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# TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICES (TCE-HIV)

#### **MULTI-SITE EVALUATION PROJECT**

### **CLIENT FOCUS GROUP DISCUSSION GUIDE**

### **CONDUCTED BY:**

JBS International, Inc., Alliance for Quality Education, Battelle Memorial Institute, and the Oregon Health & Science University

Grantee Name:						 	_
Grantee ID Number:							_
Date Completed:		/		/			
	Month		Day		Year		

#### Notice to Respondents

Public reporting time for this collection is estimated to average 60 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing 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 OMB Officer, 1 Choke Cherry Road Room 7-1044, Rockville, MD 20850. 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 XXXX-XXXX.

# TCE-HIV Multi-Site Evaluation Client Focus Group Guide

The purpose of this guide is to provide an overview of the information that will be gathered through focus groups with clients involved in the Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) Project. A "client" refers to an individual from the Grantee organization/program who has engaged in TCE-HIV sponsored treatment and/or program activities.

Members of the Multi-Site Evaluation Team will conduct the client focus group in a setting convenient to the focus group participants. Up to nine clients will participate in the focus group. Those clients who have been in the TCE-HIV program for at least 14 days will be considered for participation. The focus group participants will reflect diversity in age and gender. The focus group discussion will last approximately 1 hour.

The goals of the client focus groups conducted during TCE-HIV Multi-Site Evaluation site visits include discussion of:

- (1) clients' satisfaction with the treatment program.
- (2) barriers and facilitators of treatment services.
- (3) client-level outcomes (i.e., substance use/abuse, risk behavior, quality of life).

Final discussion guides for each Grantee will be customized based on the nature of individual Grantee's treatment modality (i.e., outpatient vs. residential). The information gathered from this focus group will be used to better understand clients' perceptions of the TCE-HIV funded program and will be synthesized with information gathered from other TCE-HIV Grantees to inform the Multi-Site Evaluation of the TCE-HIV program.

Following completion of the client focus group, the facilitator(s) should complete the post focus group summary form to validate that each discussion section topic was covered during the focus group discussion. Space is also provided on the form to record other germane topics discussed during the focus group and additional notes/comments relating to the discussion.

For ease of future qualitative analysis coding and thematic content analysis, any key findings/themes that emerged during the focus group discussion should also be recorded in the table. The associated page number note references and a listing of respondents whose statements support reported findings should also be noted, where applicable.

# TCE-HIV Multi-Site Evaluation Client Focus Group Discussion Guide

NOTE: Co-facilitator will hand out consent forms after participants have entered the room and are seated.

# **Opening: Moderator's Introduction (5 minutes):**

Hello and welcome. Thank you for taking time to participate in this focus group. My name is \_\_\_\_\_\_ and I am conducting this discussion on behalf of the Center for Substance Abuse Treatment (CSAT). CSAT has funded four organizations, JBS International, the Alliance for Quality Education, Battelle Memorial Institute, and the Oregon Health & Science University, to conduct a Multi-Site Evaluation of its national Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV). (Introduce team members, give brief description of qualifications, and describe functions during the focus group). As part of the evaluation, we are conducting several focus groups around the country with clients of TCE-HIV programs. Although the Multi-Site Evaluation Team is funded by CSAT, we are not part of that federal agency, any other federal agency, or this local program. We are independent evaluators of the TCE-HIV program. I will review the consent form with you. It describes exactly what is expected of you and you will need to sign it stating that you agreed to participate in this discussion.

We are here today to learn about your experiences in the [INSERT PROGRAM NAME]. We are interested in hearing about your successes, challenges, and any feedback about your involvement in the program. The information that you provide will be extremely helpful to CSAT as it seeks to learn how clients may be benefiting from the TCE-HIV program.

Before we begin, I would like to establish some guidelines for our discussion. During our discussion, it would be most helpful if one person talks at a time. Please know that there are no right or wrong answers, just different points of view, and we want to hear all of them. Everyone's experience is important to us, so please feel free to share your point of view even if it is different from what others have said. Also, keep in mind that we are interested in both positive and negative comments. I mentioned earlier that my colleagues and I are conducting this focus group on behalf of CSAT, but it's important to let you know that we are not CSAT employees.

The discussion will last about 1 hour.

I also want to mention to you that we are providing some refreshments for you to enjoy. Please help yourself to these snacks during our discussion.

# <u>Initial Instructions (2 minutes):</u>

- A. Before we begin, so I—and you—can know who is here, I'd like to let each of you introduce yourself (first name only) and tell us a little something about yourself.
- B. May I have everyone's permission to tape this session? (Only if everyone gives permission will taping be allowed). Even though we are recording this session, we will not associate your comments and experiences with your name; and the program staff will not have access to the discussion that we share here today.

Are there any questions before we get started?

I.	<b>Community Context</b> (minutes)	*Understand how the program is viewed in the community) (15
enter		ts in the same program, it is likely that your experiences prior to (insert name of program) as well as your experiences while in .
dissa talkii	tisfied you've been with	ur thoughts about the program, including how satisfied or the program services. I'd like to begin our discussion today by bughts about the program, and how it is viewed by people who live
	name of program> questions based on	nat do people in the community/neighborhood think about <u><insert< u=""> ? (Note to facilitator: Be prepared to tailor context specific setting; e.g., some clients will refer to the physical ng, and others may refer to a community of individuals)</insert<></u>
	PROBE 1:	What, if any, positive impressions do people in the community/neighborhood have about <name agency="" grantee="" of="" or="" project="" tce-hiv="" title=""></name>
	PROBE 2:	What, if any, negative impressions do people in the community/neighborhood have about <name agency="" grantee="" of="" or="" project="" tce-hiv="" title=""></name>
	PROBE 3:	Do people think that there is a need for this program in the community/neighborhood? Why? Why not?
	PROBE 4:	Do people think this program has changed the community/neighborhood? If so, how has the program changed the community/neighborhood?

- B. How would you describe drug use in this community/neighborhood?
- C. How would you describe the HIV problem in this community/neighborhood?

Thank you for sharing your opinions about the program's image in the community/neighborhood and thanks for providing your thoughts on the drug use and HIV in the community/neighborhood.

**II.** Client Satisfaction (\*Understand how the clients feel about the services and treatment they received as part of the program) (10 minutes)

Now, let's talk a little about how the program is viewed by you—the clients.

A. What things about this program do you like?

PROBE 1: What is it about this program that would make you want to continue receiving service?

B. What things can/could have been improved?

PROBE 1: What things do/did you dislike about the program?

- C. What did you like about the outreach pretreatment (i.e., how people approached you and talked about recovery)?
- D. What did you like about the treatment program?

Thank you for talking about how satisfied or not you have been with the program services.

### **III.** Barriers/Facilitators to Receiving Services (15 minutes)

Let's move on to a discussion of barriers and facilitators to your treatment in this program.

- A. What are some things or people that may have prevented you from receiving treatment or program services?
- B. What type of things or people may have prevented you from being successful in this program?

PROBE 1: Was the location of this program accessible?

PROBE 2: Was the staff here helpful to you as you were going through treatment? How so? How not?

PROBE 3: Was the staff available when you needed them? Please describe instances where you think they were available to you.

PROBE 4: How, if at all, has the staff been sensitive to your cultural background? Have you been assigned to counselors of the same race? Is that important to you?

- C. What could be done to make the program and services more appealing?
- D. What suggestions do you have for the program staff that might help make the program better?

Thanks for sharing how you feel about the program and for providing suggestions for improvement in certain program areas.

### **IV.** Client Outcomes (15 minutes)

Now I'd like to move into a discussion of how things in your life may have changed because of this program.

A. Has anything in your life changed as a result of your participation in this program?

PROBE 1: How, if at all, has your alcohol use changed?

PROBE 2: Has your injection drug use changed?

PROBE 3: Has your sense or level of anxiety or nervousness changed?

PROBE 4: Have you engaged in unprotected sex less frequently?

### Attachment 1a: Document 1 - Client Focus Group Discussion Guide

PROBE 5: What, if any at all, specific program services have helped you make the changes we've just discussed?

B. Have you seen changes in other aspects of your life as a result of participation in the program?

PROBE 1: How, if at all, has your living situation changed?

PROBE 2: Have your relationships with those close to you changed since you've been in treatment? How so?

PROBE 3: Have you had less involvement with the criminal justice system

since you've been in treatment?

PROBE 4: Have you worked at a job (full or part-time)? (ask if the job is part

of an outpatient employment program)

### V. Closing Comments (\*Concluding remarks) (5 minutes)

Thank you very much for taking the time to discuss your experiences in this program. In closing, I wanted to give you the opportunity to ask questions or make additional comments.

- A. Do you have any questions, comments, or feedback regarding our discussion?
- B. Are there any topic areas, issues, or concerns relating to the TCE-HIV Multi-Site Evaluation that you would suggest?

# CLIENT FOCUS GROUP FACILITATOR FORM

The following form should be completed by the facilitator(s) and it is not part of the focus group guide.

# Post-Focus Group Summary [Completed by Facilitator]

Table: Discussion Topics Covered in Interview and Key Findings/Themes

<b>✓</b>	Section	Key Interview Findings/Themes by Topic Area	Respondents Supporting Finding*	Supporting Page(s) in Notes
	Community/ Contextual Conditions			
	Client Satisfaction			
	Barriers/ Facilitators			
	Client Outcomes			

<sup>\*</sup> Code respondents based on Data Sheet numbering: Respondent 1 as R1, Respondent 2 as R2, etc. (e.g., Statements by R1 supported Key Theme 1) Other Topic Areas Discussed **List of Documents Obtained Observations Regarding Interview Setting** (e.g., description of location, disruptions, etc.) **Observations Regarding Interview Respondents** (e.g., engagement level, reluctance etc.)

# Attachment 1a: Document 1 - Client Focus Group Discussion Guide

Additional Notes and Comments	

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# TCE-HIV Multi-Site Evaluation INTAKE/BASELINE Client-Level Survey

Funding for data collection supported by the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services (HHS)

**Instructions:** These instructions are for program staff administering the TCE-HIV Multi-Site Evaluation Client-Level Survey. The Client-Level Survey should be administered by program staff at baseline (based on the program's definition of baseline), discharge, and 6 months post baseline to all clients receiving TCE-HIV services. *Please note that this version of the Client-Level Survey is to be used at INTAKE/BASELINE only.* 

The Client-Level Survey includes six sections: Background Information, Risky Behaviors, HIV Testing/HIV Status, Social Support, Mental Health and Medical Health, and Motivation for Treatment. All questions in Sections A – F should be asked of the client.

Please read the introduction to each section (in *italics*) and then read each question to the client <u>as it is written</u>. For some questions, you will read the response options to clients. Other questions are openended and you will not read the response options to clients. Please see the note in *italics* next to each question to determine whether you should read the response options. Some questions require the use of response options cards. Please provide the response options card to clients when noted.

You may provide clarification to the client to help him or her understand the question, but please do not change the wording of the questions.

The Client-Level Survey should take approximately 25 minutes to administer.

