

**Attachment 3: CSAT GBHI Client Interview – 6-month Follow-up**

***Center for Substance Abuse Treatment (CSAT)  
Grants for the Benefit of Homeless Individuals  
(GBHI), Treatment for Homeless,  
Cross-Site Evaluation***

***Client Interview: 6-Month Follow-up***

**Today's Date:** |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
                  MO    DAY    YR

**CSAT GBHI Site Number** |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

**CSAT GBHI Client ID** |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

**Interviewer ID** |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_|

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## **EMPLOYMENT**

E1. How many days, weeks, or months, have you been employed (on or off the books) in the past 6 months, that is since [DATE].

\_\_\_\_\_ (DAYS)  
\_\_\_\_\_ (WEEKS)  
\_\_\_\_\_ (MONTHS)

Please include both part-time and full-time work.

77. DK  
88. NA  
99. RF

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## **HOMELESSNESS AND HOUSING**

H1. During the past 6 months (beginning around [DATE]), how many times have you been homeless (By homeless we mean living on the street, park, abandoned building, in a car or a homeless shelter.

Please do not include couch surfing or staying with family or friends.)? For instance, if you were on the street, then stayed with family and friends and then went to a shelter that would be two times homeless.

\_\_\_\_\_ Times    \_\_\_\_\_ Not homeless last 6 months

H1a. If you were homeless during the last 6 months, about how many days, weeks or months were you homeless?

\_\_\_\_\_ days    \_\_\_\_\_ weeks    or    \_\_\_\_\_ months

**[If client cannot answer H4a then interviewer please use categories to probe and help client select category Use categories to probe and help client determine approximate time]**

1. LESS THAN A WEEK
2. 1 WEEK TO <1 MONTH
3. 1 MONTHS TO < 3 MONTHS
4. 3 MONTHS TO < 6 MONTHS
5. ALL SIX MONTHS

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H2. Where are you living right now?

01. Your own apartment, house or room (not a hotel/motel)
02. A friend or relative's apartment, house or room
03. A permanent housing program
04. A transitional housing program
05. A community residence or group home
06. A psychiatric hospital or psychiatric unit
07. Some other type of hospital
08. A residential substance abuse treatment or detoxification program
09. A homeless or family shelter or mission
10. A domestic violence shelter
11. A crisis or respite program
12. On the street or some other place like an abandoned building, a park, or a car
13. A hotel or motel
14. Jail or Prison
15. A college dorm
16. Any other place that hasn't been mentioned
77. DK
88. NA
99. REFUSED

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H3. How many days, weeks or months have you lived there?

\_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

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H4. We'd like to know all the places you lived in during the past six months. I am going to read a list of places and I would like you to tell me if you spent any time in each place, even if only for one night between [TODAY'S DATE] and [INSERT DATE]. [READ TYPES OF LIVING SITUATIONS AND MARK "YES" OR "NO" FOR EACH ITEM.]

	LIVING SITUATION	Yes	No
A	Your own apartment, house or room (not part of a transitional or crisis program or hotel/ motel)	1	0
B	A friend or relative's apartment, house or room	1	0
C	A permanent housing program with services to help you keep your housing (services either on-site or they come to you)	1	0
D	A transitional housing program	1	0
E	A hotel or motel	1	0
F	A community residence or group home	1	0
G	A residential drug or alcohol treatment program	1	0
H	Jail or Prison	1	0
I	A psychiatric hospital or unit	1	0
J	Some other type of hospital	1	0
K	A domestic violence shelter	1	0
L	A Homeless or family shelter or mission	1	0
M	On the street, in a car, in a park, or abandoned building	1	0
N	A college dorm	1	0
O	Another place I did not mention (Specify: _____)	1	0

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H5. Did you have any problems finding a place to live during the last 6 months?

1. \_\_\_\_\_ Yes 0. \_\_\_\_\_ No (*If NO, skip to next section, H7*)

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H6. **If yes**, what types of problems did you have finding a place to live in the past 6-months? [READ RESPONSES AND MARK "YES" OR "NO" FOR ALL THAT APPLY.]

