

APPENDIX A

CLIENT INTERVIEW MATERIALS

PRR Study Locator.....A1
PRR 24 and 36 Month Interview.....A2
Interview Show Cards.....A3

See burden statement on baseline and follow-up questionnaires

DATE _____

INTERVIEWER ID# _____

STUDY ID# _____

PRR STUDY LOCATOR FORM

On this form we collect information that will help us reach you when it's time for your follow-up interview. The information you give us will be kept in a separate place from your answers on the interview. It will be used only to locate you for your follow-up, and it will not be given to anyone else. We will not tell anyone anything except that you have been asked to take part in a health study.

1. Please tell me your full name:

_____ (_____)
First Middle Last (Maiden)

2. Date of Birth: ____/____/____

3. SS#: ____ - ____ - ____

4. Other names or nicknames: _____

5. Where were you born? _____
(City, State)

6. How long have you lived in the Cleveland/Cuyahoga County area? _____

7. Driver's License #: _____ State: _____

8. Do you have car? (If yes) License #: _____

9. Military #: _____

10. Residence address: _____
(Street address) (Apt. # or P.O. Box #)

_____ (City) (Zip)

11. How long have you lived there? _____

12. Do you plan to move anytime soon? _____

Do you know where to? _____

13. Home Phone: (_____) _____

14. Who else lives there?

Full Name: _____ (First, Middle, Last) _____ (Relationship)

Full Name: _____ (First, Middle, Last) _____ (Relationship)

-
-
15. Cell Phone: (_____) _____
16. Pager: (_____) _____
17. E-mail address: _____
18. Work phone? (_____) _____ (Name of Company)
19. Other phone? (_____) _____ (Whose phone is this?)
-

20. Do you have a message number? (_____) _____
21. Who lives there?
- Full Name: _____ (First, Middle, Last) _____ (Relationship)
- Full Name: _____ (First, Middle, Last) _____ (Relationship)
22. Address: _____ (Street address) _____ (Apt. # or P.O. Box)
- _____ (City) _____ (Zip)
-

23. Best mailing address: _____ (Street address) _____ (Apt. # or P.O. Box)
- _____ (City) _____ (Zip)
24. Phone: (_____) _____

25. Who lives there?
- Full Name: _____ (First, Middle, Last) _____ (Relationship)
- Full Name: _____ (First, Middle, Last) _____ (Relationship)
-

26. Best Contacts: Do you have friends or relatives who usually know how to reach you if you should move or leave the program?
- (1) Full Name: _____ (First, Middle, Last)
- Address: _____
- Phone? (_____) _____ Relationship: _____
-

Best Contacts: Do you have friends or relatives who usually know how to reach you if you should move or leave the program?

(2) Full Name: _____
(First, Middle, Last)

Address: _____

Phone? (____) _____ Relationship: _____

(3) Full Name: _____
(First, Middle, Last)

Address: _____

Phone? (____) _____ Relationship: _____

Now I'd like to ask you about your family. If you don't know their addresses, just the towns would help. (Complete entire family; use extra space if necessary. Don't forget brothers, sisters, spouse, ex-spouse, girlfriend, boyfriend, baby's father/mother, grandparents, cousins, aunts, uncles, foster parents, God parents, and adult children. Include cell phone and pager numbers.)

27. **Mother:** _____
(Full Name: First, Middle, Last)

(Address)

Phone: (____) _____ DOB: _____ In touch? _____

28. **Father:** _____
(Full Name: First, Middle, Last)

(Address)

Phone: (____) _____ DOB: _____ In touch? _____

29. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)

Phone: (____) _____ DOB: _____ In touch? _____

30. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)
Phone: (____) _____ DOB: _____ In touch? _____

31. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)
Phone: (____) _____ DOB: _____ In touch? _____

32. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)
Phone: (____) _____ DOB: _____ In touch? _____

33. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)
Phone: (____) _____ DOB: _____ In touch? _____

34. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)
Phone: (____) _____ DOB: _____ In touch? _____

35. **Relative:** _____
(Full Name: First, Middle, Last) (Relationship)

(Address)
Phone: (____) _____ DOB: _____ In touch? _____

36. Is there a case worker, doctor, community clinic, religious institution or other contact that you see regularly?

Name: _____

Address: _____

Phone? (____) _____ Agency: _____

37. Do you receive money or foodstamps regularly from an agency? _____ Yes _____ No

(If yes) Agency _____

When is it paid? _____

Where is the check sent? _____

Where do you cash the check? _____

Case worker: _____ File #: _____

Who is your Representative Payee? _____

Address: _____

Phone? (____) _____ Agency: _____

38. Is there any place you go regularly to hang out or to meet with friends?

Place: _____

Address or Intersection: _____

Phone: (____) _____ Phone: (____) _____

Times you might be there: _____

39. Are you on probation, parole, or have an active court case? _____ Yes _____ No

(If yes) Agency _____

I.D. Number (Department of Probation/Corrections, Case Number): _____

Probation/Parole Officer Name _____

Phone: (____) _____

40. INTERVIEWER: IF R IS INCARCERATED, RECORD EXPECTED RELEASE OR TRANSFER DATE AND TRANSFER DESTINATION.

Release/transfer date: ____ / ____ / ____

Destination: _____

Comments: _____

41. INTERVIEWER: PLEASE NOTE

APPROXIMATE HEIGHT: ____ ' ____ " HAIR COLOR: _____ EYE COLOR _____

42. ETHNICITY

___ Hispanic (Central American)

___ Black or African American

___ Hispanic (Cuban)

___ Asian

___ Hispanic (Dominican)

___ American Indian

___ Hispanic (Mexican)

___ Native Hawaiian or other Pacific Islander

___ Hispanic (Puerto Rican)

___ Alaska Native

___ Hispanic (South American)

___ White

___ Hispanic (Other)

___ Other

Specify _____

Specify _____

42. INTERVIEWER: PLEASE NOTE ANY PERMANENT IDENTIFYING PHYSICAL CHARACTERISTICS, SUCH AS SCARS OR TATTOOS.

Project Rehabilitation and Restitution

Twenty-Four (24) & Thirty-Six (36) Month FOLLOW-UP INTERVIEW

CLIENT ID # _____

INTERVIEW WAVE BASELINE

INTERVIEWER ID (Circle one) 1 2 3 4 5

INTERVIEW MONTH _____

INTERVIEW DAY _____

INTERVIEW YEAR _____

BEGIN TIME _____:_____ am/pm

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PART A: LIVING ARRANGEMENTS/RELATIONSHIPS/FAMILY SITUATION

I'd like to start by asking you some questions about your living situation.

[Display Show Card # 1]

A1. Where are you currently living?

- 1 = One family house, duplex or condominium
- 2 = Apartment or other multiple family building
- 3 = Mobile home/Trailer
- 4 = Hotel room, rooming house or boarding house
- 5 = Hospital or medical institution
- 6 = Jail, prison or other controlled environment
- 7 = Residential treatment program
- 8 = Group residence or halfway house
- 9 = Homeless shelter
- 10 = Street, abandoned building, or no regular place
- 11 = Other (specify) _____
- 12 = Satellite house

A2. Would you move if you could? 0= No 1= Yes 2= Not sure

[Display Show Card #1]

A3. Where were you living *most of the time* during the past 12 months?

- 1 = One family house, duplex or condominium
- 2 = Apartment or other multiple family building
- 3 = Mobile home/Trailer
- 4 = Hotel room, rooming house or boarding house
- 5 = Hospital or medical institution
- 6 = Jail, prison or other controlled environment
- 7 = Residential treatment program
- 8 = Group residence or halfway house
- 9 = Homeless shelter
- 10 = Street, abandoned building, or no regular place
- 11 = Other (specify) _____
- 12 = Satellite house

A4. In how many *different places* have you lived during the past 12 months?
PLACE = "01"]

[SAME

A5. What places in your neighborhood are important to you now?

[Display Show Card #2] CIRCLE YES IF ITEM IS MENTIONED, NO IF IT IS NOT. THEN FOR EACH ITEM MENTIONED IN COLUMN (1), ASK:

Is this [PLACE] associated with drugs or violence?
[CODE COLUMN (2) TO REFLECT:]

**0= no associations with illegal activities
 1= drug associated
 2= violence associated
 3= drug AND violence associated**

	<u>1</u>		<u>2</u>			
A5A1. No Important Place	Yes	No	A5A2. 0	1	2	3
A5B1. Freeway	Yes	No	A5B2. 0	1	2	3
A5C1. Church	Yes	No	A5C2. 0	1	2	3
A5D1. Abandoned house/building	Yes	No	A5D2. 0	1	2	3
A5E1. Trolley/Bus	Yes	No	A5E2. 0	1	2	3
A5F1. Deli/corner store	Yes	No	A5F2. 0	1	2	3
A5G1. Discount department store	Yes	No	A5G2. 0	1	2	3
A5H1. Shopping mall or market	Yes	No	A5H2. 0	1	2	3
A5I1. Street/corner/parking lot	Yes	No	A5I2. 0	1	2	3
A5J1. School	Yes	No	A5J2. 0	1	2	3
A5K1. Liquor Store	Yes	No	A5K2. 0	1	2	3
A5L1. Projects	Yes	No	A5L2. 0	1	2	3
A5M1. Recreation center/park/gym	Yes	No	A5M2. 0	1	2	3
A5N1. Police station	Yes	No	A5N2. 0	1	2	3
A5O1. Restaurant or bar	Yes	No	A5O2. 0	1	2	3
A5P1. Dope house/crack house	Yes	No	A5P2. 0	1	2	3
A5Q1. Other commercial area	Yes	No	A5Q2. 0	1	2	3
A5R1. Other transit area	Yes	No	A5R2. 0	1	2	3
A5S1. Other community area	Yes	No	A5S2. 0	1	2	3
A5T1. Other place (specify)	Yes	No	A5T2. 0	1	2	3

[Display Show Card #3 AND ASK]

A6-7. With whom did you live *the most* during (TIME PERIOD):

- | | |
|--------------------------|---|
| 01 Both Parents | 08 Member of the Opposite Sex (mate) |
| 02 Father Mainly | 09 Member of the Same Sex (mate) |
| 03 Mother Mainly | 10 Other Friends |
| 04 Spouse (and children) | 11 Fellow jail/prison inmates |
| 05 Children Only | 12 Other Institution-Hospital residents |
| 06 Parent & Children | 13 Other Treatment Program residents |
| 07 Other Relative | 14 Alone |
| | 15 Other (specify) |

A6. The past 12 months?

A7. The past 3 months?

A8-9. Were you living with someone in a sexual relationship – a spouse or significant other – during (TIME PERIOD):

- | | | |
|---|------------------------------|---|
| 0 = No | 1 = Yes, with (legal) spouse | 2 = Yes, with significant other |
| 5 = Incarcerated; with no “significant other” | | 7 = Incarcerated; has “significant other” |

A8. The past 12 months?

**[IF "NO" SKIP TO A18]
[IF "YES" Ask]**

A9. The past 3 months?

A10. How long have (had) you been living together in this relationship (excluding prison time)?
[RECORD VERBATIM AND CODE IN MONTHS _____]

A11. How many different people did you live with in a sexual relationship during the past 12 months?

A12-13. During (TIME PERIOD), did your spouse/partner get drunk 2 or more times per month?

A12. The past 12 months? (0) No (1) Yes

A13. The past 3 months? (0) No (1) Yes

A14-15. During (TIME PERIOD), did your spouse/partner use drugs?

A14. The past 12 months? (0) No (1) Yes

A15. The past 3 months ? (0) No (1) Yes

[IF "YES," TO A14, ASK A16]

[IF "YES," TO A15, ASK A17]

A16-17. Did you and your partner use drugs together during (TIME PERIOD) ?

A16. The past 12 months? (0) No (1) Yes

A17. The past 3 months? (0) No (1) Yes

[Display Show Card 4]

A18-22. During the past 12 months, how often were you in contact with (PERSON)?

0 = Not at all 1 = Once or twice 2 = A few times 3 = About once a month
4 = About once a week 5 = Almost daily 6 = Daily -9 = N/A-Has no parents/siblings/etc.

A18. Parents (or parent figures)? ()

A19. Brothers/sisters? ()

A20. Significant other (spouse or girlfriend)? ()

A21. Friends? ()

A22. Other significant person (Specify) _____ ()

A23. How many children do you have? (/)

[IF NONE, CODE "00" AND SKIP TO A32]

A24 – A31a. Starting with the youngest, how old are your children?

A24 – A31b. Does this [child] live with you?

[Display Show Card 4]

A24 – A31c. During the past 12 months, how often have you been in contact with [child]?

0 = Not at all 1 = Once or twice 2 = A few times 3 = About once a month
4 = About once a week 5 = Almost daily 6 = Daily

<u>Ages</u> (Youngest at top)	<u>Does Child live</u> <u>with Respondent</u>	<u>Frequency</u> <u>Contact</u>
A24a _____	A24b (0) No (1) Yes	A24c _____
A25a _____	A25b (0) No (1) Yes	A25c _____
A26a _____	A26b (0) No (1) Yes	A26c _____
A27a _____	A27b (0) No (1) Yes	A27c _____
A28a _____	A28b (0) No (1) Yes	A28c _____
A29a _____	A29b (0) No (1) Yes	A29c _____
A30a _____	A30b (0) No (1) Yes	A30c _____
A31a _____	A31b (0) No (1) Yes	A31c _____

Now we are going to discuss the help and encouragement you may have received from your **FAMILY OR FRIENDS** with your treatment and recovery effort

[Display Show Card 5]

A32-38. In the past 12 months, how much encouragement have you received from your:

0= None 1= Low 2= Moderate 3= High 6= Too young to be aware

- A32. Spouse/sexual partner? ()
- A33. Siblings (brother or sister)? ()
- A34. Children (18 or older)? ()
- A35. Children (18 or younger)? ()
- A36. Parents (mother or father)? ()
- A37. Other close relatives? ()
- A38. Friends? ()

[Display Show Card 6]

A39. In the past 12 months, when you were on the streets (i.e., out of prison), how often did you get money, food, shelter or other help from your family or relatives?

0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Almost always 5 = Always ()

A40-41. Were you unhappy or dissatisfied with your situation at home (where you were living) in (TIME PERIOD)?

- A40. The past 12 months? (0) No (1) Yes
- A41. The past 3 months? (0) No (1) Yes

A42. Have you had serious problems getting along with the people you have lived with in the past 12 months? This includes physical fights, angry outbursts, threatening language or gestures. **[CODE "N/A" IF LIVES ALONE AND SKIP TO A52]**

(0) No (1) Yes

[IF "YES," ASK]

A43. With whom (circle all that apply)?

[Display Show Card 7]

- 01 Both Parents
- 02 Father Mainly
- 03 Mother Mainly
- 04 Spouse (and children)
- 05 Children Only
- 06 Parent & Children
- 07 Other Relative
- 08 Member of the Opposite Sex (mate)
- 09 Member of the Same Sex (mate)
- 10 Other Friends
- 11 Fellow jail/prison inmates
- 12 Other Institution-Hospital residents
- 13 Other Treatment Program residents
- 14 Alone
- 15 Other (specify)

A44. Have you had serious problems getting along with the people you have lived with in the past 3 months? This includes physical fights, angry outbursts, threatening language or gestures.

(0) No

(1) Yes

[IF "YES," ASK]

A45. With whom? (circle all that apply)

[Display Show Card 7]

01 Both Parents

02 Father Mainly

03 Mother Mainly

04 Spouse (and children)

05 Children Only

06 Parent & Children

07 Other Relative

08 Member of the Opposite Sex (mate)

09 Member of the Same Sex (mate)

10 Other Friends

11 Fellow jail/prison inmates

12 Other Institution-Hospital residents

13 Other Treatment Program residents

14 Alone

15 Other (specify)

A46 – A51. **[Display Show Card 8]**

Thinking about the people you've lived with for most of the past 12 months,

use this card and tell me how often you: **[If respondent lived in different households for equal lengths of time, use the most recent experience.]**

0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Almost always 5 = Always

A46. Got along together? (_____)

A47. Really enjoyed being together? (_____)

A48. Got drunk together? (_____)

A49. Used other drugs together? (_____)

A50. Had serious talks about each other's interests and needs? (_____)

A51. Helped each other with problems? (_____)

A52 – A57. **[Display Show Card 9]** Think back to the past month. How would you rate your relationship with your [PERSON] during this time?

1 = Couldn't be worse 2 = Pretty bad 3 = Okay 4 = Pretty good 5 = Couldn't be better

A52. Mother/mother figure (_____)

A53. Father/father figure (_____)

A54. Brother(s) (_____)

A55. Sister(s) (_____)

A56. Significant other (spouse/partner) (_____)

PART B: DRUG AND ALCOHOL USE

This next section is on drug and alcohol use.

Think back to the past month.

B1. What was your primary drug during the past month?
(Circle only one response but Do Not Read Responses Aloud)?

- | | | | |
|--------------------------|--------------------------------|------------------------------|--|
| A) Alcohol | G) Heroin | M) Other Amphetamines | S) Ketamine/Special K/Vitamin K |
| B) Inhalants | H) Heroin and Cocaine together | N) Minor Tranquilizers | T) Rohypnol (Roofies) |
| C) Marijuana and hashish | I) Prescribed Methadone | O) Barbiturates | U) GHB/Grievous Bodily Harm/Liquid Ecstasy |
| D) Hallucinogens | J) Street Methadone | P) Other sedatives/hypnotics | V) More than one substance at a time |
| E) Crack/freebase | K) Other Opiates | Q) PCP | W) Other (specify) |
| F) Cocaine | L) Methamphetamines or speed | R) Ecstasy/MDMA | |

Now I'd like to talk about your drug or alcohol use in the past 12 months.

B2. During the past 12 months, has your drug or alcohol use decreased or stopped?
(0) No (1) Yes

[IF NO, SKIP TO B6. IF "YES," ASK]

B3-5. Why do you think you have cut down or stopped your use of alcohol and/or drugs?

Reason #1 _____

Reason #2 _____

Reason #3 _____

[Display Show Card 10]

B6 (A – W). Look at this card and tell me which of the substances listed you have used during the past 12 months

PLACE A CHECK MARK NEXT TO EACH SUBSTANCE MENTIONED ON DRUG USAGE CHART ON NEXT PAGE; BOLDDED SUBSTANCE ARE CONSIDERED INJECTABLE, FOR EACH OF THESE MENTIONED, PLACE A CHECK MARK NEXT TO SUBSTANCE ON PAGE 10 (B7)

IF NO DRUG *OR* ALCOHOL USAGE DURING THE PAST YEAR, ASK:

B6A. You've indicated that you haven't used any alcohol or drugs during the past 12 months. Is this correct?

(0) No (1) Yes

[IF "YES," SKIP TO C1]

[FOR EACH SUBSTANCE CHECKED, Display Show CARD 11 and ASK]

B6 (A – W). Now, how often have you used (substance) during (TIME PERIOD)

1. The past 12 months?

2. The past 3 months?

[RECORD IN DRUG USAGE CHART AS FOLLOWS:]

00 = Never

01 = Several times a year (less than once a month)

02 = About once a month

03 = About once every two weeks

04 = About once a week

05 = Several times a week

06 = Every day

07 = More than once every day

DRUG USAGE CHART

USE SCALE ON P. 8

Code No.	Type of Drug	How Often Year prior	How Often 3 months prior
__A	Alcohol—any use	1. ___ / ___	2. ___ / ___
__B	Alcohol—to intoxication.....	1. ___ / ___	2. ___ / ___
__C	Inhalants (glue, gas, paint, toluene, liquid paper)	1. ___ / ___	2. ___ / ___
__D	Marijuana/Hashish	1. ___ / ___	2. ___ / ___
__E	Hallucinogens (LSD, DMT, Peyote)	1. ___ / ___	2. ___ / ___
__F	Crack/Freebase.....	1. ___ / ___	2. ___ / ___
__G	Cocaine (by itself)	1. ___ / ___	2. ___ / ___
__H	Heroin (by itself)	1. ___ / ___	2. ___ / ___
__I	Heroin and Cocaine (used together)	1. ___ / ___	2. ___ / ___
__J	Prescribed Methadone	1. ___ / ___	2. ___ / ___
__K	Street Methadone (non-prescription)	1. ___ / ___	2. ___ / ___
__L	Other Opiates (Codeine, Morphine, Demerol)	1. ___ / ___	2. ___ / ___
__M	Methamphetamine/Speed/Ice/Crank	1. ___ / ___	2. ___ / ___
__N	Other Amphetamines (Uppers/Diet Pills)	1. ___ / ___	2. ___ / ___
__O	Minor tranquilizers (Librium, Valium, etc.).....	1. ___ / ___	2. ___ / ___
__P	Barbiturates (downs)	1. ___ / ___	2. ___ / ___
__Q	Other Sedatives/Hypnotics (Quaaludes, etc.)	1. ___ / ___	2. ___ / ___
__R	PCP.....	1. ___ / ___	2. ___ / ___
__S	Ecstasy (MDMA)	1. ___ / ___	2. ___ / ___
__T	Ketamine/Special K/Vitamin K	1. ___ / ___	2. ___ / ___
__U	Rohypnol (Roofies)	1. ___ / ___	2. ___ / ___
__V	GHB/Grievous Bodily Harm/Liquid Ecstasy	1. ___ / ___	2. ___ / ___
__W	More than one drug at a time (excluding alcohol).....	1. ___ / ___	2. ___ / ___
__X	Other (Specify drug)	1. ___ / ___	2. ___ / ___

For each drug the respondent reported using in the past 12 months, ASK:

B7. Did you inject [drug] in the past 12 months?

[IF "NO" SKIP TO NEXT APPLICABLE DRUG]

Now, how often have you injected [drug] during (TIME PERIOD)

1. The past 12 months? **[IF "NO" SKIP TO NEXT DRUG]**

2. The past 3 months?

			How Often	How Often
<u>Inject Year prior</u>			<u>Year Prior</u>	<u>3 months prior</u>
<u> </u> A	(0) No (1) Yes	Cocaine (by itself).....	1. _____/_____	2. _____/_____
<u> </u> B	(0) No (1) Yes	Heroin (by itself).....	1. _____/_____	2. _____/_____
<u> </u> C	(0) No (1) Yes	Heroin and cocaine together.....	1. _____/_____	2. _____/_____
<u> </u> D	(0) No (1) Yes	Other opiates (codeine, morphine, demerol).....	1. _____/_____	2. _____/_____
<u> </u> E	(0) No (1) Yes	Methamphetamines/speed/ice.....	1. _____/_____	2. _____/_____
<u> </u> F	(0) No (1) Yes	Other amphetamines.....	1. _____/_____	2. _____/_____
<u> </u> G	(0) No (1) Yes	Barbiturates.....	1. _____/_____	2. _____/_____
<u> </u> H	(0) No (1) Yes	Other drug.....	1. _____/_____	2. _____/_____

B8. What would you consider to have been your:

a. Primary ("preferred") drug during the past 12 months? _____

b. Secondary drug during the past 12 months? _____

B9. What would you consider to have been your:

a. Primary ("preferred") drug during the past 3 months? _____

b. Secondary drug during the past 3 months? _____

[CODE B8 & B9 FROM LIST BELOW; IF NO SECONDARY DRUG, CODE "N/A"]

A) Alcohol	G) Heroin	M) Other Amphetamines	S) Ketamine/Special K/Vitamin K
B) Inhalants	H) Heroin and Cocaine together	N) Minor Tranquilizers	T) Rohypnol (Roofies)
C) Marijuana and hashish	I) Prescribed Methadone	O) Barbiturates	U) GHB/Grievous Bodily Harm/Liquid Ecstasy
D) Hallucinogens	J) Street Methadone	P) Other sedatives/hypnotics	V) More than one substance at a time
E) Crack/freebase	K) Other Opiates	Q) PCP	W) Other (specify)
F) Cocaine	L) Methamphetamines or speed	R) Ecstasy/MDMA	

B10. During [TIME PERIOD], how did you usually get your drugs? **[READ RESPONSE OPTIONS]**

- a. The past 12 months? (____/____)
- b. The past 3 months? (____/____)

- 01 = You stole them
- 02 = You were a runner, look-out, etc.
- 03 = You traded sex for drugs
- 04 = Your friends gave them to you
- 05 = You bought them
- 06 = You dealt drugs to support your habit
- 07 = You received them free due to your gang rank
- 08 = Other (specify)

[Display Show Card 12 FOR B11-25]

B11-14. How often, in the past 12 months, you have used drugs/alcohol because:

0= Never 1= Rarely 2= Sometimes 3= Often 4= Almost Always 5= Always

- B11. You felt bored?.....(____)
- B12. You felt lonely?.....(____)
- B13. You felt sad?(____)
- B14. You felt angry?.....(____)

B15-20. How often, in the past 12 months, did you use drugs or alcohol to help you:

- B15. Increase energy or alertness?.....(____)
- B16. Find excitement?(____)
- B17. To feel comfortable around people?.....(____)
- B18. Have fun and party with friends?(____)
- B19. Forget or escape problems?(____)
- B20. Relax from pressures or stress?(____)

B21-25. How often, in the past 12 months, was your drug or alcohol use caused by:

- B21. Just being in certain places or situations that made you want them?.....(____)
- B22. Pressures from others to use them?(____)
- B23. Having problems you can't solve?(____)
- B24. Drugs/alcohol being so easy to get?(____)
- B25. Your need to feel high?(____)

B26. Do you want to stop using? 0= No 1= Yes 2= Not sure(____)

PART C: CRIMINAL BEHAVIOR IN THE LAST 12 MONTHS

The next questions are about your involvement in illegal activities during the past 12 months, including things for which you may or may not have been caught. Remember that it's important for you to respond honestly, and that what you tell me is private and confidential.

C1. How much time did you spend in jail/prison during the past 12 months? [Code in days]
RECORD VERBATIM

C2. How many different times have you been in jail or prison during (TIME PERIOD)?

a. The past 12 months? (____/____)

[IF "NO TIME IN JAIL OR PRISON IN PAST 12 MONTHS, SKIP TO C3]

b. The past 3 months? (____/____)

C3-21. a) Were you involved in (ILLEGAL ACTIVITY) during the past 12 months?
[IF NO, ENTER "0" UNDER COLUMN A AND SKIP TO NEXT CRIMINAL ACTIVITY]

[IF "YES," ASK THE FOLLOWING AND RECORD RESPONSES ON CHART]

b) How many times were you involved in this activity during the past 12 months?

c) How many times were you arrested for this activity during the past 12 months?

d) Were you involved in (ILLEGAL ACTIVITY) during the past 3 months?
[IF NO, ENTER "0" UNDER COLUMN D AND SKIP TO NEXT CRIMINAL ACTIVITY]

IF "YES," ASK:

e) How many times were you involved in this activity during the past 3 months?

