outcomes for your program? Improving systems outcomes (pertinent to this program)?
  2. What would you do differently if you were starting the program again?
  3. What has been the biggest impact/value added by the grant?
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**Attachment 4.2: State PATH Contact Session Discussion Guide**

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**State PATH Contact Discussion Guide**  
**National Evaluation of SAMHSA’s PATH Program**

*The key informants for this session are the State PATH Contacts for the PATH program.*

Introductory Script:

Welcome and thank you for participating in the PATH Program site visit. We appreciate your taking the time out of your busy day to meet with us.

**[Site visitors should also discuss: (1) The purpose of the evaluation, (2) the overall sample (3) types of data collection, (4) types of products, and (5) answer any questions.]**

**[Site visitors should pass around sign-in sheet]**

I want to remind you that everything you say during this conversation will remain private; it’s very important for this study that you feel free to be candid with me. Of course, you can refuse to answer any of my questions for any reason. This discussion will take approximately 2 hours, though we can certainly take a break during that time if you’d like.

**[Site visitors should note audio taping and provide time for each respondent to read informed consent, complete, and ask questions as needed.]**

I want to point out a couple of things before we begin. Throughout this interview, when I refer to the “PATH program” or “your program” I am specifically talking about the PATH program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). When I refer to “Consumers” or “Clients,” I am specifically referring to the individuals served by the PATH program.

Do you have any questions before we begin?

**Session Goals:**

1. Ensure Grantee Understanding of National PATH Evaluation
  2. Understand the grantee agency and role in community
  3. Understand the context for the program, its relationship to the community
  4. Understand how program is organized to deliver services- partners and staffing
  5. Understand treatment and other services implemented by the program (Client Flow), barriers and facilitators to program implementation, and lessons learned
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**1: State PATH Contact Background**

1. How long have you been employed as the State PATH Contact (SPC)?
    - a. What did you do previously?
  2. In addition to PATH, what are your other job responsibilities?
  3. What percentage of your time is dedicated to PATH activities?
  4. What percentage of your time is paid with PATH funds?
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**2: Brief Program Overview**

*Instructions: The purpose of these questions is to provide site visitors with a brief overview of the how the program is organized - including partners and collaboration.*

1. How is your PATH program organized to provide services? (e.g., partnering, allocation of funds, selection of PATH eligible services or service package, provider selection, provider oversight and monitoring)
  - a. Why is the program organized this way? Have there been any notable changes in the general approach from what was proposed?
  - b. Who are your service partners (i.e., other state agencies and PATH providers) for this program? What is their role in the program and in the larger treatment and service system?
2. Has the program led your agency to change how it relates to other agencies or systems?
3. Are there any stakeholders missing from the program?
4. What kinds of external meetings does the program use for collaboration among partners (e.g., providers, advisory groups, committees, meetings, client case meetings, and other info sharing) and how often are the various types of collaboration used?
  - a. Have there been any challenges to collaboration/working with providers and other state agencies? How have you overcome them?
5. What kinds of internal meetings does the program hold? How often and how long are these meetings?

- a. Provider Meetings? Site visits? Technical Assistance and Trainings? Staffing meetings? Case conferences (among staff, clients not present)? Program management meetings?
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### **3: Target Population**

*Instructions: The purpose of these questions is to provide site visitors with a better understanding of the target population, why it was chosen and program specific inclusion/exclusion criteria. Prefill this section as necessary based on grant application or SPC web survey.*

1. As we understand it, the target population for your PATH program is \_\_\_\_\_.
  2. Has the target population changed since submitting the last application? If so, why?
  3. What are the specific criteria for program enrollment? Why are you using these criteria? Are there specific factors that influenced your choice of target population?
  4. Are there specific exclusion criteria? (e.g., not having a severe mental illness, children and youth, drug use)
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### **4: Program & Client Flow**

*Instructions: The purpose of these questions is to gain a solid overview of the program through a walkthrough of the Client Flow Chart to understand setting, staffing, time between events, whether each service is provided by the grantee, a partner or referral, etc. Update the Client Flow Chart as necessary to be used in later meetings.*

*Interviewer: If not discussed in the overview section please ask the SPC the following questions:*

1. What are the Program Goals?
2. How are PATH program elements (e.g., allocation method, definitions and service packages) determined?
3. What are the PATH allowable/eligible services provided by the PATH providers? Have any of the services been identified as priority services?
4. Who provides match funds?
5. How are providers selected?
  - a. How would you describe the provider network?
6. How is funding for providers determined?
7. Are intermediary organizations utilized to fund and provide oversight of PATH providers? If yes, who are the intermediary organizations? Do they also provide PATH services?
8. How are providers supported and managed?
  - a. How does data collection and submission work? What is the status of the HMIS implementation/migration? Are PATH funds utilized to support HMIS implementation activities?

- b. How does the state conduct provider oversight? What methods (e.g., meetings, review of Annual Report data, site visits, record review, audits) are used?
  - i. How is inadequate performance (e.g., not meeting contract obligations with the State, not being in compliance with PATH requirements/statutes) on the part of a local PATH provider agency corrected?
- c. What trainings does the State offer to providers? How are trainings provided? How are the trainings funded?
- d. What technical assistance does the State offer to providers? How is technical assistance provided? How is technical assistance funded?

*Interviewer: The following questions may be better suited for the PATH provider; but if the SPC is familiar with how clients receive PATH services they should be asked.*

9. How do providers identify program clients?
    - a. Who does this? (i.e., agency, staff, partners) When and where is it done?
  10. How do providers recruit program clients?
    - a. Who does this? (i.e., agency, staff) When and where is it done?
  11. How do providers screen/assess program clients?
    - a. Who does this? (i.e., agency, staff) When and where is it done? What processes or instruments are used?
  12. How do providers engage program clients?
    - a. Who does this? (i.e., agency, staff). What processes (e.g., outreach or in-reach), tools or incentives do you use?
  13. For the typical PATH client, how much time elapses between:
    - a. Identification and recruitment?
    - b. Recruitment and screening/assessment?
    - c. Screening/assessment and program acceptance/enrollment?
    - d. Program acceptance/enrollment and being entered into the PATH or provider MIS or HMIS?
    - e. Program acceptance and securing housing?
  14. In the program case flow, are there particular bottlenecks or points where clients drop out or terminate services?
  15. How long can program clients receive services from the PATH program?
  16. What is the attrition rate? Does the program have any special procedures to address attrition?
  17. How and when are program clients discharged? Are services provided after discharge?
  18. Have any of the program services changed since the program began?
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## 5: Systems and Client Outcomes