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# TCE-HIV Multi-Site Evaluation Client-Level Survey

# INTAKE/BASELINE

Funding for data collection supported by the Center for Substance Abuse Treatment (CSAT Substance Abuse and Mental Health Services Administration (SAMHSA)  U.S. Department of Health and Human Services (HHS)						
Grantee ID	TIO					
Partner ID (if applicable)	TIO					
Client ID						
(Please use the same Clien	nt ID that was assigned to the client for the GPRA)					
Date of Administration (mm/dd/yyyy	()/					
	1					
PROGRAM STAFF: Please of	complete the following client background					
	collected from the Intake/Baseline GPRA.					
Client's Gender	☐ Male ☐ Female ☐ Transgender ☐ Refused   ☐ Other (specify)					
Client's Ethnicity: Is the client	☐ Yes ☐ No ☐ Refused					
Hispanic or Latino?						
Client's Race	Alaska Native					
	American Indian					
	☐ Asian					
	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander					
	LI I Notivo Hawaiian or ( )thor Dacitic Iclandor					
	☐ White ☐ Refused					

Client's Age

Attachment 1a: D	Attachment 1a: Document 2 - Intake/Baseline Client-Level Survey								
	(Please use the same Client ID th	nat was a	ssigned to	the client for the (	GPRA)	<u> </u>			
services. We are who gave us fund be kept strictly co number for you s	<b>Program Staff:</b> The purpose of these questions is to get more information about how best to provide services. We are asking these questions because it is a requirement for us from the Federal government who gave us funding to provide services to you. All your background information and survey answers will be kept strictly confidential. All survey answers will be provided to the Federal government using only a number for you so there will be no way they can identify who you are. If you have any questions, comments, or concerns, please contact Resa Matthew, Ph.D. at 240-645-4608.								
	A. Backg	round l	nformat	ion					
Program Staff: P	First, I am going to ask you som	ne quest	ions abo	out yourself.					
A1. What is you	ur marital status? Do not read r	esponse	e options	5.					
□ 1	Never Married/Single	<u> </u>	Married	t	☐ 3	Living as Married			
☐ 4 S	Separated	<u> </u>	Divorce	ed	□ 6	Widowed			
☐ 88 F	Refused								
A2. In the past options.	30 days, have you lived? You	u may sa	ay yes to	more than one.	Please	read response			
	Alone		П	With parents					
<u> </u>	With children alone			With other fami	ilv memb	pers			
<u>=</u>	With significant other alone			With friends	.,				
	With significant other and childre	en		In jail					
	n prison			In a hospital					
□ I	n residential treatment			Other (specify)					
☐ 88 F	Refused								
	B. Ris	sky Bel	naviors						
you at risk for sul	The next set of questions asks a bstance use disorders or HIV/A t answers are very important. Th	IDS. I re	alize the	ese questions ar	e very p				
B1. Did you ເ	use alcohol or drugs in the past	30 days	s? Do no	ot read response	options.				
☐ 1 Y	Yes (specify what substances w	ere use	d in pas	t 30 days)					
□ o <b>N</b>	No 🗌 66	Don't K	(now						
☐ 88 F	Refused								
question	n B3 below. Only ask question	Program Staff: If clients reported alcohol or drug use in Question B1 above please skip to question B3 below. Only ask question B2 below to clients who reported no alcohol or drug use in Question B1 above.							

reasons f	B2. You reported that during the past 30 days you did <u>not</u> use alcohol or drugs. What were your reasons for <u>not</u> using any alcohol or drugs? You may say yes to more than one. <i>Please read response options</i> .									
☐ 1 Ir	n jail/prison [	☐ 4 Medical hospit	alization							
□ 2 C	On probation/parole [	5 Inpatient ment	al health treatment							
∃ 3 L	ack of money	☐ 6 Residential sul	ostance use treatment							
□ 7 C	Other (specify)									
☐ 77 N	lot applicable – used alc	cohol and/or drugs in th	ne past 30 days.							
88	Refused	•								
Program Staff: The next set of questions asks about your sexual behaviors. Again, I realize these uestions are very personal, but your open and honest answers are very important.										
B3. In the pas	st 30 days, did you enga	ige in unprotected sexi	ual activity with a male	partner?						
☐ 1 Y	′es □ o No [	☐ 66 Don't Know	☐ 88 Refused							
B4. In the pas	st 30 days, did you enga	ge in unprotected sexu	ual activity with a fema	lle partner?						
☐ 1 Y	′es □ o No [	☐ 66 Don't Know	☐ 88 Refused							
	B5. In the past 30 days, did you engage in unprotected sexual activity with both a male partner and a female partner?									
☐ 1 Y	′es □ o No [	☐ 66 Don't Know	☐ 88 Refused							
sexual conta	: Only ask questions B ct during the past 30 d contact during the pas orted having unprotecte	ays. If the client did r t 30 days, please ski ed sexual contact ON	not report having unp to Question C1 belo ILY with a male partn	protected sexual ow.						
	question	s B6a, B6c, B6e, B6g	, and B6i.							
If the client rep	oorted having unproted question	cted sexual contact C as B6b, B6d, B6f, B6h	-	artner, please ask						
		e answer all question		rtner and a female						
B6. In the pas	st 30 days, did you have			Did you use any of						
	Oral Sex	Vaginal Sex	Anal Sex	the following before or during (check all that apply)						
a. Unprotected	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol						
sexual contact <b>with</b>	□ 0 No	□ 0 No	□ 0 No	2 Marijuana						
a male	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin						
partner?	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack						
	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other						
				☐ 66 Don't Know						

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
					☐ 77 N/A ☐ 88 Refused
b.	Unprotected sexual contact with a female partner?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
C.	Unprotected sex with a male partner in exchange for money, drugs, or shelter?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 Alcohol ☐ 2 Marijuana ☐ 3 Heroin ☐ 4 Cocaine/ Crack ☐ 5 Other ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused
d.	Unprotected sex with a female partner in exchange for money, drugs, or shelter?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
e.	Unprotected sex with a male partner you know has, or might have a sexually transmitted disease (STD)?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
f.	Unprotected sex with a female partner you	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 Alcohol☐ 2 Marijuana☐ 3 Heroin

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
	know has, or might have sexually transmitted disease (STD)?	☐ 77 N/A ☐ 88 Refused	☐ 77 N/A ☐ 88 Refused	☐ 77 N/A ☐ 88 Refused	4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A
g.	Unprotected sex with a male partner you know has, or might have HIV/AIDS?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	88 Refused  1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
h.	Unprotected sex with a female partner you know has, or might have, HIV/AIDS?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
j.	Unprotected sex with a male partner you know iss, or might be an injection drug user?  Unprotected sex with a female partner you know is, or might be an injection drug user?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 Alcohol ☐ 2 Marijuana ☐ 3 Heroin ☐ 4 Cocaine/ Crack ☐ 5 Other ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 Alcohol ☐ 2 Marijuana ☐ 3 Heroin ☐ 4 Cocaine/ Crack ☐ 5 Other ☐ 66 Don't Know ☐ 77 N/A
		☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 66 Don't Kno

# C. HIV Testing/HIV Status

**Program Staff:** These questions about whether you have ever been tested for HIV and your HIV status as well as other sexually transmitted infections (STIs).

			onths, ha			agnose	d with a	sexually tra	ansmitt	ed infectio	n (STI) d	other
	□ 1	Yes	□ 0	No	☐ 66	Don'	t Know	□ 88	Refus	ed		
C2. H	ave you	ever tes	sted pos	itive for	HIV? D	o not re	ead resp	onse optioi	าร.			
	□ 1	Yes	□ 0	No	☐ 66	Don'	t Know	■ 88	Refus	ed		
Pr	ogram S	Staff: If	client a	nswered	d No, D		now, or ion D1	Refused to	Ques	tion C2, p	lease sk	tip to
C3. H	ow long	have yo	ou knowr	n you we	ere HIV			ot read resp	onse c	options.		
	☐ 1 ☐ 66 ☐ 88	30 day Don't l Refuse		5	☐ 2 ☐ 77			n 30 days ble – Not Hi	V posit	ive.		
behavi use Re	ior since esponse	you fou Card A	ınd out y	rou were e how m	HIV po nuch you	sitive. I u have	' am goi change	about wheti ng to read e d your beha	each ar	nswer optic	on and p	lease
	positiv	e, how m	d out you nuch have ehaviors	you chan	iged	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
C4.	(need	les/syrir	injectior nges) wit th anythi	thout firs		1	_ 2	3	□ 4	<u> </u>	□ 77	□ 88
C5.	(need you ki	Sharing drug injection equipm (needles/syringes) with some you know has, or might have HIV/AIDS?				_ 1	_ 2	<u></u> 3	4	☐ 5	<b>77</b>	88
C6.	Havin conta		otected s	exual		1	_ 2	□ 3	□ 4	□ 5	<b>77</b>	□ 88
C7.	some		otected s exchange elter?		ney,	1	_ 2	3	☐ 4	<u> </u>	□ 77	□ 88
C8.	partne have	er you k	otected s now has ally trans 0)?	, or migl		_ 1	_ 2	3	4	☐ 5	77	88
C9.	partne		otected s now has OS?			1	_ 2	3	☐ 4	<u> </u>	□ 77	■ 88
C10	Havin	a unnre	tactad e	ev with			$\square_2$	Па	$\square_{A}$	ПБ	□ <del>77</del>	

	Since you found out you were HIV positive, how much have you changed the following behaviors	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused
	someone you knew is or might be an injection drug user?							
C11.	Having unprotected sex while you were under the influence of drugs or alcohol?	1	_ 2	<u> </u>	<u> </u>	<u> </u>	□ 77	□ 88
		Coolel	Sunna	-4				

# D. Social Support

**Program Staff:** Next, I am going to ask you some questions about the important people in your life. I am going to read each answer option and please indicate how much you agree or disagree with each statement below using Response Card B. Please select only one choice for each statement. [Please read response options].

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly	Refused
D1.	You have people close to you who motivate and encourage your recovery.	1	_ 2	□ 3	□ 4	☐ 5	□ 88
D2.	You have close family members who help you stay away from drugs.	1	_ 2	□ 3	□ 4	□ 5	□ 88
D3.	You have good friends who do not use drugs.	1	_ 2	<u> </u>	4	<u> </u>	■ 88
D4.	You have people close to you who can always be trusted.	1	_ 2	□ 3	☐ 4	☐ 5	□ 88
D5.	You have people close to you who understand your situation and problems.	1	_ 2	3	□ 4	<u> </u>	□ 88
D6.	You work in situations where drug use is common.	1	_ 2	□ 3	☐ 4	☐ 5	□ 88
D7.	You have people close to you who expect you to make positive changes in your life.	1	_ 2	3	□ 4	<u> </u>	88
D8.	You have people close to you who help you develop confidence in yourself.	□ 1	_ 2	3	□ 4	□ 5	■ 88
D9.	You have people close to you who respect you and your efforts in this program.	1	_ 2	3	□ 4	<u> </u>	■ 88

D10.	<ol> <li>In the past 30 days, did you attend any self-help groups for recovery (e.g., NA, AA, SMART Recovery)? Do not read response options.</li> </ol>									
	□ 1	Yes (specify h	ow many	times)						
	· □ o	No	· · · · · · · · · · · · · · · · · · ·			_				
	88	Refused								
			E. Mei	ntal Health	and Me	dical F	lealth			
	am Stafi al health	: These questio	ıns ask aı	bout differer	nt areas	of you	r life such as	your em	otional and	1
<u>Mental</u>	<u>Health</u>									
you to	tell me l	f: Next I have a now much that p esponse Card A.	roblem h	as distresse	ed or bo	thered				
		ng the past 30 days	s, how muc	h were you	Not at all	A littl bit	e Moderately	Quite a bit	Extremely	Refused
E1.	Nerv	ousness or sha	kiness in	side	<u> </u>		2 3	4	□ 5	□ 88
E2.	Thoughts of ending your life						2 3	4	□ 5	□ 88
E3.	Suddenly scared for no reason						2 3	4	<u> </u>	<b>88</b>
E4.	Feeling lonely						2 3	<u> </u>	<u> </u>	□ 88
E5.	Feeling blue						2 3	☐ 4	□ 5	■ 88
E6.	Feeling no interest in things						2 3	☐ 4	<u> </u>	<b>88</b>
E7.	Feel	ing fearful			<u> </u>		2 3	4	□ 5	88
E8.	Feel	ing hopeless ab	out the fo	uture	□ 1		2 3	4	□ 5	■ 88
E9.	Feel	ing tense or key	ed up		1		2 3	4	<u> </u>	<b>88</b>
E10.	Spe	lls of terror or pa	anic		□ 1		2 3	☐ 4	□ 5	□ 88
E11.	Feel	ing so restless y	ou coulc	ln't sit still	□ 1		2 3	4	□ 5	□ 88
E12.	Feel	ings of worthles	sness		1		2 3	4	□ 5	□ 88
E13.										
	□ 1	Not at all	□ 2	A little bit		] 3 [	Moderately			
	4	Quite a bit	5	Extremely		_	Refused			
E14.		the past 3 mon nt, outpatient, e							culties (i.e.	,
	☐ 1 ☐ 88	Yes (specify h	ow many	times)		_ [	] 0 No			

