

The CMHS Jail Diversion Targeted Capacity Expansion Initiative

BASELINE INTERVIEW SCHEDULE VERSION 3

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**CMHS Jail Diversion TCE Initiative
Baseline Instrument**

GPRA

Contract/Grant ID: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Grant Year: ____ - ____ - ____

Interview Date: ____ / ____ / ____

Study ID #: ____ -- ____
(Site Code) (Program#) (Subject ID#)

Interviewer: ____ -- ____
(First Name) (Interviewer ID#)

Target Arrest/Incident Date: ____ / ____ / ____

SITE CODE (Circle ONE)	1) LOCATION OF INTERVIEW (Circle ONE)	2) Was anyone else present during the interview?
27. Hartford, Connecticut 28. Hillsborough County, Florida 29. Grant County, New Mexico 30. St. Louis, Missouri 31. Dauphin County, Pennsylvania 32. Nueces County, Texas	1. Community 2. Jail 3. Court 4. Other (Specify: _____)	0 No 1 Yes [If <u>YES</u>] Who? _____ _____ _____

Date Received by TAPA Center:	____ / ____ / ____
Date Entered:	____ / ____ / ____
Entered by:	____ -- ____ First Name ID
Date Verified:	____ / ____ / ____
Verified by:	____ -- ____ First Name ID

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The TAPA Center
Policy Research, Inc.
Delmar, New York 12054, (518) 439-7415

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Interviewer Instructions

This interview form comprises the questions that are being collected across all study sites. This form should be administered to the respondent, in its entirety, PRIOR TO your project-specific interview.

1. There is a short introductory paragraph on page III that should be read to each respondent prior to conducting the interview. Please take time to review it prior to beginning the interview.
2. Read all questions exactly as worded so that each respondent is asked the same question in the same manner.
3. **DO NOT** read response categories unless there is an instruction in *italics* to do so on the form. Also, NEVER READ “NA”, “RF” & “DK” response categories. These are for your use ONLY and should be minimized as much as possible.
4. At the end of the interview, be sure to review the entire instrument for completeness and for accuracy of recording. Specifically, please review the instrument for:
 - a. missing data
 - b. recording errors and inconsistencies
 - c. complete cover page information
 - d. legibility

If additional explanation is required for a question(s), please add notes in the margins or use post-it notes. If data is missing, and it is not retrievable*, please note this directly on the form.

5. Complete the **Interviewer Observation Questions** on the last page of the instrument **immediately following the end of the interview.**
6. Be sure to complete the **Baseline Person Tracking Program Information Form** and attach it to the instrument **BEFORE** submitting the form to your data manager. **THESE FORMS ARE FOR SITE USE ONLY AND MUST BE REMOVED FROM THE INSTRUMENTS PRIOR TO SHIPPING THEM TO THE TAPA CENTER.**

- * Typically, quantitative information is retrievable and qualitative information, including the information contained in the various scales, is not. However, the interviewer should review all of the missing data and make a determination whether or not the information can be obtained. If an item is deemed missing, this should be noted directly on the instrument before it is sent to the TAPA Center.

OBTAIN INFORMED CONSENT

Hi, I'm _____ (Your Name) _____ and I work for _____ (Site Name) _____.

Interviewer: *Insert the fact sheet and consent form from your project here, and then read to the respondent.*



INTRODUCTION

I'm going to read to you a set of questions exactly as they are worded so that each person is asked the same questions. We are interested in your personal opinion and experiences, so please be as accurate as you can in your response. Please take your time to respond and please feel free to ask me for clarification if you are not sure what is wanted. Sometimes I will be switching time frames and some of the questions might be repetitive. I apologize for this in advance and hope that you will bear with me when this happens. I will try to be very clear, but please ask me if you are not sure about the time period involved. Remember that your answers are confidential. This interview will last about 45 minutes. Do you have any questions before we start?

[EMPHASIZE] If at any time you feel you need a break or need to stop the interview, please let me know. We recognize that some of the questions may be difficult or upsetting, so we can take breaks or stop the interview as often as you need. Please don't hesitate to ask.

