Appendix A: Network Participation Survey
1. For which component(s) of the Chronic Homelessness Initiative is this agency/organization responsible? (Code ‘0’ or ‘1’ for each item below)
   - Lead agency
   - Permanent housing service provider
   - Primary health care services provider
   - Mental health services provider
   - Substance abuse treatment provider
   - Veteran service provider (VA or community provider)
   - Other service provider (e.g., partnering agency)

2. About how many agencies/organizations are involved in the CHI network? __________
   (Code Don’t Know = ‘99’)

3. How often does the CHI network meet, on average?
   - More Than Weekly
   - Weekly
   - Twice/month
   - Monthly
   - Bi-monthly
   - Quarterly
   - Bi-annually
   - Annually
   - DK

4. Does the CHI network have a formal committee structure? __________
   (If ‘No’ or ‘DK’, SKIP to Q10)

5. Please specify the names of a few committees.
   A. Name: ____________________________________________________________
   B. Name: ____________________________________________________________
   C. Name: ____________________________________________________________

6. How effective are these committees in accomplishing the goals of the CHI network?
   - Not at all
   - A little
   - Somewhat
   - Very
   - DK

7. Are consumers on these committees? __________
   (If ‘No’ or ‘DK’, SKIP to Q10)

8. Sometimes there are critical individuals without whom the network would not be sustainable.
   Are there key leaders without whom the network...
   A. Would not have been established? __________
   B. Would not continue to function at its current high level? __________
   C. Please name up to two of these key individuals
      1. ____________________________________________________________
      2. ____________________________________________________________
11. To what extent has each of the following agencies been actively involved with the CHI network during the past year?
   
   0 = Not at all   1 = A little bit   2 = Somewhat involved   3 = Very involved   9 = DK

   A. Public housing authority (PHA) ................................................................. ___
   B. Social Security Administration (SSA) ....................................................... ___
   C. City or county welfare/general assistance office ........................................___
   D. Soup kitchens ................................................................................................___
   E. Vocational rehabilitation agencies ..............................................................___
   F. Law enforcement .............................................................................................___
   G. Faith based organizations ................................................................................___
   H. Private businesses ............................................................................................___
   I. Primary health care services provider ............................................................___
   J. Mental health services provider .......................................................................___
   K. Substance abuse treatment provider .............................................................___
   L. Veteran service provider ................................................................................___

12. Is there a local governmental agency responsible for the care of homeless persons in your community? ......................
   0 = No   1 = Yes   9 = DK
   (If ‘No’ or ‘DK’, SKIP to Q13)

   A1. What type of agency is this?
   a. a state agency?  0 = No  1 = Yes  9 = DK
   b. a county agency? 0 = No  1 = Yes  9 = DK
   c. a local agency? 0 = No  1 = Yes  9 = DK
   d. any other? 0 = No  1 = Yes  9 = DK
      (Specify_________________________________)

   B. How involved has this government agency been with the network during the past year?
   0 = Not at all   1 = A little   2 = Somewhat   3 = Very involved   9 = DK

13. To what extent does (do) the provider(s) in the CHI Network considered together now provide each of the following types of housing for homeless people through the use of either CHI funding or non-CHI funding?
   0 = Not at all   1 = A little   2 = Somewhat   3 = A lot   9 = DK

   A. Emergency shelter ............................................................................................___
   B. Transitional housing ......................................................................................___
   C. Affordable housing without services ............................................................___
   D. Permanent supported housing (i.e., housing with significant supportive services) .........___

14. In recent years has there been a change in emphasis in the type of housing provided by the agencies participating in the CHI network? ....... 0 = No  1 = Yes  9 = DK
   (If ‘No’ or ‘DK’, SKIP to Q16)
15. How has the emphasis changed for each of the following types of housing (i.e., housing emphasized less, same, or more)?