E15.		the past 3 mont Prozac, Cymbalta		a medica	ation for	mental	or emotional difficulties			
	☐ 1 ☐ 88	Yes (specify market) Refused	edicatior	าร)		□ o	No			
E16.	Is this	your first time in	a substa	ance abuse treat	ment pro	gram?	Do not re	ead response options.		
	<u> </u>	Yes	□ 0	No	□ 88	Refuse	ed			
	Progr	Program Staff: If client answered Yes to Question E16, please skip to Question E19								
E17.	How many times have you been in substance abuse treatment before coming to this program? <i>Please read response options.</i>									
	☐ 1 ☐ 4	One time > than 7 times	☐ 2 ☐ 77	2 – 4 times Not Applicable	☐ 3 ☐ 88	5 – 7 ti Refuse				
E18.		What type of substance abuse treatment program were you in before coming to this program? Do not read response options.								
	☐ 1 ☐ 77	Outpatient Not Applicable	☐ 2 ☐ 88	Residential Refused	□ 3	Both	<u> </u>	Opioid Treatment		
E19.	Why are you enrolling in this treatment program? Do not read response options.									
	☐ 1 ☐ 88	Self-admitted Refused	_ 2	Court Mandate	d	☐ 3	Other (	specify)		
E20.	Which drug(s) do you want to address in this treatment program?									
	Specify:									
	☐ 66	Don't Know	□ 88	Refused						
E21.	If you are receiving other substance abuse treatment services, how much of your care is provided by this agency/organization? <i>Please read response options.</i>									
	o			ubstance abuse						
	<u> </u>			re from this age						
	2	I receive about agency/organiz		ny care from this	agency.	organiz/	ation an	d half from another		
	☐ 3	I receive most of my care from another agency/organization								

	Med	lical	H	eal	lth
--	-----	-------	---	-----	-----

E22.	In the past 30 days, did you have any type of health insurance for yourself? <i>Please read response options</i> .									
		Yes, private health insurance Yes, Medicare  Yes, Medicaid 0	Yes, othe	r Governn	oyer/union, nent health i fused			ed)		
E23.	3. During the past 30 days, did you receive medical treatment (not including substance abuse treatment) for physical illness or injury (i.e., inpatient, outpatient, emergency room)? Do not read response options.									
	☐ 1 ☐ 88	Yes (specify how many times) Refused		_						
E24.		the past 30 days, for about how sual activities, such as self-care								
		Number of days		88 Re	fused					
	F. Motivation for Treatment									
Each of For each how minds	of the folloch stated uch you of the clie	The following questions ask a lowing statements describes a way ment, I am going to read each a agree or disagree with each state ent's primary substance of choices suggested in [] below.	vay that you inswer optio atement righ	might (or n and plea t now. [Ple	might not) f ase use Res ease read re	eel abou ponse ( esponse	ut your dro Card C to options].	ug use. indicate		
F1.	so	nave already started making ome changes in my <u>use of</u> rugs [drinking].	Strongly Disagree	Disagree 2	Undecided or Unsure	Agree 4	Strongly Agree 5	Refused		
F2.	m m	was <u>using drugs</u> [drinking] too luch at one time, but I've lanaged to change that [my rinking].	1	_ 2	3	☐ 4	<u> </u>	□ 88		
F3.	ch I'r	m not just thinking about nanging my <u>drug use</u> [drinking], m already doing something pout it.	1	_ 2	3	4	<u> </u>	□ 88		
F4.	<u>us</u> fo	nave already changed my <u>drug</u> se [drinking], and I am looking r ways to keep from slipping ack to my old pattern.	1	_ 2	3	☐ 4	<u> </u>	□ 88		
F5.	Cl	am actively doing things now to ut down or stop <u>my use of drugs</u> lrinking].		_ 2	3	☐ 4	☐ 5	□ 88		

# Attachment 1a: Document 2 - Intake/Baseline Client-Level Survey

		Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree	Refused		
F6.	I want help to keep from going back to the <u>drug</u> [drinking] problems that I had before.	☐ 1	_ 2	3	☐ 4	<u> </u>	■ 88		
F7.	I am working hard to change my drug use [drinking].	1	_ 2	<u> </u>	□ 4	☐ 5	88		
F8.	I have made some changes in my <u>drug use</u> [drinking], and I want some help to keep from going back to the way I used [to drink] <u>before</u> .	<u> </u>	_ 2	3	4	□ 5	□ 88		
End of INTAKE/BASELINE Client-Level Survey Thank you for your time!									

Program Staff: Please complete the following section on client drug testing after administration of the INTAKE/BASELINE Client-Level Survey. Please consult the client's medical record as necessary to complete this section. 1. How frequently does your program conduct drug testing? Mark all that apply.  $\prod 1$  $\prod 2$ At each session 3 Randomly Intake  $\square$  4  $\prod 5$ □ 6 Post-discharge Discharge Never Пз Other (specify) 2. For what reason(s) does your program conduct drug testing? Mark all that apply. □ 1 Scheduled  $\prod 2$ For Cause □ 3 Other (specify) **1** 4 At the request of the legal system (e.g., parole officer, court mandated) 3. Has the client received a drug test in the past 90 days? Yes (specify how many times) \_\_\_\_\_ □ 0 No ☐ 66 Unknown Program Staff: Only complete the following questions if the client has received a drug test in the past 90 days 4. When did the client last receive a drug test? Month, Day, Year: 66 Unknown 5. What method was used to conduct the client's most recent drug test? ☐ 1 Saliva 2 Blood ☐ 3 Urine П 4 Hair □ 5 Sweat ☐ 6 Breath 6. Was the sample collection directly observed? Yes (specify how many times) \_\_\_\_\_ 

0 No \_\_\_\_1 7. The client's most recent drug test checked for the presence of which substances and/or drug groups? Mark all that apply. Alcohol Amphetamines Barbiturates Benzodiazepines Cocaine/Crack Marijuana Methamphetamine Opiates Phencyclidine (PCP) Other (specify) \_\_\_\_\_ 66 Unknown 8. What were the results of the client's most recent drug test? □ 1 Negative for all drugs tested Positive (specify for which substances) □ 2 Other outcome (i.e., neither negative nor positive), specify \_\_\_\_\_ 9. If the test was positive for recent use of alcohol or other drugs, what actions were taken as a result of the positive test? Client counseled not to use drugs and/or alcohol More frequent visits required (specify frequency) More frequent drug testing required (specify frequency) Other action(s) (specify) \_\_\_\_

RESPONSE CARD A	RESPONSE CARD B	RESPONSE CARD C
1 = Not at all	1 = Disagree Strongly	1 = Strongly Disagree
2 = A little bit	2 = Disagree	2 = Disagree
3 = Moderately	3 = Uncertain	3 = Undecided or Unsure
4 = Quite a bit	4 = Agree	4 = Agree
5 = Extremely	5 = Agree Strongly	5 = Strongly Agree

Form Approved OMB No. ####-#### Expiration Date: ##/#####

# TCE-HIV Multi-Site Evaluation **DISCHARGE Client-Level Survey**

Funding for data collection supported by the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services (HHS)

**Instructions:** These instructions are for program staff administering the TCE-HIV Multi-Site Evaluation Client-Level Survey. The Client-Level Survey should be administered by program staff at baseline (based on the program's definition of baseline), discharge, and 6 months post baseline to all clients receiving TCE-HIV services. *Please note that this version of the Client-Level Survey is to be used at the DISCHARGE only.* 

The Client-Level Survey includes six sections: Background Information, Risky Behaviors, HIV Testing/HIV Status, Social Support, Mental Health and Medical Health, and Motivation for Treatment. All questions in Sections A – F should be asked of the client.

Please read the introduction to each section (in *italics*) and then read each question to the client <u>as it is written</u>. For some questions, you will read the response options to clients. Other questions are openended and you will not read the response options to clients. Please see the note in *italics* next to each question to determine whether you should read the response options. Some questions require the use of response options cards. Please provide the response options card to clients when noted.

You may provide clarification to the client to help them understand the question, but please do not change the wording of the questions.

The Client-Level Survey should take approximately 25 minutes to administer.

Form Approved OMB No. ###-#### Expiration Date: ##/####

# TCE-HIV Multi-Site Evaluation Client-Level Survey

# **DISCHARGE**

Funding for data collection supported by the Center for Substance Abuse Treatment (CSAT)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

	of Health and Human Services (HHS)						
Grantee ID	TIO						
Partner ID (if applicable)	TIO						
Client ID							
	t ID that was assigned to the client for the GPRA)						
Date of Administration (mm/dd/yyyy	ı)/						
PROGRAM STAFF: Please complete the following client background questions using information collected from the Discharge GPRA.							
Client's Gender	☐ Male ☐ Female ☐ Transgender ☐ Refused						
	Other (specify)						
Client's Ethnicity: Is the client	☐ Yes ☐ No ☐ Refused						
Hispanic or Latino?							
Client's Race	☐ Alaska Native						
	☐ American Indian						
	Asian						
	☐ Black or African American						
	☐ Native Hawaiian or Other Pacific Islander						
	White						
	Refused						
Client's Age							

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 control number for this project is ####-####.

Attachment 1a:	Document 3 - Discharge	Client-Level S	Survey							
Client ID:										
	(Please use the same Client ID that was assigned to the client for the GPRA)									
services. We a who gave us fu be kept strictly number for yo	rogram Staff: The purpose of these questions is to get more information about how best to provide ervices. We are asking these questions because it is a requirement for us from the Federal government tho gave us funding to provide services to you. All your background information and survey answers will be kept strictly confidential. All survey answers will be provided to the Federal government using only a number for you so there will be no way they can identify who you are. If you have any questions, or concerns please contact Resa Matthew, Ph.D. at 240-645-4608.									
	A.	Background	Informa	tion						
Program Staff	: First, I am going to ask y	ou some ques	tions ab	out yourself.						
A1. What is y	our marital status? Do no	nt read respons	e option	S.						
☐ 1 ☐ 4 ☐ 88	Never Married/Single Separated Refused					Living as Married Widowed				
A2. In the pa options.	A2. In the past 30 days, have you lived? You may say yes to more than one. <i>Please read response options</i> .									
□ Alone       □ With parents         □ With children alone       □ With other family m         □ With significant other alone       □ With friends         □ With significant other and children       □ In jail         □ In prison       □ In a hospital         □ In residential treatment       □ Other (specify)         □ 88 Refused										
		B. Risky Be	haviors							
you at risk for s	: The next set of question substance use disorders o st answers are very impo	r HIV/AIDS. I r	ealize th	ese questions a	re very p					
B1. Did you	u use alcohol or drugs sin	ce entering trea	atment?	Do not read res	ponse o <sub>l</sub>	otions.				
☐ 1	Yes (specify what substa	_		entering treatme	ent)	<del></del>				
□ 0 □ 88	No Refused	☐ 66 Don't I	NOW							
	am Staff: If clients report on B3 below, Only ask o									

Program Staff: If clients reported alcohol or drug use in Question B1 above please <u>skip</u> to question B3 below. Only ask question B2 below to clients who reported <u>no alcohol or drug use</u> in Question B1 above.