		Yes	No
A	Finding a place I could afford	1	0
B	Finding a place in a safe neighborhood	1	0
C	Having the rent deposit together	1	0
D	My credit wasn't good	1	0
E	Problems because of a criminal record	1	0
F	Trouble finding a place big enough for my family	1	0
G	Finding a place near transportation	1	0
H	Need to complete treatment before I can get housing.	1	0
I	Discrimination, specify:	1	0
J	Other Problem, specify:	1	0

H7. Now, I will ask you about how you feel about where you live now. After I read each item, please let me know how satisfied you are with your housing. You may use this card (**HAND RESPONDENT SHOW CARD #1**) to indicate your responses.

Statement	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very	DK	NA	RF
H7a. The amount of choice you have over where you live	1	2	3	4	5	77	88	99
H7b. The safety of your neighborhood	1	2	3	4	5	77	88	99
H7c. The amount of privacy you have	1	2	3	4	5	77	88	99
H7d. How affordable your place is	1	2	3	4	5	77	88	99
H7e. The condition or state of repair of your place	1	2	3	4	5	77	88	99
H7f. The safety and security of where you live	1	2	3	4	5	77	88	99
H7g. The opportunities you have to socialize in the place where you live	1	2	3	4	5	77	88	99
H7h. Overall, how satisfied do you feel about living here?	1	2	3	4	5	77	88	99

H8. The following questions refer to where you live now, your current housing situation. Please indicate with a 'Yes' or 'No' if you were told the following about your housing.

You may use this card (**HAND RESPONDENT SHOW CARD #2**) to indicate your responses.

H8a. Did someone tell you that you must stay in mental health treatment to continue living in your current housing?	88. Not receiving mental health treatment
	1. YES
	0. NO
	77. DK
	99. REFUSED

You may use this card (**HAND RESPONDENT SHOW CARD #3**) to indicate your responses.

H8b. Did someone tell you that you must stay in alcohol or drug treatment to continue living in your current housing?	88. Not receiving alcohol or drug treatment
	1. YES
	0. NO
	77. DK
	99. REFUSED

The following statements are about the requirements that may be a part of your housing. Please indicate how much you 'agree' or 'disagree' with each statement. You may use this card (**HAND RESPONDENT SHOW CARD #4**) to indicate your responses.

Statement	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	DK	NA	RF
H8c. You must stay in mental health treatment to continue living in your current housing.	1	2	3	4	5	77	88	99
H8d. You must stay in drug or alcohol treatment to continue living in your current housing.	1	2	3	4	5	77	88	99
H8e. You would be allowed to stay in the place where you currently live if you discontinued mental health services.	1	2	3	4	5	77	88	99
H8f. You would be allowed to stay in the place where you currently live if you broke program rules about alcohol or drug use.	1	2	3	4	5	77	88	99

### criminal justice

CJ1. Have you *ever* been arrested, booked, or taken into custody in the *past*?

1. YES  
 0. NO (*If NO, skip to next section*)  
 77. DK  
 99. RF

CJ2. How many times have you been arrested, booked, or taken into custody in the *past 6 month* that is since [DATE]?

\_\_\_\_\_ # times  
 77. DK  
 88. NA  
 99. RF

CJ3. How many nights did you spend in a holding cell, jail, or prison *in the past 6 months* that is since [DATE]?

\_\_\_\_\_ # Nights  
 77. DK  
 88. NA  
 99. RF

RTC1. Have you drank any alcohol in the *past 6 months*?

1. YES

0. NO [If NO, skip to next set of questions and go to RTC2]

77. DK

99. RF

The following statements describe how a person might feel about their alcohol use. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of **how you feel right now**, not what you have felt in the past or would like to feel. You may use this card (**HAND RESPONDENT SHOW CARD #4**) to indicate your responses.

Statement	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	DK	NA	RF
RTC1a. I don't think I drink too much.	1	2	3	4	5	77	88	99
RTC1b. I am trying to drink less than I used to.	1	2	3	4	5	77	88	99
RTC1c. I enjoy my drinking, but sometimes I drink too much.	1	2	3	4	5	77	88	99
RTC1d. Sometimes I think I should cut down on my drinking.	1	2	3	4	5	77	88	99
RTC1e. It's a waste of time thinking about my drinking.	1	2	3	4	5	77	88	99
RTC1f. I have recently changed my drinking habits.	1	2	3	4	5	77	88	99
RTC1g. Anyone can talk about wanting to do something about drinking, but I am actually doing something about it.	1	2	3	4	5	77	88	99
RTC1h. I am at the stage where I should think about drinking less alcohol	1	2	3	4	5	77	88	99
RTC1i. My drinking is a problem sometimes.	1	2	3	4	5	77	88	99
RTC1j. There is no need for me to think about changing my drinking.	1	2	3	4	5	77	88	99
RTC1k. I am actually changing my drinking habits right now.	1	2	3	4	5	77	88	99
RTC1l. Drinking less alcohol would be pointless for me.	1	2	3	4	5	77	88	99

RTC2. Have you used any illegal drugs/misused prescription drugs in the *past 6 months*?