*Instructions: The purpose of these questions is to better understand how program implementation has affected the grantee agency and the larger treatment system.*

1. Has your program influenced any processes in the local treatment and services system? If yes, how? Probe areas not noted by respondent.
    - a. Client outreach and referral? State Plan to End Homelessness and Mental Health Services Plan?? Other mechanisms for service access, delivery, or retention?
  2. How does the program track client outcomes related to treatment, case management and housing services?
  3. Do you feel the Annual Report or Homeless Management Information System (HMIS) questions are useful measures for your client outcomes?
    - a. Are there limitations with Annual Report or HMIS regarding the description of your clients and their outcomes? What should we consider when we interpret Annual Report or HMIS outcomes for this grantee?
  4. Is the HMIS utilized for the PATH program?
    - a. [If yes] What are some of the advantages of using HMIS?
    - b. [If yes] What are some of the disadvantages or challenges?
    - c. [If no] What are some of the challenges of implementing HMIS for PATH?
    - d. Are PATH funds utilized to support HMIS implementation activities?
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## 6: Barriers, Facilitators & Innovations

*Instructions: The purpose of these questions is to better understand the barriers and facilitators to program implementation and service delivery, as well as any changes or innovations – among grantee, partners, and the larger treatment system – because of the grant.*

4. Has the program encountered any barriers or facilitators to implementation or service delivery, including:
    - a. Identifying and enrolling the intended numbers of program clients? Collaboration among partners? Selecting providers? Conducting provider oversight? Managing data collection? Providing training? Achieving systems change through this program? Others?
  5. Has the grant led to any innovations at your agency or your partners? For example, are there new processes, technologies, or tracking approaches?
  6. Has the grant led to any changes/innovations in the treatment system? For example, are there new processes, technologies, or tracking approaches?
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## 7: Lessons Learned

*Instructions: The purpose of these questions is gather information on lessons learned or things the program would have done differently if starting again, including lessons related to program organization, implementation and outcomes.*

4. Do you have any lessons learned or recommendations based on the program, including:
    - a. Program organization or approach? Successfully serving this target population? Improving client outcomes for your program? Improving systems outcomes (pertinent to this program)?
  5. What would you do differently if you were starting the program again?
  6. What has been the biggest impact/value added by the grant?
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**Attachment 4.3: State and Provider Stakeholder Session Discussion Guide**

## **State and Provider Stakeholder Session Discussion Guide**

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## State and Provider Stakeholder Session Discussion Guide

### National Evaluation of SAMHSA's PATH Program

*The key informants for this session are associated state agencies and service providers (substance abuse, mental health, housing, case management and other wraparound services or any other service providers who provide services to PATH clients) and key stakeholders including local funders (local Substance Abuse or Mental Health Authority, local social service agency, local Homeless Taskforce/10-Year Homelessness Committee and local Housing Authority), community boards, criminal justice, family services, consumer/peer services, etc. Also included are staff from the intermediary organizations. The key informants will be identified by the State PATH Contact and the Program Director at the provider organization.*

#### Introductory Script and Informed Consent:

Welcome and thank you for participating in the PATH program site visit. We appreciate your taking the time out of your busy day to meet with us. This site visit is part of the evaluation of SAMHSA's Programs for Assistance in Transition from Homelessness (PATH) program.

**[Site visitors should also discuss: (1) The purpose of the evaluation, (2) the overall sample, (3) types of data collection, (4) types of products, and (5) answer any questions.]**

[Site visitors should pass around sign-in sheet]

I want to remind you that everything you say during this conversation will remain private; it's very important for this study that you feel free to be candid with me. Of course you can refuse to answer any of my questions for any reason. This discussion will take approximately 1.5 hours, though we can certainly take a break during that time if you'd like.

[Site visitors should note audio taping and provide time for each respondent to read informed consent, complete, and ask questions as needed.]

I want to point out a couple of things before we begin. Throughout this interview, when I refer to the "PATH program" or "your program" I am specifically talking about the PATH program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). When I refer to "Consumers" or "Clients," I am specifically referring to the individuals served by the PATH program.

Do you have any questions before we begin?

**Session Goals:**

1. Understand stakeholder agencies and their role in the program.
2. Understand their perspective on: program services, client outcomes, and value of program for target population and community

**1: Overview of Associated Providers Involved with the Program**

*Instructions: The purpose of these questions is to better understand the role of community stakeholders and providers in the local treatment system.*

1. Please describe your agency and its role with the target population? [Ask of each participating agency or if in same agency, each department].
  2. Experience with SAMHSA grants/programs?
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**2: Intermediary Organization Role (only asked of intermediary organization).**

*Instructions: The purpose of these questions is to provide site visitors with an overview of the intermediary organization's role in the PATH program.*

1. What are the Program Goals?
2. How are PATH program elements (e.g., allocation method, definitions and service packages) determined?
3. What are the PATH allowable/eligible services provided by the PATH providers? Have any of the services been identified as priority services?
4. Who provides match funds?
5. How are providers selected?
  - a. How would you describe the provider network?
6. How is funding for providers determined?
7. How are providers supported and managed?
  - a. How does data collection and submission work? What is the status of the Homeless Management Information System (HMIS) implementation? Are PATH funds utilized to support HMIS implementation activities?
  - b. How does the intermediary organization conduct provider oversight? What methods (e.g., meetings, review of Annual Report data, site visits, record review, audits) are used?
    - i. How is inadequate performance (e.g., not meeting contract obligations, not being in compliance with PATH requirements/statutes) on the part of a PATH provider agency corrected?

- c. What trainings does the intermediary organization offer to providers? How are trainings provided? How are the trainings funded?
  - d. What technical assistance does the intermediary organization offer to providers? How is technical assistance provided? How is technical assistance funded?
- 

### **3: Relationship between Associated Providers/Key Stakeholders/Local Funders & the Program**

*Instructions: The purpose of these questions is to better understand the role of community stakeholders and providers in the program.*

1. Please describe your organization's role in facilitating PATH program services and the nature of this relationship? (e.g. informal, formalized, MOU, contract, etc.)
  2. In what ways does your organization collaborate with the PATH program?
    - a. Have there been any challenges to collaboration? (e.g., difficulties scheduling regular meetings, funding stakeholder time, etc.) How have you overcome them?
  3. Is there a Stakeholder Committee for this program?
    - a. What agencies are represented? What is its role in the program? How often does it meet? Is this new? Pre-existing?
  4. Are all relevant providers/stakeholders involved in the program?
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### **4: Associated Providers/Key Stakeholders/Local Funders Perspective on Services & Client Outcomes**

*Instructions: The purpose of these questions is to understand the perspective of community stakeholders and providers regarding services and client outcomes.*