	B2. You reported that since entering treatment you did not use alcohol or drugs. What were your reasons for not using any alcohol or drugs? You may say yes to more than one. <i>Please read response options.</i>										
	□ 1 In	jail/prison [	4 Medical hospit	alization							
	☐ 2 Or	n probation/parole [	☐ 5 Inpatient ment	tal health treatment							
	□ з La	ck of money [	☐ 6 Residential su	bstance use treatment							
	☐ 7 Ot	her (specify)									
	☐ 77 No.	ot applicable – used ald	ohol and/or drugs sind	ce entering treatment.							
	☐ 88 Re	efused									
que	Program Staff: The next set of questions asks about your sexual behaviors. Again, I realize these questions are very personal, but your open and honest answers are very important.										
	B3. In the past 30 days, did you engage in unprotected sexual activity with a male partner?										
	☐ 1 Ye	s 🗌 o No [	☐ 66 Don't Know	☐ 88 Refused							
	B4. In the past 30 days, did you engage in unprotected sexual activity with a female partner?										
☐ 1 Yes ☐ 0 No ☐ 66 Don't Know ☐ 88 Refused											
	B5. In the past 30 days, did you engage in unprotected sexual activity with both a male partner and a female partner?										
	☐ 1 Ye	s 🗌 o No [	☐ 66 Don't Know	☐ 88 Refused							
	***Program Staff: Only ask questions B6a – B6j of those clients who reported having unprotected sexual contact during the past 30 days. If the client did not report having unprotected sexual contact during the past 30 days, please skip to Question C1 below.										
If th	If the client reported having unprotected sexual contact ONLY with a male partner, please ask only questions B6a, B6c, B6e, B6g, and B6i.										
If	the client repo	orted having unproted question	cted sexual contact ( as B6b, B6d, B6f, B6f		artner, please ask						
If	If the client reported having unprotected sexual contact with BOTH a male partner and a female partner please answer all questions in B6a – B6j. ***										
	B6. In the past	30 days, did you have									
		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)						
a.	Unprotected	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol						
	sexual contact with	□ 0 No	□ 0 No	□ 0 No	☐ 2 Marijuana						
	a male	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin						
	partner?	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack						
		☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other						
					☐ 66 Don't Know						
					☐ 77 N/A						

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
l-	l la a nata ata al				☐ 88 Refused
b.	Unprotected sexual	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	contact with	□ 0 No	□ 0 <b>No</b>	□ 0 No	2 Marijuana
	a female	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	partner?	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
		☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
					☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
C.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	☐ 2 Marijuana
	<b>partner</b> in	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	exchange for money,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	drugs, or	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	shelter?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
d.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	☐ 2 Marijuana
	<b>partner</b> in	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	exchange for money,	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	drugs, or	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	shelter?				☐ 66 Don't Know
					☐ 77 N/A
					☐ 88 Refused
e.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know had, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having a	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	sexually transmitted				☐ 66 Don't Know
	disease				☐ 77 N/A
	(STD)?				☐ 88 Refused
f.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 <b>No</b>	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know had, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
	having a	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	sexually transmitted				☐ 66 Don't Know
	disease				☐ 77 N/A
	(STD)?				88 Refused
g.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you know had, or	☐ 66 Don't Know	☐ 66 Don't Know	66 Don't Know	3 Heroin
	suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having HIV/AIDS?	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	TIIV/AIDS!				☐ 66 Don't Know
					☐ 77 N/A
h.	Unprotected				88 Refused
• • • • • • • • • • • • • • • • • • • •	sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you know had, or	☐ 66 Don't Know	☐ 66 Don't Know	66 Don't Know	☐ 3 Heroin
	suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having HIV/AIDS?	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	111771120.				66 Don't Know
					☐ 77 N/A
i.	Unprotected				88 Refused
	sex with a	1 # of times	1 # of times	1 # of times	1 Alcohol
	male partner you	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	knew was, or	66 Don't Know	66 Don't Know	66 Don't Know	3 Heroin
	suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	being an injection	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	5 Other
	drug user?				66 Don't Know
					77 N/A
j.	Unprotected	☐ 1 # of times	☐ 1 # of times	1 # of times	88 Refused  1 Alcohol
,	sex with a				
	female partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 2 Marijuana ☐ 3 Heroin
	knew was, or	77 N/A	77 N/A	77 N/A	4 Cocaine/ Crack
	suspected of being an	☐ 77 N/A ☐ 88 Refused	☐ 88 Refused	88 Refused	5 Other
	injection	00 IXCIU3EU	00 IXCIUSEU	L 00 Relused	66 Don't Know
	drug user?				☐ 77 N/A
					88 Refused

# C. HIV Testing/HIV Status

**Program Staff:** These questions about whether you have ever been tested for HIV and your HIV status as well as other sexually transmitted infections (STIs).

			onths, ha				d with a	sexually tra	ansmitt	ed infectio	n (STI) d	other		
	☐ 1	Yes	□ 0	No	☐ 66	Don'	t Know	□ 88	Refus	ed				
C2. H	ave you	ever te	sted pos	itive for	HIV? D	o not re	ad resp	onse optior	ns.					
	□ 1	Yes	□ 0	No	☐ 66	Don'	t Know	□ 88	Refus	ed				
**** <b>F</b>	Program	Staff:	lf client	answer			Know, o n D1***	r Refused *	to Que	estion C2,	please	skip to		
C3. H	ow long	have yo	ou knowr	n you we	ere HIV	positive	? Do n	ot read resp	onse d	ptions.				
	<u> </u>	30 day	s or less	3	☐ 2	Grea	iter than	30 days						
	☐ 66	_					applicab	ole – Not HI	Not HIV positive.					
	□ 88	Refus	ed											
oehavi use Re	or since esponse for each	you fou Card A statem	ind out y to tell m ent. [Ple	rou were e how m ease rea	HIV po auch yo	sitive. I u have nse opi	am goil change tions].	about whetl ng to read e d your beha	each ar vior. P	nswer optic lease sele	on and p ct only o	lease ne		
	positiv	e, how m	d out you luch have haviors	you chan	ged	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused		
C4.	(need	les/syrir	injection nges) wit th anythi	thout firs		1	_ 2	3	□ 4	<u> </u>	□ 77	88		
C5.	(need you kr	les/syrir	injection nges) wit d, or sus IDS?	th some	one	1	_ 2	<u> </u>	4	☐ 5	<b>77</b>	88		
C6.	Havin conta		tected s	exual		<u> </u>	_ 2	□ 3	□ 4	<u> </u>	<b>77</b>	88		
C7.	some		etected sexchange lter?		ney,	1	_ 2	3	□ 4	□ 5	□ 77	88		
C8.	partne suspe	er you kected of	ntected s now had having a isease (\$	l, or a sexuall		1	_ 2	3	□ 4	<u> </u>	<b>77</b>	■ 88		
C9.	partne	er you k	tected s now had having I	l, or		1	_ 2	3	□ 4	☐ 5	□ 77	□ 88		
C10.	Havin	a unpro	tected s	ex with		П 1	П2	Пз	$\prod 4$	$\prod 5$	□ 77	□ 88		

□ 0

No 🗌 88 Refused

	Since you found out you were HIV positive, how much have you changed the following behaviors	Not at all	A little bit	Moderate	ely Quite a bit	Extremely	N/A	Refused
	someone you knew was, or suspected of being an injection drug user?							
C11.	Having unprotected sex while you were under the influence of drugs or alcohol?	<u> </u>	_ 2	3	4	□ 5	□ 77	□ 88
	D. \$	Social	Suppo	ort				
Program Staff: Next, I am going to ask you some questions about the important people in your life. I am going to read each answer option and please indicate how much you agree or disagree with each statement below using Response Card B. Please select only one choice for each statement. [Please read esponse options].								
			agree ongly	Disagree	Uncertain	Agree	Agree Strongly	Refused
D1.	You have people close to you who motivate and encourage your recovery		] 1	☐ 2	3	☐ 4	□ 5	□ 88
D2.	You have close family members who help you stay away from drugs.	) [	] 1	_ 2	3	☐ 4	□ 5	□ 88
D3.	You have good friends who do not use drugs.		] 1	_ 2	<u> </u>	□ 4	□ 5	□ 88
D4.	You have people close to you who can always be trusted.		] 1	_ 2	<u> </u>	□ 4	□ 5	□ 88
D5.	You have people close to you who understand your situation and problems.		] 1	_ 2	<u> </u>	<u> </u>	☐ 5	88
D6.	You work in situations where drug use is common.		] 1	_ 2	<u> </u>	□ 4	□ 5	□ 88
D7.	You have people close to you who expect you to make positive change in your life.	_	] 1	_ 2	3	4	<u> </u>	□ 88
D8.	You have people close to you who help you develop confidence in yourself.		] 1	_ 2	3	4	<u> </u>	■ 88
D9.	You have people close to you who respect you and your efforts in this program.		] 1	_ 2	□ 3	<u> </u>	□ 5	□ 88
D10.	D10. In the past 30 days, did you attend any self-help groups for recovery (e.g., NA, AA, SMART Recovery)? Do not read response options.							
	1 Yes (specify how many times)							

### E. Mental Health and Medical Health

**Program Staff:** These questions ask about different areas of your life such as your emotional and physical health.

### Mental Health

**Program Staff:** Next I have a list of problems people sometimes have. As I read each one to you, I want you to tell me how much that problem has distressed or bothered you during the past 30 days including today using Response Card A. [Please read response options].

		ng the past 30 days essed by	, how mu	ch were you	Not at all	A little bit	e Moderate	y Quite a bit	Extremely	Refused
E1.	Nerv	ousness or sha	kiness ir	nside	1	□ 2	3	4	□ 5	88
E2.	Tho	ughts of ending	your life		1	☐ 2	3	□ 4	<u> </u>	88
E3.	Sud	denly scared for	no reas	on	1	☐ 2	3	□ 4	<u> </u>	88
E4.	Feel	ing lonely			□ 1	□ 2	3	□ 4	<u> </u>	□ 88
E5.	Feel	ing blue			<u> </u>	□ 2	3	☐ 4	□ 5	□ 88
E6.	Feel	ling no interest in	n things		□ 1	□ 2	3	□ 4	□ 5	88
E7.	Feel	ing fearful			□ 1	□ 2	3	□ 4	<u> </u>	88
E8.	Feeling hopeless about the future			□ 1	□ 2	3	□ 4	<u> </u>	88	
E9.	Feeling tense or keyed up			□ 1	□ 2	3	□ 4	<u> </u>	88	
E10.	Spe	lls of terror or pa	nic		□ 1	□ 2	3	□ 4	□ 5	□ 88
E11.	Feel	ling so restless y	ou coul	dn't sit still	1	□ 2	3	☐ 4	□ 5	□ 88
E12.	Feel	ings of worthles	sness		_ 1	□ 2	3	□ 4	☐ 5	88
E13.	help yo	past 30 days, ho ou cope with stre onse Card A to pa	essful life	events? I a	m going	to read	d each ansv	ver option		
	□ 1	Not at all	□ 2	A little bit		3 <b>N</b>	/loderately			
	4	Quite a bit	<u> </u>	Extremely		88 F	Refused			
E14.		the past 3 mont nt, outpatient, er							culties (i.e.	,
	□ 1	Yes (specify he	ow many	times)			] 0 <b>N</b> o	□ 88	Refused	H
E15.		the past 3 mont Prozac, Cymbalt		you prescri	bed a m	edicati	on for ment	al or emo	tional diffic	ulties
	☐ 1 ☐ 88	Yes (specify m Refused	edicatio	ns)	<del></del>		0 No			

Attachment 1a: Document 3 - Discharge Client-Level Survey

E16.	Why did you enroll in this treatment program? Do not read response options.							
	☐ 1 ☐ 88	Self-admitted Refused	_ 2	Court I	Mandated		3	Other (specify)
E17.	Which	drug(s) did you	want to a	address	in this treatm	ent pr	ogram	1?
	Specify:							
	☐ 66	Don't Know	88	Refuse	ed			
E18.	If you are receiving other substance abuse treatment services, how much of your care is provided by this agency/organization? <i>Please read response options</i> .							
	□ 0	I do not receive	other s	ubstanc	e abuse treat	ment	servic	es
	□ 1	I receive most	of my ca	re from	this agency/o	rganiz	zation	
	I receive about half of my care from this agency/organization and half from another agency/organization							
	□ 3	I receive most	of my ca	re from	<u>another</u> agen	cy/org	ganiza	tion
Medica	ıl Health							
E19.	In the past 30 days, did you have any type of health insurance for yourself? <i>Please read response options</i> .							
		Yes, private he Yes, Medicare Yes, Medicaid Refused		urance (e			-	r/union, privately purchased) health insurance
E20.	During the past 30 days, did you receive medical treatment (not including substance abuse treatment) for physical illness or injury (i.e., inpatient, outpatient, emergency room)? Do not read response options.							
	☐ 1 ☐ 88	Yes (specify ho	ow many	times) <sub>-</sub>		□ o N	Ю	
E21.	During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation? <i>Do not read response options.</i>							
		Number of day	S			88 F	Refuse	od

### **F. Motivation for Treatment**

**Program Staff:** The following questions ask about your attitudes toward substance abuse treatment. Each of the following statements describes a way that you might (or might not) feel about your drug use. For each statement, I am going to read each answer option and please use Response Card C to indicate how much you agree or disagree with each statement right now. [Please read response options].