PART 1: GPRA CLIENT OUTCOME MEASURES

Section 1: Demographics

GPRA

1.01 Gender

- 1 Male
- 2 Female
- 3 Other (*Specify:* _____)
- 8 RF
- 9 DK

1.02 Are you Hispanic or Latino(a)?

- 0 No
- 1 Yes
- 8 RF
- 9 DK

1.03 What is your race? (Select one or more)

- 1 American Indian
- 2 Alaska Native
- 3 Asian
- 4 Black or African American
- 5 Native Hawaiian or other Pacific Islander
- 6 White
- 7 RF
- 8 DK

1.04 What is your date of birth? _____ / _____ / _____ Month Day Year

Section 2: Education, Employment, and Income

GPRA

In this next section, I will be asking you about your current activities, including school, job training and work. By “current”, I mean your activities in the community right before you were arrested or picked up for the offense which led you to the diversion program. That is before ___/___/___ [Enter target arrest/incident date from front cover and use follow-back calendar to orient respondent to this time frame].

2.01 Are you currently enrolled in a school or job training program?

- 1 Not enrolled
- 2 Enrolled, full-time
- 3 Enrolled, part-time
- 4 Other (Specify: _____)
- 8 RF
- 9 DK

2.02 What is the highest level of education you have finished, whether or not you have received a degree?

[01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

_____ (RF 88; DK 99)
Level in Years

2.02a If less than 12 years of education, do you have a Graduate Equivalent Diploma (GED)?

- 0 No
- 1 Yes
- 8 RF
- 9 DK

2.03 Are you currently employed? [Clarify by focusing on status during most of the previous week before the arrest or incident for which the client was diverted, determining whether client worked at all or had a regular job but was off work.]

Are you...[Read each response option]

- 1 Employed full time (35+ hrs/week or would have been)
- 2 Employed part time
- 3 Unemployed, looking for work
- 4 Unemployed, disabled
- 5 Unemployed, volunteer
- 6 Unemployed, retired
- 7 Other – (Specify: _____)
- 8 RF
- 9 DK

2.04 I am going to read you a list of possible sources of money that you received in the past 30 days. By the past 30 days, I mean the 30 days before you were arrested or picked up for the offense which led you to the diversion program. Please remember that any information that you give me on your income is strictly confidential and your responses will not affect any services or money you receive. Approximately, how much did YOU receive in the past 30 days from...
[Interviewer: Unless otherwise specified, all questions refer to pre-tax individual income]

[Repeat if needed] In the past 30 days, did you receive...	No	Yes	RF	DK	(If YES, ask:) How much? (RF 88888; DK 99999)
a. Wages or money from paid employment. This includes any wages or money received from legal <u>AND</u> "under the table" employment.	0	1	8	9	\$ _____.
d. SSI, SSDI, or Disability	0	1	8	9	\$ _____.
g. Social Security Income (SSA)	0	1	8	9	\$ _____.
h. Food Stamps	0	1	8	9	\$ _____.
b. Public assistance or other benefits, such as welfare, general assistance, or TANF (Temporary Assistance to Needy Families)	0	1	8	9	\$ _____.
i. Veteran's benefits	0	1	8	9	\$ _____.
j. Unemployment or Worker's Compensation	0	1	8	9	\$ _____.
k. Child support or alimony	0	1	8	9	\$ _____.
l. Income from a spouse or partner's wages or other money	0	1	8	9	\$ _____.
m. Money from family members or friends to buy food, pay rent, get medical care or anything else	0	1	8	9	\$ _____.
c. Retirement	0	1	8	9	\$ _____.
e. Income from any illegal sources	0	1	8	9	\$ _____.
f. Income from other sources that I did not mention [If YES, specify source(s): _____] _____]	0	1	8	9	\$ _____.

Section 3: Drug and Alcohol Use

GPRA

For the following questions, I am going to ask you about your use of alcohol and drugs in the past 30 days. Again, when I say past 30 days, I am referring to the 30 days before you were arrested or picked up for the offense which led you to the diversion program.

3.01 During the past 30 days how many days have you used the following?

Number of Days

- a. Any alcohol (beer, wine, liquor) _____ (RF 88; DK 99)
- b. Alcohol to intoxication (5+ drinks in one setting) _____ (RF 88; DK 99)
- c. Illegal drugs _____ (RF 88; DK 99)

Section 4: Family and Living Conditions

GPRA

Now I am going to ask about your living situation in the past 30 days. Again, the past 30 days refers to the 30 days before you were arrested or picked up for the offense which led you to the diversion program.

