

**Attachment 2: PATH Intermediary Web Survey**

**Welcome to the**  
**National Evaluation of SAMHSA’s Project for Assistance in Transition from Homelessness**  
**(PATH)**  
**PATH Intermediary**  
**Web Survey**

Thank you for taking time to complete the **National Evaluation of SAMHSA’s Project for Assistance in Transition from Homelessness PATH Intermediary – 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 if 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

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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 project is 0930-0XXX. Public reporting burden for this collection of information is estimated to average 1 hour per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

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

PATH Intermediary  
Web Survey

About the Study

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

We are contacting representatives from intermediary organizations of PATH grantee programs to get their perspectives on the PATH program to help SAMHSA improve PATH program and the supports they offer to clients and grantees. You are one of 28 representatives who may participate in this study. The following questions ask about the PATH program(s) that your organization serves as an intermediary for.

The PATH Intermediary web survey covers background information about your organization 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 project.

Voluntary Participation and Privacy

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

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

Risks and Benefits of the Study

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

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

#### Duration

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

#### Questions

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

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

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

Consent

Do not consent

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

PATH Intermediary  
Web Survey

**Module A: Intermediary Background**

Please review and verify the pre-populated information about the grantee's PATH program for which your organization is an intermediary for.

[PREFILL GRANTEE1 – GRANTEE2]

[GRANTEE1]

Grantee Organization Name: [ALLOW 200]

[GRANTEE2]

Grantee Location – City: [ALLOW 50] State: |\_\_|\_\_|

[ORG1]

What types of organization is your organization? Check all that apply.

- County agency [1]
- Local or regional behavioral health agency [2]
- Local or regional mental health authority [3]
- Local or regional governing entity [4]
- Managed entity [4]
- Other, specify: [5]
- Don't know [98]

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

[ROLE1]

Are you the Project Director or in a comparable role for your agency's PATH program?

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

[ROLE2]

How long have you been in this position for your agency's PATH program?

\_\_\_\_ Years    \_\_\_\_ Months    \_\_\_Don't Know

[ROLE3]

On a typical week, what percentage of your time is spent on PATH-related activities?

\_\_\_\_ %



[ROLE4]

In addition to your responsibilities with this agency's PATH programs, please describe your other responsibilities within your organization. For example, supervision of other clinical programs, management of other agency programs, non-PATH training or technical assistance, direct service provision etc.

## **MODULE B: PATH PROGRAM ADMINISTRATION AND OVERSIGHT**

[ADMININTRO] The next questions are about the administration of this agency's PATH program.

[POP1]

Is your agency involved in designating policies around priority populations?

- Yes [1] [Go to POP2]
- No [2] [Go to SELECT1]
- Don't know [98] [Go to SELECT1]

[POP2]

Has your agency designated specific target populations as high priority populations to be served by your agency's PATH providers?

- Yes [1] [Go to POP3]
- No [2] [Go to SELECT1]
- Don't know [98] [Go to SELECT1]

[POP3]

Which of the following populations have been designated as high priority populations to be served PATH providers you manage? Check all that apply

- Persons with serious mental illness (SMI) [1]
- Persons with co-occurring SMI and substance use disorders [2]
- People who are homeless [3]
- People who are literally homeless [4]
- People who are chronically homeless [5]
- Veterans [6]
- Persons with criminal justice backgrounds (e.g., previously incarcerated, reentry/diversion, or on probation/adjudication [7]
- People from racial and ethnic minority groups [8]
- Youth [9]
- People who are Lesbian, gay, bisexual, or transgender individuals, questioning and allies (LGBT/LGBTQA) [10]
- Families [11]
- Other (Specify): \_\_\_\_\_ [12]
- Other (Specify): \_\_\_\_\_ [13]
- Other (Specify): \_\_\_\_\_ [14]

- No priority populations have been designated by your agency[15]
- Don't Know [98]

The next few questions are regarding the selection of PATH providers and the allocation of PATH funds.

[SELECT1]

Is your agency involved in selecting PATH providers?