**Note:** If the client's primary substance of choice is alcohol, please replace <u>underlined</u> words with the wording changes suggested in [ ] below.

		Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree	Refused
F1.	I have already started making some changes in my <u>use of drugs</u> [drinking].	□ 1	_ 2	□ 3	□ 4	□ 5	■ 88
F2.	I was <u>using drugs</u> [drinking] too much at one time, but I've managed to change <u>that</u> [my drinking].	<u> </u>	2	<u></u> 3	□ 4	□ 5	□ 88
F3.	I'm not just thinking about changing my <u>drug use</u> [drinking], I'm already doing something about it.	<u> </u>	_ 2	3	4	□ 5	88
F4.	I have already changed my drug use [drinking], and I am looking for ways to keep from slipping back to my old pattern.	<u> </u>	_ 2	3	4	□ 5	88
F5.	I am actively doing things now to cut down or stop my use of drugs [drinking].	1	_ 2	3	□ 4	<u> </u>	<b>88</b>
F6.	I want help to keep from going back to the <u>drug</u> [drinking] problems that I had before.	1	_ 2	<u></u> 3	□ 4	<u> </u>	88
F7.	I am working hard to change my drug use [drinking].	1	_ 2	3	□ 4	☐ 5	88
F8.	I have made some changes in my drug use [drinking], and I want some help to keep from going back to the way I used [to drink] before.	<u> </u>	_ 2	3	<u> </u>	□ 5	88
							•

End of DISCHARGE Client Level Survey
Thank you for your time!

the DISCHARGE Client Level Survey. Please consult the client's medical record as necessary to complete this section. 1. How frequently does your program conduct drug testing? Mark all that apply.  $\prod 1$  $\prod 2$ At each session 3 Intake Randomly  $\square$  4 □ 5 □ 6 Post-discharge Discharge Never Пз Other (specify) 2. For what reason(s) does your program conduct drug testing? Mark all that apply. □ 1 Scheduled  $\prod 2$ For Cause □ 3 Other (specify) □ 4 At the request of the legal system (e.g., parole officer, court mandated) 3. Has the client received a drug test in the past 90 days? Yes (specify how many times) \_\_\_\_\_ □ 0 No ☐ 66 Unknown \*\*\*\*Program Staff: Only complete the following questions if the client has received a drug test in the past 90 days \*\*\*\* 4. When did the client last receive a drug test? Month, Day, Year: **66** Unknown 5. What method was used to conduct the client's most recent drug test? ☐ 1 Saliva ☐ 2 Blood ☐ 3 Urine  $\prod 4$ Hair □ 5 Sweat ☐ 6 Breath 6. Was the sample collection directly observed? Yes (specify how many times) \_\_\_\_\_ 

0 No 7. The client's most recent drug test checked for the presence of which substances and/or drug groups? Mark all that apply. Alcohol Amphetamines Barbiturates Cocaine/Crack Benzodiazepines Marijuana Opiates Methamphetamine Phencyclidine (PCP) Other (specify) 66 Unknown 8. What were the results of the client's most recent drug test?  $\Box$  1 Negative for all drugs tested Positive (specify for which substances) \_\_\_\_\_  $\prod 2$ Other outcome (i.e., neither negative nor positive), specify Пз 9. If the test was positive for recent use of alcohol or other drugs, what actions were taken as a result of the positive test? Client counseled not to use drugs and/or alcohol More frequent visits required More frequent drug testing required (specify frequency) Other action(s) (specify) \_\_\_\_\_ 

Program Staff: Please complete the following section on client drug testing after administration of

RESPONSE CARD A	RESPONSE CARD B	RESPONSE CARD C			
1 = Not at all	1 = Disagree Strongly	1 = Strongly Disagree			
2 = A little bit	2 = Disagree	2 = Disagree			
3 = Moderately	3 = Uncertain	3 = Undecided or Unsure			
4 = Quite a bit	4 = Agree	4 = Agree			
5 = Extremely	5 = Agree Strongly	5 = Strongly Agree			

Form Approved OMB No. ####-#### Expiration Date: ##/#####

# TCE-HIV Multi-Site Evaluation 6-MONTH FOLLOW-UP Client-Level Survey

Funding for data collection supported by the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services (HHS)

**Instructions:** These instructions are for program staff administering the TCE-HIV Multi-Site Evaluation Client-Level Survey. The Client-Level Survey should be administered by program staff at baseline (based on the program's definition of baseline), discharge, and 6-months post-baseline to all clients receiving TCE-HIV services. *Please note that this version of the Client-Level Survey is to be used at the 6-MONTH FOLLOW-UP (i.e., 6-months post-intake/baseline) only.* 

The Client-Level Survey includes six sections: Background Information, Risky Behaviors, HIV Testing/HIV Status, Social Support, Mental Health and Medical Health, and Motivation for Treatment. All questions in Sections A – F should be asked of the client.

Please read the introduction to each section (in *italics*) and then read each question to the client <u>as it is written</u>. For some questions, you will read the response options to clients. Other questions are openended and you will not read the response options to clients. Please see the note in *italics* next to each question to determine whether you should read the response options. Some questions require the use of response options cards. Please provide the response options card to clients when noted.

You may provide clarification to the client to help them in understanding the question, but please do not change the wording of the questions.

The Client-Level Survey should take approximately 25 minutes to administer.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 control number for this project is ####-####.

Form Approved OMB No. ####-### Expiration Date: ##/##/####

#### TCE-HIV Multi-Site Evaluation Client-Level Survey

### 6-MONTH FOLLOW-UP

Funding for data collection supported by the Center for Substance Abuse Treatment (CSAT)

Substance Abuse and Mental Health Services Administration (SAMHSA) U.S. Department of Health and Human Services (HHS)								
Grantee ID	TIO							
Partner ID (if applicable)	TIO							
Client ID (Please use the same Client ID that was assigned to the client for the GPRA)								
Date of Administration (mm/dd/yyyy	()/							
•	olete the following client background questions om the 6-months post-intake/baseline GPRA.							
Client's Gender	☐ Male   ☐ Female   ☐ Transgender   ☐ Refused     ☐ Other (specify)							
Client's Ethnicity: Is the client Hispanic or Latino?	☐ Yes ☐ No ☐ Refused							
Client's Race	☐ Alaska Native							
	☐ American Indian							
	☐ Asian							
	☐ Black or African American							
	☐ Native Hawaiian or Other Pacific Islander							
	☐ White ☐ Refused							
Client's Age								
Onent o Age								

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 control number for this project is ####-####.

Attachment 1b: Client ID:	Attachment 1b: Document 1 – Six Month Follow-Up Client-Level Survey								
O.I.O.I.K 1.D.	(Please use the same Client ID that was assigned to the client for the GPRA)								
<b>Program Staff:</b> The purpose of these questions is to get more information about how best to provide services. We are asking these questions because it is a requirement for us from the Federal government who gave us funding to provide services to you. All your background information and survey answers will be kept strictly confidential. All survey answers will be provided to the Federal government using only a number for you so there will be no way they can identify who you are. If you have any questions, comments, or concerns they can be directed to Resa Matthew, Ph.D. at 240-645-4608.									
	A. Backgr	ound Ir	nformati	ion					
Program Staff	: First, I am going to ask you some	e questi	ions abo	ut yourself.					
A1. What is y	our marital status? Do not read re	esponse	options						
☐ 1 ☐ 4 ☐ 88	Never Married/Single Separated Refused	□ 2 □ 5	Married Divorced		☐ 3 ☐ 6	Living as Married Widowed			
A2. In the past 30 days, have you lived? You may say yes to more than one. Please read response options.									
	Alone With children alone With significant other alone With significant other and children In prison In residential treatment			<ul> <li>With parents</li> <li>With other family members</li> <li>With friends</li> <li>In jail</li> <li>In a hospital</li> <li>Other (specify)</li> </ul>					
	B. Ris	sky Beh	aviors						
<b>Program Staff:</b> The next set of questions asks about any behaviors that you may engage in that may put you at risk for substance use disorders or HIV/AIDS. I realize these questions are very personal, but your open and honest answers are very important. There are no right or wrong answers.									
B1. Did you	ı use alcohol or drugs since leavin	ng treatr	ment? D	o not read respo	nse opti	ions.			
□ 1	Yes (specify what substances we	ere used	d since l	eaving treatment	:)				
□ 0 □ 88	No General Gen	Don't K	now						
questi	nm Staff: If clients reported alco on B3 below. Only ask question Question B1 above.								

B2. You reported that since leaving treatment you did not use alcohol or drugs. What were your reasons for not using any alcohol or drugs? You may say yes to more than one. Please read response options.								
	□ 1 In j	jail/prison	4	Medical hospit	alization			
	☐ 2 On	probation/paro	le 🗌 5	Inpatient menta	al health t	reatment		
	□ 3 Lac	ck of money	□ 6	Residential sub	ostance u	se treatment		
	☐ 7 Otl	ner (specify)						
	☐ 77 No	t applicable – u	sed alcohol	and/or drugs sind	e leaving	treatment.		
	☐ 88 Re	fused						
	Program Staff: The next set of questions asks about your sexual behaviors. Again, I realize these questions are very personal, but your open and honest answers are very important.  B3. In the past 30 days, did you engage in unprotected sexual activity with a male partner?							
В3.	In the past	30 days, did yo	u engage ir	n unprotected sexu	ual activity	y with a male	partner?	
	☐ 1 Ye	s 🗌 o No	O 🗌 66	Don't Know	□ 88	Refused		
B4.	In the past	30 days, did yo	u engage ir	n unprotected sexu	ual activity	y with a fema	le partner?	
	☐ 1 Ye	s 🗌 o No	O 🗌 66	Don't Know	□ 88	Refused		
B5.	B5. In the past 30 days, did you engage in unprotected sexual activity with both a male partner and a female partner?							
	☐ 1 Ye	s 🗌 o No	o 🗌 66	Don't Know	□ 88	Refused		
sex	ual contact co	during the pas ontact during t	st 30 days. he past 30	If the client did r days, please skip	not repor to Ques	t having unp stion C1 belo		
i uie c	пені героп			Sa, B6c, B6e, B6g			er, piease ask omy	
If the	client repo			sexual contact C 6b, B6d, B6f, B6h			artner, please ask	
		partner p	lease ans	sexual contact v ver all questions			tner and a female	
Вб.	in the past	30 days, did yo Oral Sex		Vaginal Sex	Ar	al Sex	Did you use any of	
							the following before or during (check all that apply)	
	nprotected xual	1 # of times	s   🗆	1 # of times	☐ 1 # O	f times	1 Alcohol	
co	ntact with	□ 0 No		o No	□ 0 No		🗌 2 Marijuana	
	male irtner?	☐ 66 Don't Kı	now 🗆	66 Don't Know	☐ 66 Do	on't Know	☐ 3 Heroin	
μo		☐ 77 N/A		77 N/A	☐ 77 N/	A	4 Cocaine/ Crack	
		☐ 88 Refused	<b>!</b> □	88 Refused	☐ 88 Re	efused	5 Other	
							☐ 66 Don't Know	