IF "0" DURING PAST 3 MONTHS, SKIP TO NEXT ACTIVITY

f) How many times were you arrested for this activity during the past 3 months?

[IF NO ILLEGAL ACTIVITIES IN CHART, SKIP TO C24]

C. ARREST/ILLEGAL ACTIVITY CHART

	Past 12 months			Most recent 3 months		
	Criminal Activity	Number of times	Arrests	Criminal Activity	Number Of times	Arrests
3. Drinking alcohol (DWI, DUI, public consumption or intoxication)?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
4. <u>Use/possession of illegal drugs</u> (or paraphernalia)?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
5. <u>Sale, distribution, or manufacturing of any drugs</u> (not counting use or possession)?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
6. <u>Forgery or fraud</u> (writing bad checks, running con games)...	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
7. <u>Forgery</u> of drug prescriptions?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
8. <u>Fencing</u> (buying/receiving stolen property)?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
9. <u>Illegal gambling</u> , running numbers, or bookmaking?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
10. <u>Prostitution or pimping</u> ?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
11. <u>Burglary or auto theft</u> ?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
12. <u>Other theft</u> (larceny, shoplifting)?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
13. <u>Robbery</u> (armed robbery, mugging)?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
14. <u>Rape</u> ?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
15. <u>Murder</u> ?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
16. <u>Violence against other persons</u> (aggravated assault, kidnapping, threatening with a weapon, arson, etc.)?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
17. <u>Weapons offenses</u> ?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
18. <u>Vandalism</u> ?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
19. <u>Vagrancy, loitering</u> ?	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
20. <u>Trafficking people across the border</u> ?.....	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___
21. <u>Other Illegal Activity</u> ? (Specify) _____	a. ___	b. ___	c. ___	d. ___	e. ___	f. ___

C22. Which statement *best describes* why you engaged in illegal activity during the past year?

I engaged in illegal activity

1 = For drugs or for money to get drugs

2 = For the excitement

3 = To get money for food or shelter

4 = For nice clothes, a stereo, cars or other things

5 = Because I wanted to be accepted by my friends

6 = Other (specify) _____

[SHOW CARD 13 AND SAY]

C23. How much of your income or source of support usually came from some kind of illegal activity during [TIME PERIOD]

0 = None 1 = Very little 2 = About 1/4 3 = About 1/2

4 = About 3/4 5 = Almost all 6 = All of it -9 = Incarcerated

a. The past 12 months?..... _____

b. The past 3 months?..... _____

C24. Did you have any parole violations during the last 12 months? (0) No (1) Yes
[IF NO, SKIP TO PART D.]

C25. How many?

C26. How many days did you serve on the violation(s)? [TOTAL]

0= No time served	4= 91-120
1= 01-30	5=121-180
2= 31-60	6=181-270
3= 61-90	7=271-365

PART D: EDUCATION AND TRAINING

Now I'd like to ask you some questions about any educational or training experiences you may have had since paroling.

D1. During the past 12 months, were you enrolled in a school or vocational training program?

(0) No (1) Yes

[IF "NO," CODE "0" AND SKIP TO PART E]

D2. How many weeks were you actually enrolled in training/classes during the past 12 months?
[Number of mo. X 4= weeks]

[IF MORE THAN ONE TRAINING CLASS USE WORKSHEET BELOW TO DETERMINE TOTAL NUMBER OF WEEKS ENROLLED IN TRAINING PROGRAMS]

TRAINING CLASS WORKSHEET	
NAME OF CLASS OR PROGRAM	NO. OF WEEKS
TOTAL (ENTER ABOVE)	

D3. Did you complete any training or receive any certificates, degrees, diplomas, etc. during the past 12 months?

(0) No (1) Yes

Specify Degrees:

PART E: EMPLOYMENT/FINANCIAL SUPPORT

I'd like to ask you a few questions about any employment you've had and other means of support during the past year.

E1. Did you hold a job during:

a. The past 12 months? (0) No (1) Yes

[IF "NO," SKIP E2 and ASK E2a & E2B]

b. The past 3 months? (0) No (1) Yes

[IF "NO" ASK E2b AND THEN CONTINUE but SKIP ALL "B" QUESTIONS REQUESTING WORK INFORMATION DURING THE past 3 months]

E2. What was the reason you were not working during the [TIME PERIOD]?

a. The past 12 months? _____/_____

b. The past 3 months? _____/_____

- 1 = Not in labor force - housewife
- 2 = Not in labor force - student
- 3 = Not in labor force - disabled
- 4 = Not in labor force - retired
- 5 = Not in labor force - institutionalized: jail, hospital, etc.
- 6 = Not in labor force - (other, specify _____)
- 7 = Looked, but could not find a job
- 8 = Did not look for job
- 9 = Involved in drug related activities (selling, etc.)
- 10 = Involved in other illegal activities

[IF CLIENT HAS NOT WORKED IN THE LAST 12 MONTHS, SKIP TO E14]

E3. How many different jobs did you have during [TIME PERIOD]?

a. The past 12 months? _____/_____

b. The past 3 months? _____/_____

E4. How many hours did you typically work per week at this/these jobs during [TIME PERIOD]?

a. The past 12 months? _____/_____

b. The past 3 months? _____/_____

E5. Which *best describes* this job/these jobs during [TIME PERIOD]?

a. The past 12 months? _____ / _____

b. The past 3 months? _____ / _____

- 1 = Odd jobs (occasional or irregular)
- 2 = Part-time (under 35 hours per week)
- 3 = Full-time (35 hours or more per week)

E6. [**Display Show Card #14**] What kind of job did you have during [TIME PERIOD]?

a. The past 12 months? _____ / _____

b. The past 3 months? _____ / _____

E7. What was your weekly take home pay (\$) during [TIME PERIOD]?

a. The past 12 months? _____ / _____

b. The past 3 months? _____ / _____

E8. During [TIME PERIOD], about how many days did you lose from work because of drug or alcohol use?

a. The past 12 months? _____ / _____

b. The past 3 months? _____ / _____

E9. How many days were you employed during [TIME PERIOD]?

a. The past 12 months? _____ / _____

b. The past 3 months? _____ / _____

E10. Did you quit a job during the past 12 months? (0) No(1) Yes

[IF "NO" SKIP TO E12; IF "YES" ASK]

E11 Why did you quit?

[RECORD VERBATIM] _____

E12. What is the longest time you've worked for the same employer in the past 12 months?

[Record response verbatim – code in weeks]

E13. During the past 12 months, did you receive any help or encouragement from your co-workers or employer to remain drug or alcohol-free?

(0) No (1) Yes (7) Co-workers/employer didn't know drug use history

We want to know whether you've received any income during the past year, from what source, and how much you've received.

E14-22. Did you receive any income from [READ EACH CATEGORY] during the [TIME PERIOD]?

a) The past 12 months?

[IF "NO" SKIP TO NEXT ITEM]

[IF "YES" ASK]

b) The past 3 months?

c) How much income did you receive from [ITEM] during the past 12 months?

<u>Sources of Financial Support</u>		<u>Amount</u>
Past year	Most recent 3 months	In the last 12 months

CODE: (0) No (1) Yes

E14. Your mate/spouse a. () b. () c. (/ / / / /)

E15. Your family (e.g. parents, parent figures) a. () b. () c. (/ / / / /)

E16. Your friends..... a. () b.() c. (/ / / / /)

E17. TANF or public assistance (food stamps, housing assistance, AFDC, Medicaid)..... a. () b. () c. (/ / / / /)

E18. Prostitution or pimping..... a. () b. () c. (/ / / / /)

E19. Drug-related activities a. () b. () c. (/ / / / /)

E20. Illegal activities (other than prostitution/drugs)..... a. () b. () c. (/ / / / /)

E21. Any other (Specify) _____ a. () b. () c. (/ / / / /)

E22. Did you have any financial or money troubles because of your alcohol or drug use in the past 12 months?

0 = No 1 = YES, very Minor 2 = Minor 3 = Serious 4 = Very serious -9 = Didn't Use

PART F: FRIENDSHIPS

This next series of questions concerns your friends and acquaintances.

[Display Show Card #15 for F1 thru F6]

Look at this card and use it to tell me what the majority of the people you were hanging out with in the community during the past year were usually like.

0 = Never 1 = Rarely 2 = About 1/4 of the time 3 = About half the time
4 = About 3/4 of the time 5 = Almost always 6 = Always -9 = N/A (No friends)

Please tell me, in the past year, how often did the people you were hanging out with:

- F1. Work a regular job?.....()
- F2. Get high from too much alcohol?.....()
- F3. Use street drugs?.....()
- F4. Trade, sell or deal drugs?.....()
- F5. Hang out with a gang?.....()
- F6. Do other things which are against the law?()

[Display Show CARD #16 for F7 thru F10]

1 = None of them 2 = One/a few 3 = About 1/2 4 = Most 5 = All of them
-9 = N/A (No friends)

- F7. How many of them have ever gone to jail or prison?.....()

[IF “NONE OF THEM” SKIP TO F9]

- F8. How many of them have spent time in jail or prison in the past year?.....()

- F9. How many of them have ever gone for treatment for drugs or alcohol abuse?.....()

[IF “NONE OF THEM” SKIP TO NEXT SECTION]

- F10. How many of them have gone for drug/alcohol treatment in the past year?.....()

PART G: LEISURE TIME ACTIVITIES

Now I'm going to ask you about your leisure time activities. Please use Show Card #17 and tell me how much time of your free time you spent on each activity in the past 12 months.

0 = None of my free time 1 = Very little of my free time 2 = About 25% of my free time
3 = About 50% of my free time 4 = About 75% of my free time 5 = Almost all of my free time
6 = All of my free time

G1.Watching TV (or going to movies)?()

G2.Playing games for fun (cards, dominoes, pool)?()
[DO NOT INCLUDE GAMBLING]

G3.Doing physical exercise?()

G4.Doing hobbies?()

G5.Reading/writing, drawing, listening to or playing music?()

G6.Religious activities (private or social)()

G7.Family time()

G8.Other Activity (specify) _____()

PART H: PSYCHOLOGICAL STATUS

Now I'd like to know how you were feeling emotionally in the past 12 months.

H1-12. During (TIME PERIOD), did you have a significant period *THAT WAS NOT DRUG OR ALCOHOL-RELATED* when you:

a. The past 12 months?

[IF "NO" SKIP TO NEXT ITEM]

b. The past 3 months?

	Past Year	Most recent 3 months?
	CODES:	(0) No (1) Yes
1. Got into trouble because of your friends?	a. ()	b. ()
2. Felt like no one really cared about you?	a. ()	b. ()
3. Had serious problems with girlfriend/boyfriend?	a. ()	b. ()
4. Had trouble making or keeping friends?	a. ()	b. ()
5. Were taking prescribed medication for any psychological or emotional problems?	a. ()	b. ()
6. Experienced serious thoughts of suicide?	a. ()	b. ()
7. Attempted suicide?	a. ()	b. ()
8. Had trouble controlling violent behavior?	a. ()	b. ()
9. Had trouble understanding, concentrating, or remembering?	a. ()	b. ()
10. Experienced hallucinations?	a. ()	b. ()
11. Experienced serious anxiety or tension?	a. ()	b. ()
12. Experienced serious depression?	a. ()	b. ()

[Display Show Card # 18]

H13. Overall, how troubled or upset have you been during the past 30 days by any emotional or psychological problems?

0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely

H14. How many times during the past 12 months have you been treated for any psychological or emotional problems in a hospital, or as a private patient? (___/___)

[IF "NONE," CODE "00" THEN SKIP TO H19]

H15. What kind of treatment did you receive – inpatient, outpatient, or both? .. (_____)

1 = Inpatient

2 = Outpatient

3 = Both inpatient and outpatient

[IF "INPATIENT" ASK H16]

[IF "OUTPATIENT" ASK H17]

[IF "INPATIENT" & "OUTPATIENT" ASK H16 & H17]

H16-17. How many days during the past 12 months did you receive [treatment]?

H16. Inpatient treatment?

H17. Outpatient treatment?

H18. What type of professional did you see? **(READ CHOICES ALOUD – CIRCLE ALL THAT APPLY)**

1= Counselor

2= Case worker/social worker

3= Psychologist

4= Psychiatrist

6= Medical doctor

5= Other (Specify) _____

H19. Are you taking, on a regular basis, any medication which has been prescribed for you by a doctor for psychological or emotional problems?

(0) No

(1) Yes

[IF "NO" SKIP TO H20; IF "YES" ASK]

a. What medication are you taking for a psychological or emotional problems?

H20. Are you taking any other medication for a psychological or emotional problem?

[IF "NO" SKIP TO NEXT SECTION; IF "YES" ASK:]

a. What other medication are you taking for a psychological or emotional problem?

H21. Are you taking any other medication for a psychological or emotional problem?

[IF "YES" ASK:]

a. What other medication are you taking for a psychological or emotional problem?

PART I: ABUSE

The questions in this section deal with abuse. Most people who have experienced abuse find it difficult to discuss, due to the unpleasant and often upsetting memories and feelings which are "stirred up." Please do your best to answer these questions honestly. Do you have any questions before we begin?

During the past 12 months:

- 11. Have you been touched or handled in a way that you didn't like?.....(0) No (1) Yes
- 12. Have you been forced or pressured into having sex when you did not want to?(0) No (1) Yes
- 13. Have you *seriously considered* calling the police or other authorities because of the way members of your household were acting?.....(0) No (1) Yes

[READ EACH CATEGORY, BELOW. IF "NO," SKIP TO NEXT ITEM. IF "YES," ASK QUESTIONS A AND B]

I4-9. During the past 12 months, were you [ABUSE]:

A. How many times did this happen in the past 12 months?

0 = Never 1 = Once 2 = Several times 3 = More than 5 times -7 = Refused to answer

B. By whom was this done **usually** in the past 12 months? [CODE FROM LIST]

- 1 = Mother (step mother) 5 = Sister
- 2 = Father (step father) 6 = Spouse/sexual partner
- 3 = Mother and Father 7 = Other (Specify) _____
- 4 = Brother

	<u>Abuse?</u>	<u>A. How Often</u>	<u>B. By Whom</u>
14. Beaten or burned?	(0) No (1) Yes	()	()
15. Molested/fondled?	(0) No (1) Yes	()	()
16. Raped/sodomized?	(0) No (1) Yes	()	()
17. Locked in a room or tied up?	(0) No (1) Yes	()	()
18. Intentionally deprived of food?	(0) No (1) Yes	()	()
19. Other?	(0) No (1) Yes	()	()

(Specify) _____

PART J: HEALTH STATUS

This next section deals with your physical health during the last 12 months.

[Display Show Card #19]

J1. How would you describe your health during the past 12 months?

1 = Excellent

2 = Good

3 = Fair

4 = Poor

J2. How many times in the past 12 months were you admitted to a hospital for medical problems which were not alcohol or drug related?

[IF ANY, ASK]

J3. How many days (total) did you stay in the hospital in the past 12 months?

J4. How many times in the past 12 months did you visit a hospital emergency room and receive services for reasons not related to drug or alcohol use?

J5. (Other than when you were in the hospital) how many times in the past 12 months have you gone to the doctor for health problems that had nothing to do with drug or alcohol use?

J6. Are you currently taking any prescribed medication for a health or medical problem?

(0) No

(1) Yes

[IF "NO" SKIP TO J9; IF "YES," ASK]

a. What prescription medication are you currently taking?

J7. Are you currently taking any other prescription medication?

(0) No

(1) Yes

[IF "NO" SKIP TO J9; IF "YES," ASK]

a. What other prescription medication are you currently taking?

J8. Are you currently taking any other prescription medication?

(0) No

(1) Yes

[IF "NO" SKIP TO J9; IF "YES," ASK]

a. What other prescription medication are you currently taking?

J9. Are you taking any non-prescription medications regularly?

(0) No (1) Yes

[IF "NO" SKIP TO J12; IF "YES," ASK]

a. What non-prescription medication are you currently taking?

J10. Are you taking any other non-prescription medications regularly?

(0) No (1) Yes

[IF "NO" SKIP TO J12; IF "YES," ASK]

a. What other non-prescription medication are you currently taking?

J11. Are you taking any other non-prescription medications regularly?

(0) No (1) Yes

[IF "NO" SKIP TO J12; IF "YES," ASK]

a. What other non-prescription medication are you currently taking?

[ASK ALL]

J12. Do you have any chronic medical problems that continue to interfere with your life?

(0) No (1) Yes

J13. To what extent are any physical health problems you have a result of your drug and alcohol use?

[READ RESPONSE OPTIONS]

0 = Not at all

1 = A little

2 = Some

3 = A lot

Now I'd like to know about any alcohol or drug-related treatment experiences you had in the past year.

J14. In the past 12 months, how many times were you treated for drinking problems or alcohol-related incidents?

J15. In the past 12 months, how many times were you treated for drug or other substance abuse-related problems/incidents?

[IF J14 AND J15 = "00" SKIP TO J32; OTHERWISE ASK]

J16 – J28. In the past 12 months, were you treated in a [TX TYPE]?

[READ EACH OPTION ALOUD and ENTER "0" IF NOT TREATED OR "1" IF TREATED]

[FOR EACH CHECKED, ASK]

a) How many *different times* did you receive treatment at (TX TYPE) in the past 12 months?

b) Was it *your* idea to go to (TX TYPE) or were you pressured, forced, or taken?

(1) Voluntary

(2) Involuntary

c) Altogether, how many days have you been treated in (TX TYPE) in the past 12 months?

DRUG/ALCOHOL TREATMENT CHART

	No (0) <u>Yes (1)</u>	Times <u>treated</u>	Voluntary (1)/ <u>Involuntary (2)</u>	Total # of <u>days treated</u>
J16. Therapeutic Community or Residential Treatment Center?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J17. Emergency room?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J18. Private physician?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J19. Hospital/Institution detox?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J20. Short-term residential Tx program?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J21. Non-residential day program?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J22. Night care (work out, sleep in)?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J23. Outpatient clinic? (Drug/alc counseling only)	_____	a. (___/___)	b. (___)	c. (___/___/___)
J24. Individual psychotherapy?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J25. Methadone maintenance?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J26. Methadone detox?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J27. Sober living?	_____	a. (___/___)	b. (___)	c. (___/___/___)
J28. Other treatment program (specify)	_____	a. (___/___)	b. (___)	c. (___/___/___)

J29. What was your reason for entering treatment the last time?

a. Was there another reason why you entered treatment the last time?

(0) No (1) Yes (0) No ____ (1) Yes(0) No
(1) Yes

[IF "NO" SKIP TO J31; IF "YES" ASK]

J30. What was the other reason you entered treatment the last time?

[Display Show CARD #20]

J31. Overall, how helpful have these treatments been?

0 = Not at all helpful 1 = Somewhat helpful 2 = Quite helpful 3 = Extremely Helpful

J32. During the past 12 months, how many times did you try to quit using alcohol *on your own*?

[IF "NEVER," CODE "00." IF NO DRUG/ALCOHOL USE IN THE PAST YEAR, CODE "N/A"]

J33. During the past 12 months, how many times did you try to quit using drugs *on your own*?

[IF "NEVER," CODE "00." IF NO DRUG/ALCOHOL USE IN THE PAST YEAR, CODE "N/A"]

[IF BOTH J32 AND J33 = "00" OR "N/A," SKIP TO J37; OTHERWISE ASK]

J34. What was your reason for trying to quit drugs or alcohol?

a. Did you have any other reason for trying to quit using drugs or alcohol?

(0) No (1) Yes (0) No ____ (1) Yes(0) No
(0) No (1) Yes
(1) Yes

[IF "NO" SKIP TO J37]

J35. What was your other reason for trying to quit using drugs or alcohol?

- a. Did you have any other reason for trying to quit using drugs or alcohol?
 (0) No (1) Yes (0) No (1) Yes (0) No (1) Yes (0) No
 (0) No (1) Yes (0) No (1) Yes (0) No (1) Yes (0) No

[IF "NO" SKIP TO J37]

J36. What was your other reason for trying to quit using drugs of alcohol?

J37. How many times have you attended self-help (12-Step) meetings **[SPECIFY AA, NA, CA]** in (TIME PERIOD)?

- 00 = Never 01 = Once 02 = 2 to 5 times 03 = 6 to 10 times 04 = 11 to 20 times
 05 = 21 to 30 times 06 = 31 to 50 times 07 = 51 to 99 times
 08 = 100 to 500 times 09 = More than 500 times
 09 = more than 500 times

a. The past 12 months? (_____)

[IF "NEVER" SKIP TO J39; OTHERWISE ASK]

b. The past 3 months? (_____)

[Display Show Card #21]

J38. During [TIME PERIOD], how often did you find those meetings helpful?

- 0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Almost always 5 = Always -9 = N/A

a. The past 12 months? (_____)

[ASK "B" IF RESPONDENT REPORTED ATTENDING MEETINGS IN 3-MONTH PERIOD]

b. The past 3 months? (_____)

[Display Show Card #22 AND SAY]

How much do you agree or disagree with each of the following statements:

- 1 = Strongly Disagree 2 = Disagree 3 = Not Sure 4 = Agree 5 = Strongly Agree

[IF NO DRUG/ALCOHOL USE IN THE PAST 12 MONTHS, CODE "N/A"]

J39. In the past 30 days, I was extremely troubled by alcohol-related problems ..(_____)

J40. In the past 30 days, I was extremely troubled by drug-related problems.....(_____)

J41. At this time, treatment for alcohol problems is not important to me (_____)

J42. At this time, treatment for drug problems is not important to me

()

PART K: VIEW OF SELF/EXPECTATIONS FOR THE FUTURE

The questions in this section deal with the way you view yourself now.

[Display Show Card #23 FOR K1 THROUGH K18]

K1-18. Use this card to tell me how you see yourself now. Are you...

0 =Not at all 1 =Somewhat 2 =Moderately 3 =Quite a bit 4 =Extremely

- K1. Optimistic about your future? ()
- K2. Considerate and concerned about others? ()
- K3. Respectful of rules and regulations? ()
- K4. Respectful of authority figures? ()
- K5. Not impulsive (you think before you act)? ()
- K6. Responsible for own actions? ()
- K7. In control of your life? ()
- K8. In touch with your feelings? ()
- K9. Trusting of others? ()
- K10. Honest and trustworthy? ()
- K11. Realistic (in your expectations)? ()
- K12. Self-respectful (feel you are worth something)? ()
- K13. Sexually confident? ()
- K14. Self-reliant (able to support/take care of self)? ()
- K15. Motivated (willing to work hard for what you want)? ()
- K16. Able to share your feelings with others? ()
- K17. Self-assured (confident about yourself)? ()
- K18. Open to suggestions? ()

The following statements ask you about what is, or is not, important to you, what goals you may have for yourself, and about your beliefs and opinions on different things.

[Display Show Card #24 FOR K19 THROUGH K32]

K19-K32. How much do you agree or disagree with each of the following statements:

1 = Strongly disagree 2 = Disagree 3 = Not sure 4 = Agree 5 = Strongly agree
-9 = N/A (has no children, no friends, etc.)

It is important for me:

- K19. To have a good family life (____)
- K20. To have a good time with my friends (____)
- K21. To work hard and support myself (____)
- K22. To have lots of money, cars, and other possessions (____)
- K23. To have drugs and/or alcohol whenever I want them (____)
- K24. (*that*) occasional/recreational use of marijuana is okay (____)
- K25. (*that*) occasional social use of alcohol only is okay (____)
- K26. To live without using any drugs or alcohol (____)
- K27. To plan for my future (____)
- K28. To be a good parent (____)

1 = Strongly disagree 2 = Disagree 3 = Not sure 4 = Agree 5 = Strongly agree
-9 = N/A (has no children, no friends, etc.)

- K29. I still think I have a drug problem and I probably should get help. (____)
- K30. I think of myself as fully recovered. I no longer have problems related to drug or alcohol use, and I don't use them. (____)
- K31. I still use drugs, but I don't see any problems with this. (____)
- K32. I still use alcohol, but I don't see any problems with this. (____)

Let's talk briefly about the future.

[Display Show Card #25]

K33. Which one of these statements *best describes* what you think will happen to you in the future?

- 1 = Probably increase your drug usage
- 2 = Continue to use drugs like before
- 3 = Cut back your drug use: use on an occasional or more controlled basis
- 4 = Switch to using (or use more) alcohol
- 5 = Switch to using other, less serious drugs
- 6 = Quit for awhile, but start using again later
- 7 = Quit eventually, but slip a few times during recovery
- 8 = Quit forever, and never use again
- 9 = Continue your abstinence from drugs
- 10 = Other (specify) _____

(_____)

[Display Show Card #26]

K34-39. In the next 6 months, what do you think your chances are of:

- 0 = Zero
- 1 = Very low (less than 10%)
- 2 = Low (about 25%)
- 3 = About "50/50"
- 4 = High (about 75%)
- 5 = Very high (85% or greater)
- 8 = Really DK/unsure
- 9 = Not applicable (has already finished education/vocational training; can't obtain job, have "decent social life," or "straighten out life" due to anticipated duration of incarceration)

K34. Staying out of trouble with the authorities? (_____)

K35. "Sticking with" and finishing your education or vocational training? (_____)

K36. Getting and/or keeping a decent job? (_____)

K37. Having a better relationship with your family? (_____)

K38. Having a decent social life? (_____)

K39. Straightening out your life? (_____)

PART L: WURS-25

This set of questions is about how you were as a child.

[Display Show Card #27]

Looking at this card, please tell me, as a child:

(0) Not at all (1) Somewhat (2) Moderately (3) Quite a bit 4) Extremely

- _____ L1. Did you have concentration problems, or were you easily distracted?
- _____ L2. Were you anxious or worrying?
- _____ L3. Were you nervous or fidgety?
- _____ L4. Were you inattentive or daydreaming?
- _____ L5. Were you hot or short-tempered or did you have a low boiling point?
- _____ L6. Did you have temper outbursts or tantrums?
- _____ L7. Did you have trouble with stick-to-it-tiveness, not following through, or failing to finish things you started?
- _____ L8. Were you stubborn or strong-willed?
- _____ L9. Were you sad, blue, depressed, or unhappy?
- _____ L10. Were you disobedient with parents, rebellious, or sassy?
- _____ L11. Did you have a low opinion of yourself?
- _____ L12. Were you irritable?
- _____ L13. Were you moody, or did you have ups and downs?
- _____ L14. Were you angry?
- _____ L15. Did you act without thinking, or were you impulsive?
- _____ L16. Did you have a tendency to be immature?
- _____ L17. Did you have a guilty feeling, or were you regretful?
- _____ L18. Did you lose control of yourself?
- _____ L19. Did you have a tendency to be or act irrational?
- _____ L20. Were you unpopular with other children, didn't keep friends for long, or didn't get along with other children?
- _____ L21. Did you have trouble seeing things from someone else's point of view?
- _____ L22. Did you have trouble with authorities, or trouble with school?
- _____ L23. Were you overall a poor student, or a slow learner?
- _____ L24. Did you have trouble with mathematics or numbers?
- _____ L25. Were you not achieving up to your potential?