1. What is your perspective of PATH program services?
    - a. What do you feel are the program's goals, and are these being met?
    - b. Is the program serving the intended population and providing the intended services?
    - c. Is housing a primary goal of the program?
    - d. If the program did not exist, would these services be available elsewhere?
    - e. What are the program's strengths? In what ways could it be improved?
  2. From your perspective, how has the program impacted clients? Is it meeting the treatment and housing goals? [Can be based on direct observance or through reports from individuals other than PATH program staff/management]
    - a. What evaluation findings has the program shared with you, if any?
    - b. Is client data used to tailor or improve services, and if so, how?
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## **5: Systems Change**

*Instructions: The purpose of these questions is to better understand barriers and facilitators to implementation and service delivery.*

1. From your perspective, have there been any changes to the environment/service system that have impacted the program? If yes, what was the change and what has its impact been?  
[Note any areas identified in the SPC or PD interview and ask detail]
    - a. Changes in regulations/policies? Changes in service system? Changes in housing market? Changes in state/local funding streams? Changes in collaborative process and agencies? Innovations? Other changes?
  2. Has the program impacted the community treatment/service system beyond the program itself?
    - a. Changes to outreach, referral, screening, treatment access in local social service/treatment system? Changes in state/local policies or processes?
    - b. Other changes?
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## **6: Barriers, Facilitators & Innovations**

*Instructions: The purpose of these questions is to better understand the barriers and facilitators to program implementation and service delivery, as well as any changes or innovations the grant led to among grantee, partners, and the larger treatment system.*

1. Has the program encountered any barriers to implementation or service delivery?
2. Have there been factors that supported implementation or service delivery?
3. Has the grant led to any changes/innovations in the treatment system? For example, are there new processes, technologies, or tracking approaches?

**Attachment 4.4: Opening Session with Provider Leadership Staff Session Discussion Guide**

## **Opening Session with Provider Leadership Staff Session Discussion Guide**

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**Opening Session with Provider Leadership Staff Session Discussion Guide**  
**National Evaluation of SAMHSA’s PATH Program**

*The key informants for this session are the Program Director, Program Manager/Coordinator, upper management, evaluator, treatment staff, and primary partners as identified by the PD.*

Introductory Script:

Welcome and thank you for participating in the PATH program site visit. We appreciate your taking the time out of your busy day to meet with us. This site visit is part of the evaluation of SAMHSA’s Programs for Assistance in Transition from Homelessness (PATH) program.

**[Site visitors should also discuss: (1) The purpose of the evaluation, (2) the overall sample (three-tiered strategy for data collection), (3) types of data collection, (4) types of products, and (5) answer any questions.]**

[Site visitors should pass around sign-in sheet]

I want to remind you that everything you say during this conversation will remain private; it’s very important for this study that you feel free to be candid with me. Of course, you can refuse to answer any of my questions for any reason. This discussion will take approximately 2 hours, though we can certainly take a break during that time if you’d like.

[Site visitors should note audio taping and provide time for each respondent to read informed consent, complete, and ask questions as needed.]

I want to point out a couple of things before we begin. Throughout this interview, when I refer to the “PATH program” or “your program” I am specifically talking about the PATH program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). When I refer to “Consumers” or “Clients,” I am specifically referring to the individuals served by the PATH program.

Do you have any questions before we begin?

**Session Goals:**

1. Ensure providers Understanding of PATH Evaluation
2. Understand the provider agency and role in community
3. Understand the context for the program, its relationship to the community
4. Understand how program is organized to deliver services- partners and staffing
5. Understand treatment and other services implemented by the program (Client Flow), barriers and facilitators to program implementation, and lessons learned

**1: Overview of Provider/Partner Agencies**

*Instructions: The purpose of these questions is to provide an overview of the provider/partner agencies, including how the grant fits within each agency, and to provide a summary of the central focus of the grant. Site visitors should ask these questions of representatives of **both** the grantee and partner agency(s) (i.e., PATH providers) (if applicable).*

1. How would you describe your agency in terms of its mission and its position or role in the local treatment and service system?
  2. How does the program fit within your agency? How does it help fulfill its mission?
    - a. Have there been any challenges to integrating the grant program within your agency?
  3. Does your agency have any other local SAMHSA grants? If yes, how are the grants related?
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**2: Community Context**

*Instructions: The purpose of these questions is to provide site visitors with a better understanding of the larger community context or local treatment and service system in which the grant functions.*

1. What are the characteristics of the local treatment and service system for the target population?
  - a. What are the major gaps in treatment/services, wraparound services?
  - b. How is the PATH program targeting these gaps?
2. What are the homeless and housing resources for the target population?
  - a. How is housing financed for the target population?
  - b. Are there housing policies that impact clients' ability to secure/retain housing?
  - c. Are there any major housing gaps/barriers?



3. What is the relationship of provider and state/community homeless prevention/intervention activities, including: an interagency council on homelessness, in homeless continuum of care, Balance of State Continuum of Care, city/county/state efforts to end homelessness, 10-year plan?
  4. What is the relationship of provider and the criminal justice system and/or providers, including: reentry and jail diversion programs, jails and prisons, etc.?
  5. What is the relationship of provider and the veterans' administration and/or providers?
  6. Are there important community-level changes that we should understand (e.g., changes in funding, local events, etc.) that affect your program's implementation or effectiveness?
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### **3: Brief Program Overview**

*Instructions: The purpose of these questions is to provide site visitors with a brief overview of the how the program is organized - including partners and collaboration.*

1. How is your PATH program organized to provide services? (e.g., partnering, allocation of funds, selection of PATH eligible services/service package, provider selection, provider oversight and monitoring)
    - a. Why is the program organized this way? Have there been any notable changes in the general approach from what was proposed?
    - b. Who are your service partners (i.e., other service providers) for this program? What is their role in the program and in the larger treatment and service system?
  2. Has the program led your agency to change how it partners with or relates to other agencies or systems?
  3. Are there any stakeholders (e.g., partners, providers) missing from the program?
  4. What kinds of external meetings does the program use for collaboration among partners (e.g., providers, advisory groups, committees, meetings, client case meetings, and other info sharing) and how often are the various types of collaboration used?
    - a. Have there been any challenges to collaboration/working with providers and other state agencies? How have you overcome them?
  5. What kinds of internal meetings does the program hold? How often and how long are these meetings?
    - a. Staffing meetings? Case conferences (among staff, clients not present)? Program management meetings? Meetings with clients as part of treatment?
  6. How do you coordinate with service providers around clients? How do you communicate with housing providers? Describe communication, documentation, and other processes.
- 