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
b.	Unprotected				77 N/A 88 Refused
c.	Unprotected sex with a female partner?  Unprotected sex with a male partner in exchange for money, drugs, or shelter?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused ☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused 1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know
d.	Unprotected sex with a female partner in exchange for	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	77 N/A 88 Refused 1 Alcohol 2 Marijuana 3 Heroin
	money, drugs, or shelter?	☐ 77 N/A ☐ 88 Refused	☐ 77 N/A ☐ 88 Refused	☐ 77 N/A ☐ 88 Refused	4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
e.	Unprotected sex with a male partner you know had, or suspected of having a sexually transmitted disease (STD)?	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know ☐ 77 N/A ☐ 88 Refused	1 Alcohol 2 Marijuana 3 Heroin 4 Cocaine/ Crack 5 Other 66 Don't Know 77 N/A 88 Refused
f.	Unprotected sex with a female partner you know had, or	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 # of times ☐ 0 No ☐ 66 Don't Know	☐ 1 Alcohol☐ 2 Marijuana☐ 3 Heroin

		Oral Sex	Vaginal Sex	Anal Sex	Did you use any of the following before or during (check all that apply)
	suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having a sexually	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	transmitted				☐ 66 Don't Know
	disease (STD)?				☐ 77 N/A
					☐ 88 Refused
g.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know had, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	HIV/AIDS?				☐ 66 Don't Know
					☐ 77 N/A
_					☐ 88 Refused
h.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	know had, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	having	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	HIV/AIDS?				☐ 66 Don't Know
					☐ 77 N/A
_					☐ 88 Refused
i.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	1 Alcohol
	male	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	knew was, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	being an	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	injection drug user?				☐ 66 Don't Know
	arag acor.				☐ 77 N/A
					☐ 88 Refused
j.	Unprotected sex with a	☐ 1 # of times	☐ 1 # of times	☐ 1 # of times	☐ 1 Alcohol
	female	□ 0 No	□ 0 No	□ 0 No	2 Marijuana
	partner you	☐ 66 Don't Know	☐ 66 Don't Know	☐ 66 Don't Know	☐ 3 Heroin
	knew was, or suspected of	☐ 77 N/A	☐ 77 N/A	☐ 77 N/A	4 Cocaine/ Crack
	being an	☐ 88 Refused	☐ 88 Refused	☐ 88 Refused	☐ 5 Other
	injection drug user?				☐ 66 Don't Know
	g				☐ 77 N/A
					☐ 88 Refused

#### C. HIV Testing/HIV Status

**Program Staff:** These questions about whether you have ever been tested for HIV and your HIV status as well as other sexually transmitted infections (STIs).

			•			, ,							
			onths, ha t read re				d with a	sexually tra	ansmitt	ed infectio	n (STI) d	other	
	<u> </u>	Yes	□ 0	No	☐ 66	Don'	t Know	88	Refus	ed			
C2. H	ave you	ever te	sted pos	itive for	HIV? D	o not re	ead resp	oonse optioi	าร.				
	□ 1	Yes	□ 0	No	☐ 66	Don'	t Know	■ 88	Refus	ed			
****	Program	Staff:	If client	answer	ed No.	Don't I	Know, c	or Refused	to Que	estion C2,	please	skip to	
	Ū						n D1***			ŕ	•	•	
C3. H	ow long	have yo	ou knowi	n you we	ere HIV	positive	e? Do n	ot read resp	onse d	options.			
	1 30 days or less			3	_ 2	Greater than 30 days							
	☐ 66	Don't	Know		77	Not a	applicat	ole – Not Hi	V posit	ive.			
	88	Refus	ed										
behavi use Re	ior since esponse for each	you fou Card A staten	und out y to tell m nent. [Ple	rou were e how m ease rea	HIV po nuch yo	ositivė. I u have onse op	l am goi change tions].	about wheti ng to read e d your beha	each ar avior. P	nswer optio llease sele	on and p ct only o	lease ne	
	positiv	e, how n	d out you nuch have ehaviors	you chan	ged	Not at all	A little bit	Moderately	Quite a bit	Extremely	N/A	Refused	
C4.	(need	les/syrii	injectior nges) wi th anythi	thout firs		1	_ 2	3	4	<u> </u>	□ 77	■ 88	
C5.	(need you ki	les/syrii	injectior nges) wi d, or sus IDS?	th some	one	1	_ 2	<u></u> 3	4	☐ 5	<b>77</b>	88	
C6.	Havin conta		otected s	exual		1	_ 2	<u> </u>	□ 4	☐ 5	<b>77</b>	□ 88	
C7.	some		otected s exchange elter?		ney,	1	_ 2	3	4	☐ 5	□ 77	□ 88	
C8.	partne suspe	er you kected of	otected s know had having a lisease (\$	l, or a sexuall		1	_ 2	3	<u> </u>	<u> </u>	□ 77	□ 88	
C9.	partne	er you k	otected s now had having l	l, or		1	_ 2	3	4	□ 5	□ 77	□ 88	
C10.	Havin	a unpro	ntected s	ex with		□ 1	$\prod 2$	Пз	$\Box$ 4	$\Box_5$	□ 77	□ 88	

	Since you found out you were HIV positive, how much have you changed the following behaviors	Not at all	A little bit	Moderate	ly Quite a bit	Extremely	N/A	Refused		
	someone you knew was, or suspected of being an injection drug user?									
C11.	Having unprotected sex while you were under the influence of drugs or alcohol?	1	_ 2	3	4	<u> </u>	□ 77	□ 88		
	D. 9	Social	Suppo	ort						
oing to	Program Staff: Next, I am going to ask you some questions about the important people in your life. I am soing to read each answer option and please indicate how much you agree or disagree with each tatement below using Response Card B. Please select only one choice for each statement. [Please readesponse options].									
			agree ongly	Disagree	Uncertain	Agree	Agree Strongly	Refused		
D1.	You have people close to you who motivate and encourage your recovery	_	] 1	_ 2	<u> </u>	□ 4	□ 5	□ 88		
D2.	You have close family members who help you stay away from drugs.		] 1	_ 2	3	□ 4	☐ 5	88		
D3.	You have good friends who do not use drugs.		] 1	_ 2	□ 3	☐ 4	□ 5	88		
D4.	You have people close to you who can always be trusted.		] 1	_ 2	☐ 3	☐ 4	□ 5	□ 88		
D5.	You have people close to you who understand your situation and problems.		] 1	_ 2	3	<u> </u>	□ 5	□ 88		
D6.	You work in situations where drug use is common.		] 1	_ 2	□ 3	☐ 4	□ 5	□ 88		
D7.	You have people close to you who expect you to make positive change in your life.		] 1	_ 2	3	<u> </u>	□ 5	□ 88		
D8.	You have people close to you who help you develop confidence in yourself.		] 1	_ 2	3	<u> </u>	□ 5	□ 88		
D9.	You have people close to you who respect you and your efforts in this program.		] 1	_ 2	3	<u> </u>	☐ 5	88		
D10.	In the past 30 days, did you attend any Recovery)? Do not read response option		elp gro	ups for red	covery (e.	g., NA, A	A, SMAR	?T		
	☐ 1 Yes (specify how many times)									
	□ 0 No □ 88 Refused									

#### E. Mental Health and Medical Health

**Program Staff:** These questions ask about different areas of your life such as your emotional and physical health.

#### Mental Health

**Program Staff:** Next I have a list of problems people sometimes have. As I read each one to you, I want you to tell me how much that problem has distressed or bothered you during the past 30 days including today using Response Card A. [Please read response options].

		ng the past 30 days essed by	, how mu	ch were you	Not at all	A little bit	Moderately	Quite a bit	Extremely	Refused
E1.	Nerv	vousness or shal	kiness ir	nside	□ 1	□ 2	□ 3	4	□ 5	□ 88
E2.	Tho	ughts of ending	your life		□ 1	_ 2	□ 3	4	□ 5	□ 88
E3.	Sud	denly scared for	no reas	on	□ 1	_ 2	☐ 3	4	□ 5	■ 88
E4.	Feel	ling lonely			<u> </u>	_ 2	☐ 3	☐ 4	<u> </u>	88
E5.	Feel	ling blue			□ 1	□ 2	□ 3	☐ 4	☐ 5	□ 88
E6.	Feel	ling no interest ir	things		☐ 1	□ 2	☐ 3	□ 4	□ 5	88
E7.	Feel	ling fearful			☐ 1	□ 2	☐ 3	□ 4	□ 5	88
E8.	Feeling no interest in things Feeling fearful Feeling hopeless about the future Feeling tense or keyed up Spells of terror or panic Feeling so restless you couldn't sit still Feelings of worthlessness In the past 30 days, how often have you us help you cope with stressful life events? It				☐ 1	□ 2	☐ 3	☐ 4	☐ 5	88
E9.	· ·			1	□ 2	☐ 3	☐ 4	<u> </u>	□ 88	
E10.				□ 1	□ 2	□ 3	☐ 4	☐ 5	□ 88	
E11.	Feeling so restless you couldn't sit still				□ 1	□ 2	☐ 3	☐ 4	☐ 5	□ 88
E12.	Feel	lings of worthless	sness		1	_ 2	□ 3	<u> </u>	□ 5	88
E13.	E13. In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol to help you cope with stressful life events? I am going to read each answer option and please use Response Card A to provide your answer. [Please read response options].									
	<u> </u>	Not at all	<u> </u>	A little bit		з Мо	oderately			
	4	Quite a bit	<u> </u>	Extremely		88 Re	efused			
E14.		the past 3 mont ent, outpatient, er						nal diffi	culties (i.e.	,
	☐ 1 ☐ 88	Yes (specify ho	ow man	/ times)			o No			
E15.	During the past 3 months, were you prescribed a medication for mental or emotional difficulties (e.g., Prozac, Cymbalta)?									
	☐ 1 ☐ 88	Yes (specify m Refused	edicatio	ns)			o No			