PART M: CIRCUMSTANCES, MOTIVATION, AND READINESS

How you feel can have a powerful effect on treatment. These feelings include your circumstances, the problems in your life, your feelings about yourself, and your feelings about treatment. Consider each of the questions below and indicate how closely they describe your own feelings.

M1 – M18. Please look at this card and tell me which answer best describes how much you agree or how much you disagree with the statement that I make. **[Display Show Card #28]**

(1) Strongly Disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

M1. I am sure that I would go to jail if I didn't enter treatment.....(____)

M2. I am sure that I would have come to treatment without the pressure of my legal involvement.....(____)

M3. I am sure that my family will not let me live at home if I did not come to treatment.....(____)

M4. I believe that my family/relationship will try to make me leave treatment after a few months.....(____)

M5. I am worried that I will have serious money problems if I stay in treatment.....(____)

M6. Basically, I feel I have too many outside problems that will prevent me from completing treatment (e.g. parents, spouse/relationship, children, loss of job, loss of income, loss of education, family problems, loss of home/place to live).....(____)

M7. Basically, I feel that drug use is a very serious problem in my life.....(____)

M8. Often I don't like myself because of my drug use.....(____)

M9. Lately, I feel if I don't change, my life will keep getting worse.....(____)

M10. I really feel bad that my drug use and the way I've been living has hurt a lot of people.....(____)

M11. It is more important to me than anything else that I stop using drugs.....(____)

M12. I don't really believe that I have to be in treatment to stop using drugs, I can stop anytime I want.....(____)

M13. I came to this program because I really feel that I'm ready to deal with myself in treatment...(____)

M14. I'll do whatever I have to do to get my life straightened out.....(____)

M15. Basically, I don't see any other choice for help at this time except some kind of treatment...(____)

M16. I don't really think I can stop my drug use with the help of friends, family or religion, I really need some kind of treatment.....(____)

M17. I am really tired of using drugs and want to change, but I know I can't do it on my own.....(____)

M18. I'm willing to enter treatment as soon as possible.....(____)

PART N: QUALITY OF LIFE

Now I'm going to ask you some questions about what your life is like, your health, what you do from day-to-day, and how you feel about things. Please look at this card [Display Show Card #29]. This is called the Terrible-Delighted Scale. During the interview, we'll be using this scale to help you tell me how you feel about different things in your life. All you have to do is tell me what on the scale best describes how you feel.

- (1) Terrible (2) Unhappy (3) Mostly dissatisfied (4) Mixed
(5) Mostly Satisfied (6) Pleased (7) Delighted

N1. How do you feel about your life as a whole?..... ()

[Living Situation]

N2. How do you feel about:

- A. The living arrangements where you live?.....()
- B. The food there?.....()
- C. The rules there?.....()
- D. The privacy you have there?.....()
- E. The amount of freedom you have?.....()
- F. The prospect of staying on where you currently live for a long period of time.....()

N3. How do you feel about:

- A. The people who live in the houses or apartments near you?.....()
- B. People who live in this neighborhood?.....()
- C. The outdoor space there is for you to use outside your home?.....()
- D. This neighborhood as a place to live?.....()
- E. How safe you feel in this neighborhood?.....()

N4. [How do you feel about:

- A. Your personal safety?.....()
- B. How safe you are on the streets in your neighborhood?.....()
- C. How safe you are in the building where you live?.....()
- D. The protection you have against being robbed or attacked?.....()
- E. Your chance of finding a policeman if you need one?.....()

Now let's talk about some of the things you did with your time in the past week. I'm going to read you a list of things people may do with their free time. For each of these, please tell me if you did it during the past week.

[Daily Activities and Functioning]

N5. Did you:

- | | | |
|---|--------|---------|
| A. Go for a walk? | (0) No | (1) Yes |
| B. Go to a movie or watch a play? | (0) No | (1) Yes |
| C. Watch television? | (0) No | (1) Yes |
| D. Go shopping? | (0) No | (1) Yes |
| E. Go to a restaurant or coffee shop? | (0) No | (1) Yes |
| F. Go to a bar? | (0) No | (1) Yes |
| G. Read a book, magazine or newspaper? | (0) No | (1) Yes |
| H. Listen to a radio? | (0) No | (1) Yes |
| I. Play cards? | (0) No | (1) Yes |
| J. Go for a ride in a bus or car? | (0) No | (1) Yes |
| K. Prepare a meal? | (0) No | (1) Yes |
| L. Work on a hobby? | (0) No | (1) Yes |
| M. Play a sport? | (0) No | (1) Yes |
| N1. Go to a meeting of some organization or social group which is program related? | (0) No | (1) Yes |
| N2. Go to a meeting of some organization or social group which is <u>NOT</u> program related? | (0) No | (1) Yes |
| O. Go to a park? | (0) No | (1) Yes |
| P. Go to a library? | (0) No | (1) Yes |

N6. Overall, how would you rate your functioning in home, social, school, and work settings at the present time? Would you say your functioning in these areas is excellent, good, fair, or poor?

- (1) Excellent (2) Good (3) Fair (4) Poor

Now, please look at the Terrible-Delighted Scale again [Show Card #29]

- (1) Terrible (2) Unhappy (3) Mostly dissatisfied (4) Mixed
(5) Mostly Satisfied (6) Pleased (7) Delighted

[Family]

N7. How do you feel about:

- A. Your family in general.....(____)
B. How often you have contact with your family.....(____)
C. The way you and your family act towards each other.....(____)
D. The way things are in general between you and your family.....(____)

[Social Relations]

N8. How do you feel about:

- A. The things you do with other people.....(____)
B. The amount of time you spend with other people.....(____)
C. The people you see socially.....(____)
D. How you get along with other people in general.....(____)
E. The chance you have to know people with whom you feel really comfortable.....(____)
F. The amount of friendship you have in your life.....(____)

[Finances]

N9. How do you feel about:

- A. The amount of money you get from all sources.....(____)
B. The amount of money you have to cover basic necessities (e.g. food, clothing, shelter)...(____)
C. How comfortable and well-off you are financially.....(____)
D. The amount of money you have available to spend for fun.....(____)

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

N10. As a result of your physical health, have you:

- A. Cut down on the amount of time you spend on work or other activities? ... (0) No (1) Yes
B. Accomplished less than you would like? (0) No (1) Yes
C. Been limited in the kind of work or other activities you do? (0) No (1) Yes
D. Had difficulty performing work or other activities (e.g. it took extra effort) (0) No (1) Yes

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems such as feeling depressed or anxious?

N11. As a result of your emotional problems, have you:

- A. Cut down on the amount of time you spend on work or other activities (0) No (1) Yes
- B. Accomplished less than you would like? (0) No (1) Yes
- C. Not done your work or other activities as carefully as usual? (0) No (1) Yes

N12. During the past 4 weeks, to what extent have your physical health or emotional health problems interfered with your normal social activities with family, friends, neighbors, or groups?

[Read Response options aloud]

- (0) Not at all
- (1) Slightly
- (2) Moderately
- (3) Quite a bit
- (4) Extremely

Please look at the Terrible-Delighted Scale again [Show Card #29]

- (1) Terrible (2) Unhappy (3) Mostly dissatisfied (4) Mixed
- (5) Mostly Satisfied (6) Pleased (7) Delighted

N13. How do you feel about:

- A. Your health in general.....(____)
- B. The medical care available to you if you need it.....(____)
- C. How often you see a doctor.....(____)
- D. The chance you have to talk with a therapist.....(____)
- E. Your physical condition.....(____)
- F. Your emotional well-being.....(____)

N14. Looking at the Terrible-Delighted Scale, how do you feel about your life as a whole.....(____)

PART O: INDIANA JOB SATISFACTION SCALE

Are you currently employed? (0) No (1) Yes [If “NO” SKIP TO P1]

Please rate each of the following statements as they pertain to your current job.

[Display Show Card #30]

(1) Strongly Disagree (2) Somewhat Disagree (3) Somewhat Agree (4) Strongly Agree

General Satisfaction

- O1. I feel good about this job.....()
- O2. This job is worthwhile.....()
- O3. The working conditions are good.....()
- O4. I want to quit this job.....()
- O5. This job is boring.....()

Pay

- O6. I am happy with the amount this job pays.....()
- O7. The vacation time and other benefits on this job are okay.....()
- O8. I need more money than this job pays.....()
- O9. This job does not provide the medical coverage I need.....()

Advancement and Security

- O10. I have a fairly good chance for promotion in this job.....()
- O11. This is a dead-end job.....()
- O12. I feel that there is a good chance of my losing this job in the future.....()
- O13. I've received sufficient job training on my job.....()
- O14. I receive sufficient work skills development which may help on future jobs.....()

Supervision

- O15. My supervisor is fair.....()
- O16. My supervisor is hard to please.....()
- O17. My supervisor praises me when I do my job well.....()
- O18. My supervisor is difficult to get along with.....()
- O19. My supervisor recognizes my effort.....()

(1) Strongly Disagree (2) Somewhat Disagree (3) Somewhat Agree (4) Strongly Agree
(1) Strongly Disagree (2) Somewhat Disagree (3) Somewhat Agree (4) Strongly Agree

Co-Workers

O20. My co-workers are easy to get along with.....()

O21. My co-workers are lazy.....()

O22. My co-workers are unpleasant.....()

O23. My co-workers don't like me.....()

O24. My co-workers help me to like this job more.....()

O25. I have a co-worker I can rely on.....()

O26. I have a co-worker I consider a friend.....()

How I feel on this Job

O27. I look forward to coming to work.....()

O28. I often feel tense on the job.....()

O29. I don't know what's expected of me on this job.....()

O30. I feel physically worn out at the end of the day.....()

O31. Working makes me feel like I'm needed.....()

O32. My job keeps me busy.....()

O33. I get to do a lot of different things on my job.....()

O34. I am satisfied with my work schedule.....()

PART P: LIFESTYLE CRIMINALITY SCREENING FORM

P1. Have you ever failed to provide child support to at least one biological child?

(0) No (1) Yes (-9) N/A – no children

P2. Did you terminate your formal education prior to graduating from high school?

(0) No (1) Yes

P3. What is the longest amount of time that you have ever held a job?

(0) Two or more years (1) At least 6 months but less than 2 years (2) Less than 6 months
(-9) N/A – never had a job

P4. How many times have you been terminated from a job due to irresponsibility or quit for no apparent reason?

(0) None (1) Once (2) Two or more times

[INTERVIEWER: DO NOT ASK P5 QUESTION TO CLIENT]

P5. Does the client have a history of alcohol or substance abuse?

(0) No (1) Yes

P6. Which answer best describes your marital background?

- (0) Single with no children or married no divorces
- (1) Single with child/children
- (2) One prior divorce or separation
- (3) Two or more prior divorces or separations

P7. How many tattoos do you have?

(0) No tattoos (1) One to four separate tattoos (2) More than 4 tattoos

P8. What offense were you convicted of that resulted in your referral to the TASC program?

[Read Response Options Aloud]

- (1) DWI/DUI/Public Consumption/intoxication
- (2) Use/possession of illegal drugs/paraphernalia
- (3) Forgery or fraud
- (4) Forgery of drug prescriptions
- (5) Fencing
- (6) Illegal gambling, running numbers, or bookmaking
- (7) Prostitution or pimping
- (8) Burglary or auto theft
- (9) Robbery (armed or mugging)
- (10) Rape
- (11) Murder
- (12) Violence against other persons
- (13) Weapons offenses
- (14) Vandalism
- (15) Vagrancy
- (16) Trafficking people across the border
- (17) Other (specify) _____

P9. How many prior arrests do you have for committing an intrusive offense such as rape, robbery, murder, assault, or breaking and entering? **[Read Response Options Aloud]**

- (0) None
- (1) One or Two
- (2) Three or more

P10. Did you use a weapon or threaten the use of a weapon while committing your instant offense, that is, the offense for which you have currently been referred to the TASC program?

- (0) No
- (1) Yes

P11. Have you ever physically abused significant others (primarily family members)?

- (0) No
- (1) Yes

P12. Excluding your instant offense, how many prior non-traffic offenses have you been arrested for?

- (0) One or none
- (1) Two to four
- (2) Five or more

P13. How old were you at the time of your first non-traffic arrest?

- (0) 14 years of age or younger
- (1) Older than 14 but younger than 19
- (2) 19 or older

P14. Do you have a history of disruptive behavior in school?

- (0) No
- (1) Yes

PART Q: RISK ASSESSMENT BATTERY

Now we are going to discuss some rather personal issues regarding some of your drug use and sexual behaviors in the past six months. Remember, you can refuse to answer any question, but we have taken great care to protect the privacy of your answers.

Q1. In the past 6 months, did you inject drugs? (0) No (1) Yes

[IF “NO” SKIP TO Q9]

Q2. In the past 6 months, did you share needles or works? (0) No (1) Yes

[IF “NO” SKIP TO Q7]

Q3. With how many different people did you share needles/works in the past 6 months? **[Record verbatim and code according to responses]**

- (1) One person
- (2) 2 or 3 different people
- (3) 4 to 6 different people
- (4) 7 to 10 different people
- (5) 11 or more different people (_____)

[Display Show Card #31]

Q4. In the past 6 months, how many times have you used a syringe/needle after someone without cleaning?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q5. In the past 6 months, how many times have others used a needle/syringe after you without cleaning?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q6. In the past 6 months, how often have you shared needles with someone you knew or later found out had AIDS or was positive for the AIDS virus?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q7. Where did you get your needles from during the past 6 months?

[READ RESPONSES TO CLIENT – CIRCLE ALL THAT APPLY]

- (1) From a diabetic
- (2) On the street
- (3) Drugstore
- (4) Shooting gallery
- (5) From a needle exchange program
- (6) Drug Dealer
- (7) Syringe seller (not drug dealer)
- (8) Health care facility / private doctor
- (9) Other (specify) _____

[Display Show Card #31]

Q8. How often have you been to a shooting gallery in the past 6 months?

- (0) Never
- (1) A few times
- (2) About once a month
- (3) A few times each month
- (4) About once each week
- (5) A few times each week
- (6) Every day
- (7) More than once a day

Q9. How often have you been to a crack house in the past 6 months?

- (0) Never
- (1) A few times
- (2) About once a month
- (3) A few times each month
- (4) About once each week
- (5) A few times each week
- (6) Every day
- (7) More than once a day

[IF “NO” TO Q1 MEANING CLIENT DID NOT INJECT NOW SKIP TO Q15]

Q10. In the past 6 months, which statement best describes your way of cleaning your needles? **[READ RESPONSES TO CLIENT]**

- (1) I always use new needles
- (2) I always clean my needles just before I shoot up
- (3) After I shoot up I always clean my needles
- (4) Sometimes I clean my needles, sometimes I don't
- (5) I never clean my needles (_____)

[IF “1” or “5” SKIP TO Q12]

[IF “2” or “3” or “4” ASK]

Q11. In the past 6 months, how did you clean your needles? **[READ RESPONSES]**

- (1) Soap and water or water only
- (2) Alcohol
- (3) Bleach
- (4) Boiling water
- (5) Other (specify) _____ (_____)

[Display Show Card #31]

Q12. In the past 6 months, how many times did you share rinse water?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q13. In the past 6 months, how many times did you share a cooker?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q14. In the past 6 months, how many times did you share a cotton?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Now we are going to discuss some of the sexual practices you may have engaged in during the past 6 months.

Q15. Do you consider yourself to be:

- (1) Straight/heterosexual
- (2) Gay/Homosexual
- (3) Bisexual _____ (_____)

- (4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q16. With how many men have you had sex with in the past 6 months?

- (0) 0 men
(1) 1 man
(2) 2 or 3 men
(3) 4 to 6 men
(4) 7 to 10 men
(5) 11 or more men (_____)

Q17. With how many women have you had sex with in the past 6 months?

- (0) 0 women
(1) 1 woman
(2) 2 or 3 women
(3) 4 to 6 women
(4) 7 to 10 women
(5) 11 or more women (_____)

**[IF “NO SEX IN THE PAST MONTHS” WITH EITHER MEN OR WOMEN SKIP TO Q24]
[IF ANY SEX IN THE PAST SIX MONTHS ASK]**

[Display Show Card #31]

Q18. In the past 6 months, how often did you have sex so you could get drugs?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
(4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q19. In the past 6 months, how often have you given drugs to someone so you could have sex with them?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
(4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q20. In the past 6 months, how often were you paid money to have sex with someone?

- (0) Never (1) A few times (2) About once a month (3) A few times each month
(4) About once each week (5) A few times each week (6) Every day (7) More than once a day

(4) About once each week (5) A few times each week (6) Every day (7) More than once a day
(4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q21. In the past 6 months, how often did you pay money to have sex with someone?

(0) Never (1) A few times (2) About once a month (3) A few times each month
(4) About once each week (5) A few times each week (6) Every day (7) More than once a day

Q22. In the past 6 months, how many times did you have sex with someone you knew or later found out had AIDS or was positive for the AIDS virus?

(0) Never (1) A few times (2) About once a month (3) A few times each month
(4) About once each week (5) A few times each week (6) Every day (7) More than once a day

[Display Show Card #32]

Q23. In the past 6 months, how much time of the time did you use condoms when you had sex?

(0) None of the time, never (1) Less than half the time (2) About half the time
(3) Most of the time (4) All the time, every time

Q24. Do you know your HIV status? If so, what is your HIV status? **[READ RESPONSES]**

(0) No, I don't know my HIV status
(1) Yes, it's negative
(2) Yes, it's positive (_____)

[IF "POSITIVE" SKIP TO R1]

[IF "NEGATIVE" or "NOT SURE" ASK]

[Display Show Card #33]

Q25. How worried are you about getting HIV or AIDS?

(0) Not at all (1) Slightly (2) Moderately (3) Considerably (4) extremely (_____)

Q26. How worried are you that you may have already been exposed to the HIV or AIDS virus?

(0) Not at all (1) Slightly (2) Moderately (3) Considerably (4) extremely (_____)

Q27. How many times have you been tested for the HIV, the virus that causes AIDS?

0 1 2 3 4 5 6 7 8 9 10+

Q28. Did you get the results from the last HIV test that you took?

(0) No

(1) Yes

PART R: MOTIVATION FOR SEALING RECORDS

Now we are going to discuss the effect that your criminal record has had on your life.

STIGMA ENCOUNTERS

[Display Show Card #34]

(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly Agree

R1. Because I have a criminal record, my family has acted differently towards me.....(____)

R2. Because I have a criminal record, my friends have acted differently towards me.....(____)

R3. Because I have a criminal record, it is hard for me to make new friends.....(____)

R4. Because I have a criminal record, I have not applied for some jobs.....(____)

R5. I feel that my criminal record keeps me from getting a good job.....(____)

R6. When I fill a job application I am intimidated by the criminal history section.....(____)

R7. I feel that my criminal record decreases my chances in obtaining
public assistance and housing.....(____)

R8. People who know that I have a criminal record act suspicious around me.....(____)

R9. A criminal record has actually enhanced my status in my community. I have gained
more respect from my peers.....(____)

R10. I am embarrassed to have a criminal record.....(____)

SEALING CRIMINAL RECORDS- MOTIVATION

R11. Having my record sealed will help me to find a better job.....(____)

R12. Having my record sealed will make it easier to make new friends.....(____)

R13. Having my record sealed will make my family feel better about me.....(____)

R14. Having my record sealed will give me a new start.....(____)

R15. Having my record sealed will help me get better public services and housing.....(____)

R16. It is not such a big deal having a criminal record, it is common in my community.....(____)

R17. My family has been negative toward me because of my legal situation.....(____)

R18. My friends have been negative toward me because of my legal situation.....(____)

Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
------------------------	---------------	---------------------------------	------------	---------------------

- R19. Even if I got my record sealed it would continue to create problems for me.
- R20. I was aware of the implications of my plea at the time I appeared before a judge for my sentencing.
- R21. Having my record sealed will be a positive milestone in my successful recovery.
- R22. At the time of sentencing my main objective was to avoid serving any jail or prison time.
- R23. I have been convicted of a felony; however that mistake does not mean I consider myself a criminal.
- R24. Having my record sealed means that I should no longer be considered a criminal.
- R25. Most employers and agencies have a way of finding out whether a criminal record exists.
- R26. In Ohio, criminal record information is available to anyone that wants it.
- R27. Once convicted of a felony, it is difficult to get a job that provides a good salary and benefits.
- R28. It is difficult to get a minimum wage job after a felony conviction.
- R29. Having a juvenile record negatively influenced the legal outcome of the case for which I was originally referred to TASC. *Note: If respondent says they don't have any juvenile record, please indicate Not Applicable.*

YES	NO
-----	----

R30. By law, a job applicant must disclose any prior criminal arrests or convictions if asked on a job application or during a job interview.

YES	NO
-----	----

LEGAL SANCTIONS: CLIENT PERSPECTIVES & EXPERIENCES

Instructions: I am going to read you a list of possible legal consequences that sometimes become a problem for people that are arrested or convicted of a crime. Please tell me first which answer best describes how much each possible consequence concerns you and then tell me whether or not you have experienced any of the following consequences since you were arrested.

31a. Criminal background checks are conducted when applying for jobs in Ohio, how much does this concern you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4

31b. I have been denied a job because of information revealed during a criminal background check.

YES NO

R32a. Some employers may fire/demote someone if they have a criminal history, how much?

R32b. I have lost a job, been demoted, or have been treated differently at work because of my legal situation.

R33a. Professional license can be denied, revoked, or suspended following arrest or conviction, how much.....?

R33b. I have had a professional license denied, revoked, or suspended because of my legal situation.

R34a. Felons can be denied benefits under the Ohio public employee's retirement system, how much....?

R34b. I have been denied retirement benefits because of my legal situation.

R35a. Felons can be denied a driver's license by the Department of Motor Vehicles, how much....?

R35b. I have been denied a driver's license because of my legal situation.

R36a. Federal or local housing authorities can deny placement or assistance to felons, how much....?

R36b. I have been denied housing assistance because of my legal situation.

R37a. Felons may be prohibited from receiving food stamps, cash, and other public assistance, how much...?

R37b. I have been denied federally funded benefits and public assistance because of my legal situation.

R38a. Felons in Ohio are restricted from voting while incarcerated, how much does this concern you?

R38b. I have had problems registering to vote since my arrest.

R39a. Some felons are disqualified from consideration for foster care or adoptive placement, how much....?

R39b. I have been denied consideration for foster care or adoptive placement because of my legal situation.

R40a. The Board of Education can deny an education loan, grant, or work assistance to felons, how much...?

R40b. I have been denied educational assistance because of my legal situation.

R41a. Felons may be denied Medicaid or other healthcare benefits, how much does this concern you?

R41b. I have been denied Medicaid or other healthcare benefits because of my legal situation.

R42a. Felons may be denied admission to drug treatment, mental health, or other services, how much...?

R42b. I have been denied admission to drug treatment, mental health, other services because of my legal situation.

R43a. Felons may be denied a variety of personal loans (e.g. mortgage, car, personal credit), how much...?

R43b. I have been denied a personal loan because of my legal situation.

Social Role Scale

Instructions: Now I am going to ask you some questions about your life and the way you viewed yourself at the time you came to TASC and about your life and your view of yourself now. Please tell me which answer best describes your situation. Note: Retrospective questions (44) are to be asked only at the time of the 24-month interview. Forty-two month interview captures current perceptions (45) only.

R44. At the time of your initial involvement with TASC did you view yourself as [role]?

- (0) Not at all (1) Rarely (2) Sometimes (3) Often (4) Always

R45. Do you currently view yourself as {role}?

- (0) Not at all (1) Rarely (2) Sometimes (3) Often (4) Always

Role	44. Baseline	45. Current
1. Criminal		
2. Worker		
3. Addict/alcoholic		
4. Parent		
5. Caregiver		
6. Recovering Person		
7. Student		
8. Victim		
9. Survivor		
10. Failure		
11. Partner		
12. Son/daughter		
13. Person w/ a disability		
14. Mentor		
15. Spiritual person		
16. Mental health consumer		
17. Gang member		
18. Athlete		

Instructions: This next set of questions has to do with your prior experiences with the criminal justice system, particularly the case for which you were referred to TASC and this program.

R46. Do you have a juvenile record (including any arrests, adjudications, or commitments)?

YES

NO

R47. Think back to when the judge originally referred you to TASC and this program, were you represented by:

(1) Public Defender

(2) Private Defense Attorney

(3) No representation

R48. Most of the information that helped you to decide what to plea was given to you by (choose one):

- a) Public Defender
- b) Private Defense Attorney
- c) Prosecutor
- d) Judge
- e) Don't know/Not sure

R49. Did anyone discuss with you the longer-term consequences of pleading guilty to a felony?

YES

NO

49a. If so, what were you told? _____

R50. Were you given any legal alternatives to your case disposition for which you were originally referred to TASC?

YES

NO

R50a. If so, what alternatives were you given? _____

PART 5: CLIENT SERVICE UTILIZATION AND SATISFACTION

I would now like to ask you some questions about some of the services you may have received in the past 6 months. Just so you know your responses to the following questions will not be reported back to any clinical staff with whom you have worked. Your responses will not "get anybody into trouble" or be used in any performance evaluation or affect any future services you might receive. We ask these questions in order to gain a better understanding of what works and what doesn't work about drug treatment. The questions we ask about treatment refer to the time in treatment when you were asked to participate in the Second Chance Program. I will be asking you some questions about both your contacts with your case manager and aftercare counselor.

This first set of questions will be about your contact with your case manager at TASC. These questions do not apply to your work or contact with treatment providers or aftercare counselors.

[Display Show Card #35]

S1. During the past 12 months, how frequently did you have contact with your case manager at TASC? This would include both phone contacts and personal visits.

- (0) Never (1) Less than once a month (2) About once a month
- (3) Twice a month (4) About once a week (5) More than once a week

[Display Show Card #36]

S2. During the past 30 days, how many contacts did you have with your TASC case manager? This would include both phone contacts and personal visits.