### **4: Systems and Client Outcomes**

*Instructions: The purpose of these questions is to better understand how program implementation has affected the provider agency and the larger treatment system.*

1. Has your program influenced any processes in the local treatment and services system? If yes, how? Probe areas not noted by respondent.
    - a. Client outreach and referral? State Plan to End Homelessness and Mental Health Services Plan?? Other mechanisms for service access, delivery, or retention?
  2. If program is focusing on systems outcomes (e.g., changes in services, policies, systems integration, housing, workforce stability and competence, etc.)- what are these are what is the progress to date?
  3. How does the program track client outcomes related to treatment, case management and housing services?
  4. If you are involved in data collection, do you feel the Annual Report/Homeless Management Information System (HMIS) questions are useful measures for your client outcomes?
    - a. Are there limitations with Annual Report/HMIS regarding the description of your clients and their outcomes? What should we consider when we interpret Annual Report/HMIS outcomes for this site?
  5. Is the U.S. Department of Housing and Urban Development (HUD) HMIS utilized for the PATH program?
    - a. [If yes] What are some of the advantages of using HMIS?
    - b. [If yes] What are some of the disadvantages or challenges?
    - c. [If no] What are some of the challenges of implementing HMIS for PATH?
    - d. Are PATH funds utilized to support HMIS implementation activities?
- 

## **5: Barriers, Facilitators & Innovations**

*Instructions: The purpose of these questions is to better understand the barriers and facilitators to program implementation and service delivery, as well as any changes or innovations – among grantee, partners, and the larger treatment system – because of the grant.*

1. Has the program encountered any barriers or facilitators to implementation or service delivery, including: Identifying and enrolling the intended numbers of program clients? Retaining target population clients? Treatment and case management services to clients? Obtaining housing for clients? Collaboration among partners? Managing data collection? Providing training? Achieve systems change through this program? Others?
  2. Has the grant led to any innovations at your agency or your partners? For example, are there new processes, technologies, or tracking approaches?
  3. Has the grant led to any changes/innovations in the treatment system? For example, are there new processes, technologies, or tracking approaches?
- 

## **6: Lessons Learned**

*Instructions: The purpose of these questions is gather information on lessons learned or things the program would have done differently if starting again, including lessons related to program organization, implementation and outcomes.*

1. Do you have any lessons learned or recommendations based on the program, including:
  - a. Program organization or approach? Successfully serving this target population? Improving client outcomes for your program? Improving systems outcomes (pertinent to this program)?
2. What would you do differently if you were starting the program again?
3. What has been the biggest impact/value added by the grant?

**Attachment 4.5: PATH Provider Program Director Session Discussion Guide**

## **PATH Provider Program Director Session Discussion Guide**

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**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 program is 0930-0XXX. Public reporting burden for this collection of information is estimated to average 2 hours 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.

**PATH Provider Program Director Session Discussion Guide**  
**National Evaluation of SAMHSA's PATH Program**

*The key informants for this session are the Project Directors for the provider's PATH program.*

Introductory Script:

Welcome and thank you for participating in the PATH Program site visit. We appreciate your taking the time out of your busy day to meet with us.

**[Site visitors should also discuss: (1) The purpose of the evaluation, (2) the overall sample (3) types of data collection, (4) types of products, and (5) answer any questions.]**

**[Site visitors should pass around sign-in sheet]**

I want to remind you that everything you say during this conversation will remain private; it's very important for this study that you feel free to be candid with me. Of course, you can refuse to answer any of my questions for any reason. This discussion will take approximately 2 hours, though we can certainly take a break during that time if you'd like.

**[Site visitors should note audio taping and provide time for each respondent to read informed consent, complete, and ask questions as needed.]**

I want to point out a couple of things before we begin. Throughout this interview, when I refer to the "PATH program" or "your program" I am specifically talking about the PATH program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). When I refer to "Consumers" or "Clients," I am specifically referring to the individuals served by the PATH program.

Do you have any questions before we begin?

**Session Goals:**

1. Ensure Grantee Understanding of National Evaluation
2. Understand the grantee agency and role in community
3. Understand the context for the program, its relationship to the community
4. Understand how program is organized to deliver services- partners and staffing
5. Understand treatment and other services implemented by the program (Client Flow), barriers and facilitators to program implementation, and lessons learned

---

**1: Brief Program Overview**

*Instructions: The purpose of these questions is to provide site visitors with a brief overview of the how the program is organized - including partners and collaboration.*

1. How is your PATH program organized to provide services? (e.g., partnering, allocation of funds, selection of PATH eligible services/service package, provider selection, provider oversight and monitoring)
    - a. Why is the program organized this way? Have there been any notable changes in the general approach from what was proposed?
    - b. Who are your service partners (i.e., other service providers) for this program? What is their role in the program and in the larger treatment and service system?
  2. Has the program led your agency to change how it partners (i.e., state agencies, other service providers, other PATH providers) with or relates to other agencies or systems?
  3. Are there any stakeholders (e.g., partners, providers) missing from the program?
  4. What kinds of external meetings does the program use for collaboration among partners (e.g., providers, advisory groups, committees, meetings, client case meetings, and other info sharing) and how often are the various types of collaboration used?
    - a. Have there been any challenges to collaboration/working with providers and other state agencies? How have you overcome them?
  5. What kinds of internal meetings does the program hold? How often and how long are these meetings?
    - a. Staffing meetings? Case conferences (among staff, clients not present)? Program management meetings? Meetings with clients as part of treatment?
  6. How do you coordinate with service providers around clients? How do you communicate with housing providers? Describe communication, documentation, and other processes.
-

## **2: Target Population**

*Instructions: The purpose of these questions is to provide site visitors with a better understanding of the target population, why it was chosen and program specific inclusion/exclusion criteria. Prefill this section as necessary based on grant application.*

1. As we understand it, the target population for your PATH program is \_\_\_\_\_.
  2. Has the target population changed since submitting the most recent Intended Used Plan (IUP)? If so, why?
  3. What are the specific criteria for program enrollment? Why are you using these criteria? Are there specific factors that influenced your choice of target population?
  4. Are there specific exclusion criteria? (e.g., not having a severe mental illness, children and youth, drug use)
  5. [If not already covered] Was the target population previously served in the community? If yes, do services differ under the PATH grant?
- 

## **3: Client Flow**

*Instructions: The purpose of these questions is to gain a solid overview of the program through a walkthrough of the Client Flow Chart to understand setting, staffing, time between events, whether each service is provided by the grantee, a partner or referral, etc. Update the Client Flow Chart as necessary to be used in later meetings.*

1. How does your program identify program clients?
  - a. Who does this? (i.e., agency, staff, partners) When and where is it done? Has this changed since the program began?
2. How does your program recruit program clients?
  - a. Who does this? (i.e., agency, staff) When and where is it done? Has this changed since the program began?
3. How does your program screen/assess program clients?
  - a. Who does this? (i.e., agency, staff) When and where is it done? What processes or instruments are used? Has this changed since the program began?
4. How does your program engage program clients?
  - a. Who does this? (i.e., agency, staff) What processes (e.g. outreach or in-reach), tools or incentives do you use? Has this changed since the program began?
5. For the typical client, how much time elapses between:
  - a. Identification and recruitment?
  - b. Recruitment and screening/assessment?
  - c. Screening/assessment and program acceptance/enrollment?



