Attachment 1: State PATH Contact Web Survey

Welcome to the

National Evaluation of SAMHSA's Projects 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 Projects 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

Consent to Participate in the National Evaluation of
Substance Abuse and Mental Health Services Administration (SAMHSA)
Projects 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) Projects 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. The Office of
Evaluation in the Center for Behavioral Health Statistics and Quality at SAMHSA 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 the 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 CMHS. 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. If you have any questions about your rights as a study participant, you may email the PDX mailbox at pathpdx@samhsa.hhs.gov as it is monitored by the evaluation team.

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

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

   Consent   Do not consent

Substance Abuse and Mental Health Services Administration (SAMHSA)
Projects 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) 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?
- o Less than 6 months [1]
- o More than 6 months but less than 1 year [2]
- o 1-2 years [3]
- o 3-5 years [4]
- o 6-9 years [5]
- o 10+ years [6]
- o Don't know [98]

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 Less than 6 months [1]
- o More than 6 months but less than 1 year [2]
- o 1-2 years [3]
- o 3-5 years [4]
- o 6-9 years [5]
- o 10+ years [6]
- o Don't know [98]

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   No priority populations have been designated by your state/territory [13]
- o   Don't Know [98]

[SERVICES]
The next questions are in regard 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> being provided within your agency's PATH program?
- o   Yes [1]
- o   No [2] [Go to SERV2]
- o   Don't know [98] [Go to SERV2]

[SERV1B]
Do your agency's PATH providers conduct street outreach?
- o Yes [1]
- o No [2]
- o Don't know [98]

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

[SERV2]
Are screening and diagnostic treatment services being provided within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV3]
Are habilitation and rehabilitation services being provided within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV4]
Are community mental health services being provided within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV5]
Are alcohol or drug treatment services being provided within your agency's PATH program?
- o Yes [1]
- o No [2]
- o Don't know [98]

[SERV6]
Is staff training being provided 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]

o   Don't know [98]

[SERV7]
Are <u>case management services</u> being provided within your agency's PATH program?

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

[SERV8]
Are <u>supportive and supervisory services in residential settings</u> being provided 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> being provided within your agency's PATH program?
    o   Yes [1]
    o   No [2] [Go to SERV10A]
    o   Don't know [98] [Go to SERV10A]

[SERV9B]

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   Don't know [98]

[SERV10A]
Are the PATH allowable <u>housing assistance services</u> being provided within your agency's PATH program?
    o   Yes [1]
    o   No [2]
    o   Don't know [98]

[SERV10B]
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 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 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 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 Housing First Model [4]
- o Illness Management and Recovery (IMR) [5]
- o Integrated Dual Disorder Treatment (IDDT) [6]

- Intensive Case Management (ICM) [7]
- Motivational Interviewing [8]
- Motivational Enhancement Therapy (MET) [9]
- Permanent Supportive Housing [10]
- Screening and Brief Intervention (SBI) [11]
- Seeking Safety [12]
- SSI/SSDI Outreach, Access, and Recovery (SOAR) [13]
- Trauma Recovery and Empowerment Model (TREM) [14]
- Trauma-informed care [15]
- Wellness Recovery Action Plan (WRAP) [16]
- Other (Specify): _____ [21]
- 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]
How are your agency's PATH providers selected for funding? Check all that apply.
- Prevalence of potential PATH-eligible clients in the geographic area or region [1]
- Past performance of a provider [2]
- Availability of interested and capable providers in the geographic area or region of state/territory [3]Using a competitive procurement process [4]
- Other (Specify): _____ [5]
- Don't know [98]

[ALLOCATE1]
How are PATH funds allocated to your agency's providers? Check all that apply.
- Population formula [1]
- Level of need [2]
- Other (Specify): _____ [3]
- 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?
- Yes [1] [Go to TYPE2]
- No [2] (Go to INTERMEDIARY1]
- Don't know [98]

[TYPE2]
What types of providers can apply for PATH funds? Check all that apply.
- 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 the Homeless/other health agency [7]
- o Substance use treatment agency [8]
- o Other (Specify): _____ [9]
- o Don't know [98]

The next question is 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]

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 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 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 provided technical assistance to your agency's PATH providers in the past year?
- o Yes [1]
- o No [2]
- o Don't know [98]

[TTA2]
Has your agency's PATH Program provided trainings to your agency's PATH providers in the past year?
- o Yes [1]
- o No [2]
- o Don't know [98]

 [PROGRAMMER NOTE: If TTA1 =1 OR TTA2 = 1, GET TTA3; ELSE SKIP TO MODULE D]

[TTA3]
In what areas has your agency's PATH program provided technical assistance or training to PATH providers in the past year? Check all that apply.
- o Development of Intended Use Plans [1]
- o Determining client eligibility for PATH services [2]
- o Enrolling clients for PATH services [3]
- o PATH-eligible services; specify: [4]
    - o Evidence-Based Practices (EBPs) (general trainings or trainings on specific EBPs) [5]
    - o Data Collection [6]
    - o Data Reporting [7]
    - o Annual Survey Report [8]
    - o Homeless Management Information Systems (HMIS) [9]
    - o Transitioning clients out of PATH services [10]
    - o Other (Specify): _____ [11]
    - o Don't Know [98]

[PROGRAMMER NOTE: If TTA5 =5 , GET TTA6; ELSE SKIP TO MODULE D]

[TTA6]
Since you selected EBP in the last question, please select EBPs used by your agency's PATH program below. Check all that apply.