- (0) No contacts (1) one to three contacts (2) four to six contacts
- (3) seven or more contacts (4) discharged from TASC more than one month ago

S3. How many of these case manager contacts in the past 12 months were:

- A. At the TASC office.....(_____)
- B. At a treatment agency.....(_____)
- C. In the community such as at home, work, or court.....(_____)
- D. Telephone contacts.....(_____)

S4. What was the single most helpful topic which you worked on with your case manager in the past 12 months?

[Display Show Card #37]

S5. Looking at this showcard, please tell me which of the answers best describes how satisfied you are with your TASC case manager in the past 12 months?

- (1) Very dissatisfied (2) Somewhat dissatisfied (3) Somewhat satisfied (4) Very satisfied

S6. Can you please tell me why you feel that way about your experience with your TASC case manager?

Now I would like to ask you some questions about any contact you may have had with a representative from Community Re-entry. Just a reminder, these questions do not apply to your contact with your case manager.

S7. Have you had any contact in the past 12 months with staff at Community Re-entry?

- (0) No (1) Yes

[IF “NO” SKIP to S14; OTHERWISE ASK]

[Display Show Card #38]

S8. During the past 12 months, how frequently did you have contact with a representative from Community Re-entry? This would include both phone contacts and personal visits.

- (0) Never (1) Less than once a month (2) About once a month
(3) Twice a month (4) About once a week (5) More than once a week

[Display Show Card #39]

S9. During the past 30 days, how many contacts did you have with a representative from Community Re-entry? This would include both phone contacts and personal visits.

- (0) No contacts (1) one to three contacts (2) four to six contacts
(3) seven or more contacts (4) discharged from TASC more than one month ago

S10. How many of these Community Re-entry contacts in the past 12 months were:

- A. At the TASC office.....(____)
B. At a treatment agency.....(____)
C. In the community such as at home, work, or court.....(____)
D. Telephone contacts.....(____)

S11. What was the single most helpful topic which you worked on with your contact from Community Re-entry in the past 12 months?

[Display Show Card #40]

S12. Looking at this Show Card, please tell me which of the answers best describes how satisfied you are with your contact from Community Re-entry in the past 12 months?

- (1) Very dissatisfied (2) Somewhat dissatisfied (3) Somewhat satisfied (4) Very satisfied

S13. Can you please tell me why you feel that way about your experience with Community Re-entry?

Now I will ask you about a list of different topics that you may have worked on with either your case manager or your contact at Community Re-entry. You don't need to identify which one of these persons helped you, it can be either one. Please tell me if you worked on any of these following topics with TASC or Community Re-entry in the past 12 months.

S14. Did you work on **Life Skills** such as: Cooking; Grocery Shopping, Using public transportation; Washing clothes; Improving dress and appearance; Getting driver's license; Maintaining personal hygiene; Improving diet, etc.

(0) No (1) Yes

[IF "YES" ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Life Skills** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S15. Did you work on **Finances** such as: Balancing checkbook; Using savings account; Using credit card wisely; Controlling debts; Filing for bankruptcy; Saving money for specific goals; Maintaining budget; Earning money legally; Getting public assistance; Getting social security, etc.

(0) No (1) Yes

[IF "YES" ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Finances** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S16. Did you work on **Leisure** such as: Seeking leisure activities; Seeking long term activities; Seeking individual activities; Maintaining spouse/partner contact; Resolving conflict, etc.

(0) No (1) Yes

[IF "YES" ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Leisure activities** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S17. Did you work on **Relationships** such as: Maintaining family or friend contacts; Meeting spiritual needs; Seeking community groups; Keeping pets; Resolving conflicts, etc.

(0) No (1) Yes

[IF "YES" ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Relationships** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S18. Did you work on **Living Arrangements** such as: Seeking new residence; Maintaining existing residence; Finding a roommate; Cleaning residence; Entering halfway house; Entering domiciliary, etc.

(0) No (1) Yes

[IF “YES” ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Living arrangements** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S19. Did you work on **Health** such as: Getting adequate sleep; Exercising regularly; Scheduling medical check-ups; Scheduling dental check-ups; Resolving health problems; Scheduling psychology counseling; Scheduling drug counseling; Understanding my health; Following medical prescriptions; Understanding Safe-sex practices, etc.

(0) No (1) Yes

[IF “YES” ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Health** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S20. Did you work on **Internal Resources** such as: Identifying goals; pursuing goals; expressing needs; identifying strengths and talents; Following beliefs and values; Identifying accomplishments; Identifying interests; Making decisions, etc.

(0) No (1) Yes

[IF “YES” ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Internal resources** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S21. Did you work on **Recovery** such as: Completing primary treatment; Discussing powerlessness over alcohol and drugs; Following through with aftercare; Maintaining sobriety; Attending NA/AA/CA meetings; Finding a sponsor; Maintaining contact with sponsor, etc.

(0) No (1) Yes

[IF “YES” ASK] [Display Show Card #41]

A. Looking at this showcard, please tell me which answer best describes how helpful it was for you to work on and/or discuss your **Recovery** with a counselor?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

The next set of questions have to do with some of the services you may or may not have received since you entered TASC approximately six months ago. It may be that TASC or Community Re-entry referred you to these services or it may be that you sought these services on your own.

S22. Have you received help with a **food pantry or food vouchers** in the past 6 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S23; IF “YES” ASK]

A. How many times did you receive assistance from a food pantry or receive food vouchers in the past 6 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive food vouchers or assistance from a food pantry or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still receiving food vouchers or assistance from a food pantry?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S23. Have you received **credit counseling services** in the past 6 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S24; IF “YES” ASK]

A. How many times did you receive credit counseling services in the past 6 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive credit counseling services or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still receiving credit counseling services?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S24. Have you received services to help you with any **unpaid electric, telephone or other bills** in the past 6 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S25; IF “YES” ASK]

A. How many times did you receive services to help you with any unpaid bills in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive services to help you with your unpaid bills or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still receiving services to help you with your unpaid bills?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S25. Have you received **housing assistance** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S26; IF “YES” ASK]

A. How many times did you receive housing assistance in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive housing assistance or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still receiving housing assistance?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S26. Have you received **family or psychological counseling** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S27; IF “YES” ASK]

A. How many times did you receive family or psychological counseling in the past 6 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive family or psychological counseling or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still receiving family or psychological counseling?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S27. Have you received **attorney or legal aid services** in the past 6 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S28; IF “YES” ASK]

A. How many times did you receive legal services in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive these legal services or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still receiving legal services?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S28. Have you received **medical or hospital services** in the past 12 months?

(0) No (1) Yes

[IF “NO” SKIP TO S29; IF “YES” ASK]

A. How many times did you receive medical services in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive these medical services or did you locate these services on your own?

(1) Referred (2) Found service without referral

C. Are you still receiving medical services?

(0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S29. Have you sought assistance with **clothing vouchers** in the past 12 months?

(0) No (1) Yes

[IF “NO” SKIP TO S30; IF “YES” ASK]

A. How many times did you receive clothing vouchers in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry that referred you to receive these clothing vouchers or did you locate these services on your own?

(1) Referred (2) Found service without referral

C. Are you still receiving clothing vouchers?

(0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S30. Have you sought assistance with **substance abuse in self-help support groups such as AA, NA, CA, or Alanon** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S31; IF “YES” ASK]

A. How many times did you receive assistance for **substance abuse at self help support groups such as AA, NA, CA, or Alanon** in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to these self-help groups for substance abuse or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still attending self-help groups for substance abuse?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S31. Have you received assistance with **other self-help support groups such as Overeaters Anonymous or Gamblers Anonymous** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S32; IF “YES” ASK]

A. How many times did you receive assistance for **other self-help support groups such as Overeaters Anonymous or Gamblers Anonymous** in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to these other self-help groups or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you still attending these other self-help groups?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S32. Have you received assistance with **work related or vocational services** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S33; IF “YES” ASK]

A. How many times did you receive assistance with work related or vocational services in the past 6 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to these work related or vocational services or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Did you complete any work related or vocational services in the past 12 months?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S33. Have you received assistance with **school or educational services** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S34; IF “YES” ASK]

A. How many times did you receive assistance with school or educational services in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to these school or educational services or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Did you complete any school or educational programs in the past 12 months?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S34. Have you received treatment in a **residential treatment program** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S35; IF “YES” ASK]

A. How many times did you receive treatment in a residential program in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to residential treatment or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you currently living in a residential treatment program?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S35. Have you received treatment in an **outpatient treatment program** in the past 12 months?

- (0) No (1) Yes

[IF “NO” SKIP TO S36; IF “YES” ASK]

A. How many times did you receive treatment in a outpatient program in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to outpatient treatment or did you locate these services on your own?

- (1) Referred (2) Found service without referral

C. Are you currently receiving outpatient treatment services?

- (0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

- (0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S36. Have you received treatment in a **detox program** in the past 12 months?

(0) No (1) Yes

[IF “NO” SKIP TO S37; IF “YES” ASK]

A. How many times did you receive treatment in a detox program in the past 12 months?.....(_____)

B. Was it your case manager or Community Re-entry contact that referred you to detox or did you locate these services on your own?

(1) Referred (2) Found service without referral

C. Are you currently receiving detox services?

(0) No (1) Yes

[Display Show Card #41]

D. Looking at this showcard, please tell me which answer best describes how helpful it was for you to receive this assistance?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S37. How many of these treatments that you have received in the past 6 months were court ordered or in a correctional facility?.....(_____)

S38. How long has it been since you left your last treatment program for an alcohol or drug problem?

Months_____ Weeks_____

The next set of questions have to do with any barriers to treatment or other services that you may have encountered in the past 12 months.

S39. Please tell me, in the past 12 months have you encountered any of the following barriers to care:

A. Had to wait too long to get an appointment	(0) No	(1) Yes
B. Felt well or had no symptoms	(0) No	(1) Yes
C. Had difficulty finding the right doctor or clinic	(0) No	(1) Yes
D. Don't want my insurance to know	(0) No	(1) Yes
E. Don't want my employer to know	(0) No	(1) Yes
F. Don't want my family or friends to know	(0) No	(1) Yes

G. Not ready for treatment or other services	(0) No	(1) Yes
H. Not ready, I still want to use alcohol and/or drugs	(0) No	(1) Yes
I. Don't want to be sick around people	(0) No	(1) Yes
J. Too busy taking care of someone else right now (e.g. child, parent)	(0) No	(1) Yes
K. Afraid because I don't have citizenship	(0) No	(1) Yes
L. Homelessness	(0) No	(1) Yes
M. Don't like doctors or clinics	(0) No	(1) Yes
N. I won't understand what's going on because I don't read or write very well	(0) No	(1) Yes
O. Feel too hopeless	(0) No	(1) Yes
P. I won't understand what's going on because I don't speak English very well	(0) No	(1) Yes
Q. Family, friends, others would disapprove of me seeking help	(0) No	(1) Yes
R. Don't have proper identification	(0) No	(1) Yes
S. Too difficult to get admitted to care	(0) No	(1) Yes
T. Putting it off	(0) No	(1) Yes
U. Costs too much/no insurance coverage	(0) No	(1) Yes
V. Care was not available when I needed it	(0) No	(1) Yes
W. Had to wait too long in clinic	(0) No	(1) Yes
X. Didn't know where to go	(0) No	(1) Yes
Y. Didn't know what kind of doctor to see	(0) No	(1) Yes

Z. Didn't have a way to get there/transportation problem	(0) No	(1) Yes
AA. Too far to go	(0) No	(1) Yes
BB. Clinic hours not convenient	(0) No	(1) Yes
CC. Fear of being treated rudely or unkindly	(0) No	(1) Yes
DD. Couldn't get an appointment	(0) No	(1) Yes
EE. Child care not available	(0) No	(1) Yes
FF. Couldn't take time off of work	(0) No	(1) Yes
GG. Too embarrassed	(0) No	(1) Yes
HH. Didn't think anyone could help	(0) No	(1) Yes
II. Afraid to find out what you may have	(0) No	(1) Yes
JJ. Thought treatment would be unpleasant or painful	(0) No	(1) Yes
KK. Didn't want treatment	(0) No	(1) Yes
LL. Didn't want to deal with it	(0) No	(1) Yes
MM. Treated yourself	(0) No	(1) Yes

The next set of questions have to do with any Peer Support Groups you may have attended in the past 12 months, specifically any "Winner's Circle" groups you may have participated in.

[ASK ONLY IF CLIENT IS EXPERIMENTAL]

S40. Were you informed by your TASC case manager that a Peer Support group called "Winner's Circle" was available to you as part of the Second Chance Program?

(0) No (1) Yes

S41. Did you attend any Winner's Circle meetings in the past 12 months?

(0) No (1) Yes

[IF “NO” SKIP TO SECTION T; OTHERWISE ASK]

[Display Show Card #42]

S42. Looking at this showcard, please tell me how often did you attend these peer group support meetings in the past 12 months?

(1) Once or twice (2) A few times (3-4) (3) About once a month (4) Every other week (5) Once a week

S43. Were these peer group support meetings *usually* started at the scheduled time?

(0) No (1) Yes

S44. Was there a prayer recited at the beginning of every meeting?

(0) No (1) Yes

S45. Were "Milestones of Recovery" recited at the beginning of every meeting?

(0) No (1) Yes

S46. Was there a preamble recited at the beginning of every meeting?

(0) No (1) Yes

S47. Was the Code of Ethics reviewed prior to every meeting?

(0) No (1) Yes

S48. Were the rules of the group clearly posted in the meeting room?

(0) No (1) Yes

S49. Did you find that the rules of the group were *usually* respected by the members of the group?

(0) No (1) Yes

S50. Were these peer group meetings organized around topics of discussion? That is, was a topic picked during each meeting (e.g. anger, depression, honesty, friendship) for the group to discuss?

(0) No (1) Yes

[IF “YES” ASK]

A. How were topics of discussion usually picked? **[Read response options aloud]**

- (1) Chosen by meeting chairperson or leader
- (2) Suggested by one member of the group
- (3) Voted on by the entire group
- (4) Randomly selected from a list of topics
- (5) Other method (specify)_____

[Display Show Card #43]

S51. Looking at this showcard, please tell me thinking back to the topics that were discussed during the meetings you attended, how helpful was it to you to discuss these topics?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S52. Looking at that same card, please tell me which answer describes how helpful you feel these peer group meetings were for you?

(0) Not at all (1) Somewhat (2) moderately (3) Considerably (4) Extremely

S53. Based on your experiences with these peer support groups, would you recommend to a friend that he/she attend a meeting?

(0) No (1) Yes

PART T: INTERVIEWER IMPRESSIONS

TO BE COMPLETED IMMEDIATELY AFTER THE INTERVIEW

T1. END TIME _____ : _____ am/pm

a. Calculate Total length of interview (____/____/____)
Minutes

DESCRIBE THE CLIENT:

T2. Weight:(____)

1 = Emaciated 2 = Thin 3 = Average 4 = Heavy

T3. Grooming:(____)

1 = Poor 2 = Acceptable 3 = Good 4 = Excellent

T4. Attention to interviewer:(____)

1 = Poor 2 = Acceptable 3 = Good 4 = Excellent

T5. Understanding of questions(____)

1 = Poor 2 = Good

T6. Ability to articulate answers:(____)

1 = Poor 2 = Acceptable 3 = Good 4 = Excellent

T7. Openness and honesty:(____)

1 = Very poor 2 = Poor 3 = Acceptable 4 = Good 5 = Excellent

T8-10. Any signs of client:

	<u>None</u>	<u>Some</u>	<u>A lot</u>	
T8. Denial?	0	1	2(____)
T9. Drunkenness?	0	1	2(____)
T10. Drug intoxication?	0	1	2(____)

T11-19. At the time of the interview, was client: (0) No (1) Yes

- T11. Cooperative.....(____)
- T12. Suspicious.....(____)
- T13. Uncommunicative.....(____)
- T14. Obviously depressed, withdrawn.....(____)
- T15. Obviously hostile.....(____)
- T16. Obviously anxious/nervous.....(____)
- T17. Having trouble with reality testing,(____)
thought disorders, paranoid thinking
- T18. Having trouble comprehending,(____)
concentrating, remembering
- T19. Having suicidal thoughts(____)

T20. How would you rate the accuracy of client's memory?()

- 1 = Difficult to say
- 2 = Not very accurate
- 3 = Somewhat accurate
- 4 = Accurate
- 5 = Extremely accurate

T21. How *socially well-adjusted* (able to adapt to society) would you() say the client is?

- 1 = Not at all
- 2 = Very little
- 3 = Moderately
- 4 = Much
- 5 = Very much

T22. How *psychologically well adjusted* (emotionally mature or stable)() would you say the client is?

- 1 = Not at all
- 2 = Very little
- 3 = Moderately
- 4 = Much
- 5 = Very much

T23-25. What is your assessment of the validity (truthfulness) of the information the client provided concerning her/his:

0= Not at all valid 1=Minimally valid 2=50/50 Valid/invalid 3=Mostly valid 4=Completely valid

T23. Alcohol/drug usage?()

T24. Involvement in criminal activity?()

T25. AIDS risk behavior?()

T27. HOW WOULD YOU RATE THE ANSWERS GIVEN TO YOU?

- VERY RELIABLE1
- RELIABLE2
- MARGINALLY RELIABLE.....3
- UNRELIABLE.....4
- VERY UNRELIABLE.....5

T28. OVERALL, HOW ATTENTIVE WAS CLIENT DURING THE INTERVIEW?

- ATTENTIVE1
- SOMEWHAT INATTENTIVE OR UNINVOLVED2
- EASILY DISTRACTED, NEEDED URGING TO PAY ATTENTION, OR OFTEN REQUIRED REPETITION OF QUESTIONS3

T29. DID CLIENT GET LESS ATTENTIVE AS THE INTERVIEW PROCEEDED?

- NOT AT ALL1
- A LITTLE LESS2
- A LOT LESS3

Show Card Responses

Program Rehabilitation & Restitution Project

Show Card #1

- A. One family house, duplex, or condominium
- B. Apartment of other multiple family building
- C. Mobile home/trailer
- D. Hotel room, rooming house, or boarding house
- E. Hospital or medical institution
- F. Jail, prison, or other controlled environment
- G. Residential treatment program
- H. Group residence or halfway house
- I. Homeless shelter
- J. Street, abandoned building, or no regular place
- K. Other (specify)

Show Card #2

- A. NO IMPORTANT PLACES
- B. FREEWAY
- C. CHURCH
- D. ABANDONED HOUSE/BUILDING
- E. TROLLEY/BUS
- F. DELI/CORNER STORE
- G. DISCOUNT DEPARTMENT STORE
- H. SHOPPING MALL/MARKET
- I. STREET/CORNER/PARKING LOT
- J. SCHOOL
- K. LIQUOR STORE
- L. PROJECTS
- M. RECREATION CENTER/PARK/GYM
- N. POLICE STATION
- O. RESTAURANT/BAR
- P. DOPE HOUSE/CRACK HOUSE
- Q. OTHER COMMERCIAL AREA
- R. OTHER TRANSIT AREA
- S. OTHER COMMUNITY CENTER
- T. OTHER PLACE (specify)

Show Card #3

- A. Both parents
- B. Father mainly
- C. Mother mainly
- D. Spouse (and children)
- E. Children only
- F. Parent and children
- G. Other relative
- H. Member of the opposite sex (mate)
- I. Member of the same sex (mate)
- J. Other friends
- K. Fellow jail/prison inmates
- L. Other institution/hospital/shelter residents
- M. Other treatment program residents
- N. Alone
- O. Other (specify)

Show Card #4

- A. Not at All
- B. Once or twice
- C. A few times
- D. About once a month
- E. About once a week
- F. Almost daily
- G. Daily

Show Card #5

- A. None
- B. Low
- C. Moderate
- D. High

Show Card #6

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Almost always
- F. Always

Show Card #7

- A. Both Parents
- B. Father mainly
- C. Mother mainly
- D. Spouse (and children)
- E. Children only
- F. Parent and children
- G. Other relative
- H. Member of the opposite sex (mate)
- I. Member of the same sex (mate)
- J. Other friends
- K. Fellow jail/prison inmates
- L. Other institution/hospital/shelter residents
- M. Other treatment program residents
- N. Other (specify)

Show Card #8

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Almost always
- F. Always

Show Card #9

- A. Couldn't be worse
- B. Pretty bad
- C. Okay
- D. Pretty good
- E. Couldn't be better

Show Card #10a

- A. Alcohol – any use
- B. Alcohol – to intoxication
- C. Inhalants (glue, gas, paint, liquid paper)
- D. Marijuana/hashish
- E. Hallucinogens (LSD, DMT, peyote)
- F. Crack/freebase
- G. Cocaine (by itself)
- H. Heroin (by itself)
- I. Heroin and Cocaine (used together)
- J. Prescribed Methadone
- K. Street Methadone
- L. Other Opiates (codeine, morphine, Demerol)
- M. Methamphetamine/Speed/Ice

Show Card #10b

- A. Other Amphetamines (uppers, diet pills)
- B. Minor Tranquilizers (librium, valium)
- C. Barbiturates (downers)
- D. Other Sedatives/Hypnotics (quaaludes)
- E. PCP
- F. Ecstasy (MDMA)
- G. Ketamine/Special K/Vitamin K
- H. Rohypnol (Roofies)
- I. GHB/Grievous Bodily Harm/Liquid Ecstasy
- J. More than one Drug at a time (excluding alcohol)
- K. Other (specify)

Show Card #11

- A. Never
- B. Several times a year
(less than once a month)
- C. About once a month
- D. About once every two weeks
- E. About once a week
- F. Several times a week
- G. Every day
- H. More than once a day

Show Card #12

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Almost always
- F. Always

Show Card #13

- A. None
- B. Very little
- C. About $\frac{1}{4}$
- D. About $\frac{1}{2}$
- E. About $\frac{3}{4}$
- F. Almost All
- G. All of it

Show Card #14

- A. Professional or technical (accountant, architect, engineer, lawyer, or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer)
- B. Manager and administrator (office/sales manager, school administrator, government official, small business owner)
- C. Sales (sales representative, insurance agent, real estate broker, bond salesman, sales clerk or other sales people)
- D. Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)
- E. Craft and kindred (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)
- F. Operative (assembler, checker, gas station attendant, meat cutter, packer, laundry and dry-cleaning operative, miner operative, welder, garage worker)
- G. Transportation equipment operative (bus driver, cab driver or chauffeur, truck driver and delivery man)
- H. Non farm laborer (construction, freight handler, sanitation)
- I. Private household worker (maid, butler, cook)
- J. Service worker (cook, waiter, barber, janitor, practical nurse, beautician, police officer, firefighter)
- K. Farmer and farm manager
- L. Farmer laborer (foreman, picker)
- M. Military Service

Show Card #15

- A. Never
- B. Rarely
- C. About $\frac{1}{4}$ of the time
- D. About $\frac{1}{2}$ of the time
- E. About $\frac{3}{4}$ of the time
- F. Almost always
- G. Always

Show Card #16

- A. None of them
- B. One or a few of them
- C. About $\frac{1}{2}$ of them
- D. Most of them
- E. All of them

Show Card #17

- A. None of my free time
- B. Very little of my free time
- C. About 25% of my free time
- D. About 50% of my free time
- E. About 75% of my free time
- F. Almost all of my free time
- G. All of my free time

Show Card #18

- A. Not at all
- B. Slightly
- C. Moderately
- D. Considerably
- E. Extremely

Show Card #19

- A. Excellent
- B. Good
- C. Fair
- D. Poor

Show Card #20

- A. Not at all helpful
- B. Somewhat helpful
- C. Quite helpful
- D. Extremely helpful

Show Card #21

- A. Never
- B. Rarely
- C. Sometimes
- D. Often
- E. Almost always
- F. Always

Show Card #22

- A. Strongly Disagree
- B. Disagree
- C. Not Sure
- D. Agree
- E. Strongly Agree

Show Card #23

- A. Not at all
- B. Somewhat
- C. Moderately
- D. Quite a bit
- E. Extremely

Show Card #24

- A. Strongly Disagree
- B. Disagree
- C. Not Sure
- D. Agree
- E. Strongly Agree

Show Card #25

- A. Probably increase your drug use
- B. Continue to use drugs like before
- C. Cut back your drug use or use on an occasional or more controlled basis
- D. Switch to using (or use more) alcohol
- E. Switch to using other, less serious drug
- F. Quit for a while, but start using again later
- G. Quit eventually but slip a few times during recovery
- H. Quit forever and never use again
- I. Continue your abstinence from drugs
- J. Other (specify)

Show Card #26

- A. Zero
- B. Very low (less than 10%)
- C. Low (about 25%)
- D. About 50/50
- E. High (about 75%)
- F. Very high (85% or greater)

Show Card #28

- A. Strongly Disagree
- B. Disagree
- C. Neither agree nor disagree
- D. Agree
- E. Strongly Agree

Show Card #29

- A. Terrible
- B. Unhappy
- C. Mostly Dissatisfied
- D. Mixed
- E. Mostly Satisfied
- F. Pleased
- G. Delighted

Show Card #30

- A. Strongly Disagree
- B. Somewhat Disagree
- C. Somewhat agree
- D. Strongly agree

Show Card #31

- A. Never
- B. A few times
- C. About once a month
- D. A few times each month
- E. About once each week
- F. A few times each week
- G. Every day
- H. More than once a day

Show Card #32

- A. None of the time
- B. Less than half the time
- C. About half the time
- D. Most of the time
- E. All the time, every time

Show Card #33

- A. Not at all
- B. Slightly
- C. Moderately
- D. Considerably
- E. Extremely

Show Card #34

- A. Strongly Disagree
- B. Disagree
- C. Neither agree nor disagree
- D. Agree
- E. Strongly Agree

Show Card #34a

- A. Not at all
- B. A little bit
- C. Moderately
- D. Quite a bit
- E. Extremely

Show Card #34b

- A. Not at all
- B. Rarely
- C. Sometimes
- D. Often
- E. Always

SHOW CARD #35

A Never

B Less than once a month

C About once a month

D Twice a month

E About once a week

F More than once a week

SHOW CARD #36

- A No Contacts
- B One to three contacts
- C Four to six contacts
- D Seven or more contacts
- E Discharged from TASC
more than 1 month ago

SHOW CARD #37

- A Very Dissatisfied
- B Somewhat Dissatisfied
- C Somewhat Satisfied
- D Very Satisfied

SHOW CARD #38

A Never

B Less than once a month

C About once a month

D Twice a month

E About once a week

F More than once a week

SHOW CARD #39

- A No Contacts
- B One to three contacts
- C Four to six contacts
- D Seven or more contacts
- E Discharged from TASC
more than 1 month ago

SHOW CARD #40

- A Very Dissatisfied
- B Somewhat Dissatisfied
- C Somewhat Satisfied
- D Very Satisfied

SHOW CARD #41

- A Not at all Helpful
- B Somewhat Helpful
- C Moderately Helpful
- D Considerably Helpful
- E Extremely Helpful

SHOW CARD #42

A Once or Twice

B A few times (3-4)

C About once a month

D Every other week (2x/month)

E Once a week

SHOW CARD #43

F. Not at all Helpful

G. Slightly Helpful

H. Moderately Helpful

I. Considerably Helpful

J. Extremely Helpful

APPENDIX B

CLIENT FOCUS GROUP MATERIALS

Client Focus Group Protocol.....B1
Client Focus Group Telephone Script.....B2
Cuyahoga County Client Focus Group Informed Consent Information Sheet and Signature
Form for Non-incarcerated Clients.....B3
Clermont County Client Focus Group Informed Consent Information Sheet and Signature
Form for Non-incarcerated Clients.....B4
Informed Consent Form to Audio Tape Focus Group.....B5

Public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response, including the time for reviewing instructions and 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, Paperwork Reduction Project (0930-xxxx); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. 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-xxxx

Client Focus Group Protocol

I'd like to start by asking you some questions about your work with your TASC case manager.

