

Attachment 1. SCI Baseline Survey

[QUESTIONS A1 & A2 SHOULD BE COMPLETED BY THE INTERVIEWER]

A1. Interviewer, please select the option that best describes you: *(select one)*

1. I provide services directly to this client.
2. I provide client services for the CABHI project, but not to this client.
3. I provide administrative or oversight services for the CABHI project; I don't provide client services.
4. I am an evaluation or research staff member of the CABHI project.

A2. Which CABHI grant population(s) does this client represent? *(check all that apply)*

1. Chronic homelessness
 2. Veteran
 3. Family
 4. Youth
-

HOMELESSNESS AND HOUSING

H1. How old were you the first time you became homeless (By homeless we mean living on the street or in a park, an abandoned building, a car or a homeless shelter. It also includes couch surfing or staying with another person on a temporary basis where you could be asked to leave at any time.)?

|__|__| Yrs old *numeric (0-99)*

-88. N/A, client has never been homeless *(If N/A, skip to H3)*

-99. REFUSED

H2. During the past 3 years, how many times have you been homeless (By homeless we mean living on the street or in a park, an abandoned building, a car or a homeless shelter. It also includes couch surfing or staying with another person on a temporary basis where you could be asked to leave at any time.)? For instance, if you were on the street then lived in transitional housing and then went to a shelter that would be two times homeless.

|__|__| # TIMES *(If NONE, skip to H5) numeric (0-99)* -99. REFUSED

H2a. If you were homeless during the last 3 years, about how many days were you homeless?

|__|__|__|__| # DAYS *numeric (0-1,095)* -99. REFUSED

[If client cannot answer H2a, then interviewer please use categories to probe and help the client calculate the total number of days spent homeless during the past 3 years.]

- LESS THAN A MONTH
- 1 MONTH TO < 6 MONTHS
- 6 MONTHS TO < 1 YEAR
- 1 YEAR TO < 2 YEARS
- 2 YEARS TO < 3 YEARS
- ALL 3 YEARS

[INTERVIEWER, please reference the Calendar Showcard with the client for the next set of questions]

H3. Now I want you to think about where you have been living for the past 6 months. We would like to know about all the places you have stayed during the past 6 months, including any shelters or hospitals.

Let's look at this calendar together. Today is (insert date ____/____/ ____). Let's begin by talking about where you are living now and work backwards to 6 months ago (insert date __ __/ __ __/ __ __).

LIVING SITUATION CODES

- | | |
|--|--|
| 01. House, apartment or room rented by the client (or a paid caregiver) | 08. Psychiatric hospital or other psychiatric facility |
| 02. House, apartment or room owned by the client (or a paid caregiver) | 09. Long-term care facility or nursing home |
| 03. Transitional housing like a halfway house, Oxford House, ¾ housing or safe haven (there is a time limit on how long you can stay, like 3 or 6 months or up to 2 years) | 10. Hospital or other residential non-psychiatric medical facility |
| 04. A family member's or friend's room, apartment, or house | 11. Foster care home or foster care group home |
| 05. Hotel or motel | 12. Jail, prison, or juvenile detention facility |
| 06. Substance abuse treatment facility or detoxification center | 13. Emergency shelter (including a domestic violence shelter) |
| 07. Residential treatment (substance abuse or mental health) | 14. A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) |
| | 15. Another place that hasn't been mentioned |

H3a1. Where are you living **right now**? *[Enter the living situation code in Row 1, Column A]*

H3b1. Approximately what date did you begin living in this location? *[Enter the response in Row 1, Column B]*

[If the client cannot provide a date, ask the client to estimate how long they have been living in the location. Using the calendar, use the length of time to estimate the move-in date.]

[If the move-in date is less than six months from today's date, go to the next row and ask the client where they were living before.]

H3a2. Where were you living before where you're living now? *[Enter the response in Column A]*

H3b2. Approximately what date did you begin living in that location? If you don't know the date, about how long did you stay there? *[Enter the response in Column B]*

[Continue to the next row until you have documented ALL of the client's locations in the past 6 months. This includes moves between the same type of location. For example, if the client moved from one shelter to another shelter, both stays in the shelter should be separately recorded in the table.]