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- ☐ Assertive Community Treatment (ACT) [1]
- ☐ Cognitive Behavioral Therapy (CBT) [2]
- ☐ Critical Time Intervention (CTI) [3]
- ☐ Housing First Model [4]
- ☐ Illness Management and Recovery (IMR) [5]
- ☐ Integrated Dual Disorder Treatment (IDDT) [6]
- ☐ Intensive Case Management (ICM) [7]
- ☐ Motivational Interviewing [8]
- ☐ Motivational Enhancement Therapy (MET) [9]
- ☐ Permanent Supportive Housing [10]
- ☐ Screening and Brief Intervention (SBI) [11]
- ☐ Seeking Safety [12]
- ☐ SSI/SSDI Outreach, Access, and Recovery (SOAR) [13]
- ☐ Trauma Recovery and Empowerment Model (TREM) [14]
- ☐ Trauma-informed care [15]
- ☐ Wellness Recovery Action Plan (WRAP) [16]
- ☐ Other (Specify): _____ [17]
- ☐ Don't know [98]

MODULE D: HOMELESS MANAGEMENT INFORMATION SYSTEM

[HMIS1]
What percentage of your agency's PATH providers use HUD's Homeless Management Information System (HMIS) for the PATH Program?
- o 0-25% [1]
- o 26-50% [2]
- o 51-75% [3]
- o 76-99% [4]
- o 100% [5]
- o Other (Specify): _____ [6]
- o Don't know [98]

[HMIS2]
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]

[HMIS3]
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 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]

Regarding participation in the HUD CoC program:

	Yes [1]	No [2]	Don't Know [98]
Agency	o	o	o
Agency's PATH program	o	o	o

[COC2]

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]

[COC3]

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]

[COC4]

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]

[COC5]

Regarding participation in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities:

	Yes [1]	No [2]	Don't Know [98]
Agency	o	o	o
Agency's PATH program	o	o	o

[COC6]

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.

	MOU/ MOA	Budget Sharin g	Contrac t for service	Joint Committees / task forces /workgroup s	Informal interactions	Not applicabl e (e.g., is grantee agency)	Don't Know
Mental Health	o	o	o	o	o	o	o
Substance Abuse Treatment Services	o	o	o	o	o	o	o
Health	o	o	o	o	o	o	o
Housing	o	o	o	o	o	o	o
Benefits	o	o	o	o	o	o	o
Veterans Affairs	o	o	o	o	o	o	o
Criminal Justice System (includes Corrections and Public Safety)	o	o	o	o	o	o	o
Employment or Vocational Rehabilitation	o	o	o	o	o	o	o
Education	o	o	o	o	o	o	o
Transportation	o	o	o	o	o	o	o
Other Agency	o	o	o	o	o	o	o
Other Departments/Office s within your own Agency or Department	o	o	o	o	o	o	o
Other (please specify)	_____ _						

[COLLAB2]

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Please specify the topic or subject matter of coordination with each state/territory agency you previously identified.

Agency	Topic
Mental Health	
Substance Abuse Treatment Services	
Health	
Housing	
Benefits	
Veterans Affairs	
Criminal Justice System (includes Corrections and Public Safety)	
Employment or Vocational Rehabilitation	
Education	
Transportation	
Other Agency	
Other Departments/Offices within your own Agency or Department	
Other (please specify)	

[COLLAB3]
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 COLLAB4]
- o No [2] [GO TO CLOSE1]
- o Don't know [98]

[COLLAB4]
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 National Center for Family Homelessness [4]
- o U.S. Interagency Council on Homelessness [5]
- o U.S. Department of Veterans Affairs [6]
- o U.S. Department of Labor: One-Stop Career Centers [7]
- o U.S. Department of Housing and Urban Development [8]
- o Corporation for Supportive Housing (CSH) [9]

- o Technical Assistance Collaborative (TAC) [10]
- o National Alliance on Mental Illness (NAMI) [11]
- o National Association for State Mental Health Program Directors (NASMHPD) [12]
- o National Council of Community Behavioral Health [13]
- o State Association of Addiction Services(NRHA) [14]
- o National Rural Health Association [15]
- o Other (Specify) _____[16]
- o Don't know [98]

[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 a Site Visit 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 the evaluation team at CBHSQRequest@samhsa.hhs.gov.