4.01 In the past 30 days where have you been living most of the time?

- 1 Shelter (*safe havens, TLC, low-demand facilities, reception centers, other temporary day or evening facility*)
- 2 Street/Outdoors (*sidewalk, doorway, park, public or abandoned building*)
- 3 Institution (*hospital, nursing home, jail/prison*)
- 4 Housed (*own or someone else's apartment, room, house, halfway house, residential treatment*)
- 8 RF
- 9 DK

4.02 I am going to read you a list of problems and areas of life in which some people experience difficulties. I am going to ask you if you have been experiencing difficulties in these areas during the past week. When I say “during the past week”, I mean the week before you were arrested or picked up for the offense which led you to the diversion program. Please tell me, DURING THE PAST WEEK, to what extent have you been experiencing difficulty in the area of... [Read each response option and ALL examples]

<u>DURING THE PAST WEEK</u> , to what extent have you been experiencing difficulty in the area of...	No Difficulty	A little Difficulty	Moderate Difficulty	Quite a bit of Difficulty	Extreme Difficulty	NA	RF	DK
[* = Repeat]								
a. Managing day to day life - for example, getting places on time, handling money, making everyday decisions	1	2	3	4	5	7	8	9
b. Household responsibilities - for example, shopping, cooking, laundry, keeping your room clean, other chores	1	2	3	4	5	7	8	9
c. Work - for example, completing tasks, performance level, finding or keeping a job	1	2	3	4	5	7	8	9
d. School - for example, academic performance, completing assignments, attendance	1	2	3	4	5	7	8	9
e.* Leisure time or recreational activities	1	2	3	4	5	7	8	9
f. Developing independence or autonomy	1	2	3	4	5	7	8	9
g. Apathy or lack of interest in things	1	2	3	4	5	7	8	9
h. Confusion, concentration, or memory	1	2	3	4	5	7	8	9
i. Feeling satisfaction with your life	1	2	3	4	5	7	8	9

Section 5: Crime and Criminal Justice Status

GPRA

Next, I am going to ask you about arrests and nights you have spent in jail in the past 30 days. For these questions, please **INCLUDE** the offense for which you were arrested or picked up, leading you to the diversion program, **even if this arrest/incident occurred MORE THAN 30 days ago.**

5.01 **In the past 30 days** how many times have you been arrested?

___ ___ (Code # of times – Should be AT LEAST ONE) (RF 88; DK 99)

5.02 **In the past 30 days** how many times have you been arrested for drug-related offenses?

___ ___ (Code # of times) (RF 88; DK 99)

5.03 **In the past 30 days** how many **nights** have you spent in jail/prison?

___ ___ (Code # of nights) (RF 88; DK 99)

Section 6: Mental and Physical Health Problems and Treatment

GPRA

In this next set of questions, I am going to ask you about your health right now and different types of treatment you may have had in the past 30 days. When I say “right now”, I mean the period right **before** you were arrested or picked up for the offense which led you to the diversion program. When I say “during the past 30 days”, again I mean the 30 days before you were arrested or picked up.

6.01 How would you rate your overall health **right now**? Would you say it is excellent, very good, good, fair, or poor?

Excellent	Very Good	Good	Fair	Poor	RF	DK
1	2	3	4	5	8	9

6.02 **During the past 30 days, did you receive INPATIENT treatment for:**

	No	Yes	RF	DK	<i>If YES, altogether for how many nights?</i>
a. a physical complaint?	0	1	8	9	aa. ____
b. mental or emotional difficulties?	0	1	8	9	bb. ____
c. alcohol or substance abuse?	0	1	8	9	cc. ____

6.03 **During the past 30 days, did you receive OUTPATIENT treatment for:**

	No	Yes	RF	DK	<i>If YES, altogether how many times?</i>
a. a physical complaint?	0	1	8	9	aa. ____
b. mental or emotional difficulties?	0	1	8	9	bb. ____
c. alcohol or substance abuse?	0	1	8	9	cc. ____

6.04 **During the past 30 days, did you receive EMERGENCY ROOM treatment for:**

	No	Yes	RF	DK	<i>If YES, altogether how many times?</i>
a. a physical complaint?	0	1	8	9	aa. ____
b. mental or emotional difficulties?	0	1	8	9	bb. ____
c. alcohol or substance abuse?	0	1	8	9	cc. ____

PART 2: TRAUMA AND POSTTRAUMATIC STRESS

Section 1: D.C. Trauma Collaboration Study Violence and Trauma Screening

Now I am going to ask you some questions about events in your life that are upsetting or stressful to most people. Some of these questions may not apply to you, but I have to ask them as is. Please think back over your whole life when you answer these questions. Some of these questions may be about upsetting events people don't usually talk about. Your answers are important to us, BUT you DO NOT have to answer any questions that you do not want to. Also, remember that your answers are completely confidential and will be used only for research purposes.