   A. Emergency shelter .........................  □ 1 = Less emphasis □ 2 = Same □ 3 = More emphasis □ 9 = DK
   B. Transitional housing ...................... □ 1 = Less emphasis □ 2 = Same □ 3 = More emphasis □ 9 = DK
   C. Permanent non-supported housing ....... □ 1 = Less emphasis □ 2 = Same □ 3 = More emphasis □ 9 = DK
   D. Permanent supported housing .......... □ 1 = Less emphasis □ 2 = Same □ 3 = More emphasis □ 9 = DK

GOALS AND FOCUS

16. Which of the following goals are most important for the CHI network? Next most… Next most…
   (Code 1-5, with most important = ‘1’ and least important = ‘5’)

   A. Obtain grant funding from the Chronic Homelessness Initiative ............................ ___
   B. Obtain grant funding from other sources ............................................................ ___
   C. Establish partnerships among homeless service providers to better coordinate care across agencies .......................................................... ___
   D. Develop an integrated system of care for persons who are homeless ........................ ___
   E. Develop systematic plans to end or substantially reduce the prevalence of chronic homelessness in our community .......................................................... ___

PLANNING

17. Did the CHI network conduct the following planning activities focused on ending chronic homelessness during the past year or were they involved in such activities as part of a larger coalition?

   A. Developed a mission statement........................................  □ 0 = No □ 1 = Yes □ 9 = DK
   B. Identified goals for training staff........................................  □ 0 = No □ 1 = Yes □ 9 = DK
   C. Used quantitative methodology to determine the prevalence and/or unmet needs of homeless people....................... □ 0 = No □ 1 = Yes □ 9 = DK
   D. Conducted an inventory of available housing and supportive services for homeless people........................................  □ 0 = No □ 1 = Yes □ 9 = DK

MANAGEMENT

18. How well does the CHI network work together to…
   0 = Not at all  1 = A little  2 = Somewhat  3 = Very well  9 = DK

   A. Identify barriers or bottlenecks in delivery of housing and services to homeless people? ...... ___
   B. Understand the reasons for these problems? .......................................................... ___
   C. Fix or improve these problems? .......................................................... ___
   D. Address individual client service needs? .......................................................... ___

19. Do you currently have a way of identifying the characteristics of the people served by the CHI network? ........................................  □ 0 = No □ 1 = Yes □ 9 = DK
   (If ‘No’ or ‘DK’, SKIP to Q21)
20. Does the system provide information on client characteristics…?
   A. In real-time, used by clinicians in the delivery of services .... □ 0 = No □ 1 = Yes □ 9 = DK
   B. In the form of aggregated periodic summaries .................. □ 0 = No □ 1 = Yes □ 9 = DK
   C. As individual client data ........................................... □ 0 = No □ 1 = Yes □ 9 = DK
   D. Through an inter-agency management information system .... □ 0 = No □ 1 = Yes □ 9 = DK

21. Do you currently have a way of identifying the housing and services delivered by the CHI network? ...........................................(If ‘No’ or ‘DK’, SKIP to Q23)
   □ 0 = No □ 1 = Yes □ 9 = DK

22. Does the system provide data on housing and services delivered …?
   A. In real-time, used by clinicians in the delivery of services .... □ 0 = No □ 1 = Yes □ 9 = DK
   B. In the form of aggregated periodic summaries .................. □ 0 = No □ 1 = Yes □ 9 = DK
   C. As individual client data ........................................... □ 0 = No □ 1 = Yes □ 9 = DK
   D. Through an inter-agency management information system .... □ 0 = No □ 1 = Yes □ 9 = DK

23. Do you currently have a way of determining the client outcomes of clients served by the CHI network? .......................... (If ‘No’ or ‘DK’, SKIP to Q25)
   □ 0 = No □ 1 = Yes □ 9 = DK