	About the Place		About the Move		
Place	A Type of Housing		B Date Moved In	C If they moved INTO: (1) House/apt/room rented by the client (2) House/apt/room owned by the client (3) Transitional housing	D If they moved OUT OF: (1) House/apt/room rented by the client (2) House/apt/room owned by the client (3) Transitional housing
	Write the living situation code that best describes where the client was living	If "other", specify:	(MM/DD/YY)	Did you receive support to be able to obtain or move into this housing? If so, what type(s) of support? [CHECK ALL THAT APPLY]	What was the main reason or reasons you moved out? [CHECK ALL THAT APPLY]
#1 (current location)	_ _ _		___/___/___	Support to move into #1 <input type="checkbox"/> Housing application or interview <input type="checkbox"/> Getting higher priority on waiting list <input type="checkbox"/> Working with the landlord or property manager <input type="checkbox"/> Getting the utilities set up <input type="checkbox"/> Moving in or resources (e.g. furniture or household items) <input type="checkbox"/> Paying up-front costs (e.g. deposit) <input type="checkbox"/> Ongoing payment supports (e.g. vouchers) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Did not receive support for this move	
#2 (before #1)	_ _ _		___/___/___	Support(s) to move into #2 <input type="checkbox"/> Housing application or interview <input type="checkbox"/> Getting higher priority on waiting list <input type="checkbox"/> Working with the landlord or property manager <input type="checkbox"/> Getting the utilities set up <input type="checkbox"/> Moving in or resources (e.g. furniture or household items) <input type="checkbox"/> Paying up-front costs (e.g. deposit) <input type="checkbox"/> Ongoing payment supports (e.g. vouchers) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Did not receive support for this move	Reason(s) for moving from #2 <input type="checkbox"/> Found a nicer place or better location <input type="checkbox"/> Could not afford rent or expenses <input type="checkbox"/> Did not meet requirements <input type="checkbox"/> Did not follow rules <input type="checkbox"/> Wanted a place with fewer rules <input type="checkbox"/> Did not like my roommates or neighbors <input type="checkbox"/> Other, specify: _____

	About the Place		About the Move		
Place	A Type of Housing		B Date Moved In	C If they moved INTO: (1) House/apt/room rented by the client (2) House/apt/room owned by the client (3) Transitional housing	D If they moved OUT OF: (1) House/apt/room rented by the client (2) House/apt/room owned by the client (3) Transitional housing
	Write the living situation code that best describes where the client was living	If "other", specify:	(MM/DD/YY)	Did you receive support to be able to obtain or move into this housing? If so, what type(s) of support? [CHECK ALL THAT APPLY]	What was the main reason or reasons you moved out? [CHECK ALL THAT APPLY]
#3 (before #2)	____ ____		____/____/____	Support(s) to move into #3 <input type="checkbox"/> Housing application or interview <input type="checkbox"/> Getting higher priority on waiting list <input type="checkbox"/> Working with the landlord or property manager <input type="checkbox"/> Getting the utilities set up <input type="checkbox"/> Moving in or resources (e.g. furniture or household items) <input type="checkbox"/> Paying up-front costs (e.g. deposit) <input type="checkbox"/> Ongoing payment supports (e.g. vouchers) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not receive support for this move	Reason(s) for moving from #3 <input type="checkbox"/> Found a nicer place or better location <input type="checkbox"/> Could not afford rent or expenses <input type="checkbox"/> Did not meet requirements <input type="checkbox"/> Did not follow rules <input type="checkbox"/> Wanted a place with fewer rules <input type="checkbox"/> Did not like my roommates or neighbors <input type="checkbox"/> Other, specify: _____
#4 (before #3)	____ ____		____/____/____	Support(s) to move into #4 <input type="checkbox"/> Housing application or interview <input type="checkbox"/> Getting higher priority on waiting list <input type="checkbox"/> Working with the landlord or property manager <input type="checkbox"/> Getting the utilities set up <input type="checkbox"/> Moving in or resources (e.g. furniture or household items) <input type="checkbox"/> Paying up-front costs (e.g. deposit) <input type="checkbox"/> Ongoing payment supports (e.g. vouchers) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Did not receive support for this move	Reason(s) for moving from #4 <input type="checkbox"/> Found a nicer place or better location <input type="checkbox"/> Could not afford rent or expenses <input type="checkbox"/> Did not meet requirements <input type="checkbox"/> Did not follow rules <input type="checkbox"/> Wanted a place with fewer rules <input type="checkbox"/> Did not like my roommates or neighbors <input type="checkbox"/> Other, specify: _____

INTERVIEWER, please ask questions H4a-H4f only if the client is currently living in 01- House, apartment or room rented by the client, 02 - House, apartment or room owned by the client, or 03-A transitional housing program.