1. Are you satisfied with the effort on the part of your case manager to provide you with referrals?
2. Are you satisfied with the frequency or quality of interaction with your case manager?
3. What was the single most helpful topic that you worked on with your case manager?

Now I'd like to discuss your perceptions or feelings regarding the substance abuse treatment or other services that have already been provided to you.

4. What substance abuse treatment or other services are you currently receiving or did you previously receive as part of your participation in the Second Chance Program?

Probe, if necessary:

- What types of drug treatment programs have you participated in?
- Have you received any counseling or support services?
- Have you received any additional services (e.g. vocational training)?

5. What was the reason you entered treatment or any of these other types of programs?

Probe, if necessary:

- Did you enter these treatment or other programs voluntarily or involuntarily?
- If voluntarily, what motivated you to get these services at that particular time?
- If involuntarily, what were the circumstances?

6. What is your opinion of the treatment or other services that you have received in this program?

Probe, if necessary:

- How helpful have these treatment services been?
- Would you say you are satisfied or dissatisfied with the services offered?

7. What was the single most helpful topic, which you worked on in treatment?

Now I'd like to discuss the accessibility of substance abuse treatment services and by that I mean how convenient or inconvenient it is to obtain these services.

8. Overall, how easy or hard is it or was it for you to get substance abuse treatment services such as access to drug treatment programs or other services you feel you need?

Probe, if necessary:

- If you already received these services, how easy or hard was it for you to obtain them?
- Are you aware of the different types of services that are available to you?
- What types of services do you feel you need that have not been provided to you?
- Do you know where to go to get the various types of services offered to you?

Now I'd like to discuss some of the difficulties you may have had in trying to access services.

9. What specifically might make it difficult to obtain substance abuse treatment services?

Probe, if necessary:

- Do you have any personal issues or concerns that would make it hard for you to obtain substance abuse treatment services?
- Is substance abuse treatment a priority in your life right now? If not, what takes priority over your treatment needs?

- Have you tried to obtain these services but for some reason or another you have had trouble? If so, what are some of the problems you have encountered?

SCRIPTS FOR RECRUITING FOCUS GROUP PARTICIPANTS BY PHONE

Script 1: If client is not available

Researcher: "Hello, my name is _____. May I speak with _____?"

Answer: "What is this about?"

Researcher: "I am calling from the National Development and Research Institutes (NDRI). I am looking for _____. He is part of a research study conducted by EDC, and we are calling to find out if he would be interested in participating in a focus group."

Answer: "I'm not sure where he is at but I have never heard him talk about a research study. Can you tell me more about this research study?"

Researcher: "I am sorry but I really can't tell you any more than I already have. _____ has been selected and has agreed to participate in this study. This is a confidential health study and that is all I can tell you."

Answer: "Then what should I tell him?"

Researcher: "You might tell him that he would be paid if he agrees to participate in this focus group. A time and place for the group has been scheduled so can you please ask him to call this number collect [recite phone number] so we can further discuss the details."

"We will need to determine soon whether this might be something he is interested in doing so we really appreciate your forwarding this message. Thank you very much for your help! Good bye!"

Script 2: If speaking directly with client

Researcher: "Hello, my name is _____. May I speak with _____?"

Answer: "This is _____ speaking. What is this about?"

Researcher: "I am calling from the National Development and Research Institutes (NDRI). You have previously participated in some interviews as part of the EDC study. Do you remember the project?"

Answer: "Yeah, I remember being interviewed last year. Is it time for another interview already?"

Researcher: “Not just yet but someone from EDC will be contacting you to remind you when it is time for your next interview. Our records indicate that you have been part of the program for [6 months] now so I am calling to ask you whether or not you would be interested in participating in the [6 month] focus group that we have scheduled.”

Answer: “A focus group? What is that?”

Researcher: “At the time of your first interview we had mentioned that at some point during the study you might be asked to participate in a focus group. Basically, it is a group discussion with 8-10 other clients. There will be two group leaders from NDRI who are researchers. The group leader will ask some questions for anyone in the group to answer. The questions will be about how you feel about the program and the services that you may, or may not have received.”

Answer: “Do I have to participate in this focus group?”

Researcher: “Absolutely not! You do not have to participate in this focus group in order to continue your participation in the study. You are helping us by taking part in a focus group and therefore we will compensate you \$35. If you agree to participate, we will review the focus group information sheet with you when you arrive and give you a chance to ask more questions then have you sign the form. We will also ask your permission to audio tape these discussions for research purposes. However, participation in any focus group is entirely voluntary and the decision is up to you. ”

Answer: “How long does it take?”

Researcher: “It takes about an hour and a half.” We have scheduled the next focus group for [date] [time] [location]. Would you be able to participate?”

Answer: “Can I do it another time? I have something else to do that day.”

Researcher: “Because there are 8-10 other participants it is difficult to accommodate individual scheduling requests as we have previously done for the one-on-one interviews. Do you think you would be able to make the scheduled time?”

Note: If client can’t make the scheduled time the researcher will note on the correspondence log when the client may be available in case the focus group session has to be rescheduled.

See burden statement on client focus group protocol

Program Rehabilitation and Restitution Project

Focus Group Discussion – Client Information Sheet for Non-Incarcerated Clients

Introduction: You are being asked to take part in a discussion with 8-10 other clients about the kinds of help you may have received with substance abuse, employment, and social support. We are asking you because you can provide information regarding this process. The focus group is being conducted as part of the evaluation of the Program Restitution and Rehabilitation Project. The focus group will be conducted by staff from the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI).

Description of Procedures: If you decide to be in the focus group, you will be in a meeting of clients who have also agreed to be in the group and 1 – 2 group leaders who are researchers. The group leader will ask some questions for anyone in the group to answer. These questions are about how you feel about the program and the services that you may, or may not have received. The group will last about 1½ hours. The group will be audio recorded only. Only first names of the participants will be used in the recorded portion of the group to protect the identity of the participants.

Risks: There is a possibility that some of the things the group discusses may make you uncomfortable. If this happens you can take a break and come back later, or you can leave the discussion and not return to the room, or one of us can call your case manager or another staff member or someone close to you. Also, other clients in the group could tell someone what you said in the group. We ask everyone in the group to respect other people's privacy and not to talk about what is said in the group after it is over.

Benefits: This focus group is not being done to help you, personally. However, there is some chance you will feel better after the focus group. What we learn from you may help others in the future by making services and programs better.

Financial Considerations: You are helping us by participating in this focus group. We will compensate you \$35 for your participation.

Confidentiality: Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the federal agency giving us money for the study, the Department of Health and Human Services. This Certificate means that we cannot be forced to give information about you to others, even if a court has ordered us to do so using a subpoena. However, if you say you have been harming or abusing a child or an elderly person, *we will* be required to report that. If you tell us you are going to physically hurt yourself or someone else, *we will* contact someone who can help. If you commit a crime on our treatment premises or against a treatment service provider, *we will* report such incidences to the proper authorities. Also, you can give permission to let people know that you are in the study.

If you have any questions about the interview, please ask the person who is interviewing you. You can also call us to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K. Wexler, Ph.D. or Gerald Melnick, Ph.D. at (212.845.4400), who are in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call D Fred Streit, Executive Director/CEO of NDRI (888.845.4695).

Voluntary Participation: Your participation in this study is entirely voluntary. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled; your decision will not affect your receiving the treatment or the services you would have received if you had not been asked to participate in the study.

Questions: Please feel free to ask any questions about anything that seems unclear to you and to consider this research and consent form carefully before you sign.

Program Rehabilitation and Restitution Project

**Focus Group Discussion – Informed Consent Client Signature Form
for Non-Incarcerated Clients**

I, _____, hereby give my consent and understand the Client Information Sheet and the informed consent form, including the description of the study and its possible benefits, my role, possible risks and the steps taken to protect me.

I understand the following:

- My participation is voluntary;
- I will be asked to talk about things like my satisfaction with the program and use of the treatment and other services that were provided to me;
- I do not have to answer specific questions;
- There is no penalty for not providing any information;
- I can refuse to participate at any point;
- No names, only code numbers, will appear on my interview forms or records;
- The listing of assigned code numbers will be kept in a separate locked file, with the code known only to the Principal Investigator and the Project Director/Statistician;
- All data will be kept in locked files accessible to the CIRP/NDRI project research staff;
- All written and published information will be reported as group data, with no reference to individuals.
- The focus group will be tape recorded, but my last name will not be used in order to protect my identity.
- This project does not guarantee that my criminal records will be sealed.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE FOCUS GROUP. I UNDERSTAND THAT THIS FOCUS GROUP IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

Client's Signature

Date

Interviewer's Signature

Date

Client ID Number (___/___/___/___/___/___/___/___)

See burden statement on Client focus group protocol

Program Rehabilitation and Restitution Project

Focus Group Discussion – Client Information Sheet for Non-Incarcerated Clients

Introduction: You are being asked to take part in a discussion with 11 other clients about the kinds of help you may have received with substance abuse, employment, and social support. We are asking you because you can provide information regarding this process. The focus group is being conducted as part of the evaluation of the Program Restitution and Rehabilitation Project. The focus group will be conducted by staff from the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI).

Description of Procedures: If you decide to be in the focus group, you will be in a meeting of clients who have also agreed to be in the group and 1 – 2 group leaders who are researchers. The group leader will ask some questions for anyone in the group to answer. These questions are about how you feel about the program and the services that you may, or may not have received. The group will last about 1 ½ hours. The group will be audio recorded only. Only first names of the participants will be used in the recorded portion of the group to protect the identity of the participants.

Risks: There is a possibility that some of the things the group discusses may make you uncomfortable. If this happens you can take a break and come back later, or you can leave the discussion and not return to the room, or one of us can call your case manager or another staff member or someone close to you. Also, other clients in the group could tell someone what you said in the group. We ask everyone in the group to respect other people's privacy and not to talk about what is said in the group after it is over.

Benefits: This focus group is not being done to help you, personally. However, there is some chance you will feel better after the focus group. What we learn from you may help others in the future by making services and programs better.

Financial Considerations: You are helping us by participating in this focus group. We will provide you with a gift certificate valued at \$35 for your participation.

Confidentiality: Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the federal agency giving us money for the study, the Department of Health and Human Services. This Certificate means that we cannot be forced to give information about you to others, even if a court has ordered us to do so using a subpoena. However, if you say you have been harming or abusing a child or an elderly person, *we will* be required to report that. If you tell us you are going to physically hurt yourself or someone else, *we will* contact someone who can help. If you commit a crime on our treatment premises or against a treatment service provider, *we will* report such incidences to the proper authorities. Also, you can give permission to let people know that you are in the study.

If you have any questions about the interview, please ask the person who is interviewing you. You can also call us to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K Wexler, Ph.D. or Gerald Melnick, Ph.D. at (212.845.4400), who are in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call Dr. Fred Streit, Executive Director/CEO of NDRI (888.845.4695).

Voluntary Participation: Your participation in this study is entirely voluntary. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled; your decision will not affect your receiving the treatment or the services you would have received if you had not been asked to participate in the study.

Questions: Please feel free to ask any questions about anything that seems unclear to you and to consider this research and consent form carefully before you sign.

Program Rehabilitation and Restitution Project

**Focus Group Discussion – Informed Consent Client Signature Form
for Non-Incarcerated Clients**

I, _____, hereby give my consent and understand the Client Information Sheet and the informed consent form, including the description of the study and its possible benefits, my role, possible risks and the steps taken to protect me.

I understand the following:

- My participation is voluntary;
- I will be asked to talk about things like my satisfaction with the program and use of the treatment and other services that were provided to me;
- I do not have to answer specific questions;
- There is no penalty for not providing any information;
- I can refuse to participate at any point;
- No names, only code numbers, will appear on my interview forms or records;
- The listing of assigned code numbers will be kept in a separate locked file, with the code known only to the Principal Investigator and the Project Director/Statistician;
- All data will be kept in locked files accessible to the CIRP/NDRI project research staff;
- All written and published information will be reported as group data, with no reference to individuals.
- The focus group will be tape recorded, but my last name will not be used in order to protect my identity.
- This project does not guarantee that my criminal records will be sealed.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE FOCUS GROUP. I UNDERSTAND THAT THIS FOCUS GROUP IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

Client's Signature

Date

Interviewer's Signature

Date

Client ID Number (___/___/___/___/___/___/___/___)

See burden statement on client focus group protocol

Program Rehabilitation and Restitution Project

Informed Consent to Make Audio Tapes for Non-Incarcerated Clients

Client Signature Form

I give my consent to the staff of the Program Rehabilitation and Restitution Project to record this focus group on audio tapes. These tapes will be used as part of the research study to find out how the program helps ex-offenders.

Both I and the interviewers will be careful not to mention full names or any other information that could identify me or any other participant. If anyone accidentally does so, that information will be deleted from the tape.

When completed, tapes will be identified by code numbers only; my name will not appear on the tapes or their containers. Tapes will be stored in locked cabinets when not in use. Tapes will be sent to the NDRI New York offices. Mailing systems with tracking and receipt capabilities will be used to protect against the danger of losing the tapes.

I understand that I can refuse consent to audiotape a focus group in the future, even if I agreed to this one. My decision will not affect my treatment or the services I receive. All tapes will be destroyed three years after the completion of the Project.

I may revoke this permission at any time and request that my voice on the tapes be deleted, by writing to:

Dr. Harry K. Wexler, Principal Investigator
NDRI
71 West 23rd St., 8th Floor
New York, NY 10010

Client's Signature

Date

Interviewer's Signature

Date

Client ID Number (____/____/____/____/____/____/____)

APPENDIX C

STAKEHOLDER SURVEY

Stakeholder Attitudinal Change Survey Cover Letter.....C1
Stakeholder Attitudinal Change Survey.....C2

*National Development and Research Institutes, Inc. (NDRI)
Center for the Integration of Research and Practice
71 West 23rd Street, 8th Floor
New York, NY 10010*

[Date]

Re: Program Rehabilitation and Restitution Project Attitudinal Change Survey

Dear [Participant],

You are being asked to complete the attached “Stakeholder Attitudinal Change Scale” as part of the Program Rehabilitation and Restitution Project. This study is funded by the federal Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (CSAT). This survey was created by the evaluation team at National Development and Research Institutes, (NDRI) Inc., which is a non-profit research organization with a national reputation for substance abuse research.

As you may know, the Ohio Statute permits the sealing of records for first time nonviolent felony offenders with no previous misdemeanor offenses (co-occurring misdemeanor offenses at the time of the felony offense do not count) after a minimum of 3 years post supervision without infractions. Charges that make some *ineligible* for sealing of records are: DUI, DUS, drag racing, sex offenses and any other violent offense, crimes against a minor, some burglary charges, and drug offenses involving large amounts of Schedule I and II substances, leaving the scene of an accident, and odometer violations. The purpose of this project is to determine the impact of record expungement on recidivism, substance treatment compliance, victim awareness/restitution, and assimilation into a productive lifestyle.

The attached Attitudinal Change Survey will provide information to program developers on the extent to which attitudes towards sealing records have been impacted positively or negatively over the course of the project. Personnel from both state and local level agencies that have been identified as key contributors to the program’s long-term viability and effectiveness are being asked to complete this survey. You were selected because of your position as [TITLE] of [AGENCY], which has been identified as a key stakeholder in our project.

This same survey will be administered at three different points taking approximately ten minutes to complete each time. Although we hope you will fill out this survey and those to follow, your participation is voluntary. Please be assured that NDRI will keep this information strictly confidential, and that we will not release any information that can be linked directly to you. You do not need to put your name on the survey as we use code numbers instead. We have included a self-addressed stamped envelope for your convenience in returning the survey to NDRI.

A member of the research evaluation team can be reached at [1-800-xxx-xxxx] if you have any questions about the study or the survey. We hope that you will be able to complete this survey and we thank you in advance for your valuable time.

Sincerely,

Harry K. Wexler, PhD

Gerald Melnick, PhD

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions and 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; Paperwork Reduction Project (0930-xxxx); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. 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-xxxx

Stakeholder Attitudinal Survey

Many states allow the ‘sealing’ of criminal records which limits who has access to the records, but does not entirely destroy those records. Ordinarily, the repository of criminal records retains the record and a limited number of agencies such as the criminal justice system, law enforcement agencies, agencies granting teaching certificates, and adoption agencies continue to have access to records in certain circumstances.

1. I think that the practice of sealing criminal records for offenders should be discouraged.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

2. I think that most felons deserve the type of second chance that the sealing of criminal records would give them.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

3. I think that sealing criminal records would encourage criminals to freely commit more crimes.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

4. I think that people have a right to have their criminal records sealed.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

5. I support the sealing of criminal records for first time non-violent offenders.
 e.g. status offenses such as burglary, possession of burglar tools, failure to appear, forgery, panhandling, larceny etc.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

6. I support the sealing of criminal records for some violent offenders.
e.g. Armed robbery, possession of weapon, attempted homicide, use of force, aggravated assault

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

7. I support the sealing of criminal records for drug use arrests or convictions.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

8. I think sealing of criminal records is too lenient.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

9. I think the process of sealing records should be made as simple as possible.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

10. People should be encouraged to seek to have their records sealed.

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

APPENDIX D

STAKEHOLDER FOCUS GROUPS

Stakeholder Focus Group Recruitment Letter.....D1
Stakeholder Focus Group Informed Consent Information Sheet and Signature Form.....D2
Stakeholder Focus Group Protocol.....D3

*National Development and Research Institutes, Inc. (NDRI)
Center for the Integration of Research and Practice
71 West 23rd Street, 8th Floor
New York, NY 10010*

[Date]

Re: Program Rehabilitation and Restitution Project focus group discussion

Dear [Participant],

You are invited to participate in a focus group discussion of the Program Rehabilitation and Restitution Project. This study is funded by the federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT). The focus group discussion will be facilitated by the evaluation team at the National Development and Research Institutes, (NDRI) Inc, which is a non-profit research organization with a national reputation for substance abuse research.

As you may know, the Ohio Statute permits the sealing of records for first time nonviolent felony offenders with no previous misdemeanor offenses (co-occurring misdemeanor offenses at the time of the felony offense do not count) after a minimum of 3 years post supervision without infractions. The purpose of this project is to determine the impact of record expungement on recidivism, substance treatment compliance, victim awareness/restitution, and assimilation into a productive lifestyle.

The focus group will include participants from both the state and local level that have been identified as key contributors to the program's long-term viability and effectiveness. During this meeting, you will have the opportunity to share your experiences with and opinions of the Second Chance treatment model implemented for this study, the services provided as part of the study, and the perceived impact of expungement on the process.

The focus group will be held on [DATE] from [TIME1] until [TIME2] at [PLACE]. <Continental breakfast or snacks> will be provided. You were selected because you [TITLE] of [AGENCY], which has been identified as a key stakeholder in our project. Although we hope you will join us, your participation is voluntary. The focus group session will be audio taped. Please be assured that NDRI will keep anything you say during the focus group strictly confidential, and that NDRI will not release any information that can be linked directly to you.

A member of the research evaluation team will be contacting you by telephone to invite you to participate and answer any questions you may have about the study. You are also welcome to call us at [1-800-xxx-xxxx].

We hope that you will be able to join us for this important discussion.

Sincerely,

Harry K. Wexler, PhD

Gerald Melnick, PhD

Program Rehabilitation and Restitution Project

Focus Group Discussion – Stakeholder Information Sheet

Introduction: You are being asked to take part in a discussion with 11 other stakeholders in the community regarding the Program Rehabilitation and Restitution (PRR) Project. The focus group is being conducted as part of the evaluation of the PRR Project. The focus group will be conducted by staff from the Center for the Integration of Research and Practice (CIRP) at the National Development and Research Institutes, Inc. (NDRI).

Description of Procedures: If you decide to be in the focus group, you will be in a meeting of stakeholders who have also agreed to be in the group and 1 – 2 group leaders who are researchers. The group leader will ask some questions for anyone in the group to answer. These questions are about how you feel about the program, services that may or may not be offered, and the expungement process. The group will last about 1 ½ hours. The group will be audio recorded only. Names of the participants will not be used in the recorded portion of the group to protect the identity of the participants.

Risks: There is a possibility that some of the things the group discusses may make you uncomfortable. If this happens you can take a break and come back later, or you can leave the discussion and not return to the room. Also, other stakeholders in the group could tell someone what you said in the group. We ask everyone in the group to respect other people's privacy and not to talk about what is said in the group after it is over.

Benefits: This focus group is not being done to help you, personally. However, what we learn from you may help others in the future by making services and programs better.

Confidentiality: Because we have taken steps to protect your confidentiality, the risk of unauthorized disclosure is minimal. To help keep information about you private and confidential, we have applied for a Confidentiality Certificate from the federal agency giving us money for the study, the Department of Health and Human Services. This Certificate means that we cannot be forced to give information about you to others, even if a court has ordered us to do so using a subpoena.

If you have any questions about the interview, please ask the person who is interviewing you. You can also call us to talk more about the session. If you have questions about the study or feel you have been hurt by the study, you may call Harry K. Wexler, Ph.D. or Gerald Melnick, Ph.D. at (212.845.4400), who are in charge of the study. If you have questions about your rights as someone who is taking part in this study, you can call Dr. Fred Streit, Executive Director/CEO of NDRI (888.845.4695).

Voluntary Participation: Your participation in this study is entirely voluntary. If you choose not to participate, you will not be penalized or lose any benefits to which you would otherwise be entitled.

Questions: Please feel free to ask any questions about anything that seems unclear to you and to consider this research and consent form carefully before you sign.

Program Rehabilitation and Restitution Project

Focus Group Discussion – Informed Consent Stakeholder Signature Form

I, _____, hereby give my consent and understand the Stakeholder Information Sheet and the informed consent form, including the description of the study and its possible benefits, my role, possible risks and the steps taken to protect me.

I understand the following:

- My participation is voluntary;
- I will be asked to talk about things like my satisfaction with the program and use of the treatment and other services that have been provided;
- I do not have to answer specific questions;
- There is no penalty for not providing any information;
- I can refuse to participate at any point;
- No names will be used during the focus group discussion;
- The listing of stakeholder participants will be kept in a separate locked file, known only to the Principal Investigator and the Project Director;
- All data will be kept in locked files accessible to the CIRP/NDRI project research staff;
- All written and published information will be reported as group data, with no reference to individuals.
- The focus group will be tape recorded, but name will not be used in order to protect my identity.

I HAVE READ THE ABOVE AND UNDERSTAND THE PURPOSE OF THE FOCUS GROUP. I UNDERSTAND THAT THIS FOCUS GROUP IS A PART OF A RESEARCH PROJECT IN WHICH I HAVE VOLUNTARILY AGREED TO TAKE PART.

Stakeholder's Signature

Date

Interviewer's Signature

Date

Public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response, including the time for reviewing instructions and 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; Paperwork Reduction Project (0930-xxxx); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. 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-xxxx

Stakeholder Focus Group Protocol

Let's start by talking about system changes that have occurred in Cuyahoga County

1. What are some of the factors responsible for fewer sealing eligible referrals than were projected?
2. Many of our referrals come from diversion programs such as EIP and ILC. Is there any sense that these sorts of alternatives have become increasingly popular? If so, why?
3. Do you believe that the diversion track provides more incentive to clients to succeed as opposed to sealing (i.e. imposing a felony that can subsequently be sealed)?
 - What is it about diversion programs that are likely to be effective?
 - What is it about record sealing that is likely to be effective?
4. Our data tells us that there is a considerable age difference between standard court (median age=20) and diversion clients (median age=28). How would you explain this difference?
 - Is this in anyway a function of legal representation? If so, how?
 - To what extent is this attributable to factors related to the client? That is, is it a matter of resources, stake in conformity or the lack thereof, or image and presentation?
 - When faced with a plea opportunity involving a conviction, are offenders likely to minimize the stigma of felony conviction simply because they are able to avoid jail time?

Now I'd like to ask you some questions regarding stigma avoidance.

5. Do you feel that most felons deserve the second chance afforded to them?
6. Under what circumstances should these sorts of programs be used or for what types of offenders?
7. Do you perceive any negative impacts of diversion programs or sealing?

Now, I'd like to discuss the treatment model implemented for the Second Chance Program.

8. What is your opinion of the intensive case management model implemented for this program regarding its' potential influence on treatment success (e.g. recovery or relapse)?
 - Can reducing caseloads and increasing the frequency of client contacts or the quality of supervision have a positive effect on treatment success?
 - Is the linkage to additional services in the community by TASC case managers and following the completion of TASC something that might have a positive effect on treatment success?
9. Do you feel that those clients receiving the strengths based case management intervention will be more successful when compared to other TASC clients?
 - If so, in what areas are they most likely to be successful? Criminal behavior? Drug use?
 - If so, which components of the model do you believe have the greatest impact?
 - If not, how could this model be improved to achieve more favorable results?

Now I'd like to discuss your perceptions regarding the substance abuse treatment services that are offered to Second Chance Program participants.

10. What is your overall opinion of the services available to clients in the Second Chance Program?
Probe, if necessary:
 - Do you believe there are a sufficient number of programs and services available to clients?
 - Do you believe the right kinds of programs and services are offered to clients?