- d. Program acceptance/enrollment and entered into your PATH/provider MIS/HMIS?
  - e. Program acceptance and securing housing?
6. For the treatment services provided by the program, please specify:
- a. What treatment services are provided by the program? (*List all treatment services and ask follow up questions for each*)
    - i. Who (agency/staff) provides the service (e.g., grantee agency, referral)? Who pays for the service (e.g., grant, in-kind, client)? When and where (setting & individual/group) is the treatment service provided?
    - ii. Is the treatment service curriculum/manual based?
  - b. What is the approximate client-to-counselor caseload for treatment providers for this program?
7. For the case management/wraparound services provided by the program please specify:
- a. What specific services are provided? (*List all case management/wraparound services and ask follow up questions for each.*)
    - i. Who (agency/staff) provides the service (e.g., grantee agency, referral)? Who pays for the service (e.g., grant, in-kind, client)? When and where (setting & individual/group) is the case management/wraparound service provided?
    - ii. Is the case management/wraparound service curriculum/manual based?
  - b. Do case managers co-manage clients? Describe why/when/how case management services are coordinated.
  - c. Is case management/wraparound provided differently with PATH clients than for other clients? If yes, how (e.g., approach, services, etc.)?
8. ***[If not already covered]*** How are mainstream benefits (e.g., SSI/SSDI, TANF, SNAP, etc.) accessed?
- a. Who provides benefits assistance and how? What type of benefits are clients connected with? Are any specific models used, such as SOAR?
9. For **housing**, please specify where it is accessed and who provides it. (*Review where housing fits on flow chart to understand the focus of the program vis-a-vis housing*)
- a. Where are clients housed before they come to your program? What types of housing (e.g., shelter, transitional, etc.), where do most live?
  - b. Where are clients housed during the program? What types?
  - c. Where are clients housed after the program? What types?
  - d. If PSH provided, how many units are available for clients?
  - e. How and when are program clients discharged from housing? Are housing services provided after discharge?
10. For **housing supports**, how would you describe your program's overall approach to client housing stability?

- a. What specific housing support services is your agency providing program clients? How and why were those specific services selected?
  - b. Did your agency provide these services to this population prior to the grant? Has the grant impact the way these services are delivered?
  - c. What goals and objectives does the program have for housing support services and client outcomes? So far, how successful has the program been in meeting these goals and objectives?
11. In the program case flow, are there particular bottlenecks or points where clients drop out or terminate services or housing?
  12. How long can program clients receive services from your program? Specify for each service modality.
  13. What is the attrition rate? Does the program have any special procedures to address attrition?
  14. How and when are program clients discharged? Are services provided after discharge?
  15. Have any of the program services changed since the program began?
- 

#### **4: Systems and Client Outcomes**

*Instructions: The purpose of these questions is to better understand how program implementation has affected the grantee agency and the larger treatment system.*

1. Has your program influenced any processes in the local treatment and services system? If yes, how? Probe areas not noted by respondent.
  - a. Client outreach and referral? State Plan to End Homelessness and Mental Health Services Plan?? Other mechanisms for service access, delivery, or retention?
2. If program is focusing on systems outcomes (e.g., changes in services, policies, systems integration, housing, workforce stability and competence, etc.)- what are these and what is the progress to date?
3. How does the program track client outcomes related to treatment, case management and housing services?
4. If you are involved in data collection, do you feel the Annual Report/Homeless Management Information System (HMIS) questions are useful measures for your client outcomes?
  - a. Are there limitations with Annual Report/HMIS regarding the description of your clients and their outcomes? What should we consider when we interpret Annual Report/HMIS outcomes for this site?
5. Is the U.S. Department of Housing and Urban Development (HUD) HMIS utilized for the PATH program?
  - a. [If yes] What are some of the advantages of using HMIS?
  - b. [If yes] What are some of the disadvantages or challenges?
  - c. [If no] What are some of the challenges of implementing HMIS for PATH?

- d. Are PATH funds utilized to support HMIS implementation activities?
- 

## **5: Barriers, Facilitators & Innovations**

*Instructions: The purpose of these questions is to better understand the barriers and facilitators to program implementation and service delivery, as well as any changes or innovations – among grantee, partners, and the larger treatment system – because of the grant.*

1. Has the program encountered any barriers or facilitators to implementation or service delivery, including:
    - a. Identifying and enrolling the intended numbers of program clients? Retaining target population clients? Treatment and case management services to clients? Obtaining housing for clients? Collaboration among partners? Managing data collection? Providing training? Achieve systems change through this program? Others?
  2. Has the grant led to any innovations at your agency or your partners? For example, are there new processes, technologies, or tracking approaches?
  3. Has the grant led to any changes/innovations in the treatment system? For example, are there new processes, technologies, or tracking approaches?
- 

## **6: Lessons Learned**

*Instructions: The purpose of these questions is gather information on lessons learned or things the program would have done differently if starting again, including lessons related to program organization, implementation and outcomes.*

4. Do you have any lessons learned or recommendations based on the program, including:
    - a. Program organization or approach? Successfully serving this target population? Improving client outcomes for your program? Improving systems outcomes (pertinent to this program)?
  5. What would you do differently if you were starting the program again?
  6. What has been the biggest impact/value added by the grant?
- 

## **7: Program Staffing**

*Instructions: The purpose of these questions is to gain a better understanding of staff roles, hiring, turnover and retention.*

1. Briefly review the staff funded by the grant- if not covered in the client flow. Describe any changes since the IUP?
2. Have you faced any challenges in hiring staff? If yes, how did you address them?
3. How much turnover have you experienced among program staff? If turnover, explore reasons and lessons learned.
4. Does program staff include peers or clients? If so, describe their roles.

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## **8: SAMHSA Training**

*Instructions: The purpose of these questions is gain a better understanding of general training and training supported by SAMHSA.*

1. What training has been provided to staff to support their position in the program?
  - a. Have program staff received any non-SAMHSA technical assistance (TA)? If yes, please describe type of training, when it was received and by whom it was funded.
  - b. Has the program receive TA from SAMHSA? Who requested it; what was received; and was it helpful?