24. Does the system provide data on client outcomes …?
   A. In real-time, used by clinicians in the delivery of services .... □ 0 = No □ 1 = Yes □ 9 = DK
   B. In the form of aggregated periodic summaries .................. □ 0 = No □ 1 = Yes □ 9 = DK
   C. As individual client data ........................................... □ 0 = No □ 1 = Yes □ 9 = DK
   D. Through an inter-agency management information system .... □ 0 = No □ 1 = Yes □ 9 = DK

25. Is there a CHI network management information system…
   □ 0 = Neither planned for nor currently in use □ 1 = Being planned for or developed
   □ 2 = Being used by some network members □ 3 = Being used by most network members
   □ 4 = Being used by all network members □ 5 = Other (Specify: ____________________________)
   (If ‘No’ or ‘DK’ or ‘1’, SKIP to Q27) □ 9 = DK

26. To what extent has the management information system been used for each of the following purposes?
   0 = Not at all 1 = A little 2 = Somewhat 3 = Very effectively 9 = DK
   A. To identify malfunctioning processes of the service delivery system for homeless people __________
   B. To understand causes of these malfunctioning processes ........................................... __________
   C. To fix or improve these malfunctioning processes ...................................................... __________
   D. To address individual client service needs ................................................................. __________

   SKIP QUESTIONS 27-31 FOR YEARS 1-3
### CONNECTEDNESS AND INTEGRATION

During the past year, to what extent has your agency participated in the following activities with each member of the CHI network? Note that all your responses will be confidential.

(Code each line below 0-5. The letters above each column refer to the agencies listed in Q27. Read questions 32-45 for each agency, beginning with the first column and ending with the last column. Code rows under your agency column ‘4’.)

<table>
<thead>
<tr>
<th>0 = None</th>
<th>1 = A little</th>
<th>2 = Some</th>
<th>3 = A lot</th>
<th>4 = N/a (own agency)</th>
<th>5 = DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>

#### SERVICE DELIVERY LEVEL

32. Send clients to or receive homeless clients from this agency .............

33. Co-locate staff and/or services in the same location with this agency ....

34. Cooperate in serving clients ..........

35. Communicate clearly with this agency in serving clients ...............

36. Agree on goals with this agency for serving clients .................

#### LEADERSHIP LEVEL

37.a. Send funds to this agency ..........

37.b. Influence flow of funds to agency....

38.a. Receive funds from this agency ..... 

38.b. To what extent does this agency influence the flow of funds to you...

39. Share data systems with this agency for assessing needs & delivering services .................

40. Cooperate with this agency in planning..

41. Communicate clearly with this agency in planning ...............

#### BOTH SERVICE DELIVERY & LEADERSHIP LEVELS

42. Send information to or receive information from this agency for coordination, control, planning, or evaluation .................

43. Have written documents (e.g., MOUs) or flow charts specifying working relationship with this agency ........

44. Trust this agency .................

45. Respect this agency .................
STRATEGIES TO IMPROVE SYSTEM INTEGRATION

To what extent are the following strategies to improve the integration of services for chronically homeless individuals currently in place either within the CHI network or through its involvement in a larger coalition.

Note that in this question we are asking about structures that currently exist either within the CHI or within the larger community.

0 = Not at all          1 = A little          2 = Somewhat          3 = A lot          9 = DK

46. Organizing/coordinating body focused on ending chronic homelessness ........................................... ___

47. Strategic plan ........................................................................................................................................ ___
   • Plan in place for producing permanent supported housing and other service configurations needed to end chronic homelessness.

48. Data collection and feedback loop ........................................................................................................ ___
   • Data is not just collected with respect to individual clients but also on things like street counts to track success in ending chronic homelessness and to guide changes in program activities

49. Interagency coordinating body .............................................................................................................. ___
   • Group composed of representatives from multiple agencies brought together to address common concerns.

50. Systems integration coordination position ............................................................................................. ___
   • A specific staff position focused on systems integration activities, identifying stakeholders, staffing inter-agency coalition meetings, acting as a liaison to other systems, coordinating the development of service contracts and joint proposals, and providing overall assistance for implementing systems integration.