APPENDIX E

MULTIMODALITY QUALITY ASSURANCE (MQA) INSTRUMENTS

MQA Cover Letter.....E1
Clinical Supervisor Survey.....E2
Administrative Survey.....E3
Staff Survey.....E4

*National Development and Research Institutes, Inc. (NDRI)
Center for the Integration of Research and Practice
71 West 23rd Street, 8th Floor
New York, NY 10010*

Dear [Program Director],

We are asking for your participation in completing the Community-Based Multimodality Quality Assurance Instrument (MQA) as part of an evaluation of our special TASC strength-based case management project (see attached). There are three forms of the MQA, an Administrative Director Form, a Clinical Supervisor Form, and a Primary Treatment Staff Form, that we are asking your agency to complete, each of which will take a total of approximately 45 minutes. The forms can be distributed to staff to complete at a staff meeting or some other time convenient to the program. A self-addressed, postage paid envelope will be distributed with the instrument for staff and supervisors to send these forms directly to NDRI.

The MQA is a self-report instrument designed to bridge the gap between expensive field-audits and program self-descriptions. The instrument includes five domains of quality assurance: Organizational characteristics consist of funding levels, program capacity and occupancy rate, waiting time, and evaluation and research activities. Staffing information includes staff ratios, recruitment, background and experience, turnover, incentives, training, and supervision. Program characteristics consist of the program setting, physical facilities, client recruitment, intake, treatment planning, discharge planning, surveillance, and procedures for monitoring treatment. Client characteristics include any special populations (e.g., dually diagnosed, developmental impairment, violent offender, gender, age, etc.), demographics, medical conditions, and drug and criminal histories of the clients. Treatment components consist of the type of services provided and separate scales that measure the treatment goals and elements associated with the therapeutic community, cognitive-behavioral therapy, and 12-Step treatment modalities. Additional scales examine organizational culture and the treatment process. Staff satisfaction is measured on 4 point Likert-type scales. Satisfaction items for each topic appear at the end of the relevant section to reduce contamination in rating different aspects of the program.

The Multimodality Quality Assurance Instrument (MQA) was developed to provide a relatively inexpensive system for program directors and oversight agencies to monitor treatment programs. It is designed as a state of the art measure of “what works” in substance abuse treatment and the national quality assurance criteria for health care organizations set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). At the program level its intended uses include helping programs to become more facile in self monitoring, helping programs prepare for accreditation, establishing and improving program quality, and helping programs to qualify for more funding opportunities. For treatment agencies, the MQA provides a means of monitoring what an individual treatment program says it is doing, and the degree to which it is actually implementing the stated program. A unique feature of the MQA measures program implementation by the degree to which clinical supervisors, primary treatment staff, and clients report the same activities and emphasis within the program.

Please feel free to contact me at (212) 845-4426 if there is any additional information that you may need.

Sincerely,

Gerald Melnick, Ph.D.
Senior Principal Investigator

Form Approved
OMB No. 0930-xxxx
Expires mm/dd/yy

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions and completing 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; Paperwork Reduction Project (0930-xxxx); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. 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-xxxx.

Clinical Supervisor Perspective Community-Based Residential Substance Abuse Treatment Programs

Multimodality Quality Assurance Scales (MQA) ©

Gerald Melnick, Ph.D.

Frank Pearson, Ph.D.

National Development and Research Institutes, Inc.

71 West 23rd Street, 8th Floor,
New York, NY 10010

© Gerald Melnick, Ph.D. and Frank Pearson, Ph.D.
National Development and Research Institutes, Inc.
71 West 23rd Street, 8th Floor
New York, NY 10021

April 7, 2006

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MULTIMODALITY QUALITY ASSURANCE SCALES (MQA)

GUIDE TO THE MQA CLINICAL SUPERVISOR SECTION

The MQA is designed to provide reports to program directors and others based on a wide array of organizational and treatment characteristics. This report focuses on four perspectives: the program director, clinical supervisors, line staff (substance abuse counselors), and clients. The objective of the report is to compare programs to other similar programs, and to identify the means by which they can become more efficient in their use of resources, and more effective in creating client satisfaction and change.

Who should be responsible for answering the MQA items?

There are four sections of the MQA:

Section 1 is to be completed by the Chief Administrative Officer of the program

Section 2 is to be completed by the Clinical Director. In some programs this may be the same individual as the Chief Administrative Officer. In large programs there may be several clinicians in supervisory roles, these supervisory clinicians should complete Section 2.

Section 3 is to be completed by substance abuse counselors and the primary clinical staff that are directly responsible for client care.

Section 4 is to be completed by the program's clients.

Please complete the following questionnaire on the basis of the latest information about your treatment program. Missing information will lead to gaps in our ability to provide feedback about your program. **Therefore, we ask you to be careful to answer each of the questions.**

If you have any questions (or if you have any comments to make), please feel free to contact Dr. Gerald Melnick (212) 845-4426 or e-mail him at melnick@ndri.org

MULTIMODALITY QUALITY ASSURANCE

INSTRUCTIONS:

1. Use “9” to answer items when you do not know the answer.
2. You may check more than one response for items describing facts about the program.
3. Throughout the questionnaire there are areas for you to express how satisfied or dissatisfied you are with the elements in your program at present.

Please insert one of the following responses in the satisfaction rating box:

0 = Very Dissatisfied

1 = Somewhat Dissatisfied

2 = Somewhat Satisfied

3 = Very Satisfied

Or

9 to designate Unknown, or “I have no information about this”

Please use the lines provided to explain any 0 or 1 ratings you gave (of course, feel free to explain any of your ratings).

NOTE: Please do not skip over any items! Completeness is very important for us to understand your opinion of the program!

1. Name of Program:

2. Program Address:

3. Today's Date

Month - Day - Year

4. Gender: Male **ف** Female **ف**

Please answer the following questions to the best of your knowledge:

STAFF TRAINING

5. Is there a program orientation that all new treatment staff receive?

YES **ف** NO

6. Does the program provide in-service staff training?

YES **ف** NO

IF YES, what were the:

	Number
a. Number of meetings in the last 12 months?	فقف
b. Duration of the usual meeting (in minutes)?	فقف
c. Number of staff involved in average session?	فقف
d. Number of staff sent to training sessions outside the program?	فقف

	PERCENT
e. Percent of in-service training focusing on theory and content?	فقف
f. Percent of in-service training focusing on practice and skills?	فقف

SATISFACTION RATING:

7. How satisfied are you with in-service staff training? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown
 I have no information about this

IF 0 or 1, explain: _____

SUPERVISION THROUGH STAFF MEETINGS

8. Are there regularly scheduled formal staff meetings during which clients are discussed?

YES NO

→ IF NO, skip to question number 11

9. When are these meetings scheduled?

a. Daily	Usual duration per meeting <input type="checkbox"/> min.
b. Two or three times a week	Usual duration per meeting <input type="checkbox"/> min.
c. Weekly	Usual duration per meeting <input type="checkbox"/> min.
d. Two or three times a month	Usual duration per meeting <input type="checkbox"/> min.
e. Monthly	Usual duration per meeting <input type="checkbox"/> min.
f. Less frequently than a month	Usual duration per meeting <input type="checkbox"/> min.

SATISFACTION RATING:

10. How satisfied are you with supervision in formal staff meetings? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown
 I have no information about this

IF 0 or 1, explain: _____

SUPERVISION THROUGH INDIVIDUAL STAFF MEETINGS

11. Are there regularly scheduled individual supervisory meetings between a supervisor and individual clinical staff members?

YES NO

→ IF NO, skip to question number 14

12. When are they scheduled? (Check ONLY one)

a. Daily	YES <input type="checkbox"/> NO <input type="checkbox"/>	Usual duration per meeting <input type="text"/> min.
b. Two or three times a week	YES <input type="checkbox"/> NO <input type="checkbox"/>	Usual duration per meeting <input type="text"/> min.
c. Weekly	YES <input type="checkbox"/> NO <input type="checkbox"/>	Usual duration per meeting <input type="text"/> min.
d. Two or three times a month	YES <input type="checkbox"/> NO <input type="checkbox"/>	Usual duration per meeting <input type="text"/> min.
e. Monthly	YES <input type="checkbox"/> NO <input type="checkbox"/>	Usual duration per meeting <input type="text"/> min.
f. Less frequently than a month	YES <input type="checkbox"/> NO <input type="checkbox"/>	Usual duration per meeting <input type="text"/> min.

SATISFACTION RATING:

13. How satisfied are you with individual supervision? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

COUNSELOR AND CLIENT INFLUENCE

14. For the items below, please indicate what actually happens at the program

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. How often are supervisor(s) asked by the program director for suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How often do supervisor(s) ask counselors for their opinions and suggestions about treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How often do supervisor(s) ask counselors for their opinions and suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How often do supervisors ask clients for their opinions and suggestions about treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
e. How often do supervisors ask clients for their opinions and suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. The program is open to new methods and techniques?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. The program is open to issues of cultural diversity?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

15. For the items below, please indicate what actually happens at the program

	<u>None</u> 0	<u>Very Little</u> 1	<u>Moderate Amount</u> 2	<u>Great Deal</u> 3
a. How much influence do supervisor(s) have on program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How much influence do supervisor(s) have on treatment decisions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How much influence do counselors have on program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How much influence do counselors have on treatment decisions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. How much influence do clients have on program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. How much influence do clients have on treatment decisions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING:

**16. How satisfied are you with clinical supervisor influence on decision-making?
(Please Check One)**

- 0 **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

INTAKE ASSESSMENT

**17. Does the initial client evaluation include:
(Please check a YES or NO response)**

a. Drug abuse history assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Criminal history assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Medical assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Psychiatric assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Trauma assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Educational assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Work/Vocational assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Family assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. Strengths/Skills assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
j. Motivational assessment	YES <input type="checkbox"/> NO <input type="checkbox"/>
k. Other (Specify): _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

18. What diagnostic instruments are used at intake and for what purpose are they used?
Except for the ASI, please send us a copy of all instruments listed below.

Purpose of Instrument

	PROGRAM ASSIGNMENT	RISK ASSESSMENT	NEEDS ASSESSMENT	MEASURE CHANGE OVER TIME	OTHER USE (SPECIFY BELOW)
a. ASI (Addiction Severity Index)					
b. Other (Name) _____					
c. Other (Name) _____					
d. Other (Name) _____					
e. Other (Name) _____					
f. Other (Name) _____					

SATISFACTION RATING:

19. How satisfied are you with the intake assessment? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

PROGRAM STRUCTURE

20. What manuals and protocols does your program provide? (Check your response)

a. Does this program have a written treatment protocol?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Does this program have an administrative policy manual?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Is there a structured approach to treatment that the program follows with all clients (for example, a specific number and type of group and/or individual sessions that clients must attend)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Is there a structured content to client groups or individual sessions (For example, client workbooks, or set of activities that must be followed)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Please indicate how important it is for staff members to follow the program's structure and content exactly with clients. In other words, how much variation from protocol is tolerated? Check your answer below:	
<input type="checkbox"/> 0 No Variation Tolerated <input type="checkbox"/> 1 A Low Level of Variation Tolerated <input type="checkbox"/> 2 A Medium Level of Variation Tolerated <input type="checkbox"/> 3 A High Level of Variation Tolerated	

21. What percentage of your time is spent on paperwork?

0% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--

SATISFACTION RATING:

22. How satisfied are you with the way that the program has been defined? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

DRUG SCREENING POLICY AND PRACTICE

23. Does your program conduct any drug or alcohol testing?
 → If NO, skip to question number 32.

YES ن NO

24. What method of sample collection is used?

a. Urine samples	YES ن NO ن
b. Hair samples	YES ن NO ن
c. Breathalyzer	YES ن NO ن
d. Other (Specify) _____	YES ن NO ن

25. Drug testing is conducted:
 (CHECK ALL THAT APPLY)

a. At Random days and times (for example, it can occur at any day at almost any waking hour)	ن
b. At regular scheduled days and times (for example, only on Tuesdays between 1:00 and 3:00 p.m.)	ن
c. Only when use is suspected	ن

26. What percentage of clients are tested each week?

% ن ن ن

27. What percentage of clients are tested each month?

% ن ن ن

28. On what basis are clients included for testing?
 (CHECK ALL THAT APPLY)

a. All clients are tested	ن
b. For cause (suspicion that particular inmates are using drugs)	ن
c. Random testing	ن
d. To satisfy legal mandates (probation/parole requirements)	ن
e. Other (Specify) _____	ن

29. What are the consequences of a positive drug test?
(CHECK ALL THAT APPLY)

a. Verbal reprimand	ن
b. Loss of privileges	ن
c. Discharge from program	ن
d. Learning experience (Special counseling or activities)	ن
e. None	ن
f. Other (Specify) _____	ن

30. Are consequences of a positive drug test applied in graduated steps?
(for example, a second violation has more severe consequences than the first violation)

YES	ن	NO
-----	---	----

SATISFACTION RATING:

31. How satisfied are you with the drug screening policy in your program? (Please Check One)

0	1	2	3	9
Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Unknown I have no information about this

IF 0 or 1, explain: _____

TREATMENT PLANNING

32. Do all clients have a treatment plan?

YES	ن	NO
-----	---	----

33. What percent of your clients have a treatment plan...

(When NONE, enter 0)

	Percent
a. Completed at intake?	فقق
b. Completed within 30 days of admission?	فقق

34. What percent of your clients' treatment plans are periodically updated?
 → **IF you indicate 0, skip to question number 37**

فقق%

35. How often are treatment plans updated? (Please check only ONE box)

a. Weekly	وقت
b. Every 2 weeks	وقت
c. More frequently than once a month but less than every 2 weeks	وقت
d. Once a month	وقت
e. Every 2-3 months	وقت
e. Less frequently than every 3 months	وقت
f. When the client reaches a specific stage or level	وقت
g. Other (Specify) _____	وقت

36. Who participates in updating the treatment plans?
 (Please answer ALL items a through h)

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. Primary counselor	0	1	2	3
b. Case manager	0	1	2	3
c. Clinical supervisor	0	1	2	3
d. Social worker, Psychiatrist, or Psychologist	0	1	2	3
e. Client	0	1	2	3
f. Client's family	0	1	2	3
g. Probation or parole agent	0	1	2	3
h. Other (Specify) _____	0	1	2	3

37. What are the major components of the treatment plan?
 (Check all that apply)

a. Assessment/Diagnosis	وقت
b. Short term goals	وقت
c. Long term goals	وقت
d. Psychological goals	وقت
e. Employment goals	وقت
f. Health status	وقت
g. Other (specify): _____	وقت

38. Is there clear consistent documentation of client progress related to the treatment plan?

- 0 Never
 1 Sometimes
 2 Usually
 3 Always

SATISFACTION RATING:

39. How satisfied are you with the treatment planning process? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

DISCHARGE PLANNING

40. Is there a discharge plan for clients completing your programs?
→ IF NO, skip to question number 46

YES NO

41. Who participates in formulating the discharge plan?
(Please answer ALL items a. through i.)

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. Primary counselor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Case manager	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Social worker, Psychiatrist, or Psychologist	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Clinical supervisor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Client	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Client's family	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Probation or parole agent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

h. Aftercare staff	0	1	2	3
i. Other (Specify) _____	0	1	2	3

42. Do you have aftercare service agreements with vocational/educational substance abuse treatment, etc., agencies if you are discharging to another geographic location?

YES NO

43. What percent of your clients scheduled to be released meet with an aftercare provider (agencies that provide vocational/educational services, substance abuse treatment, etc.)?

% فقط

44. What percent of your clients scheduled to be released meet with an aftercare provider more than once?

% ف ف ف

SATISFACTION RATING:

45. How satisfied are you with the discharge planning process? (Please Check One)

Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
 Unknown I have no information about this

IF 0 or 1, Explain: _____

LIST OF SERVICES

46. Educational/Vocational:

The following items refer to whether separate classes or training sessions are provided in each of the following areas.

	<u>Provided?</u>
a. High school/G.E.D. classes	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Other basic educational classes (reading, math, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Vocational training	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Job readiness	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Other (Specify) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

SATISFACTION RATING:

47. How satisfied are you with the educational/vocational services? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

48. Social Skills Training:

The following items refer to whether specific classes or training sessions are provided in each of the following areas.

	<u>Provided?</u>
a. Communication skills	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Personal hygiene	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Parenting skills	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Leisure time activities skills	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Stress management	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Anger management	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Money management	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Other (Specify) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

SATISFACTION RATING:

49. How satisfied are you with the social skills training program? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

50. What other services does your program provide?

	<u>Provided?</u>
a. Vocational assessment (finding out what job skills you have)	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Vocational counseling	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Job placement	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Family planning education	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Mental health services	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Basic health education	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Substance abuse education	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. AIDS prevention	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Location of housing	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. Assistance with entitlements	YES <input type="checkbox"/> NO <input type="checkbox"/>
j. Legal assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>
k. Other (specify)_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

51. What medical screening tests are provided by the program?

	<u>Provided?</u>
a. HIV/AIDS testing	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. TB testing	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Hepatitis testing	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Other (Specify)_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

SATISFACTION RATING:

52. How satisfied are you with the other services listed above? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

SAFETY OF PROGRAM CLIENTS

53. What has been the safety record of your program over the past 12 months?

	Number
a. How many clients physically assaulted another person in the program?	ثقف
b. How many clients were physically assaulted while in the program?	ثقف
c. How many clients were sexually assaulted or harassed while in the program?	ثقف
d. How many clients were found with contraband, such as drugs?	ثقف

SATISFACTION RATING:

54. How satisfied are you with the program’s safety record? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

EMERGENCY INTERVENTIONS

55. Is there an arrangement for conducting unscheduled crisis sessions with clients during regular program hours? (for treatment by your program, not medical treatment)

YES ث NO

IF YES, Specify: _____

56. Is there an arrangement for conducting unscheduled crisis sessions after regular program hours?

YES ث NO

IF YES, Specify: _____

SATISFACTION RATING:

57. How satisfied are you with the emergency interventions? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

TREATMENT EMPHASIS

58. What does your program emphasize the most?

Pick **NO MORE THAN THREE** choices that reflect the most important aims of your program by checking one box in each column. PLEASE LEAVE REMAINING BOXES BLANK.

	Mark only ONE box in each column		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Reduce criminal recidivism (new crimes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Treat the clients' substance abuse problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reduce psychological or emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Create self-reliance and positive social and work attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treat the whole person - not the particular problems the individual may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Create global changes in identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Increase self-understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Increase self-esteem and confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Increase trust in a Higher Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Help clients change their surroundings to help deal with their problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Abstinence from drug/alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Help clients with housing and employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Change thinking patterns that lead to drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

n. Other (Specify)	٠	١	٢
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SATISFACTION RATING

**59. How satisfied are you that the emphasis of your program is best suited for the clients?
(Please Check One)**

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

TREATMENT INTERVENTIONS

60. How true is each of these about your program?

	Not Used/ Not Applicable 0	Slightly Important 1	Moderately Important 2	Very Important 3
a. General meetings that include of all staff and clients together	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Supportive counseling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Confrontational strategies	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Group counseling with counselor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Peer-led groups	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Individual counseling by peer who has not had formal training in counseling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Individual drug counseling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Informal interactions between staff and clients (not in meetings or counseling sessions)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Informal interactions between clients (not in meetings of counseling sessions)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Individual psychotherapy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Contingency management (e.g. token economy, contingency contracts)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Cognitive behavioral therapy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Family therapy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. 12-Step meetings at the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

i. Clients frequently help each other	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Clients who violate the program rules receive a penalty or sanction	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
k. Work is used as part of the therapeutic program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Staff serve as role models for the clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Senior clients serve as role models for newer clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Clients get increased privileges as they advance in the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Clients get increased job responsibilities as they advance in the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING

63. How satisfied are you with the use of the interventions in SCALE A? (Please Check One)

Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
 Unknown I have no information about this

IF 0 or 1, explain: _____

64. How true is each of these about your program?

<u>SCALE B</u>	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. Encourages clients to practice telling themselves about how to act correctly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Encourages clients to praise themselves for behaving well	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Helps clients practice saying no to drugs when they are offered	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Encourages clients to stop and think before acting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Helps clients to identify “trigger” situations for taking drugs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Explains the use of thought stopping techniques	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Encourages clients to find enjoyable things to do besides drugs or alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

h. Encourages clients to communicate with others in an assertive, but non-violent way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Emphasizes problem solving techniques to deal with frustration	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Not True 0	Somewhat True 1	Mostly True 2	Very True 3
j. Emphasizes thinking about the consequences of using drugs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Helps clients to recognize errors in thinking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Uses contracts that involve punishment or rewards	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Helps clients to develop a plan to return to abstinence if they slip and use drugs or alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Uses behavioral rehearsal or role playing to act out situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Teaches clients how to deal with urges and cravings for drugs or alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING

65. How satisfied are you with the use of the treatment techniques in SCALE B? (Please Check One)

- 0 **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

66. How true is each of these about your program?

<u>SCALE C</u>	Not True 0	Somewhat True 1	Mostly True 2	Very True 3
a. Emphasizes the need to rely on a "Higher Power"	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Emphasizes the need to seek external support to recover (you cannot do it alone)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Emphasizes that recovery from substance abuse is a life long process requiring ongoing attendance at 12-Step meetings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Provides recovery literature, such as the Big Book, pamphlets, or serenity prayer posters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Emphasizes the need to admit the loss of control over drugs and/or alcohol (powerlessness)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Encourages the need for spiritual growth	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

g. Discusses a “one day at a time” approach to abstinence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Discusses “stinking thinking”	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Explains the importance of working the 12-Step program consistently	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Not True 0	Somewhat True 1	Mostly True 2	Very True 3
j. Discusses the goals and strategies of the 12-Step program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Explains how to work the 12-Step program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Explains the reasons why the 12-Steps work	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Discusses the nature of the “sponsoring relationship”	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Discusses the barriers to affiliation with the 12-Step program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. The program hosts different types of 12-Step meetings, such as the ‘Step Meeting’ and discussion ‘Round Robin’	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING

67. How satisfied are you with the use of the interventions in SCALE C? (Please Check One)

0 1 2 3 9

Very Dissatisfied Somewhat Dissatisfied Somewhat Satisfied Very Satisfied Unknown I have no information about this

IF 0 or 1, explain: _____

ORGANIZATIONAL CULTURE QUESTIONNAIRE

68. How true is each of these about your program?

	Not True 0	Somewhat True 1	Mostly True 2	Very True 3
a. Clients and staff really feel like a part of the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. People in the program are glad to have the opportunity to participate in this program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. People around here do not have a lot of respect for this program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. People know what is expected of them in this program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. People in this program do not push each other to understand themselves better	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Administration and staff are really open to what clients say	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

g. I feel that people are not interested in helping each other in this program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Clients and staff do not feel supported by the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. This program has high standards of behavior	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. The standards of behavior in this program are pretty well spelled out	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
k. Administration is not interested in what other people think	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. The program puts a lot of trust in people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. If clients can fulfill the expectations of this program, then they have really accomplished something	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. The program focuses not on what people did, but why they used to do it	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. I think that the program is not clear in letting people know what is wanted from them	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. I think that the staff in the program are trying to do what is best for the clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. The goals that they set for people in this program are pretty high, but they can be reached	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. The people in this program like each other	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. I do not think that the program is well organized (runs smoothly)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. I feel that clients and staff do not have opportunities to tell people in charge of the program what they think	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. Administration and staff run a pretty tight ship around here	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. People around here are pretty interested in understanding how the other person feels	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
w. People around here do not feel a commitment to each other	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
x. I think that the staff believes in the clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
y. People in this program do what they can to help the others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
z. Administration and staff are not good at responding to problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
aa. I think that the people in the program believe in each other to do what is right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING:

**69. How satisfied are you with the organizational culture at your program?
(Please Check One)**

- 0**
Very Dissatisfied
- 1**
Somewhat Dissatisfied
- 2**
Somewhat Satisfied
- 3**
Very Satisfied
- 9**
**Unknown
I have no information about this**

IF 0 or 1, explain: _____

WITHIN-PROGRAM COMMUNICATION

70. Use the scale below to indicate what actually happens at your program.

	0 Never	1 Rarely	2 Some- times	3 Often
a. Program director starts discussions about program problems/concerns with clinical supervisors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Clinical supervisors start discussions about program problems/concerns with program director.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Clinical supervisors start discussions about program problems/concerns with each other. (Ignore if only 1 clinical supervisor)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Clinical supervisors start discussions about program problems/concerns with counselors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Counselors start discussions about problems/concerns about the program with clinical supervisors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Clinical supervisors start discussions about program problems/concerns with clients.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Clients start discussions about problems/concerns about the program with clinical supervisors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING:

71. How satisfied are you with the communication within the program? (Please Check One)

- 0**
Very Dissatisfied
- 1**
Somewhat Dissatisfied
- 2**
Somewhat Satisfied
- 3**
Very Satisfied
- 9**
**Unknown
I have no information about this**

IF 0 or 1, explain: _____

DECISION-MAKING SCALE

72. Using the scale below, please rate how strongly you agree with each of the following statements about decision-making at this program.

	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. We have open and frank discussions about our differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Disagreements are generally resolved fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff are divided into small cliques that do not communicate well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We actively seek out a variety of opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most viewpoints are given serious consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People are afraid to speak up for fear of ridicule/retaliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We are not afraid to disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. We learn a lot from considering each others' opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Individuals who disagree with the majority are likely to have a hard time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The item content in this scale is based on: Kirchmeyer, C. & Cohen, A. (1992).

SATISFACTION RATING:

**73. How satisfied are you with the decision-making process at this program?
(Please Check One)**

- Very Dissatisfied**
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
 Unknown I have no information about this

IF 0 or 1, explain: _____

DEMOGRAPHICS:

74. Are you Hispanic or Latino?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
------------------------------	-----------------------------

a. If yes, what ethnic group do you consider yourself?

	Select one or more:
1. Central American	<input type="checkbox"/>
2. Cuban	<input type="checkbox"/>
3. Dominican	<input type="checkbox"/>
4. Mexican	<input type="checkbox"/>
5. Puerto Rican	<input type="checkbox"/>
6. South American	<input type="checkbox"/>
7. Other, Specify: _____	<input type="checkbox"/>

75. What is your race? (Select one or more)

	Select one or more:
a. Black or African American	<input type="checkbox"/>
b. Asian	<input type="checkbox"/>
c. American Indian	<input type="checkbox"/>
d. Native Hawaiian or other Pacific Islander	<input type="checkbox"/>
e. Alaska Native	<input type="checkbox"/>
f. White	<input type="checkbox"/>
g. Other, Specify: _____	<input type="checkbox"/>

76. Any other comments you would like to make not covered by the questions above:

Reminder: All of your responses to the questions are important, so please check through the questionnaire to see that no questions have been skipped.