If you live in your own apartment/house/room, a permanent housing program, or a transitional housing program:

H4a. Do you either own your apartment/house/room or do you have a lease in your name?

1. YES, I own.
2. YES, I have a lease in my name. *(If YES, answer H4B)*
0. NO
- 77. DON'T KNOW
- 99. REFUSED

H4b. **If you have a lease**, how long does it last?

1. Less than 6 months
2. 6 months to less than 1 year
3. 1 year to less than 2 years
4. 2 years or more
- 77. DON'T KNOW
- 99. REFUSED

H4c. Do you receive services to help you keep your housing? For example, help dealing with your landlord.

1. YES, at the place where I am living or staying.
2. YES, somewhere other than the place where I am living or staying.
3. YES, both where I am living/staying and in other places.
0. NO
- 77. DON'T KNOW
- 99. REFUSED

H4d. Do you receive money or subsidies to help you pay for your housing?

1. YES
0. NO *(If NO, skip to H4f)*
- 77. DON'T KNOW
- 99. REFUSED

H4e. Is a voucher one way in which you receive help to pay for your housing?

1. YES
0. NO
- 77. DON'T KNOW
- 99. REFUSED

H4f. What portion of the rent do you pay yourself?

1. 0% (I don't pay for any of the rent myself)
2. 1-25%
3. 26-50%
4. 51-75%
5. 76-100%
- 77. DON'T KNOW

-99. REFUSED

INTERVIEWER, please ask questions H5A-H5D only if the client is currently living in 01- House, apartment or room rented by the client, 02 - House, apartment or room owned by the client, or 03-A transitional housing program.

H5. The next questions refer to where you live now, your current housing situation. 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 #1**) to indicate your responses.

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't know	Not applicable	Refused
H5a. You must stay in mental health treatment to continue living in your current housing.	1	2	3	4	5	-77	-88	-99
H5b. You must stay in drug or alcohol treatment to continue living in your current housing.	1	2	3	4	5	-77	-88	-99
H5c. 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
H5d. 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

H6. Did you have any problems finding a place to live during the past 6 months?

1. _____ YES 0. _____ NO (*If NO, skip to next question, H8*) -99. REFUSED

H7. **If yes**, what types of problems did you have finding a place to live in the past 6 months? [READ THE TYPES OF PROBLEMS BELOW AND MARK “YES” OR “NO” FOR EACH ITEM.]

		Yes	No	Refused
H7a.	Finding a place I could afford	1	0	-99
H7b.	Finding a place in a safe neighborhood	1	0	-99
H7c.	Having the rent deposit together	1	0	-99
H7d.	My credit wasn't good	1	0	-99
H7e.	Problems because of a criminal record	1	0	-99
H7f.	Trouble finding a place big enough for my family	1	0	-99
H7g.	Finding a place where my partner and I are allowed to live together	1	0	-99
H7h.	Finding a place where my children and I are allowed to live together	1	0	-99
H7i.	Finding a place near transportation	1	0	-99
H7j.	Need to complete treatment before I can get housing.	1	0	-99
H7k.	Need to be clean and sober before I can get housing.	1	0	-99
H7l.	Discrimination, specify:	1	0	-99
H7m.	Other problem, specify:	1	0	-99

H8. 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 #2**) to indicate your responses.

Statement	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very	Don't know	Not Applicable	Refused
H8a. The amount of choice you have over where you live	1	2	3	4	5	-77	-88	-99
H8b. The safety of your neighborhood	1	2	3	4	5	-77	-88	-99
H8c. The amount of privacy you have	1	2	3	4	5	-77	-88	-99
H8d. How affordable your place is	1	2	3	4	5	-77	-88	-99
H8e. The condition or state of repair of your place	1	2	3	4	5	-77	-88	-99
H8f. The safety and security of where you live	1	2	3	4	5	-77	-88	-99
H8g. The opportunities you have to socialize in the place where you live	1	2	3	4	5	-77	-88	-99
H8h. Overall, how satisfied do you feel about living here?	1	2	3	4	5	-77	-88	-99

criminal justice

CJ1. Have you ever been arrested, booked, or taken into custody (including through remand) in the *past*? 1. YES
0. NO (*If NO, skip to next section, TXH1*)
-77. DON'T KNOW
-99. REFUSED