1. YES

0. NO [If NO, Skip to next set of questions and go to Q PCL1]

77. DK

99. RF

The following statements describe how a person might feel about their drug use. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of **how you feel right now**, not what you have felt in the past or would like to feel. You may use this card (**HAND RESPONDENT SHOW CARD #4**) to indicate your responses.

Statement	Strongly Agree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	DK	NA	RF
RTC2a. I don't think I use drugs too much.	1	2	3	4	5	77	88	99
RTC2b. I am trying to use drugs less than I used to.	1	2	3	4	5	77	88	99
RTC2c. I enjoy using drugs, but sometimes I use too much.	1	2	3	4	5	77	88	99
RTC2d. Sometimes I think I should cut down on my drug use.	1	2	3	4	5	77	88	99
RTC2e. It's a waste of time thinking about my drug use.	1	2	3	4	5	77	88	99
RTC2f. I have recently changed my drug habits.	1	2	3	4	5	77	88	99
RTC2g. Anyone can talk about wanting to do something about their drug use, but I am actually doing something about it.	1	2	3	4	5	77	88	99
RTC2h. I am at the stage where I should think about using less drugs.	1	2	3	4	5	77	88	99
RTC2i. My drug use is a problem sometimes.	1	2	3	4	5	77	88	99
RTC2j. There is no need for me to think about changing my drug use.	1	2	3	4	5	77	88	99
RTC2k. I am actually changing my drug habits right now.	1	2	3	4	5	77	88	99
RTC2l. Using less drugs would be pointless for me.	1	2	3	4	5	77	88	99

PCL1. Now, I'm going to read a list of problems and complaints people sometimes have in response to stressful life experiences. For each item, please tell me how much you've been bothered by that problem in the past 30 days (e.g., the past month). You may use this card (**HAND RESPONDENT SHOW CARD #5**) to indicate your responses.

<i>In the past month how much have you been bothered by...</i>	Not at all	Somewhat	Moderately	Considerably	Extremely	DK	NA	RF
PCL1a. Repeated disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?	1	2	3	4	5	77	88	99
PCL1b. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5	77	88	99
PCL1c. Avoiding <i>activities or situations</i> because <i>they reminded you</i> of a stressful experience from the past?	1	2	3	4	5	77	88	99
PCL1d. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5	77	88	99
PCL1e. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5	77	88	99
PCL1f. Having <i>difficulty concentrating</i> ?	1	2	3	4	5	77	88	99

SV. Now I am going to ask you about services you may have needed and/or received in *the last 6 months*, that is, since \_\_\_\_/\_\_\_\_/\_\_\_\_. Please indicate with a 'yes' or 'no' if you have needed any of the following services, and then if you have received the following services.