National Development and Research Institutes, Inc.
71 West 23rd Street, 8th Floor, New York, NY 10010

Form Approved
OMB No. 0930-xxxx
Expires mm/dd/yy

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Administrator Perspective Community-Based Residential Substance Abuse Treatment Programs

Multimodality Quality Assurance Scales (MQA) ©

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New York, NY 10010

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MULTIMODALITY QUALITY ASSURANCE SCALES (MQA)

GUIDE TO THE MQA ADMINISTRATORS SECTION

The MQA is designed to provide reports to program directors and others based on a wide array of organizational and treatment characteristics. This report focuses on four perspectives: the program director, clinical supervisors, line staff (substance abuse counselors), and clients. The objective of the report is to compare programs to other similar programs, and to identify the means by which they can become more efficient in their use of resources, and more effective in creating client satisfaction and change.

Who should be responsible for answering the MQA items?

There are four sections of the MQA:

Section 1 is to be completed by the Chief Administrative Officer of the program.

Section 2 is to be completed by the Clinical Director. In some programs this may be the same individual Administrative Officer. In large programs there may be several clinicians in supervisory roles, these supervisory

Section 3 is to be completed by substance abuse counselors and the primary clinical staff that are directly responsible for client care.

Section 4 is to be completed by the program's clients.

Please complete the following questionnaire on the basis of the latest information about your treatment program. Missing information will lead to gaps in our ability to provide feedback about your program. **Therefore, we ask you to be careful to answer each of the questions.**

If you have any questions (or if you have any comments to make), please feel free to contact Dr. Gerald Melnick (212) 845-4426 or e-mail him at melnick@ndri.org

MULTIMODALITY QUALITY ASSURANCE SCALES (MQA)
**COMMUNITY-BASED SUBSTANCE ABUSE
TREATMENT PROGRAMS**

April 7, 2006

**SECTION I
ADMINISTRATOR'S SECTION**

The program administrator should complete this form.

INSTRUCTIONS:

1. Use "9" to answer items when you do not know the answer.
2. You may check more than one response where applicable
3. Throughout the questionnaire there are areas for you to express how satisfied or dissatisfied you are with the elements in your program.

Please insert one of the following responses in the satisfaction-rating box:

0 = Very Dissatisfied

1 = Somewhat Dissatisfied

2 = Somewhat Satisfied

3 = Very Satisfied

Or

9 to designate Unknown, or "I have no information about this"

Please use the lines provided to explain any 0 or 1 ratings you gave (of course, feel free to explain any of your ratings).

NOTE: Please do not skip over any items! Completeness is very important for us to understand your opinion of the program!

ORGANIZATIONAL INFORMATION

1. Name of Program:

2. Type of Program:

a. Prison-based	<input type="checkbox"/>
b. Jail	<input type="checkbox"/>
c. Community residential	<input type="checkbox"/>
d. Community outpatient	<input type="checkbox"/>
e. Hospital-based	<input type="checkbox"/>

3. Program Address: STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX

4. Name of person completing this form: LAST NAME

FIRST NAME

TITLE:

Primary Responsibility: _____

5. PHONE NUMBER () -- **FAX** () --

E-MAIL ADDRESS

DATE

Month -- Day -- Year

6. Is your program:
(Check ONE)

a. Private for Profit?	نعم
b. Private Non Profit?	نعم
c. Publicly Funded?	نعم
d. Mixture? Please Describe: _____	نعم

7. Is your program part of a larger agency to which it reports?

YES نعم NO

IF YES, Name of larger agency: _____

8. How long has the program been admitting clients?

سنوات YEARS

a. IF less than 2 years, indicate total months	سنوات MONTHS
b. IF not yet admitting clients, explain: _____	

9. What is the program's capacity and occupancy rate. Please indicate the:

	Number
a. Maximum number of participants (at any one time) for which the program is designed?	سنوات
b. Average number of participants enrolled in program?	سنوات
c. Number of clients admitted in the past 12 months?	سنوات

10. Is this program accredited by (Please check a YES or NO response):

a. Joint Commission on the Accreditation of Health Care Organizations (JCAHCO)?	YES نعم NO
---	------------

b. Food and Drug Administration (FDA)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
a. Have fixed fees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Have a sliding scale, based on ability to pay?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Take clients who cannot pay anything and/or have scholarships?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Require co-payment or a registration fee in some cases?	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Have some contracts (For example, with City or State)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Drug Enforcement Administration (DEA)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Commission on Accreditation of Rehabilitation Facilities (CARF)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State Agency/Office? (Please Specify):	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Local (City or County) Agency/Office? (Please Specify): _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Other? (Please Specify): _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

11. Does this program (Please check a YES or NO response):

12. Does this program accept (Please check a YES or NO response):

a. Private insurance other than HMOs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. HMO or other managed care contracts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Medicare?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Medicaid?	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State disability insurance/workers' compensation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Criminal Justice funding?	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Department of Children's Services funding?	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Research/Evaluation funds, e.g., NIDA, CSAT?	YES <input type="checkbox"/> NO <input type="checkbox"/>

i. Other? (Please Specify): _____	YES ن NO ق
-----------------------------------	--------------------------

13. What best describes your program? (please check ONE response):

a. Residential (6 months or more)	ق
b. Residential (more than 30 days but less than 6 months)	ق
c. Residential (less than 30 days)	ق
d. Drug Free Outpatient	ق
e. Methadone Outpatient	ق
f. Other (Please Specify): _____	ق

**14. What is the therapeutic orientation of the program?
(CHECK ALL THAT APPLY)**

a. Therapeutic Community	ق
b. Cognitive-Behavioral Therapy	ق
c. Mutual Self Help (i.e., 12 Step programs such as AA)	ق
d. Methadone Treatment	ق
e. Other (Specify): _____	ق

15. IF more than one is checked above, but one type is the primary emphasis of the program, check which one:

a. Therapeutic Community	ق
b. Cognitive-Behavioral Therapy	ق
c. Mutual Self Help (i.e., 12 Step programs such as AA)	ق
d. Methadone Treatment	ق
e. Other (Specify): _____	ق

16. What is the program's planned duration of stay?

- a. Is the planned duration of stay:

i. The same for everyone?	نعم
ii. Not the same for everyone?	نعم

b. IF planned duration of stay is SAME FOR EVERYONE, indicate the number of months:

i. Number of months	نعم
---------------------	-----

c. IF planned duration of stay is VARIABLE: What is the average percent of clients who stay:

	Percent
i. Three months or less	نعم
ii . Four to five months	نعم
iii. Six to nine months	نعم
iv. Ten to twelve months	نعم
v. More than 1 year	نعم

17. Is the program specifically designed to meet the needs of a “special” population? If so, which? (CHECK ALL THAT APPLY)

a. No special populations	نعم
b. Males only	نعم
c. Females only	نعم
d. Pregnant or parenting women	نعم
e. Juveniles (Specify ages): _____	نعم
f. Co-occurring Disorder (Psychiatric and substance abuse)	نعم
g. Homeless	نعم
h. HIV/AIDS	نعم
i. Criminal Justice	نعم
j. Veterans	نعم
k. Specific cultural group (Specify): _____	نعم
l. Other (Specify): _____	نعم

18. What are the restrictions (rules specifying the types of clients who will NOT be admitted to your substance abuse treatment program)?

(CHECK ALL THAT APPLY.)

a. No exclusionary criteria	☑
b. Juveniles	☑
c. Psychiatric or emotional problems	☑
d. Mental retardation	☑
e. Medical condition (HIV/AIDS, hepatitis, etc)	☑
f. History of violence	☑
g. Sex offender	☑
h. Arson	☑
i. Pregnancy	☑
j. Other (Specify) _____	☑

19. What percent of clients are referred to your program in the following ways?

	Percent
a. Mandated/ordered into the program by criminal justice system	١٠٠٪
b. Self Referrals (Walk-ins)	١٠٠٪
c. Referred from Child Welfare	١٠٠٪
d. Referred from Department of Social Services (Public Assistance)	١٠٠٪
e. Referred from Employee Assistance Programs	١٠٠٪
f. Other (Specify): _____	١٠٠٪

20. FOR SELF REFERRALS, what recruitment methods are used? _____

21. Is there a waiting list for entry into the program?

YES	☑	NO
-----	---	----

IF YES, what is the average length of time in days someone has to wait to enter the program?

_____	☑	_____	☑	DAYS
-------	---	-------	---	------

22. What best describes the program evaluation/research conducted in the previous 12 months?

a. The program conducts its own evaluation of services.	YES نعم NO لا
b. There is evaluation of services by the state.	YES نعم NO لا
c. The program participates in an external evaluation & follow-up studies of program clients.	YES نعم NO لا
d. The program participates in treatment research studies.	YES نعم NO لا

23. Does the program use objective evaluation include measures of client progress during treatment?

YES نعم NO لا

Please Specify: _____

FACILITIES

24. Is your program a residential program?
→ If NO, skip to question number 30

YES نعم NO لا

25. Are clients' bedrooms shared?

YES نعم NO لا

IF YES, On average how many clients share a bedroom?

نعم CLIENTS

26. Please answer the following questions about your program's physical space:

a. Does the typical client bedroom have windows?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Does the typical client bedroom have a door that closes?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Does the typical client bedroom have floor to ceiling walls?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Does the typical client bedroom have an attached bathroom?	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Do clients have enough personal space?	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Does the program provide enough group space?	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Does the program provide enough recreational space?	YES <input type="checkbox"/> NO <input type="checkbox"/>

27. Do children live on site?

YES <input type="checkbox"/> NO <input type="checkbox"/>
--

28. Using the following scale, rate clients' bedrooms and furnishings in terms of the qualities listed below:

	0 Very Poor	1 Inadequate	2 Adequate	3 Very Good
a. Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. State of repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cleanliness/odor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ability to customize space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 Very Poor	1 Inadequate	2 Adequate	3 Very Good
h. Adequate amount of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. General quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What is the quality of the food in the program? (Check One)

Very Poor
 Inadequate
 Adequate
 Very Good

30. What are the program's physical facilities?

a. Are there decorative pictures or posters in the program areas frequented by clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Are there motivational/informational program posters hanging in areas frequented by clients (i.e. 12 Step posters, etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Are there group meeting rooms?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Do counselors have individual offices?	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Does the typical counselor's office have floor to ceiling walls and a door?	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Does the program managerial staff have separate offices?	YES <input type="checkbox"/> NO <input type="checkbox"/>

31. Using the following scale, rate primary substance abuse counselors offices and furnishings in terms of qualities listed below:

	0 Very Poor	1 Inadequate	2 Adequate	3 Very Good
a. Comfort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Lighting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Ventilation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Adequate amount of space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. State of repair	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Cleanliness/odor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Privacy for counseling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. No primary substance abuse counselors offices <input type="checkbox"/>				

32. Using the following scale, rate your program's common interior areas of the building (lobby area, waiting/reception areas, meeting space, recreational space etc.) on the qualities listed below:

	Very Poor 0	Inadequate 1	Adequate 2	Very Good 3
a. Comfort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Lighting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Ventilation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. State of repair	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Cleanliness/odor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Adequate amount of space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

37. Total current annual revenue of all types for program during this period:

فقف, فقف, فقف \$

38. Is the level of funding per client fixed?

YES ف NO

IF YES, indicate the amount of funding per client per month:

فقف, فقف \$

39. Is the program deficit funded?

YES ف NO

40. Please enter budgets below.

a. What is the total budget for personnel (salary and fringe)?	فقف, فقف, فقف \$
b. What is the total budget for non personnel expenses?	فقف, فقف, فقف \$

SATISFACTION RATING

41. How satisfied are you with the level of funding? (Please Check One)

- 0
Very Dissatisfied
- 1
Somewhat Dissatisfied
- 2
Somewhat Satisfied
- 3
Very Satisfied
- 9
**Unknown
I have no information about this**

IF 0 or 1, explain: _____

STAFF BACKGROUND

42. Indicate the number of the primary substance abuse counselors (staff directly delivering core treatment) in your program having the following characteristics.

a. What is the total number of primary substance abuse counselors?

قوف Counselors

c. What is the educational background of the primary substance abuse counselors?
(INDICATED HIGHEST CATEGORY ATTAINED)

	Number of Counselors
i. No High School diploma and no G.E.D	قوف
ii. Technical school degree but no H.S diploma or G.E.D. degree	قوف
iii. Completed High School or G.E.D	قوف
iv. Some college but no degree	قوف
v. Two year college associate degree	قوف
vi. Four year college degree (e.g. B.A. or B.S.)	قوف
vii. Graduate education	قوف

- d. How many of your primary substance abuse counselors have:
(WHEN NONE, ENTER 0, DO NOT LEAVE BLANK)

	Number of Counselors
i. Specialized training in substance abuse treatment outside the program, e.g. credits toward CASAC?	٠
ii. Credentials in substance abuse treatment?	٠
iii. Certification in a general mental health specialty such as psychology	٠

- e. How many primary substance abuse counselors have the following years of experience working in substance abuse treatment?
(WHEN NONE, ENTER 0, DO NOT LEAVE BLANK)

	Number of Staff
i. Less than 1 year	٠
ii. One to two years	٠
iii. Three to five years	٠
iv. More than five years	٠

- f. How many of the primary substance abuse counselors are known to be recovering (i.e. have been in treatment)?
(If NONE, enter 0)

٠ Counselors

SATISFACTION RATING

43. How satisfied are you with the background of your primary substance abuse counselors?
(Please Check One)

0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

44. For each category of staff, indicate the number of staff currently employed:
(If NONE, enter 0)

	Number Full-time Staff	Number Part-time Staff
a. Administrative Staff	٠	٠
b. Clinical Supervisors	٠	٠

c. Drug Counselors	فوق	فوق
d. Vocational or Rehabilitation Counselors	فوق	فوق
e. Physician's Assistant or Nurse Practitioner	فوق	فوق
f. Registered Nurse or Licensed Nurse Practitioner	فوق	فوق
g. Physicians	فوق	فوق
h. Psychiatrists	فوق	فوق
i. Social Workers	فوق	فوق
j. Psychologists	فوق	فوق
k. Clergy or Religious Counselors	فوق	فوق
l. Family therapists	فوق	فوق
m. How many volunteers does the program use?	فوق	فوق
n. Other (Specify): _____	فوق	فوق

SATISFACTION RATING

45. How satisfied are you with the staff coverage? (Please Check One)

0 **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

46. How many primary treatment staff have been employed in this program: (If NONE, enter 0)

	Number
a. Less than six months?	فوق
b. Six to twelve months?	فوق
c. One to two years?	فوق
d. More than two years?	فوق

47. During the past 12 months, how many types of staff have left the program voluntarily for any reason (for example, to take another job, return to school, raise a family, etc.)?

	Number
a. Primary treatment staff (directly involved with client treatment of counseling)	٢٢٢ STAFF
b. Supervisory clinical treatment staff	٢٢٢ STAFF

SATISFACTION RATING

48. How satisfied are you with the staff rate of turnover? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

POLICIES AND INCENTIVES

49. What is the average salary of an...

- a. Entry level counselor? \$ ٢٢٢, ٢٢٢ per year.
b. Senior counselor? \$ ٢٢٢, ٢٢٢ per year.
c. Clinical supervisor? \$ ٢٢٢, ٢٢٢ per year.

50. In the past year, did the primary treatment staff receive a standard pay increase?

YES ٢ NO

a. IF YES, what was the average percent of increase?

٢ ٢ ٢ %

51. Does the program give incentive pay raises?

YES ٢ NO

a. IF YES, how many primary treatment staff members received merit pay raises? For what reason?

Number
٢٢٢ Staff

52. In the past year, did any primary treatment staff members receive promotions?

YES ٢ NO

a. IF YES, how many received promotions?

Number
قفف Staff

53. Does the program use any other primary treatment staff incentives?

YES قف NO

IF YES,

Specify Incentive 1 _____

Specify Incentive 2 _____

Specify Incentive 3 _____

54. How many personal and vacation days (not counting holidays such as Thanksgiving and the Fourth of July) is the average full time salaried primary substance abuse counselors entitled to per year?

Number
قفف DAYS

55. How many sick days are primary substance abuse counselors entitled to per year?

Number
قفف DAYS

56. Do primary substance abuse counselors receive paid medical benefits?

YES قف NO

57. Does the compensation package for primary substance abuse

YES قف NO

SATISFACTION RATING

58. How satisfied are you with the staff policies and incentives? (Please Check One)

0 Very Dissatisfied 1 Somewhat Dissatisfied 2 Somewhat Satisfied 3 Very Satisfied 9 Unknown I have no information about this

IF 0 or 1, explain: _____

counselors include pensions?

DECISION-MAKING

59. What formal methods does your program have for obtaining employees' feedback or input into decision making?

a. Staff Representation on the board of directors	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Quality improvement teams (i.e., Total Quality Management or Continuous Quality Improvement)	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Staff representation on management team	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Staff suggestion box	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Staff committees responsible for specific management/administrative duties. (e.g., committees for hiring staff, staff discipline, review of policies and procedures, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Rotating staff memberships on management team (i.e., staff takes turns as members of management meetings)	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. We do not distinguish between staff and manager, all staff members are part of the management team	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. The program conducts regular staff meetings to get feedback or input on the program	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. The program conducts regular client focus groups to get feedback or input on the program	YES <input type="checkbox"/> NO <input type="checkbox"/>
j. The program conducts regular staff focus groups to get feedback or input on the program	YES <input type="checkbox"/> NO <input type="checkbox"/>
k. Other (Describe) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

60. How often do you have staff meetings?

More than once a week
 Weekly
 Monthly
 Less than monthly

61. For the items below, please indicate what actually happens at the program:

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. How often do you ask counselors for their opinions and suggestions about treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How often do you ask counselors for their opinions and suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How often are clients asked for their opinions and suggestions about treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How often are clients asked for their opinions and suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. How often are clinical supervisors asked for	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

their opinions and suggestions about treatment issues?				
f. How often are clinical supervisors asked for their opinions and suggestions about program policies?	0	1	2	3
g. The program is open to new methods and techniques?	0	1	2	3
h. The program is open to issues of cultural diversity?	0	1	2	3

62. For the items below, please indicate what actually happens at the program:

	<u>None</u> 0	<u>Very Little</u> 1	<u>Moderate Amount</u> 2	<u>Great Deal</u> 3
a. How much influence do counselors have on treatment decisions?	0	1	2	3
b. How much influence do counselors have on program policies?	0	1	2	3
c. How much influence do clinical supervisors have on treatment decisions?	0	1	2	3
d. How much influence do clinical supervisors have on program policies?	0	1	2	3
e. How much influence do clients have on treatment decisions?	0	1	2	3
f. How much influence do clients have on program policies?	0	1	2	3

SATISFACTION RATING

63. How satisfied are you with the program's decision-making process? (Please Check One)

- Very Dissatisfied**
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
 Unknown I have no information about this

IF 0 or 1, explain: _____

CLIENT CHARACTERISTICS

**64. What is the current age distribution of your clients?
(WHEN NONE, ENTER 0, DO NOT LEAVE BLANKS)**

	Percent
a. 15 or Under	٠
b. 16-18	٠
c. 19-20	٠
d. 21-25	٠
e. 26-30	٠
f. 31-40	٠
g. 41-50	٠
h. 51 and Older	٠

**65. What is the current medical status of your clients?
(IF NONE, ENTER 0, DO NOT LEAVE BLANKS)**

	Percent
a. Pregnant (during time in program)	٠
b. HIV Positive	٠
c. Full-blown AIDS	٠
d. Hepatitis	٠
e. TB	٠
f. Co-occurring mental health	٠
g. Other (Specify) _____	٠

66. How many of your clients were employed during the year prior to entering your program?
(IF NONE, ENTER 0, DO NOT LEAVE BLANKS)

	Percent	Don't Know
a. Full time employed (35 hours or more per week with no seasonal layoffs)	فقف	فا
b. Part time employed	فقف	فا
c. Seasonally employed	فقف	فا
d. Unemployed	فقف	فا
e. Other (Specify)_____	فقف	فا

DRUG HISTORY OF CLIENTS CURRENTLY IN TREATMENT

67. Drug of Choice

Indicate the percent of your current clients according to their most recent drug use.
A single individual should be counted *only once* according to his or her drug of choice.

(WHEN NONE, ENTER 0, DO NOT LEAVE BLANKS)

	Percent
a. Heroin and other opiates	فقف
b. Non-crack cocaine	فقف
c. Crack/Rock	فقف

d. Amphetamines	فوق
e. Barbiturates/Tranquilizers	فوق
f. Marijuana/Hashish	فوق
g. LSD	فوق
h. PCP	فوق
i. Inhalants	فوق
j. Other nonprescription drugs	فوق
k. Alcohol	فوق
l. Designer/Club drugs	فوق
m. Other (Specify) _____	فوق

68. Any Substance

What percent of your clients have used each of the following substances at some time during the year prior to entering your program?

A single individual *should* be counted in *more than one cell* if he/she used more than one substance.

(WHEN NONE, ENTER 0, DO NOT LEAVE BLANKS)

	Percent
a. Heroin	فوق
b. Non-crack cocaine	فوق
c. Crack/Rock	فوق

d. Amphetamines	فقف
e. Barbiturates/Tranquilizers	فقف
f. Marijuana/Hashish	فقف
g. LSD	فقف
h. PCP	فقف
i. Inhalants	فقف
j. Other nonprescription drugs	فقف
k. Alcohol	فقف
l. Designer/Club drugs	فقف
m. Other (Specify) _____	فقف

69. What is the percent of current clients with illegal injection drug use (lifetime)?
(WHEN NONE, ENTER 0)

فقف %

70. What is the percent of current clients with illegal injection drug use in the year prior to entering your program? (WHEN NONE, ENTER 0)

فقف %

71. How many clients are given prescribed medication?
(WHEN NONE, ENTER 0, DO NOT LEAVE BLANKS)

	Percent
a. Clients take prescribed medications for physical illness	فقف
b. Clients take prescribed medications for psychiatric or emotional problems	فقف
c. Clients take prescribed medications for substance abuse treatment (i.e. methadone, naltroxone, buprenephrine, etc.)	فقف

72. What percent of your clients have been convicted of a crime other than possession of drugs?

فقف %

73. What percent of your clients have been convicted of the following crimes?
(WHEN NONE, ENTER 0, DO NOT LEAVE BLANKS)

	Percent
a. Crimes of violence (include murder, rape, aggravated assault, and robbery)	فقف

b. Crimes against property (burglary, larceny, auto theft, arson, and fencing)	فوق
c. Drug sales and/or distribution	فوق
d. Prostitution	فوق
e. Possession of drugs	فوق
f. Child abuse	فوق
g. Driving under the influence	فوق
h. Other types of crimes	فوق
i. Criminal history not available	فوق

SAFETY OF PROGRAM CLIENTS

74. What problems with client violence has your program had over the past 12 months?

	Number
a. How many clients physically assaulted another person in the program?	فوق
b. How many clients were physically assaulted while in the program?	فوق
c. How many clients were sexually assaulted or harassed while in the program?	فوق
d. How many clients were found with contraband, such as drugs?	فوق

SATISFACTION RATING

75. How satisfied are you with the program's safety record? (Please Check One)

0

Very
Dissatisfied

1

Somewhat
Dissatisfied

2

Somewhat
Satisfied

3

Very
Satisfied

9

Unknown
I have no information
about this

IF 0 or 1, explain: _____

ORGANIZATIONAL CULTURE QUESTIONNAIRE

76. How true is each of these about your program?

	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. Clients and staff really feel like a part of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People in the program are glad to have the opportunity to participate in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People around here do not have a lot of respect for this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People know what is expected of them in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People in this program do not push each other to understand themselves better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Administration and staff are really open to what clients say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel that people are not interested in helping each other in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Clients and staff do not feel supported by the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. This program has high standards of behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The standards of behavior in this program are pretty well spelled out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Administration is not interested in what other people think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The program puts a lot of trust in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If clients can fulfill the expectations of this program, then they have really accomplished something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The program focuses not on what people did, but why they used to do it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I think that the program is not clear in letting people know what is wanted from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I think that the staff in the program are trying to do what is best for the clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. The goals that they set for people in this program are pretty high, but they can be reached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
r. The people in this program like each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I do not think that the program is well organized (runs smoothly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I feel that clients and staff do not have opportunities to tell people in charge of the program what they think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Administration and staff run a pretty tight ship around here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. People around here are pretty interested in understanding how the other person feels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. People around here do not feel a commitment to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I think that the staff believes in the clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. People in this program do what they can to help the others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
e. Most viewpoints are given serious consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People are afraid to speak up for fear of ridicule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We are not afraid to disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. We learn a lot from considering each others' opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Individuals who disagree with the majority are likely to have a hard time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The item content for scale is based on: Kirchmeyer, C. & Cohen, A. (1992).

SATISFACTION RATING:

81. How satisfied are you with the decision-making process at this program? (Please Check One)

Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
 Unknown I have no information about this

IF 0 or 1, explain: _____

STAFF AND CLIENT DEMOGRAPHICS

82. How many of the primary substance abuse counselors are Hispanic or Latino?
→ **If zero, skip to question 83.**

<input type="checkbox"/> Number of Male Counselors <input type="checkbox"/> Number of Female Counselors
--

- a. Of these Hispanic or Latino primary substance abuse counselors, what ethnic group(s) do they belong to?

	Number of Male Staff	Number of Female Staff
1. Central American	فقف	فقف
2. Cuban	فقف	فقف
3. Dominican	فقف	فقف
4. Mexican	فقف	فقف
5. Puerto Rican	فقف	فقف
6. South American	فقف	فقف
7. Other, Specify: _____	فقف	فقف

83. How many of the primary substance abuse counselors are:

	Number of Male Staff	Number of Female Staff
a. Black or African American	فقف	فقف
b. Asian	فقف	فقف
c. American Indian	فقف	فقف
d. Native Hawaiian or other Pacific Islander	فقف	فقف
e. Alaska Native	فقف	فقف
f. White	فقف	فقف
g. Other, Specify: _____	فقف	فقف

84. What percent of clients are Hispanic or Latino?

→ **If zero, skip to question 86.**

فقف	Percent of Male Clients
فقف	Percent of Female Clients

**85. What is the current ethnic distribution among Hispanic or Latino clients?
(WHEN NONE, ENTER 0, DO NOT LEAVE BLANKS)**

	Percent
a. Central American	٠٠٠
b. Cuban	٠٠٠
c. Dominican	٠٠٠
d. Mexican	٠٠٠
e. Puerto Rican	٠٠٠
f. South American	٠٠٠
g. Other, Specify: _____	٠٠٠

86. What percent of clients are:

	Percent
a. Black or African American	٠٠٠
b. Asian	٠٠٠
c. American Indian	٠٠٠
d. Native Hawaiian or other Pacific Islander	٠٠٠
e. Alaska Native	٠٠٠
f. White	٠٠٠
g. Other, Specify: _____	٠٠٠

87. Any other comments you would like to make not covered by the questions above:

Reminder: All of your responses to the questions are important, so please check through the questionnaire to see that no questions have been skipped.