- Yes [1] [Go to SELECT2]
- No [2] [Go to ALLOCATE1]
- Don't know [98] [Go to ALLOCATE1]

[SELECT2]

Are PATH providers selected using a competitive or procurement process?

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

[SELECT3]

How are 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]
- Other (Specify): \_\_\_\_\_ [4]
- Other (Specify): \_\_\_\_\_ [5]
- Other (Specify): \_\_\_\_\_ [6]
- Don't know [98]

[ALLOCATE1]

Is your agency involved in allocating funds to PATH providers?

- Yes [1] [Go to ALLOCATE2]
- No [2] [Go to MATCH1]
- Not applicable (e.g., only have one provider) [3] [Go to MATCH1]
- Don't know [98] [Go to MATCH1]

[ALLOCATE2]

Are funds distributed equally among providers?

- Yes [1]
- No [2]
- Not applicable (e.g., only have one provider) [3]
- Don't know [98]

[ALLOCATE3]

Are funds distributed equally among regions?



- Yes [1]
- No [2]
- Not applicable (e.g., only have one region) [3]
- Don't know [98]

[ALLOCATE4]

How are PATH funds allocated to providers? Check all that apply.

- Population formula [1]
- Level of need [2]
- Other (Specify): \_\_\_\_\_ [3]
- Other (Specify): \_\_\_\_\_ [4]
- Other (Specify): \_\_\_\_\_ [5]
- Don't know [98]

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

[MATCH1]

Does your organization provide match funds?

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

[MATCH2]

Are the PATH providers that you manage required to provide match funds?

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

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

[TYPE1]

Does your organization limit what type of provider can receive PATH funds?

- Yes [1] [go to TYPE2]
- No [2]
- Don't know [98]

[TYPE2]

What types of providers can apply for PATH funds? Check all that apply.

- Community mental health center [1]
- Consumer-run mental health agency [2]
- Other mental health agency [3]
- Social service agency [4]
- Shelter or other temporary housing resource [5]
- Other housing agency [6]
- Health Care for Homeless/other health agency [7]
- Substance use treatment agency [8]

- Other (Specify): \_\_\_\_\_ [9]
- Other (Specify): \_\_\_\_\_ [10]
- Other (Specify): \_\_\_\_\_ [11]
- Don't know [98]

The next few questions are regarding the intermediary organization's role in financing PATH providers

[FINANCE1]

Are PATH funds provided through your organization?

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

[FINANCE 2]

Is your organization involved in the financial oversight of your agency's PATH funded providers?

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

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

[OVERSIGHT1]

Is your organization responsible for programmatic oversight of your PATH providers?

- Yes [1] [Go to OVERSIGHT2]
- No [2] [Go to Module C]
- Don't know [98]

[OVERSIGHT2]

What are the methods utilized to monitor your agency's PATH providers? Check all that apply.

- Site visits [1]
- Regularly scheduled meetings or teleconferences [2]
- Review of progress reports [3]
- Review of HMIS or other data [4]
- Evaluation of performance goals [5]
- Review of financial documents or billing [6]
- Audits [7]
- Other (Specify): \_\_\_\_\_ [8]
- Other (Specify): \_\_\_\_\_ [9]
- Other (Specify): \_\_\_\_\_ [10]
- Don't know [98]

[OVERSIGHT3]

How are concerns with the performance of your agency's PATH providers handled? Check all that apply.

- Technical Assistance [1]
- Training [2]
- Corrective Action Plans [3]
- Quality Improvement Projects [4]
- Other (Specify): \_\_\_\_\_ [5]
- Other (Specify): \_\_\_\_\_ [6]
- Other (Specify): \_\_\_\_\_ [7]
- Don't know [98]

### **MODULE C: TECHNICAL ASSISTANCE AND TRAINING**

The next few questions are about the technical assistance and training that your organization provided to your agency's PATH providers during the past year?

[TTA1]

Has your organization provided technical assistance to your agency's PATH providers in the past year?