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>RF</u>
SV1. a. Did you need any outpatient substance abuse treatment services, such as substance abuse education, or individual or group counseling ( <i>do not include</i> case management services)?	1	0	77	88	99
b. Did you receive any outpatient substance abuse services? <i>&lt;If no, skip to SV2&gt;</i>	1	0	77	88	99
c. How many days did you receive these outpatient services in the <i>past 6 months</i> , that is since [DATE].				88	99
				days	
SV2. a. Did you need treatment in a detoxification program where you stayed overnight?	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>RF</u>
	1	0	77	88	99
b. Did you receive any treatment in a residential or inpatient detoxification program? <i>&lt;If no, skip to SV3&gt;</i>	1	0	77	88	99
c. How many nights did you stay in a detoxification program in the <i>past 6 months</i> , that is since [DATE].				88	99
				nights	
SV3. a. Did you need residential treatment in a substance abuse program where you stayed overnight (other than detoxification)?	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>RF</u>
	1	0	77	88	99
b. Did you receive any residential treatment in a substance abuse program? <i>&lt;If no, skip to SV4&gt;</i>	1	0	77	88	99
c. How many nights or days did you spend in a residential treatment substance abuse program in the <i>past 6 months</i> , that is since [DATE].				88	99
				nights/days	
SV4. a. Did you need any methadone services?	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>RF</u>
	1	0	77	88	99
b. Did you receive any methadone services?	1	0	77	88	99
SV5. a. Did you need outpatient mental health treatment, such as individual, family, group therapy, day treatment, or other outpatient treatment? (do not include case management services)	1	0	77	88	99
b. Did you receive any outpatient mental health treatment, such as individual, family, group therapy, day treatment, or other outpatient treatment? (do not include case management services) <i>&lt;If no, skip to SV6&gt;</i>	1	0	77	88	99
c. How many days did you receive these mental health services in the <i>past 6 months</i> , that is since [DATE].				88	99
				days	
SV6. a. Did you need any trauma-specific treatment; that is, groups or services to address traumatic experiences?	1	0	77	88	99
b. Did you receive any trauma-specific treatment? (e.g., TREM (Trauma Recovery Empowerment Motivation) groups, Seeking Safety groups, etc.)?	1	0	77	88	99
SV7. a. Did you need to see a doctor or nurse about psychiatric	1	0	77	88	99

	<b>YES</b>	<b>NO</b>	<b>DK</b>	<b>NA</b>	<b>RF</b>
medications that you are taking or planning to take?					
b. Did you receive the services of a doctor or nurse for psychiatric medications that you are taking or planning to take?	1	0	77	88	99
SV8. a. Did you need the services of a case manager or some other person to help you coordinate services or participate in treatment?	1	0	77	88	99
b. Did you receive any case management services?	1	0	77	88	99
SV9. a. Did you need any vocational or rehabilitation services, such as supported employment, vocational counseling, clubhouse program or supported education? ( <i>see glossary for definitions</i> )	1	0	77	88	99
b. Did you receive any vocational or rehabilitation services?	1	0	77	88	99
SV10. a. Did you need any help with housing services; for example, help finding shelter or housing, dealing with a landlord or eviction, help getting a housing subsidy?	1	0	77	88	99
b. Did you receive any help with housing services?	1	0	77	88	99
SV11. a. Did you need any help with transportation to meet basic needs; for example, help getting to work or appointments?	1	0	77	88	99
b. Did you receive any help with transportation?	1	0	77	88	99
SV12. a. Did you need/want to participate in any self-help or peer support services?  Self-help and peer support refers to activities led by people with substance abuse or mental health/psychiatric problems to share their strengths and help each other cope and grow. It does <b>not</b> include support groups led by service providers who are not peers.	1	0	77	88	99
b. Did you participate in any self-help or peer support services?	1	0	77	88	99
SV13. a. Did you need any childcare services; that is, help finding childcare or obtaining a subsidy or other financial support for childcare?	1	0	77	88	99
b. Did you receive any childcare services?	1	0	77	88	99
SV14. a. Did you need any other services that were not mentioned?	1	0	77	88	99
b. If yes, Specify: _____					
c. Did you receive these services?	1	0	7	8	9

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CTB1. Have you experienced any of the following problems participating in [GBHI Program NAME \_\_\_\_\_] services or have any of these problems prevented you from participating in treatment services? [READ RESPONSES AND MARK "YES" OR "NO" FOR ALL THAT APPLY.]

		Yes	No	DK	NA	RF
A	Problems fitting treatment services into schedule.	1	0	77	88	99
B	Problems finding childcare to attend services.	1	0	77	88	99
C	Problems <i>paying</i> for childcare to attend services.	1	0	77	88	99
D	Problems paying for fees or copayments for services.	1	0	77	88	99
E	Problems getting transportation to and from the program.	1	0	77	88	99
F	Too many steps to participate in the program.	1	0	77	88	99
G	Program services do not fit with work schedule.	1	0	77	88	99
H	Program doesn't have staff that speaks your language.	1	0	77	88	99
I	Did not have any problems.	1	0	77	88	99

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Please tell us about how much it cost you in time and money each month to attend services. If you did not go to services, please tell us how much it would have cost if you had received services.