CJ2. Have you been arrested, booked, or taken into custody (including through remand) in the *past 6 months* that is since ? 1. YES
0. NO (*If NO, skip to next section, TXH1*)
-77. DON'T KNOW
-88. N/A
-99. REFUSED

CJ3. How many times have you been arrested, booked, or taken into custody (including through remand) in the *past 6 months* that is since ? |__| |__| # TIMES *numeric (0-99)*
-77. DON'T KNOW
-88. N/A
-99. REFUSED

TREATMENT HISTORY, NEEDS AND SERVICES

<i>Have you ever been diagnosed with or treated for...</i>	Yes	No	Don't know	Refused
TX1. Alcohol abuse or dependence	1	0	-77	-99
TX2. Drug abuse or dependence	1	0	-77	-99
TX3. Schizophrenia or other psychotic disorders	1	0	-77	-99
TX4. Bipolar disorder	1	0	-77	-99
TX5. Obsessive-compulsive disorder	1	0	-77	-99
TX6. A depressive disorder (e.g. major depression)	1	0	-77	-99
TX7. Post-traumatic stress disorder	1	0	-77	-99
TX8. An anxiety disorder (e.g., general, social, panic, phobia)	1	0	-77	-99
TX9. A personality disorder (e.g., Borderline, Antisocial, Narcissistic)	1	0	-77	-99
TX10. A neurodevelopmental disorder (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder [ADHD])	1	0	-77	-99
TX11. A disruptive, impulse-control, or conduct disorder (e.g., oppositional defiant disorder)	1	0	-77	-99

K. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling. You may use this card (**HAND RESPONDENT SHOW CARD #4**) to indicate your responses.

<i>During the past 30 days, about how often did you feel...</i>	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	Not applicable	Refused
K1. nervous?	1	2	3	4	5	-77	-88	-99
K2. hopeless?	1	2	3	4	5	-77	-88	-99
K3. restless or fidgety?	1	2	3	4	5	-77	-88	-99
K4. so depressed that nothing could cheer you up?	1	2	3	4	5	-77	-88	-99
K5. that everything was an effort?	1	2	3	4	5	-77	-88	-99
K6. worthwhile?	1	2	3	4	5	-77	-88	-99

PCL. 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	Don't know	Not applicable	Refused
PCL1. Repeated disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5	-77	-88	-99
PCL2. Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5	-77	-88	-99
PCL3. Avoiding activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5	-77	-88	-99
PCL4. Feeling distant or cut off from other people?	1	2	3	4	5	-77	-88	-99
PCL5. Feeling irritable or having angry outbursts?	1	2	3	4	5	-77	-88	-99
PCL6. Having difficulty concentrating?	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 substance abuse treatment services, such as substance abuse education, individual or group counseling, residential treatment, etc. (<i>do not include case management services</i>)?	1	0	-77	-88	-99
b. Did you receive any of these substance abuse treatment services? <If no, skip to SV2>	1	0	-77	-88	-99
SV2. a. Did you need any mental health treatment, such as individual, family, or group therapy, day treatment, or inpatient treatment? (<i>do not include case management services</i>)	1	0	-77	-88	-99
b. Did you receive any mental health treatment, such as individual, family, or group therapy, day treatment, or inpatient treatment? (<i>do not include case management services</i>) <If no, skip to SV3>	1	0	-77	-88	-99
SV3. a. Did you need any trauma-specific treatment; that is, groups or services to address traumatic experiences?	<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 trauma-specific treatment or services (e.g., TREM (Trauma Recovery Empowerment Motivation), Seeking Safety, etc.)?	1	0	-77	-88	-99
SV4. a. Did you need psychiatric medication or to see a doctor or nurse about psychiatric medication that you are already taking?	1	0	-77	-88	-99
b. Did you receive psychiatric medication(s)? <If no, skip to SV5>	1	0	-77	-88	-99
c. Did you see a doctor or nurse to help you manage your psychiatric medication(s)?	1	0	-77	-88	-99
SV5. a. Did you need help accessing or participating in treatment or other services; for example, by a case manager?	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>RF</u>
	1	0	-77	-88	-99
b. Did you receive help accessing or participating in treatment or other services?	1	0	-77	-88	-99
SV6. a. Did you need any medical/health care services (including eye and dental care)?	1	0	-77	-88	-99
b. Did you receive any medical/health care services (including eye and dental care)?	1	0	-77	-88	-99
SV7. a. Did you need any services related to employment or education?	1	0	-77	-88	-99
b. Did you receive any services related to employment or education?	1	0	-77	-88	-99