- Yes [1] [Go to TTA3]
- No [2] [Go to TTA2]
- Don't know [98]

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

[TTA2]

How was the technical assistance provided to your agency's PATH providers funded in the past year? Check all that apply.

- Through PATH state funds [1]
- Through state funds (non-PATH) [2]
- Through the SAMHSA PATH Technical Assistance contractor [3]
- Through another SAMHSA funded contract or contractor [4]
- Utilizing your organization funds [5]
- Other (Specify): \_\_\_\_\_ [6]
- Other (Specify): \_\_\_\_\_ [7]
- Other (Specify): \_\_\_\_\_ [8]
- Don't know [98]

[TTA3]

Has your organization provided trainings to your agency's PATH Providers in the past year?

- Yes [1] [Go to TTA4]
- No [2] [Go to HMIS1]
- Don't know [98]

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

[TTA4]

How was the training provided to your agency's PATH providers funded in the past year? Check all that apply.

- Through PATH state funds [1]
- Through state funds (non-PATH) [2]
- Through the SAMHSA PATH Technical Assistance contractor [3]
- Through another SAMHSA funded contract or contractor [4]
- Other (Specify): \_\_\_\_\_ [5]
- Other (Specify): \_\_\_\_\_ [6]
- Other (Specify): \_\_\_\_\_ [7]
- Don't know [98]

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

[TTA5]

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

- Development of Intended Use Plans [TTA5\_1]
- Determining client eligibility for PATH services [TTA5\_2]
- Enrolling clients for PATH services [TTA5\_3]
- PATH-eligible services: (Check all that apply) [TTA5\_4]
  - Outreach services [TTA5\_4\_1]
  - Screening and diagnostic treatment services [TTA5\_4\_2]
  - Habilitation and rehabilitation services [TTA5\_4\_3]
  - Community mental health services [TTA5\_4\_4]
  - Alcohol or drug treatment services [TTA5\_4\_5]
  - Staff training [TTA5\_4\_6]
  - Case management services [TTA5\_4\_7]
  - Supportive and supervisory services in residential services [TTA5\_4\_8]
  - Referral for primary health services, job training, educational services and relevant housing services [TTA5\_4\_9]
  - Allowable housing services (e.g., planning of housing, technical assistance in applying for housing assistance, security deposits, etc.) [TTA5\_4\_10]
- Evidence-Based Practices (EBPs) (general trainings or trainings on specific EBPs) Check all that apply. [TTA5\_5]
  - Assertive Community Treatment (ACT) [TTA5\_5\_1]
  - Cognitive Behavioral Therapy (CBT) [TTA5\_5\_2]
  - Critical Time Intervention (CTI) [TTA5\_5\_3]
  - Double Trouble in Recovery (DTR) [TTA5\_5\_4]
  - Eye Movement Desensitization and Reprocessing (EMDR) [TTA5\_5\_5]
  - Housing First Model [TTA5\_5\_6]
  - Illness Management and Recovery (IMR) [TTA5\_5\_7]

- Integrated Dual Disorder Treatment (IDDT) [TTA5\_5\_8]
- Intensive Case Management (ICM) [TTA5\_5\_9]
- Matrix Model [TTA5\_5\_10]
- MISSION [TTA5\_5\_11]
- Motivational Interviewing [TTA5\_5\_12]
- Motivational Enhancement Therapy (MET) [TTA5\_5\_13]
- Permanent Supportive Housing [TTA5\_5\_14]
- Screening and Brief Intervention (SBI) [TTA5\_5\_15]
- Seeking Safety [TTA5\_5\_16]
- SSI/SSDI Outreach, Access, and Recovery (SOAR) [TTA5\_5\_17]
- Trauma Recovery and Empowerment Model (TREM) [TTA5\_5\_18]
- Trauma-informed care [TTA5\_5\_19]
- Wellness Recovery Action Plan (WRAP) [TTA5\_5\_20]
- Other (Specify): \_\_\_\_\_ [TTA5\_5\_21]
- Other (Specify): \_\_\_\_\_ [TTA5\_5\_21]
- Other (Specify): \_\_\_\_\_ [TTA5\_5\_23]
- Don't know [98]