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Staff Perspective Community-Based Residential Substance Abuse Treatment Programs

Multimodality Quality Assurance Scales (MQA) ©

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MULTIMODALITY QUALITY ASSURANCE SCALES (MQA)

GUIDE TO THE MQA FOR PROGRAM CLIENTS

The MQA is designed to help programs become better at creating client change and more client satisfaction. One way that it does this is by looking at the program from many different points of view. In this way, you and other people can have an effect on changing and improving the program. The information from the MQA will become part of a report to the program director and others responsible for the program. The report will consider everyone's point of view and make suggestions about how the program can become a better place and have a more positive impact on clients.

CONFIDENTIALITY: Your answers to the questionnaire are entirely confidential. The research is being conducted by the National Development & Research Institutes, Inc. (NDRI), a not-for-profit organization that conducts research in substance abuse treatment. NDRI is entirely separate from the

treatment program. Your name and any other personal identification is not included in the questionnaire. All of the information is grouped together at NDRI and only the grouped information is available to people outside NDRI. All individual questionnaires are destroyed after the information is entered into the NDRI database.

COMPLETENESS: Since we are not asking you to identify yourself, we have no way of contacting you if there is information missing. Missing information makes any results questionable. **Therefore, we ask you to be careful to answer each of the questions.**

QUESTIONS: If you have any questions (or if you have any comments to make), please feel free to contact: Dr. Gerald Melnick, (212) 845-4426, or by e-mail: melnick@ndri.org

MULTIMODALITY QUALITY ASSURANCE SCALES (MQA)

STAFF SURVEY

INSTRUCTIONS:

1. Use “9” to answer questions for which you have no information.
2. You may check more than one response for items describing facts about the program.
3. Throughout the questionnaire there are areas for you to express how satisfied or dissatisfied you are with the elements in your program at present.

Please check one of the following responses in the satisfaction-rating box:

0 = Very Dissatisfied

1 = Somewhat Dissatisfied

2 = Somewhat Satisfied

3 = Very Satisfied

Or

9 to designate unknown, or “I have no information about this”

Please use the lines provided to explain any 0 or 1 ratings you gave (of course, feel free to explain any of your ratings).

NOTE: Please do not skip over any items! Completeness is very important for us to understand your opinion of the program!

1. Name of Program:

2. Program Address:

3. Today's Date

Month -- Day -- Year

4. Gender:

Male **م** Female **م**

Please answer the following questions to the best of your knowledge:

STAFF TRAINING

5. Is there a program orientation that all new treatment staff receive?

6. Does the program provide in-service staff training?

IF YES, what were the:

a. Number of meetings in last 12 months?	م
b. Number of staff involved in average session?	م

7. Does the program send staff to training sessions outside the program?

SATISFACTION RATING:

8. How satisfied are you with in-service staff training? (Please Check One)

0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

SUPERVISION THROUGH STAFF MEETINGS

9. Are there regularly scheduled formal staff meetings during which clients are discussed?

YES	نعم	NO
-----	-----	----

IF YES, when are they scheduled?
(Please check ONE)

a. Daily	نعم
b. Two or three times a week	نعم
c. Weekly	نعم
d. Two or three times a month	نعم
e. Monthly	نعم
f. Less frequently than once a month	نعم

SATISFACTION RATING:

10. How satisfied are you with supervision in formal staff meetings? (Please Check One)

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Unknown I have no information about this

IF 0 or 1, explain: _____

SUPERVISION THROUGH INDIVIDUAL MEETINGS

11. Are there regularly scheduled individual supervisory meetings between a supervisor and individual clinical staff members?
→ IF NO, skip to question number 15

YES	نعم	NO
-----	-----	----

12. When are these meetings scheduled? (Please check ONE)

a. Daily	نعم
b. Two or three times a week	نعم
c. Weekly	نعم
d. Two or three times a month	نعم
e. Monthly	نعم
f. Less frequently than once a month	نعم

SATISFACTION RATING:

13. How satisfied are you with individual supervision? (Please Check One)

- 0 Very Dissatisfied
 1 Somewhat Dissatisfied
 2 Somewhat Satisfied
 3 Very Satisfied
 9 Unknown I have no information about this

IF 0 or 1, explain: _____

COUNSELOR INFLUENCE

14. For the items below, please indicate what actually happens at the program:

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. How often does your supervisor ask for counselor opinions and suggestions about treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How often does your supervisors ask counselors for their opinions and suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How often does the program director ask for counselors opinions and suggestions about treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How often does the program director ask for counselors opinions and suggestions about program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. The program is open to new methods and techniques?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. The program is open to issues of cultural diversity?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

15. For the items below, please indicate what actually happens at the program:

	<u>None</u> 0	<u>Very Little</u> 1	<u>Moderate Amount</u> 2	<u>Great Deal</u> 3
a. How much influence do counselors have on treatment issues?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How much influence do counselors have on program policies?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

16. What percentage of your time is spent on paperwork?

SATISFACTION RATING

17. How satisfied are you with staff influence on decision-making? (Please Check One)

- 0 Very Dissatisfied 1 Somewhat Dissatisfied 2 Somewhat Satisfied 3 Very Satisfied 9 Unknown I have no information about this

IF 0 or 1, explain: _____

STAFF INCENTIVES

18. Please check a YES or NO answer:

a. In the past year, did the staff receive a standard (fixed %) pay increase?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Does the program give incentive pay raises?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. In the past year, did any staff members receive promotions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Does the program use any other staff incentives?	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YES to item d.

Specify Incentive 1 _____

Specify Incentive 2 _____

Specify Incentive 3 _____

SATISFACTION RATING:

19. How satisfied are you with the staff incentives? (Please Check One)

- 0 Very Dissatisfied 1 Somewhat Dissatisfied 2 Somewhat Satisfied 3 Very Satisfied 9 Unknown I have no information about this

IF 0 or 1, explain: _____

FACILITIES

20. Is this a residential program?

YES NO

→ **If NO, skip to question number 25**

21. Are clients' bedrooms shared? YES **ن** NO

IF YES, On average how many clients share a bedroom? **ن** CLIENTS

22. Please answer the following questions about your program's physical space:

a. Do clients have enough personal space?	YES ن NO ن
b. Does the program provide enough group space?	YES ن NO ن
c. Does the program provide enough recreational space?	YES ن NO ن

23. What is the quality of the food in the program?

0 Very Poor
1 Inadequate
2 Adequate
3 Very Good

24. Using the following scale, rate your program's common interior areas of the building (lobby area, waiting/reception areas, meeting space, recreational space, etc.) on the qualities listed below:

	Very Poor 0	Inadequate 1	Adequate 2	Very Good 3
a. Comfort	0	1	2	3
b. Lighting	0	1	2	3
c. Ventilation	0	1	2	3
d. State of repair	0	1	2	3
e. Cleanliness/odor	0	1	2	3
f. Adequate amount of space	0	1	2	3
g. General quality	0	1	2	3

SATISFACTION RATING

25. How satisfied are you with the program’s space? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

SAFETY OF PROGRAM CLIENTS (participants in the treatment program)

26. What has been the safety record of your program over the past 12 months?

	Number
a. How many clients physically assaulted another person in the program?	ثقف
b. How many clients were physically assaulted while in the program?	ثقف
c. How many clients were sexually assaulted or harassed while in the program?	ثقف
d. How many clients were found with contraband, such as drugs?	ثقف

SATISFACTION RATING:

27. How satisfied are you with the program’s safety record? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

INTAKE ASSESSMENT

28. Does the initial evaluation include (Please answer each item):

a. Drug abuse history	YES ن NO ا
b. Criminal history assessment	YES ن NO ا
c. Medical assessment	YES ن NO ا
d. Psychiatric assessment	YES ن NO ا
e. Trauma assessment	YES ن NO ا
f. Educational assessment	YES ن NO ا
g. Work/Vocational assessment	YES ن NO ا
h. Family assessment	YES ن NO ا
i. Strengths/Skill assessment	YES ن NO ا
j. Motivational assessment	YES ن NO ا
k. Other (specify)_____	YES ن NO ا

SATISFACTION RATING:

29. How satisfied are you with the intake assessment? (Please Check One)

0
Very
Dissatisfied

1
Somewhat
Dissatisfied

2
Somewhat
Satisfied

3
Very
Satisfied

9
Unknown
I have no information
about this

IF 0 or 1, explain: _____

DRUG SCREENING

30. Does your program conduct any drug or alcohol testing?

YES **ن** NO

→ IF NO, skip to question number 37

**31. On what basis are clients selected for testing?
(CHECK ALL THAT APPLY)**

a. All clients are tested	☑
b. For cause (suspicion that particular inmates are using drugs)	☑
c. Random testing	☑
d. To satisfy legal mandates (probation/parole requirements)	☑
e. Other (Specify) _____	☑

**32. Drug testing is conducted:
(CHECK ALL THAT APPLY)**

a. At random days and times (for example, it can occur at any day at almost any waking hour)	☑
b. At regular scheduled days and times (for example, only on Tuesdays between 1:00 and 3:00 p.m.)	☑
c. Only when use is suspected	☑

**33. What are the consequences of a positive drug test?
(CHECK ALL THAT APPLY):**

a. Verbal reprimand	☑
b. Loss of privileges	☑
c. Discharge from program	☑
d. Learning experience (special counseling or activities)	☑
e. None	☑
f. Other (Specify) _____	☑

**34. Are consequences of a positive drug test applied in graduated steps?
(For example, a second violation has more severe consequences than the first violation.)**

YES	☑	NO
-----	---	----

SATISFACTION RATING:

35. How satisfied are you with the drug screening policy in your program? (Please Check One)

0

Very Dissatisfied

1

Somewhat Dissatisfied

2

Somewhat Satisfied

3

Very Satisfied

9

Unknown
I have no information about this

IF 0 or 1, explain: _____

PROGRAM STRUCTURE

36. What manuals and protocols does your program provide? (Check your response)

a. Does this program have a treatment protocol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
b. Does this program have a clinical policy manual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
c. Does this program have an administrative policy manual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
d. Is there a structured approach to treatment that the program follows with all clients (for example, a specific number and type of group and/or individual sessions that clients must attend)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
e. Is there a structured content to client groups or individual sessions (for example, client workbooks, or set of activities that must be followed)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
f. Please indicate how important it is for staff members to follow the program's structure and content exactly with clients. In other words, how much variation from protocol is tolerated? Check your answer below:			
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
No Variation Tolerated	A Low Level of Variation Tolerated	A Medium Level of Variation Tolerated	A High Level of Variation Tolerated

37. What percentage of your time is spent on paperwork?

%

SATISFACTION RATING

38. How satisfied are you with the way that the program has been defined? (Please Check One)

0

Very Dissatisfied

1

Somewhat Dissatisfied

2

Somewhat Satisfied

3

Very Satisfied

9

Unknown
I have no information about this

IF 0 or 1, explain: _____

TREATMENT PLANNING

39. Do all clients have a treatment plan?

YES <input type="checkbox"/> نعم <input type="checkbox"/> NO

40. What percent of your clients have a treatment plan...
(When NONE, enter 0)

	Percent
a. Completed at intake?	<input type="text"/> في المئة
b. Completed within 30 days of admission?	<input type="text"/> في المئة

41. What percent of your clients' treatment plans are periodically updated?
→ IF you indicate 0, skip to question number 45

<input type="text"/> % في المئة
--

42. How often are treatment plans updated? (Please check only ONE box)

a. Weekly	<input type="checkbox"/> في الاسبوع
b. Every 2 weeks	<input type="checkbox"/> في اثنى عشر يوما
c. More frequently than once a month but less than every 2 weeks	<input type="checkbox"/> في اثنى عشر يوما
d. Once a month	<input type="checkbox"/> في الشهر
e. Every 2-3 months	<input type="checkbox"/> في الشهرين
e. Less frequently than every 3 months	<input type="checkbox"/> في الشهرين
f. When the client reaches a specific stage or level	<input type="checkbox"/> في الشهرين
g. Other (Specify) _____	<input type="checkbox"/> في الشهرين

43. Who participates in updating the treatment plans? (Please answer ALL items a through h)

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. Primary counselor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Case manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Clinical supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Social worker, Psychiatrist, or Psychologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Client	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Client's family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Probation or parole agent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other (Specify) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

44. Is there clear consistent documentation of client progress related to the treatment plan?

0
Never

1
Sometimes

2
Usually

3
Always

SATISFACTION RATING:

45. How satisfied are you with the treatment planning process? (Please Check One)

0
Very
Dissatisfied

1
Somewhat
Dissatisfied

2
Somewhat
Satisfied

3
Very
Satisfied

9
Unknown
I have no information
about this

IF 0 or 1, explain: _____

DISCHARGE PLANNING

46. Is there a discharge plan for clients completing your program?

→ IF NO, skip to question number 53

YES NO

47. Who participates in formulating the discharge plan?

(Please answer ALL items a through i)

	<u>Never</u> 0	<u>Sometimes</u> 1	<u>Usually</u> 2	<u>Always</u> 3
a. Primary counselor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Case manager	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Social Worker, Psychiatrist, or Psychologist	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Clinical supervisor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Client	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Client's family	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Probation or parole agent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Aftercare staff	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Other (Specify) _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

48. Does the discharge plan usually provide for attending aftercare (agencies that provide vocational/educational services, substance abuse treatment, etc.)?

YES NO

49. What percent of your clients scheduled to be released meet with an aftercare provider?

%

50. What percent of your clients scheduled to be released meet with an aftercare provider more than once?

0% ف ف ف

SATISFACTION RATING:

51. How satisfied are you with the discharge planning process? (Please Check One)

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Unknown I have no information about this

IF 0 or 1, explain: _____

LIST OF SERVICES

52. Educational/Vocational

The following items refer to whether separate classes or training sessions are provided in each of the following areas.

	<u>Provided?</u>
a. High school/G.E.D. classes	YES ف NO ف
b. Other Basic educational classes (reading, math, etc.)	YES ف NO ف
c. Vocational training	YES ف NO ف
d. Job readiness	YES ف NO ف
e. Other (Specify) _____	YES ف NO ف

SATISFACTION RATING:

53. How satisfied are you with the educational/vocational services? (Please Check One)

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Unknown I have no information about this

IF 0 or 1, explain: _____

54. Social Skills Training:

The following items refer to whether specific classes or training sessions are provided in each of the following areas.

	<u>Provided?</u>
a. Communication skills	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Personal hygiene	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Parenting skills	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Leisure time activities skills	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Stress management	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Anger management	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Money management	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Other (Specify) _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

SATISFACTION RATING:

55. How satisfied are you with the social skills training program? (Please Check One)

- Very Dissatisfied**
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
 Unknown I have no information about this

IF 0 or 1, explain: _____

56. What other services does your program provide?

	<u>Provided?</u>
a. Vocational assessment (finding out what job skills you have)	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Vocational counseling	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Job placement	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Family planning education	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Mental health services	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Basic health education	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Substance abuse education	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. AIDS prevention	YES <input type="checkbox"/> NO <input type="checkbox"/>

h. Location of housing	YES ن NO ق
i. Assistance with entitlements	YES ن NO ق
j. Legal assistance	YES ن NO ق
k. Other (specify) _____	YES ن NO ق

SATISFACTION RATING

57. How satisfied are you with the other services listed above? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

EMERGENCY INTERVENTIONS

58. Is there an arrangement for conducting unscheduled crisis sessions with clients during regular program hours? (for treatment by your program, not medical treatment)

YES **ن** NO

IF YES, Specify: _____

59. Is there an arrangement for conducting unscheduled crisis sessions after regular program hours?

YES **ن** NO

IF YES, Specify: _____

SATISFACTION RATING

60. How satisfied are you with the emergency interventions? (Please Check One)

- 0** **Very Dissatisfied**
 1 **Somewhat Dissatisfied**
 2 **Somewhat Satisfied**
 3 **Very Satisfied**
 9 **Unknown I have no information about this**

IF 0 or 1, explain: _____

TREATMENT EMPHASIS

61. What does your program emphasize the most?

Pick **NO MORE THAN THREE** choices that reflect the most important aims of your program by checking one box in each column. PLEASE LEAVE REMAINING BOXES BLANK.

	Mark only ONE box in each column		
	↓	↓	↓
a. Reduce criminal recidivism (new crimes)	☐	☐	☐
b. Treat the clients' substance abuse problem	☐	☐	☐
c. Reduce psychological or emotional problems	☐	☐	☐
d. Create self-reliance and positive social and work attitudes	☐	☐	☐
e. Treat the whole person – not the particular problems the individual may have	☐	☐	☐
f. Create global changes in identity	☐	☐	☐
g. Increase self-understanding	☐	☐	☐
h. Increase self-esteem and confidence	☐	☐	☐
i. Increase trust in a Higher Power	☐	☐	☐
j. Help clients change their surroundings to help deal with their problems	☐	☐	☐
k. Abstinence from drug/alcohol use	☐	☐	☐
l. Help clients with housing and employment	☐	☐	☐
m. Change thinking patterns that lead to drug use	☐	☐	☐
n. Other (Specify)	☐	☐	☐

SATISFACTION RATING

62. How satisfied are you that the emphasis of your program is best suited for the clients? (Please Check One)

- ☐
Very Dissatisfied
☐
Somewhat Dissatisfied
☐
Somewhat Satisfied
☐
Very Satisfied
☐
Unknown I have no information about this

IF 0 or 1, explain: _____

TREATMENT INTERVENTIONS

63. How true is each of these about your program?

	Not Used/ Not Applicable 0	Slightly Important 1	Moderately Important 2	Very Important 3
a. General meetings the include all staff and clients together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supportive counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Confrontational strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Group counseling with counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer-led groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Individual counseling by peer who has not had formal training in counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Individual drug counseling by trained counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Informal interactions between staff and clients (not in meetings or counseling sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Informal interactions between clients (not in meetings or counseling sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Individual psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Contingency management (e.g. token economy, contingency contracts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Cognitive behavioral therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Family therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. 12-Step meetings at the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Relapse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Milieu therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Reality therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SATISFACTION RATING

**64. How satisfied are you with the program’s delivery of the interventions for your program?
(Please Check One)**

**Very
Dissatisfied**

**Somewhat
Dissatisfied**

**Somewhat
Satisfied**

**Very
Satisfied**

**Unknown
I have no information
about this**

IF 0 or 1, explain: _____

TREATMENT TECHNIQUES

65. How true is each of these about your program?

<u>SCALE A</u>	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. Program uses group settings involving the confrontation of negative behavior	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. In this program, feedback from other clients (peers) is more important than staff counseling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Clients have as much contact with counselors outside of formal, individual, or group counseling sessions as they have in those sessions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Counselors share their personal experiences and feelings with clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. There is a full day's program (8 or more hours) of required activities and meetings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Staff members confront unacceptable behavior outside of individual and group counseling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Clients confront unacceptable behavior by other clients outside of formal group sessions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Clients share responsibility for making this program work	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Clients frequently help each other	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Clients who violate the program rules receive a penalty or sanction	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Work is used as part of the therapeutic program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Staff serve as role models for the clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Senior clients serve as role models for newer clients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Clients get increased privileges as they advance in the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Clients get increased job responsibilities as they advance in the program	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING

66. How satisfied are you with the use of the interventions in SCALE A? (Please Check One)

0
Very Dissatisfied

1
Somewhat Dissatisfied

2
Somewhat Satisfied

3
Very Satisfied

9
**Unknown
I have no information
about this**

IF 0 or 1, explain: _____

67. How true is each of these about your program?

<u>SCALE B</u>	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. Encourages clients to practice telling themselves about how to act correctly	0	1	2	3
b. Encourages clients to praise themselves for behaving well	0	1	2	3
c. Helps clients practice saying no to drugs when they are offered	0	1	2	3
d. Encourages clients to stop and think before acting	0	1	2	3
e. Helps clients to identify “trigger” situations for taking drugs	0	1	2	3
f. Explains the use of thought stopping techniques	0	1	2	3
g. Encourages clients to find enjoyable things to do besides drugs or alcohol	0	1	2	3
h. Encourages clients to communicate with others in an assertive, but non-violent way	0	1	2	3
i. Emphasizes problem solving techniques to deal with frustration	0	1	2	3
j. Emphasizes thinking about the consequences of using drugs	0	1	2	3
k. Helps clients to recognize errors in thinking	0	1	2	3
l. Uses contracts that involve punishment or rewards	0	1	2	3
m. Helps clients to develop a plan to return to abstinence if they slip and use drugs or alcohol	0	1	2	3
n. Uses behavioral rehearsal or role playing to act out situations	0	1	2	3
o. Teaches clients how to deal with urges and cravings for drugs or alcohol	0	1	2	3

SATISFACTION RATING

68. How satisfied are you with the use of the treatment techniques in SCALE B? (Please Check One)

- 0** **1** **2** **3** **9**
- Very Dissatisfied** **Somewhat Dissatisfied** **Somewhat Satisfied** **Very Satisfied** **Unknown I have no information about this**

IF 0 or 1, explain: _____

69. How true is each of these about your program?

<u>SCALE C</u>	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. Emphasizes the need to rely on a “Higher Power”	0	1	2	3
b. Emphasizes the need to seek external support to recover (you cannot do it alone)	0	1	2	3
c. Emphasizes that recovery from substance abuse is a life long process requiring ongoing attendance at 12-Step meetings	0	1	2	3
d. Provides recovery literature, such as the Big Book, pamphlets, or serenity prayer posters	0	1	2	3
e. Emphasizes the need to admit the loss of control over drugs and/or alcohol (powerlessness)	0	1	2	3
f. Encourages the need for spiritual growth	0	1	2	3
g. Discusses a “one day at a time” approach to abstinence	0	1	2	3
h. Discusses “stinking thinking”	0	1	2	3
i. Explains the importance of working the 12-Step program consistently	0	1	2	3
j. Discusses the goals and strategies of the 12-Step program	0	1	2	3
k. Explains how to work the 12-Step program	0	1	2	3
l. Explains the reasons why the 12-Steps work	0	1	2	3
m. Discusses the nature of the “sponsoring relationship”	0	1	2	3
n. Discusses the barriers to affiliation with the 12-Step program	0	1	2	3
o. The program hosts different types of 12-Step meetings, such as the ‘Step Meeting’ and discussion ‘Round Robin’	0	1	2	3

SATISFACTION RATING				
70. How satisfied are you with the use of the interventions in SCALE C? (Please Check One)				
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied	Unknown I have no information about this
IF 0 or 1, explain: _____				

ORGANIZATIONAL CULTURE QUESTIONNAIRE

71. How true is each of these about your program?

	<u>Not True</u> 0	<u>Somewhat True</u> 1	<u>Mostly True</u> 2	<u>Very True</u> 3
a. Clients and staff really feel like a part of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I'm glad that I have the opportunity to participate in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I do not have a lot of respect for this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People know what is expected of them in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People in this program don't push each other to understand themselves better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Administration and staff are really open to what clients say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel that people are not interested in helping each other in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Clients and staff do not feel supported by the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. This program has high standards of behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The standards of behavior in this program are pretty well spelled out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Administration is not interested in what I think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The program puts a lot of trust in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If clients can fulfill the expectations of this program, then they have really accomplished something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The program focuses not on what people did, but why they used to do it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I think that the program isn't clear in letting people know what is wanted from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I think that the staff in the program are trying to do what is best for the clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. The goals that they set for people in this program are pretty high, but they can be reached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I like the people in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I don't think that the program is well organized (runs smoothly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I feel that clients and staff do not have opportunities to tell people in charge of the program what they think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Administration and staff run a pretty tight ship around here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. People around here are pretty interested in understanding how the other person feels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. I don't feel a commitment to the other people here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I think that the staff believes in the clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I would do what I could to help this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Administration and staff aren't good at responding to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

aa. I think that the people in the program believe in me to do what is right

0

1

2

3

SATISFACTION RATING:

72. How satisfied are you with the organizational culture at your program? (Please Check One)

- 0**
Very Dissatisfied
- 1**
Somewhat Dissatisfied
- 2**
Somewhat Satisfied
- 3**
Very Satisfied
- 9**
Unknown
I have no information about this

IF 0 or 1, explain: _____

WITHIN-PROGRAM COMMUNICATION

73. Use the scale to indicate what actually happens at your program.

	Never 0	Rarely 1	Some- times 2	Often 3
a. Program director starts discussions about program problems/concerns about program with counselors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Counselors start discussions about program problems/concerns with the program director.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Clinical supervisors start discussions about program problems/concerns with counselors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Counselors start discussions about program problems/concerns with clinical supervisors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Counselors start discussions about program problems/concerns with other counselors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Counselors start discussions about program problems/concern with clients.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Clients start discussions about program problems/concerns with counselors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SATISFACTION RATING:

74. How satisfied are you with the communication within the program? (Please Check One)

- 0**
Very Dissatisfied
- 1**
Somewhat Dissatisfied
- 2**
Somewhat Satisfied
- 3**
Very Satisfied
- 9**
Unknown
I have no information about this

IF 0 or 1, explain: _____

a. If yes, what ethnic group do you consider yourself?

	Select one or more:
1. Central American	<input type="checkbox"/>
2. Cuban	<input type="checkbox"/>
3. Dominican	<input type="checkbox"/>
4. Mexican	<input type="checkbox"/>
5. Puerto Rican	<input type="checkbox"/>
6. South American	<input type="checkbox"/>
7. Other, Specify: _____	<input type="checkbox"/>

78. What is your race? (Select one or more)

	Select one or more:
a. Black or African American	<input type="checkbox"/>
b. Asian	<input type="checkbox"/>
c. American Indian	<input type="checkbox"/>
d. Native Hawaiian or other Pacific Islander	<input type="checkbox"/>
e. Alaska Native	<input type="checkbox"/>
f. White	<input type="checkbox"/>
g. Other, Specify: _____	<input type="checkbox"/>

79. Any other comments you would like to make not covered by the questions above:

Reminder: All of your responses to the questions are important, so please check through the questionnaire to see that no questions have been skipped.

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