CTB2. Costs in Terms of Time

A	Approximate time spent getting to and from and participating in services	_____ hours per month
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CTB3. Costs in Terms of Money

A	If you worked since the last interview, what was the hourly wage at your most recent or current job?	\$ _____
B	Did you lose pay from work because of receiving services?	1. YES 0. NO 77. DK 88. NA 99. REFUSED
C	Approximate monthly costs of getting to and from the services.	\$ _____
D	Approximate monthly cost of fees and copayments for services.	\$ _____
E	Approximate monthly costs of additional childcare needed to travel to and receive services.	\$ _____
F	Other Costs, specify: _____	\$ _____
G	Did not have any costs.	1. YES 0. NO 77. DK 99. REFUSED

# **CSAT GBHI Cross-Site Evaluation**

## **Client Interview Part II for Self-Completion: 6-Month Follow-up**

### **Perception of Care**

*[Note two sheets with 23 questions are separately provided to the participant by the GPRA interviewer to be completed on own, put into a provided envelope and sealed—see Client Informed Consent Script]*

**Today's Date:**      ||      ||       
                  MO      DAY      YR

**CSAT GBHI Site Number** |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

**Thank you for taking the time to complete these questions.**

**Please complete the following 23 questions and when you are done, please put them in the envelope you were given, seal it and give it to the GPRA interviewer.**

PC. In order to provide the best possible services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

Statement	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	DK	NA	RF
PC1. Staff here believe that I can grow, change, and recover.	1	2	3	4	5	77	88	99
PC2. I feel free to complain.	1	2	3	4	5	77	88	99
PC3. I was given information about my rights.	1	2	3	4	5	77	88	99
PC4. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	77	88	99
PC5. Staff told me what side effects to watch out for.	1	2	3	4	5	77	88	99
PC6. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	77	88	99
PC7. Staff were sensitive to my cultural background (race, religion, language, etc).	1	2	3	4	5	77	88	99
PC8. Staff helped me obtain the information I needed so that I could take charge of my illness.	1	2	3	4	5	77	88	99
PC9. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc)	1	2	3	4	5	77	88	99
PC10. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	77	88	99
PC11. I, not staff, decided my treatment goals.	1	2	3	4	5	77	88	99
PC12. I like the services I received here.	1	2	3	4	5	77	88	99
PC13. If I had other choices, I would get services from this agency.	1	2	3	4	5	77	88	99
PC14. I would recommend this agency to a friend or family member.	1	2	3	4	5	77	88	99

TCC. The following questions are about what you may have been told about participating in services. Please indicate with a 'Yes' or 'No' if you were told the following about participating in your treatment program.

TCC1. Were you told that if you do not participate in your program, you would lose your income benefits?	1. YES 0. NO 3. Do not have benefits 77. DK 99. RF
<u>Benefits like, TANF/DSS, Medicaid, Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), or any other benefits for which you receive money</u>	
TCC2. Were you told that if you do not participate in your program, you would lose your housing benefits?	1. YES 0. NO 3. Do not have housing benefits 77. DK 99. RF
<u>Housing benefits like Section 8, a housing subsidy, or any other type of housing voucher</u>	
TCC3. Were you told if you do not participate in your program, you would lose custody of your children?	1. YES 0. NO 3. Do not have children 77. DK 99. RF
TCC4. Are you court-ordered to participate in your program?	1. YES 0. NO 77. DK 99. RF
TCC5. If you are taking any medications for mental health problems- were you told that you would have to stop taking these medications to get <u>substance abuse treatment</u> ?	1. YES 0. NO 3. Not taking medications 77. DK 99. RF
TCC6. If you are currently in substance abuse treatment- were you told that you needed to be "clean and sober" to get <u>mental health treatment</u> ?	1. YES 0. NO 3. Not in substance abuse treatment 77. DK 99. RF
TCC7. If you are currently in substance abuse treatment- were you told that you needed to be "clean and sober" to get <u>substance abuse treatment</u> ?	1. YES 0. NO 3. Not in substance abuse treatment 77. DK 99. RF
TCC8. Where you told you had to stay in substance abuse or mental health treatment to get housing or stay in housing?	1. YES 0. NO 3. Not in treatment 77. DK 99. RF
TCC9. If you wanted to, could you switch to another program that provides the same types of services you receive from here?	1. YES 0. NO 77. DK 99. RF