- o Data Collection [TTA5\_6]
- o Data Reporting [TTA5\_7]
- o Annual Survey Report [TTA5\_8]
- o Homeless Management Information Systems (HMIS) [TTA5\_9]
- o Transitioning clients out of PATH services [TTA5\_10]
- o Other (Specify): \_\_\_\_\_ [TTA5\_11]
- o Other (Specify): \_\_\_\_\_ [TTA5\_12]
- o Other (Specify): \_\_\_\_\_ [TTA5\_13]
- o Don't Know [98]

[TTA6]

How are PATH providers' technical assistance and training needs determined? Check all that apply.

- o By requests from PATH providers [1]
- o From information and alerts received from the PATH TA contractor [2]
- o From information and alerts received from the SAMHSA government project officer [3]
- o From information and alerts received from national homeless organizations [4]
- o From needs identified in monitoring visits [5]
- o Review of reported data [6]
- o Other (Specify): \_\_\_\_\_ [7]
- o Don't know [98]

## MODULE C: HOMELESS MANAGEMENT INFORMATION SYSTEM

[HMIS1]

What is the status of your agency's PATH providers' transition to the use of HUD's Homeless Management Information System (HMIS) for the PATH Program?

- Providers have not started using HMIS for the PATH program [1]
- Some PATH providers are using HMIS for the PATH program [2] [Go to HMIS2]
- All PATH providers are using HMIS for the PATH program [3] [Go to HMIS3]
- Other (Specify): \_\_\_\_\_ [4]
- Don't know [98]

[HMIS2]

Are your agency's PATH providers that are not using HMIS collecting PATH client data through another system approved by SAMHSA that supports interoperability with the local HMIS?

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

[HMIS3]

Does your organization work with local HMIS administrators to assure that your agency's PATH providers are trained in the use of HMIS?

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

[PROGRAMMER NOTE: If HMIS1 = 2, 3, or 4, or HMIS2 =1, GET HMIS4; ELSE SKIP TO CoC1]

[HMIS4]

How are your agency's PATH providers' HMIS data being used by your organization? Check all that apply.

- Not yet being used [1]
- To plan PATH services or activities [2]
- To monitor local PATH providers [3]
- To monitor PATH consumer participation in services or housing [4]
- To monitor PATH consumer outcomes [5]
- To report Annual Survey/PATH Data [6]
- To report to other State or Federal agencies [7]
- Other (Specify): \_\_\_\_\_ [8]
- Other (Specify): \_\_\_\_\_ [9]
- Other (Specify): \_\_\_\_\_ [10]
- Don't Know [98]

## MODULE D: CONTINUUM OF CARE

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

[COC1]

Does your organization participate in the HUD Continuum of Care (CoC) program?

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

[COC2]

Does your organization work with the CoCs to facilitate use of HMIS for PATH data collection?

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

[COC3]

Does your organization work with the CoCs to facilitate timely service coordination?

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

[COC4]

Are your agency's PATH providers required to collaborate with or work with their CoCs?

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

[COC5]

Does your organization participate 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]

[COC6]

Do your agency's PATH providers participate in other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessments activities?

- Yes [1]
- No [2]

o Don't know [98]



[COC7]

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?

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

## MODULE E: COLLABORATION WITH OTHER ORGANIZATIONS

The next sets of questions ask about your organization's collaboration with other local organizations that have been involved with the SAMHSA PATH program.

[COLLAB1]

Related to the SAMHSA PATH program, how often has your organization collaborated with other local organizations in each of the following areas?

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

[COLLAB2]

Related to the SAMHSA PATH program, how often has your organization collaborated with other local organizations in each of the following areas?

	Never [1]	Rarely [2]	Sometimes [3]	Often [4]	Don't know [8]
Substance abuse treatment providers [COLLAB2_1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State substance abuse authority [COLLAB2_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health treatment providers [COLLAB2_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State mental health authority [COLLAB2_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[COLLAB3]

Related to the SAMHSA PATH program, how often has your organization collaborated with other local organizations in each of the following areas?