Attachment 1b: Document 1 – Six Month Follow-Up Client-Level Survey

6. Why did you enroll in this treatment program? Do not read response options.							
☐ 1 ☐ 88	Self-admitted Refused	_ 2	Court N	landated	<u> </u>	Other (specify)	
Which o	drug(s) did you v	vant to a	ddress i	n this treatmer	nt progran	n?	
Specify	:						
☐ 66	Don't Know	88	Refuse	d			
□ 0	I do not receive	other su	ubstance	abuse treatm	ent servic	ces	
1 I receive most of my care from this agency/organization							
_ 2			ny care f	rom this agend	cy/organiz	zation and half from another	
□ 3	I receive most of	of my ca	re from <u>a</u>	another agency	//organiza	ation	
<u>Health</u>							
		you hav	e any ty	pe of health in	surance f	or yourself? <i>Please read</i>	
	Yes, private he Yes, Medicare Yes, Medicaid Refused	alth insu	rance (e			• • • • • • • • • • • • • • • • • • • •	
treatme	ent) for physical i						
☐ 1 ☐ 88	Yes (specify ho Refused	w many	times) _		] o <b>No</b>		
During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation? <i>Do not read response options.</i>							
	Number of days	S		□ 88	Refuse	ed	
	☐ 1 ☐ 88  Which of Specify ☐ 66  If you a provide ☐ 0 ☐ 1 ☐ 2 ☐ 3  Health ☐ 1 ☐ 2 ☐ 3  Health ☐ 1 ☐ 88  During treatmerespons ☐ 1 ☐ 88  During treatmerespons ☐ 1 ☐ 88  During treatmerespons ☐ 1 ☐ 88	☐ 1 Self-admitted ☐ 88 Refused  Which drug(s) did you was specify:	□ 1 Self-admitted □ 2 □ 88 Refused  Which drug(s) did you want to a Specify: □ 66 Don't Know □ 88  If you are receiving other substate provided by this agency/organize □ 0 I do not receive other sustate provided by this agency/organization □ 1 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 4 Self-admitted □ 2 □ 66 Don't Know □ 88 □ 1 I receive most of my caster agency/organization □ 2 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 4 Self-admitted □ 2 □ 66 Don't Know □ 88 □ 1 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 4 Self-admitted □ 2 □ 66 Don't Know □ 88 □ 1 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 4 Self-admitted □ 88 □ 1 I receive most of my caster agency/organization □ 3 I receive most of my caster agency/organization □ 4 Self-admitted □ 88 □ 4 Self-admitted □ 88 □ 6 Don't Know □ 88 □ 7 Don't Know □ 88 □ 6 Don't Know □ 88 □ 7 Don't Know □ 88 □ 7 Don't Know □ 88 □ 7 Don't Know □ 88 □ 8 Don't Know □ 88 □ 7 Don't Know □ 88 □ 8 Don't Know □ 88 □ 7 Don't Know □ 88 □ 8 Don	□ 1 Self-admitted □ 2 Court Model   □ 88 Refused  Which drug(s) did you want to address in Specify: □ 66 Don't Know □ 88 Refused  If you are receiving other substance aburdanced by this agency/organization? For agency/organization? For agency/organization □ 1 I receive most of my care from to a 1 I receive about half of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 3 I receive most of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about half of my care from agency/organization □ 4 I receive about hal	□ 1       Self-admitted       □ 2       Court Mandated         □ 88       Refused         Which drug(s) did you want to address in this treatment specify:       □         □ 66       Don't Know       □ 88       Refused         If you are receiving other substance abuse treatment sprovided by this agency/organization? Please read rest         □ 0       I do not receive other substance abuse treatment in the past receive most of my care from this agency/organization         □ 2       I receive about half of my care from this agency/organization         □ 3       I receive most of my care from another agency         Health         In the past 30 days, did you have any type of health in response options.         □ Yes, private health insurance (e.g., through are yes, Medicare yes, Medicaid no No         □ Yes, Medicaid no No       □ No         □ 88       Refused         During the past 30 days, did you receive medical treatment) for physical illness or injury (i.e., inpatient, or response options.         □ 1       Yes (specify how many times)         □ 88       Refused         During the past 30 days, for about how many days did your usual activities, such as self-care, work, or recreated and the provided and	□ 1 Self-admitted □ 2 Court Mandated □ 3 □ 88 Refused  Which drug(s) did you want to address in this treatment program  Specify: □ 66 Don't Know □ 88 Refused  If you are receiving other substance abuse treatment services, provided by this agency/organization? Please read response of provided by this agency/organization? Please read response of provided by this agency/organization? Please read response of provided by this agency/organization? I receive most of my care from this agency/organization □ 2 I receive about half of my care from this agency/organization □ 3 I receive most of my care from another agency/organization □ 3 I receive most of my care from another agency/organization □ 4 receive most of my care from another agency/organization □ 5 response options. □ Yes, private health insurance (e.g., through an employed Yes, Medicare □ Yes, other Government Yes, Medicaid □ 0 No □ 88 Refused  During the past 30 days, did you receive medical treatment (not treatment) for physical illness or injury (i.e., inpatient, outpatient response options. □ 1 Yes (specify how many times) □ 0 No □ 88 Refused  During the past 30 days, for about how many days did poor phyyour usual activities, such as self-care, work, or recreation? Do	

#### F. Motivation for Treatment

**Program Staff:** The following questions ask about your attitudes toward substance abuse treatment. Each of the following statements describes a way that you might (or might not) feel about your drug use. For each statement, I am going to read each answer option and please use Response Card C to indicate how much you agree or disagree with each statement right now. [Please read response options].

**Note:** If the client's primary substance of choice is alcohol, please replace <u>underlined</u> words with the wording changes suggested in [ ] below.

		Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree	Refused
F1.	I have already started making some changes in my use of drugs [drinking].		_ 2		□ 4	5	□ 88
F2.	I was <u>using drugs</u> [drinking] too much at one time, but I've managed to change <u>that</u> [my drinking].	<u> </u>	_ 2	□ 3	□ 4	☐ 5	□ 88
F3.	I'm not just thinking about changing my <u>drug use</u> [drinking], I'm already doing something about it.	<u> </u>	_ 2	3	□ 4	□ 5	□ 88
F4.	I have already changed my drug use [drinking], and I am looking for ways to keep from slipping back to my old pattern.	1	_ 2	3	4	<u> </u>	88
F5.	I am actively doing things now to cut down or stop my use of drugs [drinking].	1	_ 2	<u></u> 3	□ 4	<u> </u>	□ 88
F6.	I want help to keep from going back to the <u>drug</u> [drinking] problems that I had before.	<u> </u>	_ 2	3	□ 4	☐ 5	■ 88
F7.	I am working hard to change my drug use [drinking].	1	_ 2	□ 3	□ 4	□ 5	88
F8.	I have made some changes in my drug use [drinking], and I want some help to keep from going back to the way I used [to drink] before.	<u> </u>	_ 2	3	4	5	88

End of 6-MONTH FOLLOW-UP Client Level Survey
Thank you for your time!

RESPONSE CARD A	RESPONSE CARD B	RESPONSE CARD C
1 = Not at all	1 = Disagree Strongly	1 = Strongly Disagree
2 = A little bit	2 = Disagree	2 = Disagree
3 = Moderately	3 = Uncertain	3 = Undecided or Unsure
4 = Quite a bit	4 = Agree	4 = Agree
5 = Extremely	5 = Agree Strongly	5 = Strongly Agree

Form Approved OMB No. ####-#### Expiration Date: ##/#####

# TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICES (TCE-HIV)

#### **MULTI-SITE EVALUATION PROJECT**

#### **CLIENT DOSAGE FORM**

Grantee Name:			
Grantee ID Number:			
Client ID Number: (same as GPRA ID)			
Date Completed:	/	/	
	Month	Day	Year

#### **Notice to Respondents**

Public reporting burden for this collection of information is estimated to average 15 minutes per response; including the time for reviewing instructions, searching existing data sources data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 control number for this project is XXXX-XXXX.

#### **Dosage Instructions and Client Dosage Form**

#### DOSAGE MEASUREMENT

Individual clients in a program can have very different types and amounts of contact (i.e., dosage) due to absences, participation in different components, or dropping out; thus it is critical to have dosage information to accurately assess program effects. Dosage is a measure of the *type* and *amount* of contact that a client has with the program.

The documentation of client exposure to program services is an important feature of the CSAT TCE-HIV multi-site evaluation. The dosage measurement developed for this evaluation study is designed to meet several criteria. First, the client dosage form must reflect the actual services and treatment activities of the funded programs. Second, the client dosage form must be simple enough to implement across all treatment grantees. Third, the client dosage form should be completed only at client discharge.

#### TCE-HIV EVALUATION DOSAGE GENERAL INSTRUCTIONS

Multi-site dosage measurement applies only to those services that **directly involve TCE-HIV clients**. Dosage data will *not* be collected on services for which the client is not individually involved, such as case management review meetings or referral calls made on behalf of the client. Most direct services will involve face-to-face contact between the client and service provider, but there may be direct services provided over the telephone such as crises intervention or case management counseling. Program services and treatment activities included are only those provided directly by the grantee or through contractual arrangements. Services that clients receive outside of the program will *not* be measured for multi-site purposes, even if the services were received through referrals from the program. Because dosage is a measurement of program exposure to services and treatment activities, **dosage data will be collected on TCE-HIV clients only**.

There is no expectation that a program would conduct activities in all of the service/treatment activities categories listed in the client dosage form. However, for the purposes of dosage recording, it is important that each program activity conducted at the local level be attached to one of these intervention types.

Some program encounters will involve only one intervention type, e.g., a family counseling session. However, clients can receive more than one type of service or treatment activity during a daily encounter. For example, as part of a daily program encounter, clients may learn about the harmful effects of alcohol, tobacco, and drugs (Substance Abuse Education) during the first hour and then during the second hour participate in a group substance abuse counseling (Group Substance Abuse Treatment Counseling) session and spend a third hour working on exercises to improve parent-child communication (Parenting Skills Education). Two tables provided below contain definitions to assist in completing the client dosage form. Table 1 has definitions of the treatment modalities for completing the first section of the client dosage form and Table 2 has definitions on various service and treatment activities for the completion of the second section of the client dosage form.

#### COMPLETING THE CLIENT DOSAGE FORM

Below are some suggestions that will facilitate your completion of the Client Dosage Form. Please complete one form for each TCE-HIV client in your program.

- 1. Complete a Client Dosage Form for each TCE-HIV client at discharge. The definition of discharge should follow your program definition. If your program does not have a definition of discharge, the Client Dosage Form should be completed when the client has had no contact with the program for 30 days.
- 2. It is critical that you are familiar with the form and have the client's chart/records (or other records of the client's services received and activities) available prior to completing the form. Give yourself about 15 minutes to complete the form when you have the client's records.

#### INSTRUCTIONS FOR COMPLETION

**DATE:** Please fill in the date you complete the form.

**CLIENT IDENTIFICATION:** Enter the client's program identification number. The client's ID number should be the same number assigned to the client for his/her GPRA administration.

**PERSON COMPLETING FORM:** Fill in your name as the person completing the form.

**GRANT NUMBER:** Enter your grant identification number starting with TIO.

**QUESTION 1[LENGTH OF STAY]:** To complete this question you will need to refer to the client's treatment records to assess how many days the client spent in your treatment program and place an "**X**" in the box next to the corresponding number of days the client spent in treatment.

**QUESTION 2 [TYPE OF TREATMENT]:** For this question you will need to indicate the type of treatment the client engaged in while in your program. Please refer to Table 1 for clarification if you are uncertain of the type of treatment. Please place an "**X**" in the appropriate box(es) for the type of treatment the client engaged in while in your program.

#### **Table 1: Dosage Treatment Modalities**

#### TREATMENT MODALITY

**Outpatient:** This modality is for clients who require treatment that entails group education, activity therapy, etc., lasting more than 4 continuous hours in a supportive environment.

**Intensive Outpatient:** This modality consists of intense multimodal treatment for clients who require frequent treatment in order to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient by the intensity and number of hours per week. Intensive outpatient services are provided 2 or more hours per day for 3 or more days per week.

**Methadone:** This modality includes the provision of methadone maintenance for opioid-addicted clients.

**Residential:** This modality is for a residential facility that provides onsite structured therapeutic and supportive services specifically for alcohol and other drugs.

**SERVICE/TREATMENT ACTIVITIES:** These series of statements refer to the services and treatment activities a client received or in which he or she participated. Please refer to Table 2 if you need a definition for the service/treatment activity. Begin with the first service/treatment activity and look across to the column labeled "A Services Received." Choose the response category (i.e., 1 = yes, 0 = no, -1 = N/A, -8 = Don't know) for the service or treatment activity and record the number in column A. If you record a N/A (-1) for receiving a service in Column A, then it is anticipated that the client will also receive N/A in Columns B—C. Repeat the same process for Columns B and C. Go through each of the service/treatment activity and repeat the process until you are finished.