**Attachment 4.6: PATH Direct Care Staff Session Discussion Guide**

## **PATH Direct Care Staff Session Discussion Guide**

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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 program is 0930-0XXX. Public reporting burden for this collection of information is estimated to average 2 hours 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.

**PATH Direct Care Staff Session Discussion Guide**  
**National Evaluation of SAMHSA’s PATH Program**

*The key informants for this session are treatment providers/staff, case managers, and housing providers/staff. The protocol is not intended to be administered in its entirety. Site Visitors should select the appropriate modules of questions depending on the types of staff participating in the interview.*

Introductory Script and Informed Consent:

Welcome and thank you for participating in the PATH Program site visit. We appreciate your taking the time out of your busy day to meet with us. This site visit is part of the evaluation of SAMHSA’s Programs for Assistance in Transition from Homelessness (PATH) program.

**[Site visitors should also discuss: (1) The purpose of the evaluation, (2) the overall sample (three-tiered strategy for data collection), (3) types of data collection, (4) types of products, and (5) answer any questions.]**

[Site visitors should pass around sign-in sheet]

I want to remind you that everything you say during this conversation will remain private; it’s very important for this study that you feel free to be candid with me. Of course, you can refuse to answer any of my questions for any reason. This discussion will take approximately 2 hours, though we can certainly take a break during that time if you’d like.

[Site visitors should note audio taping and provide time for each respondent to read informed consent, complete, and ask questions as needed.]

I want to point out a couple of things before we begin. Throughout this interview, when I refer to the “PATH program” or “your program” I am specifically talking about the PATH program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). When I refer to “Consumers” or “Clients,” I am specifically referring to the individuals served by the PATH program.

Do you have any questions before we begin?

**Session Goals:**

1. Understand Partner Agency Providing Services, including role in system
2. Understand how and what services are provided- from client recruitment, the grantee agency, its relationship to the program and community homeless services
3. Understand treatment and other services implemented by the program (Client Flow), barriers and facilitators to program implementation, and lessons learned

**1: Overview of Treatment, Case Management, & Housing Provider(s): History of Collaboration, Role in Program & Impact**

➡ *ONLY ask if services provided by an external agency to grantee- otherwise skip to #2.*

*Instructions: The purpose of these questions is to better understand the role of the treatment, case management, and housing providers/agencies (if not the grantee) in the grant, their history of collaboration and the grant's impact on leveraging existing resources or systems.*

1. How would you describe your agency in terms of its mission and its position or role in the local housing/treatment system?

2. **[HOUSING PROVIDER ONLY]** How is your agency involved with the city/county/state 10-year plan to end homelessness and the homeless continuum of care?
  - a. What is your agency's role in implementing the PATH program?
  - b. How does your agency help the program achieve its goals and objectives?

3. What mechanisms does your agency use in collaborating with program partners (e.g., committees, meetings, client case meetings, other info sharing, etc.)?
  - a. How often does your agency use each type of collaboration?
4. How often is planning and assessment updated for [treatment, case management, and housing] services and supports?
5. What kinds of *internal* meetings does the program hold? What kinds of *external* meetings? How often and how long are these meetings? *Probe for: Staffing meetings? Case conferences (among staff, clients not present)? Advisory board meetings? Program management meetings? Stakeholder meetings? Meetings with clients as part of treatment?*
6. How do you coordinate with other service providers? Describe communication, documentation, and other processes.
  - a. With housing providers to maintain housing? (Such as subsidy administrators, landlords, property managers, etc.)
7. Does the grant support, supplement, or facilitate existing resources or systems? If yes, how?
8. Has the grant affected how your agency accesses or leverages existing resources or systems? If yes, how?
9. Did the grant affect your agency's collaboration with the grantee or other grantee partners? Have new linkages been facilitated between your agency and partners?



10. In what ways does the program address/fill specific gaps in housing and housing support services in the community?
  11. Has the grant influenced the way your agency provides treatment/housing or supports?
- 

## 2. Client Flow



*Ask all respondents, questions that pertain to specific roles are highlighted.*

*Instructions: The purpose of these questions is to gain a solid overview of the program through a walkthrough of the Client Flow Chart, to be conducted in collaboration with Economic Site Visitor. Use prompts below to understand setting, staffing, time between events, whether each service is provided by the grantee, a partner or referral, etc. Update the Client Flow Chart as necessary to be used in later meetings.*

1. How do you identify program clients?
  - a. Who does this? (i.e., agency, staff) When and where is it done? Do partners or other groups refer clients to your program? Has this process changed since funding?
2. How do you recruit program clients?
  - a. Who does this? (i.e., agency, staff) When and where is it done? Has this process changes since funding?
3. How do you screen/assess program clients?
  - a. Who does this? (i.e., agency, staff) When and where is it done? What processes or instruments are used? Has this process changes since funding?
4. How do you engage program clients?
  - a. Who does this? (i.e., agency, staff) When and where is it done? What processes, tools or incentives do you use? Has this process changes since funding?
5. For the typical client, how much time elapses between:
  - a. Identification and recruitment?
  - b. Recruitment and screening/assessment?
  - c. Screening/assessment and program acceptance?
  - d. Program acceptance and administration entering data into PATH/provider MIS or Homeless Management Information System (HMIS) (if not part of initial screening or assessment)?
  - e. Program acceptance and securing housing?
6. For the **TREATMENT SERVICES** provided by the program, please specify:
  - a. What treatment services are provided by the program? (*List all treatment services and ask follow up questions for each.*)
    - i. Who (agency/staff) provides the service (e.g., grantee agency, referral)? Who pays for the service (e.g., grant, in-kind, client)? When and where (setting & individual/group) is the treatment service provided?