51. Interagency agreements / memorandums of understanding ................................................................. ___
   • Formal and informal agreements among agencies that may include agreements to collaborate, make or accept referrals, share client information, or coordinate services.

52. Interagency management information systems / client tracking systems .............................................. ___
   • Systems that promote interagency sharing of information, simplify interagency referrals, minimize paperwork, reduce duplication of services, and facilitate client access to services.

53. Consolidation of programs / agencies .................................................................................................. ___
   • Combining multiple programs or agencies under central administrative structure in order to better integrate service delivery.

54. Pooled / joint funding ............................................................................................................................. ___
   • Combining or layering funds to create new resources or services to support CHI initiatives.

55. Stable funding sources (new or existing) ............................................................................................... ___
   • State and/or local funding streams (e.g., housing trust fund, housing tax levy, tax increment financing) committed to producing more permanent supported housing, including capital, operating, and/or supportive services funding.

56. Funnel agency at the state or local level ................................................................................................. ___
   • An agency that receives multiple funding streams and disburses funding to housing and service providers through single consolidated applications.

57. Expanding eligibility by changing rules or using special waivers ....................................................... ___
   • Changing laws, rules and regulations, or eligibility criteria to make it easier for disabled homeless people to qualify for supports such as housing vouchers, SSI, or mental health services.

58. Flexible funding ................................................................................................................................. ___
   • Flexible non-categorical funding used to purchase expertise, fill gaps or coordinate the acquisition of additional resources to further systems-integration.
59. Cross-training .................................................................
   • Training of staff about the objectives, procedures, and services available at other agencies.

60. Co-location of services ...................................................
   • A multi-service center in a single location (or mobile unit) providing a variety of services.

61. Interagency service delivery team ......................................
   • An interdisciplinary service delivery team of staff from different agencies.
   • These teams are designed to provide multiple services to address the needs of clients with multiple issues in an integrated manner.

62. Dually qualified staff or agencies (mental health and substance abuse) ............
   • Staff and/or agencies qualified & trained to address both MH and SA needs of people with both problems.

63. Uniform applications, eligibility criteria, and intake assessments ....................
   • A standard process or form containing information used by participating agencies that an individual completes only once to apply for or receive services.

64. Single entry point (at least for all singles and another for all families) ............
   • All people go to a single location to gain entry to emergency shelter, and possibly to transitional and permanent supportive housing.

65. Real-time tracking of unit and service availability ....................................
   • On-line, real-time system that can be checked to see which programs have empty beds/housing units or service slots (e.g., for substance abuse treatment), and then arrange for clients to access.

PRACTICES

To what extent are the following services provided as part of the Chronic Homeless Initiative or available to its clients?

0 = Not at all   1 = A little   2 = Somewhat   3 = A lot   9 = DK

66. Outreach and engagement ................................................
   • Meets immediate and basic needs for food, clothing, and shelter.
   • Non-threatening, flexible approach to engage and connect people to needed services

67. Housing with appropriate supports ......................................
   • Includes a range of options from transitional to permanent and supportive housing.
   • Combines affordable, independent housing with flexible, supportive services.

68. Multidisciplinary treatment teams / intensive case management (ACT) ............
   • Provides or arranges for an individual’s clinical, housing, and other rehabilitation needs.
   • Features low caseloads (10-15:1) and 24-hour service availability.

69. Integrated treatment for co-occurring disorders ......................................
   • Features coordinated clinical treatment of both psychiatric and substance use disorders within a team structure.

70. Motivational interventions / stages of change models ................................
   • Helps prepare individuals for active treatment; incorporates relapse prevention strategies.
   • Must be matched to an individual’s stage of recovery.