7.01 **At any time in your life have you witnessed someone seriously injured or killed due to an unnatural event such as a shooting, stabbing, or hit-and-run accident?**

a. **LIFETIME** *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. **PAST 12 MONTHS**

No	Yes	RF	DK
0	1	8	9

7.02 At any time in your life have you witnessed a physical or sexual assault against a family member, friend, or other significant person?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

7.03 At any time in your life has anyone touched you sexually when you did not want them to?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

7.04 At any time in your life has anyone forced you to have sex when you did not want to?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

7.05 At any time in your life has anyone slapped, pushed, grabbed, or shoved you?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

7.06 At any time in your life has anyone choked, kicked, bit, or punched you?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

7.07 At any time in your life has anyone threatened you with, or actually used, a knife, gun, or other weapon to scare or hurt you?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

7.08 At any time in your life have you been afraid that a specific person (whether it was someone you knew well or not) would hurt you physically?

a. LIFETIME *If 'YES' GO TO ➔*

No	Yes	RF	DK
0	1	8	9

b. PAST 12 MONTHS

No	Yes	RF	DK
0	1	8	9

Section 2: Posttraumatic Stress Disorder Checklist (PCL-C) [PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD -Behavioral Science Division]

I'm going to read a list of problems and complaints people sometimes have in response to stressful life experiences. For each item, please tell me how much you've been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely	RF	DK
7.09a. Repeated disturbing <i>memories, thoughts</i> , or <i>images</i> of a stressful experience from the past? [Read response options.]	1	2	3	4	5	8	9
7.09b. Repeated, disturbing dreams of a stressful experience from the past? [Read response options.]	1	2	3	4	5	8	9
7.09c. Suddenly acting or feeling as if a stressful experience from the past <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5	8	9
7.09d. Feeling <i>very upset</i> when <i>something</i> reminded you of a stressful experience from the past?	1	2	3	4	5	8	9
7.09e. Having <i>physical reactions</i> (e.g. heart pounding, trouble breathing, sweating) when <i>something</i> reminded you of a stressful experience from the past?	1	2	3	4	5	8	9
7.09f. Avoiding <i>thinking about</i> or <i>talking about</i> a stressful experience from the past?	1	2	3	4	5	8	9
7.09g. Avoiding <i>activities</i> or <i>situations</i> because <i>they</i> reminded you of a stressful experience from the past? [Read response options.]	1	2	3	4	5	8	9
7.09h. Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5	8	9
7.09i. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5	8	9
7.09j. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5	8	9
7.09k. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5	8	9
7.09l. Feeling as if your <i>future</i> will somehow be <i>cut short</i> [Read response options.]	1	2	3	4	5	8	9
7.09m. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5	8	9
7.09n. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5	8	9
7.09o. Having <i>difficulty concentrating</i> ?	1	2	3	4	5	8	9
7.09p. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5	8	9
7.09q. Feeling <i>jumpy</i> or easily startled? [Read response options.]	1	2	3	4	5	8	9

**PART 3: PERCEIVED COERCION SCALE
(FROM MACARTHUR MANDATED COMMUNITY TREATMENT SURVEY)**

The next set of questions asks about how you felt about entering the diversion program. Please answer “True” or “False” to the following questions:

8.01 I felt free to do what I wanted about going to the diversion program.

False	True	RF	DK
0	1	8	9

8.02 I chose to go to the diversion program.

False	True	RF	DK
0	1	8	9

8.03 It was my idea to go to the diversion program.

False	True	RF	DK
0	1	8	9

8.04 I had a lot of control over whether I went to the diversion program.

False	True	RF	DK
0	1	8	9

8.05 I had more influence than anyone else on whether I went to the diversion program.

False	True	RF	DK
0	1	8	9

PART 4: COLORADO SYMPTOM INDEX 1991

I am now going to ask you a series of questions about how you have been feeling or things that have happened in the past month. When I say “in the past month”, please think back to the month before you were arrested or picked up for the offense which led you to the diversion program.