- ii. Is the treatment service curriculum/manual based?
  - b. What is the approximate client-to-counselor caseload for treatment providers for this program?
  - c. Since program funding, has the process for how you provide treatment services changed?
7. For the **CASE MANAGEMENT/WRAPAROUND SERVICES** provided by the program please specify:
- a. What specific services are provided? (*List all case management/wraparound services and ask follow up questions for each.*)
    - i. Who (agency/staff) provides the service (e.g., grantee agency, referral)? Who pays for the service (e.g., grant, in-kind, client)? When and where (setting & individual/group) is the case management/wraparound service provided?
    - ii. Is the case management/wraparound service curriculum/manual based?
  - b. What goals and objectives does the program have for case management/wraparound services with respect to client outcomes?
  - c. Do case managers co-manage clients? Describe how many other case managers, who they are, all or a subset of clients, why/when/how you coordinate.
  - d. Is case management/wraparound provided differently with PATH clients than for other clients? If yes, how (e.g., approach, services, etc.)?
  - e. Since program funding, has the process for how you provide case management changed?
  - f. [If not already covered] How are mainstream benefits (e.g., SSI/SSDI, TANF, SNAP, etc.) accessed?
    - i. Who provides benefits assistance and how? What type of benefits are clients connected with? Are any specific models used, such as SOAR?
8. For **HOUSING**, please specify where it is accessed and who provides it. [Review where housing fits on flow chart to understand the focus of the program vis-a-vis housing]
- a. Where are clients housed before they come to your program? What types of housing (e.g., shelter, transitional, etc.), where do most live?
  - b. Where are clients housed during the program? What types?
  - c. Where are clients housed after the program? What types?
  - d. If PSH provided, how many units are available for clients?
  - e. How and when are program clients discharged from housing? Are housing services provided after discharge?
  - f. Since program funding, has the process for accessing housing changed?
9. For **HOUSING SUPPORTS**, how would you describe your program's overall approach to client housing stability? Specifically, how does the program integrate, housing, treatment and wraparound services?

- a. What specific housing support services is your agency providing program clients? How and why were those specific services selected?
  - b. Did your agency provide these services to this population prior to the grant? Has the grant impact the way these services are delivered?
  - c. What goals and objectives does the program have for housing support services and client outcomes? So far, how successful has the program been in meeting these goals and objectives?
  - d. What role do housing support staff play in the treatment/recovery plans?
  - e. What role, if any, do housing support staff or housing staff play in case conferencing?
  - f. Do you use client clinical and/or case management assessments to tailor housing support services?
  - g. How many clients do you have on your caseload at any one time?
  - h. Describe the type and frequency of contact with clients once they are housed?
  - i. For how long do you provide housing support services to clients? Does this vary by type of housing?
10. Why did the program choose to provide the [treatment/case management/wraparound] services?
  11. In the program case flow, are there particular bottlenecks or points where clients drop out or terminate services or housing?
  12. How long can program clients receive services from your program? Specify for each service modality.
  13. What is the attrition rate? Does the program have any special procedures to address attrition?
  14. How and when are program clients discharged? Are services provided after discharge?
- 

### **3: Alignment of Services with Client Needs**

*Instructions: The purpose of these questions is to assess the degree to which programs are aligning services with client needs and to gain a better understanding of client choice and how services are tailored to meet client needs and strengths.*

1. Are program clients given a choice regarding the type of services (e.g., treatment, case management, housing services and supports) they received from your agency?
2. In what ways does your program address culture? Gender? Trauma?
3. What is the role of clients and peers in providing program services (e.g., treatment, case management, housing support services) in your agency?
4. How are client needs and strengths identified and used with regard to services (treatment, case management, and housing services and supports)?
5. How does your agency tailor services (treatment, case management, housing services and supports) to program client needs and strengths?

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#### **4: Client Outcomes**

*Instructions: The purpose of these questions is to assess how client outcomes are tracked.*

1. How does the program track client outcomes (treatment, case management and housing services)?
  2. What do you think are the main client outcomes that should be tracked for this program?
  3. If you are involved in data collection, do you feel the Annual Report/HMIS questions are useful measures for your client outcomes?
    - a. Are there limitations with Annual Report/HMIS regarding the description of your clients and their outcomes? What should we consider when we interpret Annual Report/HMIS outcomes for this site?
  4. Is the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) utilized for the PATH program?
    - a. [If yes] What are some of the advantages of using HMIS?
    - b. [If yes] What are some of the disadvantages or challenges?
    - c. [If no] What are some of the challenges of implementing HMIS for PATH?
    - d. Are PATH funds utilized to support HMIS implementation activities?
- 

#### **5: Barriers, Facilitators, & Innovations**

*Instructions: The purpose of these questions is to better understand the barriers and facilitators to program implementation and service delivery, as well as any changes or innovations the grant led to among grantee, partners and the larger treatment system.*

1. Has the program encountered any barriers or facilitators related to:(Probe in the following areas and indicate how each was addressed)
  - a. Serving the intended numbers of program clients?
  - b. Retaining program clients?
  - c. Forming linkages or collaborating with program partners?
  - d. Implementing the intended client flow process?
  - e. Providing treatment and case management services to program clients?
  - f. Accessing and retaining housing?
2. Are there contextual issues, such as rules/regulations, policies, service system changes, or changes in housing markets, that have impacted your program or clients?
3. Have program activities led to changes in how this target population accesses or is provided housing and housing supports in your community?

4. Have the grant resources or activities changed the way your agency or your partners deliver services (e.g., new processes, technologies, tracking approaches- innovations, policies, types of services offered, screening/assessment, etc.)?
5. What would be the impact to the target population if this program ended?

**HOUSING & HOUSING SUPPORTS ONLY:**

6. Have program activities led to changes in how this target population accesses or is provided housing and housing supports in your community?
  7. Has the grant influenced your agency's provision or access to housing or housing supports?
- 

**6: Lessons Learned**

*Instructions: The purpose of these questions is to gather information on lessons learned regarding program organization, implementation and outcomes; and to determine to what degree they are relatable across PATH grantees.*

1. Do you have any lessons learned or recommendations to offer based on your experience with the program or target population? Would you do anything differently, if you were starting again, related to:
  - a. Client case flow or use of resources?
  - b. EBPs selected and how to best adapt/adopt them?
  - c. How best to implement case management, treatment and housing services with this population?
  - d. Client outcomes?
  - e. System outcomes?
  - f. Accessing housing and providing support services to aid the target population in maintaining housing?
  - g. Achieving targets for providing housing and housing supports to program clients?

**Attachment 4.7: PATH Consumer Focus Group Discussion Guide**

## **PATH Consumer Focus Group Discussion Guide**

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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 program is 0930-0XXX. Public reporting burden for this collection of information is estimated to average 1.5 hours 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.

**Client Focus Group Discussion Guide**  
**National Evaluation of SAMHSA’s PATH Program**

*The key informants for this session are program clients (from different stages of the program).*

Introduction:

Hi, I am \_\_\_\_\_ and this is \_\_\_\_\_. Thank you for coming to this group discussion about the PATH Program. We are part of a research team from <Organization> that is evaluating programs like PATH Program around the country that are funded by the Substance Abuse and Mental Health Services Administration, part of the federal government.

Before we begin, we would like to ask if anyone participating is under 18 years old.