71. Modified therapeutic communities ......................................
   • View the community as the therapeutic method for recovery from substance abuse.
   • Have been successfully adapted for people who are homeless and people with co-occurring mental disorders.

72. Self-help programs (12-step only) ........................................
   • Often include the 12-step method, with a focus on personal responsibility.
   • May provide an important source of support for people who are homeless.
73. Involvement of consumers and recovering persons (other than 12-step) ........................................... ___
   • Can serve as positive role models, help reduce stigma, and make good team members.
   • Should be actively involved in the planning and delivery of services.

74. Prevention services ......................................................................................................................... ___
   • Reduce risk factors for chronic homelessness and enhance protective factors.
   • Include supportive services in housing, discharge planning, and additional support during transition periods.

75. No demand housing ...................................................................................................................... ___
   • No demand, unlimited stay housing, not requiring sobriety (i.e., either damp or wet)

76. Housing first model of supportive housing ................................................................................. ___
   • Direct placement from chronic homelessness to permanent housing
   • Unlimited length of stay
   • Provision of flexible, individualized supportive services
   • Maximum client choice
   • Normalized settings (e.g., mixed income, resident population)

77. Opiate substitution ......................................................................................................................... ___
   • Methadone maintenance

78. Family psycho education .............................................................................................................. ___

79. Individual placement and support (IPS) model of vocational rehabilitation ......................... ___

80. Psychopharmacology ................................................................................................................... ___

81. Preventive primary care ................................................................................................................ ___

82. Is there a specific effort to coordinate substance abuse and mental health services as part of the
    CHI network?

   0 = Not at all   1 = A little   2 = Somewhat   3 = A lot   9 = DK
   A. Within an integrated team ........................................................................................................ ___
   B. Between distinct substance abuse and mental health agencies ............................................. ___

LARGER HOMELESS COALITION

These last few questions are about the overarching coalition(s) with which the Chronic Homelessness Initiative
agencies has been involved during the past year.

83. Is there a Department of Housing and Urban Development continuum of care currently operating
    in your community? ......................................................... □ 0 = No □ 1 = Yes □ 9 = DK

84. Have the agencies participating in the Chronic Homelessness Initiative been part of one or more
    broader homelessness coalitions during the past year, including a HUD continuum of care?
    ......................................................... □ 0 = No □ 1 = Yes □ 9 = DK
    (If ‘No’, END interview.)

85. What is the name of the homelessness coalition most strongly associated with the Chronic Homelessness
    Initiative during the past year? (Specify below)
86. How important has this coalition been in the development of the Chronic Homelessness Initiative application?

☐ 0 = Not at all  ☐ 1 = A little  ☐ 2 = Somewhat  ☐ 3 = Very  ☐ 9 = DK

87. How important will (is) this coalition be to the implementation of the Chronic Homelessness Initiative?

☐ 0 = Not at all  ☐ 1 = A little  ☐ 2 = Somewhat  ☐ 3 = Very  ☐ 9 = DK

88. To what extent does it provide financial or in-kind resources for the implementation of the Chronic Homelessness Initiative?

☐ 0 = Not at all  ☐ 1 = A little  ☐ 2 = Somewhat  ☐ 3 = A lot  ☐ 9 = DK

89. How influential will (is) the coalition be in shaping the goals of the Chronic Homelessness Initiative?

☐ 0 = Not at all  ☐ 1 = A little  ☐ 2 = Somewhat  ☐ 3 = Very  ☐ 9 = DK

90. How important will (are) the institutional and political support provided by the coalition be for the implementation of the Chronic Homelessness Initiative?

☐ 0 = Not at all  ☐ 1 = A little  ☐ 2 = Somewhat  ☐ 3 = Very  ☐ 9 = DK

This concludes the interview. Thank you for your time. We will contact you in about 12 months to schedule a time for our next interview? Do you have any questions you would like to ask me before we say goodbye? [Answer any questions.] Alright, then, I look forward to talking with you next year. Goodbye.