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>RF</u>
SV8. 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
SV9. a. Did you need any help addressing basic needs, such as food, clothing, or hygiene products?	1	0	-77	-88	-99
b. Did you receive any help addressing these basic needs?	1	0	-77	-88	-99
SV10. a. Did you need any help applying for income supports, such as SSI, SSDI, TANF or SNAP?	1	0	-77	-88	-99
b. Did you receive any help applying for any of these income supports?	1	0	-77	-88	-99
SV11. a. Did you need any help applying for healthcare benefits, such as Medicaid, Medicare, or some other type of healthcare plan?	1	0	-77	-88	-99
b. Did you receive any help applying for healthcare benefits?	1	0	-77	-88	-99
SV12. 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
SV13. 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 not 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
SV14. 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
SV15. a. Did you need any legal assistance services?	1	0	-77	-88	-99
c. Did you receive any legal assistance services?	1	0	-77	-88	-99

BENEFITS ASSISTANCE AND INSURANCE

BA1. a. Do you currently receive SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance) benefits? <i><If yes, skip to BA2></i>	1. YES 0. NO -77. DON'T KNOW -99. REFUSED
b. Have you applied for SSI or SSDI? <i><If yes, skip to BA2></i>	1. YES 0. NO -77. DON'T KNOW -99. REFUSED
c. Are you planning to apply for SSI or SSDI?	1. YES 0. NO -77. DON'T KNOW -99. REFUSED

BA2. a. Are you currently enrolled in Medicaid? <i><If yes, skip to BA3></i>	1. YES 0. NO -77. DON'T KNOW -99. REFUSED
b. Are you covered by any other type of insurance; for example, Tricare, Medicare, private?	1. YES 0. NO -77. DON'T KNOW -99. REFUSED

BA3. a. Do you currently receive TANF (Temporary Assistance for Needy Families) or SNAP (Supplemental Nutrition Assistance Program) benefits? <i><If yes, this section is complete; begin Part II></i>	1. YES 0. NO -77. DON'T KNOW -99. REFUSED
b. Have you applied for TANF or SNAP? <i><If yes, this section is complete; begin Part II></i>	1. YES 0. NO -77. DON'T KNOW -99. REFUSED
c. Are you planning to apply for TANF or SNAP?	1. YES 0. NO -77. DON'T KNOW -99. REFUSED

CH1. How many children under the age of 18 are currently living with you? ||

Thank you for taking the time to complete these questions.

Please complete the following 21 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 in the past, before this program, 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
PC1. Staff believed that I could grow, change, and recover.	1	2	3	4	5
PC2. I felt free to complain.	1	2	3	4	5
PC3. I was given information about my rights.	1	2	3	4	5
PC4. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5
PC5. Staff told me what side effects to watch out for.	1	2	3	4	5
PC6. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5
PC7. Staff were sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5
PC8. Staff helped me obtain the information I needed so that I could take charge of my illness.	1	2	3	4	5
PC9. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5
PC10. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5
PC11. I, not staff, decided my treatment goals.	1	2	3	4	5
PC12. I liked the services I received.	1	2	3	4	5

TCC. The following questions are about what you may have been told about participating in services provided by the CABHI program. Please indicate with a ‘Yes’ or ‘No’ if you were told the following about participating in the CABHI 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

Benefits like TANF/DSS, Medicaid, Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), or any other benefits for which you receive money.

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

Housing benefits like Section 8, a housing subsidy, or any other type of housing voucher.

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

TCC4. Are you court-ordered to participate in your program? 1. YES
0. NO

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 substance abuse treatment? 1. YES
0. NO
3. Not taking medications

TCC6. If you are currently in substance abuse treatment, were you told that you needed to be “clean and sober” to get mental health treatment? 1. YES
0. NO
3. Not in substance abuse treatment

TCC7. If you are currently in substance abuse treatment, were you told that you needed to be “clean and sober” to get substance abuse treatment? 1. YES
0. NO
3. Not in substance abuse treatment

TCC8. Were 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

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