	<b>Never [1]</b>	<b>Rarely [2]</b>	<b>Sometimes [3]</b>	<b>Often [4]</b>	<b>Don't know [8]</b>
Housing providers [COLLAB3_1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State or local housing authority [COLLAB3_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local continuum of care [COLLAB3_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelters [COLLAB3_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[COLLAB4]

Related to the SAMHSA PATH program, how often has your organization collaborated with other local organizations in each of the following areas?

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

[PROGRAMMER NOTE: IF COLLAB1\_1=3 OR 4, GET COLLAB5\_1; IF COLLAB1\_2=3 OR 4, GET COLLAB5\_2; IF COLLAB1\_3=3 OR 4, GET COLLAB5\_3; IF COLLAB1\_4=3 OR 4, GET COLLAB5\_4; ELSE SKIP TO COLLAB6]

[COLLABINTRO5]

The next questions refer to the *effectiveness* of your organization’s collaboration with other local organizations.

[COLLAB5]

Related to the SAMHSA PATH program, *how effective* have your organization’s collaborations with the following local groups been in helping the SAMHSA PATH program achieve its intended outcomes?

	<b>Not at all effective</b> [1]	<b>Slightly effective</b> [2]	<b>Moderately effective</b> [3]	<b>Very effective</b> [4]	Don’t know [8]
Social services providers [COLLAB5_1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop-in centers [COLLAB5_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical (primary/specialized) care providers [COLLAB5_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peers/consumers [COLLAB5_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PROGRAMMER NOTE: IF COLLAB2\_1=3 OR 4, GET COLLAB6\_1; IF COLLAB2\_2=3 OR 4, GET COLLAB6\_2; IF COLLAB2\_3=3 OR 4, GET COLLAB6\_3; IF COLLAB2\_4=3 OR 4, GET COLLAB6\_4; ELSE SKIP TO COLLAB7]

[COLLAB6]

Related to the SAMHSA PATH program, *how effective* have your organization’s collaborations with the following local groups been in helping the SAMHSA PATH program achieve its intended outcomes?

	<b>Not at all effective</b> [1]	<b>Slightly effective</b> [2]	<b>Moderately effective</b> [3]	<b>Very effective</b> [4]	Don’t know [8]
Substance abuse treatment providers [COLLAB6_1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State substance abuse authority [COLLAB6_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health treatment providers [COLLAB6_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State mental health authority [COLLAB6_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PROGRAMMER NOTE: IF COLLAB3\_1=3 OR 4, GET COLLAB7\_1; IF COLLAB3\_2=3 OR 4, GET COLLAB7\_2; IF COLLAB3\_3=3 OR 4, GET COLLAB7\_3; IF COLLAB3\_4=3 OR 4, GET COLLAB7\_4; ELSE SKIP TO COLLAB8]

[COLLAB7]

Related to the SAMHSA PATH program, *how effective* have your organization’s collaborations with the following local groups been in helping the SAMHSA PATH program achieve its intended outcomes?

	<b>Not at all effective</b> <b>[1]</b>	<b>Slightly effective</b> <b>[2]</b>	<b>Moderately effective</b> <b>[3]</b>	<b>Very effective</b> <b>[4]</b>	<b>Don’t know</b> <b>[8]</b>
Housing providers [COLLAB7_1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State or local housing authority [COLLAB7_2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local continuum of care [COLLAB7_3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelters [COLLAB7_4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PROGRAMMER NOTE: IF COLLAB4\_1=3 OR 4, GET COLLAB8\_1; IF COLLAB4\_2=3 OR 4, GET COLLAB8\_2; IF COLLAB4\_3=3 OR 4, GET COLLAB8\_3; IF COLLAB4\_4=3 OR 4, GET COLLAB8\_4; IF COLLAB4\_1=3 OR 4, GET COLLAB8\_1; IF COLLAB4\_2=3 OR 4, GET COLLAB8\_2; IF COLLAB4\_3=3 OR 4, GET COLLAB8\_3; IF COLLAB4\_4=3 OR 4, GET COLLAB8\_4; ELSE SKIP TO COLLAB9]

[COLLAB8]

Related to the SAMHSA PATH program, *how effective* have your organization's collaborations with the following local groups been in helping the SAMHSA PATH program achieve its intended outcomes?