**<IF YES, READ THIS STATEMENT >**

We thank you for your willingness to participate; however, we are not able to include minors, or clients under 18, in this discussion. We appreciate the time you have taken to join us today and apologize if this has caused any inconvenience. Please feel free to take some food before you go and again, thank you.

**Privacy Statement:** Our purpose in talking with you today is to better understand how you feel about the services you receive through the PATH Program, what you like and what you don’t like, and things you think could be done better. This information will be used to help to understand the types of help programs (like this one) are providing to clients and improve services for future programs.

Before we begin, we want you to know that your participation in this group interview is voluntary and private. You do not have to participate in this group discussion if you do not want to. You may choose not to answer any question that is asked. During this group interview, please use first names only.

Our staff will not report anything you say in this group in any way that would allow you to be identified, but we cannot guarantee that other participants will not share information discussed in this group. We want to emphasize that statements made in this group are private and should not be talked about outside of this group. In order to protect everyone’s privacy, please do not repeat or share any information you hear in this group with anyone else, including program staff members and other clients.

\_\_\_\_\_ will be taking notes during the session to document everyone’s comments. These notes will not be shared with any program staff. When we report the comments made in this focus group, we will not use your name if we use a quote. Instead, we will just say, “a client described how the program could be improved by ....” Or “clients described their experiences as follows ....” We will also be taping this group to help us remember what you have said and to make sure our notes are correct. Because we are taping, please make sure you never use your last name—first names only so we can protect your privacy. At the end of the study we will erase the tapes.



Again, the purpose of today's focus group is to find out about your feelings about the PATH Program. There are no right or wrong answers. We want to hear what you think in your own words.

<Hand out and then read the Consent>

This discussion will last about [an hour to an hour and a half].

Do you have any questions?

<Answer client questions. If clients agree to participate, assist them in signing the consent form and ensure that they do not include their last names.>

We have some questions we want to ask you. You will be doing most of the talking. Before we start, I want to mention a few more things. There is no need to raise hands during the discussion. Speak right up, but please respect others when they are talking. As we talked about earlier, it is important to respect the privacy of your fellow group members. When today's discussion is over, please do not repeat anything they have said outside this meeting. If you need to go to the bathroom or take a break, please feel free to do so. If you would like to leave the group at any time, or you have an appointment to attend, please feel free to leave.

Now I think that we are almost ready to begin. Before we start, let's go around the room and share your first name and how long you've been involved with the PATH program.

**Session Goals:**

1. Understand the services received by clients, including how they receive them and from whom
2. Understand the housing and housing supports received by clients (if applicable to program)
3. Understand client satisfaction with services, housing, and staff; and how these may compare to similar programs, as well as suggestions for improvement
4. Understand any positive impacts from the program and lessons for other homeless programs

**1: Descriptive Client Information**

*Instructions: The purpose of these questions is to gain a better understanding of client experiences with homelessness and service engagement.*

1. Length of participation in PATH program?
  2. Prior experience with program like this one? Please describe any past experiences you've had with mental health services? Substance abuse treatment? Housing services? COD services?
- 

**2: Services Clients Receive Through the Program**

*Instructions: The purpose of these questions is to better understand the services clients receive, the degree of choice, rules associated with program involvement, and to identify existing service needs.*

1. How did you hear about the program?
  - a. Recruitment/referral source – person, agency, location?
  - b. What types of services were you told you'd receive?
2. What types of services/help have you received from the program? Probe for types of treatment, case management and wraparound services.
  - a. Who provides these services? How frequently do you see/meet with staff?
3. Can you choose the types of services you want? Do you need to follow a specific program? Can you refuse services?
4. If you do not participate in treatment- does it affect your housing or the services you may get from the program? Will you be kicked out of your housing if you do not receive services?
5. Are there particular rules you must follow to retain program services or housing? (e.g., sobriety, medication compliance, etc.)
6. How integrated are program services? Are services co-located?
7. How long can you receive program services?
8. Were there services you didn't receive that you were told you would?

9. Are there services you needed but did not receive?
  10. Do you have to pay for any of the program services – either out of pocket, through Medicaid benefits or other types of benefits?
  11. How has the program helped you access mainstream benefits? (e.g., SSI/DI, Medicaid, Medicare, DSS, etc.)
- 

### **3: Housing for Clients**

*Instructions: The purpose of these questions is to gain a better understanding of how the program provides housing, the types of housing available and the rules associated with housing.*

1. In what ways has the program helped you with housing?
    - a. Locating housing? Completing paperwork?
    - b. Do you have choice as to the type of housing you get and where it's located? How did you choose your place?
    - c. Do you have to pay for the housing? If so, about how much (what percent) of your income? Is it difficult to pay for the housing?
  2. What is the process for obtaining housing?
    - a. Were there specific requirements you had to meet before you could get housing?
    - b. Did you have to complete any specific program or services to prove you could be in your own housing?
  3. What type(s) of housing are you in?
    - a. Is it your own room or apartment?
    - b. Is it in a building with other people that may have similar problems as yours or is it integrated in the neighborhood?
    - c. Do you have your own lease? Who is the landlord?
      - i. Do you have rights as a tenant? Are there instances in which you may lose your housing? Lease violation? Destruction of property? Treatment non-compliance? Use of alcohol? Drugs?
      - ii. Can staff enter your apartment at any time?
    - d. How long can you stay in the housing?
      - i. Is the housing permanent or are you expected to move at some point? If so, when?
    - e. Are there rules you must follow to keep your housing?
      - i. Are you required to stay in treatment to keep your housing? Are there other requirements? What do you think of these rules?
-

#### **4: Client Satisfaction with Program Services & Recommendations for Change**

*Instructions: The purpose of these questions is to assess client satisfaction with the program and staff.*

1. How do you feel about the program/treatment services you've received?
2. How satisfied are you with your housing? What would you change about your housing if you could? Why?
3. Have you encountered any difficulties in obtaining or keeping your housing?
4. How do you feel about the program staff?
  - a. Are staff respectful to you? Your culture?
  - b. Do program staff understand your needs and problems?
5. Have you seen improvements in your life because of your participation in the program? (e.g., help with sobriety, improved emotional/well-being, social relationships, etc.)
  - a. What has been most helpful about the program? Most useful to you?
  - b. What is different about your experience with this program compared with other treatment or housing programs you've participated in?
6. Have you encountered any problems/barriers participating in program services? (e.g., transportation, childcare, schedule of services, etc.)
7. Do you have any suggestions for ways to improve the program or remove barriers for getting housed or staying housed?
8. What other services are available for clients in the community?
  - a. Have you been referred/ linked to other services/programs by the PATH program?
9. Is there anything else you would like us to know about your involvement in the program that I have not asked?