9.01 In the past month, how often have you felt nervous, tense, worried, frustrated, or afraid?
[Read each response option]

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

9.02 In the past month, how often have you felt depressed? *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

9.03 In the past month, how often have you felt lonely? *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

9.04 a. In the past month, how often have others told you that you acted “paranoid” or “suspicious”?
[Read each response option]

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

[If “Not at all”, skip to 9.05a]

b. Did this happen ONLY after you drank alcohol or took drugs?

- 0 No
- 1 Yes
- 7 NA
- 8 RF
- 9 DK

- 9.05 a. **In the past month, how often did you hear voices, or hear or see things that other people didn't think were there?** *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

[If "Not at all", skip to 9.06a]

- b. **Did this happen ONLY after you drank alcohol or took drugs?**

0 No
1 Yes
7 NA
8 RF
9 DK

- 9.06 a. ***[Interviewer Note: Omit words in brackets if respondent answered 'Not at all' to 9.05a]***
In the past month, how often did your [voices], [things you see/hear], thoughts, or feelings interfere with your doing things? *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

[If "Not at all", skip to 9.07]

- b. **Did this happen ONLY after you drank alcohol or took drugs?**

0 No
1 Yes
7 NA
8 RF
9 DK

- 9.07 **In the past month, how often did you have trouble making up your mind about something, like deciding where you wanted to go or what you were going to do, or how to solve a problem?**
[Read each response option]

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

- 9.08 **In the past month, how often did you have trouble thinking straight or concentrating on something you needed to do (like worrying so much or thinking about problems so much that you can't remember or focus on other things)?** *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

- 9.09 a. **In the past month, how often did you feel that your behavior or actions were strange or different from that of other people?** *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

[If "Not at all", skip to 9.10]

- b. **Did this happen ONLY after you drank alcohol or took drugs?**

0 No
1 Yes
7 NA
8 RF
9 DK

- 9.10 **In the past month, how often did you feel out of place or like you did not fit in?** *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

- 9.11 **In the past month, how often did you forget important things?** *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

- 9.12 a. **In the past month, how often did you have problems with thinking too fast (thoughts racing)?**
[Read each response option]

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

[If “Not at all”, skip to 9.13a]

- b. **Did this happen ONLY after you drank alcohol or took drugs?**

0 No
1 Yes
7 NA
8 RF
9 DK

- 9.13 a. **In the past month, how often did you feel suspicious or paranoid?** *[Read each response option]*

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

[If “Not at all”, skip to 9.14]

- b. **Did this happen ONLY after you drank alcohol or took drugs?**

0 No
1 Yes
7 NA
8 RF
9 DK

- 9.14 **In the past month, how often did you feel like hurting or killing yourself?**
[Read each response option]

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

- 9.15 **In the past month, how often have you felt like seriously hurting someone else?**
[Read each response option]

At least every day	Several times a week	Several times during the month	Once during the month	Not at all	RF	DK
1	2	3	4	5	8	9

END OF INTERVIEW

This is the end of the interview. I want to thank you very much for your time and participation.

INTERVIEWER REMINDER:

- **BE SURE TO GO BACK AND REVIEW THE INSTRUMENT FOR COMPLETENESS AND ACCURACY OF RECORDING RESPONSES.**
- **COMPLETE THE *INTERVIEWER OBSERVATION QUESTIONS* ON THE NEXT PAGE.**

INTERVIEWER OBSERVATION QUESTIONS

10.01 Estimate the respondent's understanding of the interview.

- 1 No difficulty – no language or comprehension problems
- 2 Just a little difficulty – few language or comprehension problems
- 3 A fair amount of difficulty – some language or comprehension problems
- 4 A lot of difficulty – considerable language or comprehension problems

10.02 How cooperative has the respondent been?

- 1 Very cooperative
- 2 Fairly cooperative
- 3 Not very cooperative
- 4 Openly hostile

10.03 How accurate do you think the respondent's answers were?

- 1 Very accurate
- 2 Fairly accurate
- 3 Not very accurate
- 4 Not accurate at all