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

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

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

[COLLAB9]

How often does your organization collaborate with one or more local substance abuse or mental health treatment provider partners to:

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

[COLLAB10]

How often does your organization collaborate with one or more local healthcare provider partners to:

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

[COLLAB11]

How often does your organization collaborate with one or more local public housing authority and/or housing provider partners to:

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



[COLLAB12]

How often does your organization collaborate with one or more local [SELECTED OTHER] agencies or organizations partners to:

[PROGRAMMING NOTE: SELECT THE HIGHEST RATING AMONG COLLAB1\_1, COLLAB1\_2, COLLAB1\_4, COLLAB4\_1, COLLAB4\_2, COLLAB4\_3, COLLAB4\_4, COLLAB4\_5, COLLAB4\_6, COLLAB4\_7, AND COLLAB4\_8; USE THAT LABEL IN “SELECTED OTHER” IMMEDIATELY ABOVE. IF TWO OR MORE RATINGS ARE TIED, RANDOMLY SAMPLE ONE OF THOSE WITH THE HIGHEST RATINGS.]

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

The next set of questions asks about your perceptions of how your organization’s SAMHSA PATH team worked together.

[COLLAB13]

Please rate the frequency of each of the following.

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

[COLLAB14]

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

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

[COLLAB15]

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

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

**MODULE E: IMPLEMENTATION OF THE SAMHSA PATH PROGRAM**

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

[IMPL1]

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

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

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
State/territory organization [IMPL1_1]	0	0	0	0	0	0
Housing partner(s) [IMPL1_2]	0	0	0	0	0	0
Substance abuse treatment partner(s) [IMPL1_3]	0	0	0	0	0	0
Mental health treatment partner(s) [IMPL1_4]	0	0	0	0	0	0
Healthcare partner(s) [IMPL1_5]	0	0	0	0	0	0

[IMPL2]

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

Support has been strong for the SAMHSA PATH program from the administration and management at ...

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
State/territory organization [IMPL2_1]	0	0	0	0	0	0
Housing partner(s) [IMPL2_2]	0	0	0	0	0	0
Substance abuse treatment partner(s) [IMPL2_3]	0	0	0	0	0	0
Mental health treatment partner(s) [IMPL2_4]	0	0	0	0	0	0
Healthcare partner(s) [IMPL2_5]	0	0	0	0	0	0

[IMPL3]

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

	<b>Strongly Disagree</b> [1]	<b>Disagree</b> [2]	<b>Neither Agree nor Disagree</b> [3]	<b>Agree</b> [4]	<b>Strongly Agree</b> [5]	<b>Don't know</b> [8]
Staff members have adequate experience to effectively serve the target population [IMPL3_1]	0	0	0	0	0	0
Staff's gender, race, ethnicity and language capability reflects the target population [IMPL3_2]	0	0	0	0	0	0
Appropriate plans or protocols are in place to address language barriers (bilingual staff, instruments/forms in various languages), as needed [IMPL3_3]	0	0	0	0	0	0
Selected treatment or support services are appropriate for the target population's age, gender, race and ethnicity [IMPL3_4]	0	0	0	0	0	0
Staff demonstrates cultural sensitivity in working with clients [IMPL3_5]	0	0	0	0	0	0

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

[IMPL4]

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

The SAMHSA PATH program has...

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
Implemented targeted approaches and strategies as planned [IMPL4_1]	0	0	0	0	0	0
Increased clients' willingness to access available services [IMPL4_2]	0	0	0	0	0	0
Increased my organization's capabilities in providing clients effective and appropriate services [IMPL4_3]	0	0	0	0	0	0
Provided Technical Assistance (TA) that has helped my organization contribute to local project objectives [IMPL4_4]	0	0	0	0	0	0
Improved integration of services for target clients in our community [IMPL4_5]	0	0	0	0	0	0



[IMPL5]

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

The SAMHSA PATH program has...

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
Effectively engaged all agencies or organizations necessary to successfully implement the project [IMPL5_1]	0	0	0	0	0	0
Effectively utilized pre-existing community capabilities and assets [IMPL5_2]	0	0	0	0	0	0
Used formal interagency agreements such as MOUs effectively [IMPL5_3]	0	0	0	0	0	0
Improved coordination between different types of service providers [IMPL5_4]	0	0	0	0	0	0
Fostered the use of uniform eligibility criteria and intake processes [IMPL5_5]	0	0	0	0	0	0
Increased use of interagency management information systems or client tracking systems [IMPL5_6]	0	0	0	0	0	0

[IMPL6]

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

The SAMHSA PATH program has...

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
Well-focused goals and strategies [IMPL6_1]	0	0	0	0	0	0
Partners have created common goals [IMPL6_2]	0	0	0	0	0	0
Partners have effectively coordinated efforts to achieve common goals [IMPL6_3]	0	0	0	0	0	0
Placed too much emphasis on substance abuse and/or mental health treatment, at the expense of housing [IMPL6_4]	0	0	0	0	0	0
Placed too much emphasis on housing, at the expense of substance abuse and/or mental health treatment [IMPL6_5]	0	0	0	0	0	0
Focused on the wrong clients [IMPL6_6]	0	0	0	0	0	0
Used too much of a “top down” approach [IMPL6_7]	0	0	0	0	0	0
Used too much of a “bottom up” approach [IMPL6_8]	0	0	0	0	0	0

[IMPL7]

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

The SAMHSA PATH program has...

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
Communication among partners has improved [IMPL7_1]	0	0	0	0	0	0
Information sharing among partners about specific clients has improved [IMPL7_2]	0	0	0	0	0	0
Had little effect on moving clients into permanent housing [IMPL7_3]	0	0	0	0	0	0
Had little effect on integrating housing, treatment and support services [IMPL7_4]	0	0	0	0	0	0
Had little effect on how my agency serves clients [IMPL7_5]	0	0	0	0	0	0
Had insufficient involvement from organization leaders [IMPL7_6]	0	0	0	0	0	0
Had limited effectiveness due to staff turnover [IMPL7_7]	0	0	0	0	0	0
Effectively overcome obstacles or setbacks [IMPL7_8]	0	0	0	0	0	0

[IMPL8]

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

The SAMHSA PATH program has...

	<b>Strongly Disagree [1]</b>	<b>Disagree [2]</b>	<b>Neither Agree nor Disagree [3]</b>	<b>Agree [4]</b>	<b>Strongly Agree [5]</b>	<b>Don't know [8]</b>
Communicated clear criteria on how resources are allocated [IMPL8_1]	0	0	0	0	0	0
Tapped into other federal, state or local government funding to enhance its activities during the SAMHSA grant funding period [IMPL8_2]	0	0	0	0	0	0
Tapped into federal, state or local government funding to sustain its activities after SAMHSA grant funding ends [IMPL8_3]	0	0	0	0	0	0

[IMPL9]

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

	<b>Strongly Disagree</b> [1]	<b>Disagree</b> [2]	<b>Neither Agree nor Disagree</b> [3]	<b>Agree</b> [4]	<b>Strongly Agree</b> [5]	<b>Don't know</b> [8]
The SAMHSA PATH program will have little lasting impact on the treatment system in our community [IMPL9_4]	0	0	0	0	0	0

[CLOSE1]

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

[ALLOW 1000]

**THANK YOU VERY MUCH for participating!**

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

**[NEW SCREEN]**

**[IF INTERMEDIARY OR 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 Intermediary web survey, please contact Terry Camacho-Gonsalves, the Project Manager for the PATH evaluation at 1-617-844-2504 or by email at [tcamacho@hsri.org](mailto:tcamacho@hsri.org).