#### **Table 2: Dosage Service/Treatment Activities**

#### SERVICE/TREATMENT ACTIVITIES

**Case Management Services:** These services involve *direct* services between the client and the case manager, including individual assessments, service plan development and evaluation, arranging for and monitoring needed services, making and following up on referrals, and other case management services as defined by the program. Routine telephone calls are *not* included.

**Parenting Skills Education:** Activities included in this category include instruction on developmental expectations parents should have given their child's age, provision of information about positive parenting practices and forms of discipline, lessons on parent-child communication, and other parenting-related information.

**Family Counseling:** Activities included in this category include relationship-building activities conducted with the client and family members together, family mediation, family counseling (individual family or multi-family), parenting counseling (individual or group), and self-help/support groups for clients.

**Physical Exam:** The category includes any physical examination by a licensed professional such as a medical doctor, nurse practitioner, or physician's assistant that includes assessment of height, weight, vital signs, body mass index, or body systems such as respiratory, cardiac, gastrointestinal, genitourinary, skin, and neurological.

**Educational Services:** This category includes activities such as tutoring assistance to improve reading, literacy, and math skills or other educational activities leading to a high school diploma, GED, or higher education.

**Employment Placement/Vocational Support:** Vocational support activities are included in this category, such as career counseling, job training, resources provided to clients to assist in finding employment, and job placement.

**Life Skills Training:** Activities in this category focus on training on specific personal or interpersonal skills that have been identified as important to successful individual and social development. This category includes skills development training that targets competencies, such as communication, decision making, problem solving, conflict resolution, refusal skills, as well as more general life skills (e.g., budgeting, cooking). Also included in this category are program sessions that specifically address self-esteem, self-concept, and self-confidence building.

**Positive Recreation and Enrichment:** This category includes a broad range of program activities that share a primary concern about leisure time activities that take place in a drug-free environment, are appealing to clients, and may contribute to enrichment or skills development by providing an opportunity to engage in stimulating and rewarding activities. Activities in this category may be loosely structured, e.g., self-care time and group meals, or more structured activities such as crafts courses or art classes.

**Substance Abuse Education:** This category includes education, training, or discussion sessions that focus directly or indirectly on information concerning Alcohol, Tobacco, or Other Drugs (ATOD) awareness, knowledge, or use. The category also includes training or education on risk situations specifically related to ATOD use, such as HIV/AIDS, and preventing and controlling violent impulses, especially those resulting from substance abuse.

**Rapid HIV Testing and Counseling:** Included in this category are the private pre and post test counseling sessions associated with each rapid HIV testing session.

**HIV Prevention Education:** Activities in this category focus on training on specific personal or interpersonal skills that have been identified as important to prevent or reduce the risk for HIV infection. This category includes skills for condom negotiation, practicing safer sex, and awareness of barrier methods and microbicides.

**Childcare:** This category includes care provided to children for a period of time so clients can participate in individual and group activities or receive services.

**Relapse Prevention:** This category includes the activities and processes for identifying each client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

**Social Support Groups:** Included in this category are the sessions clients engage in to help or improve themselves with assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from relapsing.

**Spiritual Activity:** Included in this category is spiritual/religion-based support for the clients' recovery process (meditational activities/use of media, attendance at services.

Attachment 1b: Document 2 - 0	Client	Dosage	Form
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Form Approved OMB No. XXXX-XXXX Expiration Date XX-XX-XX

		Expiration Date XX-XX-XX				
DATE:		_ _  DF_CLIENT				
PERSON COMPLETING L DF_INT	TERVIEWER	GRANT# <b>TI0</b>   _ _ _  DF_SITE				
	CLIENT DOS	SAGE FORM				
At the time a client is discharge client's treatment records.	At the time a client is discharged from treatment, this form is to be completed by project staff based on review of each client's treatment records.					
1. Length of stay		2. Treatment modality (check all that apply)				
DF_LENGTH_STAY		DF_TREATMENT_MODALITY				
Less than 30 days 30 days	2 	Outpatient				
COLUMN 'A' RESPONSES  SERVICES RECEIVED  1 = Yes 0 = No	COLUMN 'B' RESPONSE  NUMBER OF SESSIONS  0 = No sessions  1 = Once	<del></del>				

# SERVICES RECEIVED 1 = Yes 0 = No 1 = On-site by TCE-HIV project staff 1 = On-site by TCE-HIV project staff 2 = On-site by TCE-HIV project staff 3 = On-site by TCE-HIV project staff 4 = Off-site by another agency 3 = Off-site by another agency 4 = Weekly 5 = On-site by TCE-HIV parent organization staff 5 = 2-4 x/week 6 = 5-6 x/week 7 = Daily -1 = N/A

In the following section, choose the response category that most closely describes the services received by this client. Record the corresponding value in the box for each column: A – Services Received, B – Number of Sessions, and C – Where and by Whom. Please note for Column C you can enter more than one number as appropriate for where services were received.

If a client is given a N/A for receiving a service in Column A, then it is anticipated that the client will also receive N/A or NONE in Columns B and C.

Public reporting burden for this collection of information is estimated to average 15 minutes per response; including the time for reviewing instructions, searching existing data sources data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, 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 control number for this project is XXXX-XXXX.

SERVICE/TREATMENT ACTIVITY							
		A Services Received	B Sessions	C Where and by Whom			
1.	Pretreatment Services	 DF_STA01_A	 DF_STA01_B	 DF_STA01_C			
2.	Rapid HIV Testing and Counseling	 DF_STA02_A	 DF_STA02_B	 DF_STA02_C			
3.	Substance Abuse Education	 DF_STA03_A	 DF_STA03_B	 DF_STA03_C			
4.	HIV Prevention Education, including prevention education for:	 DF_STA04_A	 DF_STA04_B	 DF_STA04_C			
	a. Safe sex practices	<b></b>   DF_STA04a_	 DF_STA04a_	L  DF_STA04a_			
	b. Condom negotiation skills	DF_STA04b_	SAFE_B  L   DF_STA04b_	SAFE_C  L   DF_STA04b_			
	c. Barrier protection methods	CONDOM_A  L   DF_STA04c_  BARRIER_A	CONDOM_B  L   DF_STA04c_  BARRIER_B	CONDOM_C      DF_STA04c_  BARRIER_C			
	d. Peer education	DF_STA04d_ PEER_A	DF_STA04d_ PEER_B	DF_STA04d_ PEER_C			
	e. HIV risk in pregnancy & childbirth	DF_STA04e_ PREGNANT_A	DF_STA04e_ PREGNANT_B	DF_STA04e_ PREGNANT_C			
5.	Sexually Transmitted Infections Screening and Treatment	 DF_STA05_A	 DF_STA05_B	 DF_STA05_C			
6.	Medical Diagnosing and Follow-up Treatment	 DF_STA06_A	 DF_STA06_B	 DF_STA06_C			
7.	Physical Exam by Healthcare Providers (including height, weight, vital signs, body mass index, and body systems such as respiratory, cardiac, gastrointestinal, genitourinary, skin, neurological)	 DF_STA07_A	 DF_STA07_B	 DF_STA07_C			
8.	Laboratory Testing (urinalysis, complete blood count, electrolytes)	 DF_STA08_A	 DF_STA08_B	 DF_STA08_C			
9.	Substance Abuse Treatment Planning		 DF_STA09_B	 DF_STA09_C			
10.	Mental Health Assessment	 DF_STA10_A	 DF_STA10_B	 DF_STA10_C			
11.	Mental Health Treatment	   DF_STA11_A	 DF_STA11_B	 DF_STA11_C			
12.	Group Psychiatric Therapy (based on psychiatric diagnosis)		  DE_STA12_B				

SERVICE/TREATMENT ACTIVITY (continued)						
		A Services Received	B Sessions	C Where and by Whom		
13.	Individual Psychiatric Therapy (based on psychiatric diagnosis)					
		DF_STA13_A	DF_STA13_B	DF_STA13_C		
14.	Individual Substance Abuse Treatment Counseling	<b>  </b> DF_STA14_A	L  DF_STA14_B	L  DF_STA14_C		
15.	Group Substance Abuse Treatment Counseling	<b></b>   DF_STA15_A	 DF_STA15_B	 DF_STA15_C		
16.	Gender Specific Sessions	 DF_STA16_A	 DF_STA16_B	 DF_STA16_C		
17.	Trauma-informed services, including assessment and interventions for:	 DF_STA17_A	 DF_STA17_B	 DF_STA17_C		
	a. Emotional abuse	DF_STA17a_ EMOTIONAL A	L  DF_STA17a EMOTIONAL_B	LI DF_STA17a_ EMOTIONAL_C		
	b. Sexual abuse					
	b. Condit abuse	DF_STA17b_ SEXUAL_A	DF_STA17b_ SEXUAL_B	DF_STA17b_ SEXUAL_C		
	c. Physical abuse	DF_STA17c_ PHYSICAL_A	DF_STA17c_ PHYSICAL_B	DF_STA17c_ PHYSICAL_C		
18.	Case Management Services	 DF_STA18_A	 DF_STA18_B	 DF_STA18_C		
19.	Social Support Groups	 DF_STA19_A	 DF_STA19_B	 DF_STA19_C		
20.	Aftercare Planning	 DF_STA20_A	 DF_STA20_B	 DF_STA20_C		
21.	Life Skills Training	 DF_STA21_A	 DF_STA21_B	    DF_STA21_C		
22.	Employment Readiness Training	 DF_STA22_A	 DF_STA22_B	 DF_STA22_C		
23.	Employment Placement	 DF_STA23_A	 DF_STA23_B	   DF_STA23_C		
24.	Recreational Activity (field trips, movies, team sports, cultural experiences, picnics)	 DF_STA24_A	 DF_STA24_B	 DF_STA24_C		
25.	Spiritual Activity (meditational activities/use of media, attendance at services)	 DF_STA25_A	 DF_STA25_B	 DF_STA25_C		
26.	Transitional Housing	 DF_STA26_A	 DF_STA26_B	 DF_STA26_C		
27.	Permanent Housing Arrangements		 DF_STA27_B	 DF_STA27_C		
28.	Educational Services (for GED and other educational needs)	 DF_STA28_A	 DF_STA28_B	 DF_STA28_C		

SERVICE/TREATMENT ACTIVITY (continued)					
		A Services Received	B Sessions	C Where and by Whom	
29.	Vocational Services	 DF_STA29_A	 DF_STA29_B	 DF_STA29_C	
30.	Childcare	 DF_STA30_A	 DF_STA30_B	 DF_STA30_C	
31.	Transportation	 DF_STA31_A	 DF_STA31_B	 DF_STA31_C	
32.	Parenting Skills Education	 DF_STA32_A	 DF_STA32_B	 DF_STA32_C	
33.	Family Counseling	 DF_STA33_A	 DF_STA33_B	 DF_STA33_C	
34.	Discharge Planning (including community reintegration, socio- economic support at State and Federal level if eligible)	 DF_STA34_A	 DF_STA34_B	 DF_STA34_C	
35.	Planned or Arranged Post Treatment Continuing Care	L  DF STA35 A	 DF STA35 B	 DF STA35 C	

Form Approved OMB No. ####-#### Expiration Date: ##/##/####

## TCE-HIV Multi-Site Evaluation Client Focus Group Participant Information

CSAT would like to learn more about you and your involvement with this organization/program. Please take a few minutes to answer these questions before the focus group begins. Your help in answering these questions is greatly appreciated and your answers will be held in confidence.

Gra	antee ID Number:		Date:		
1.	How long have you been a clien	t of the pro	ogram?		
2.	Is this your first time in a substance abuse treatment program?   Yes  No				
	If no, how many times have you been in treatment?				
3.	What is your gender?	☐ Male	☐ Female	☐ Transgender	
4.	What is your age?	years o	old		
5.	Are you Hispanic or Latino?	☐ Yes	□ No		
6.	If yes, what ethnic group do you the following. You may say yes			ease answer yes or no for each of	
	Central American Cuban Dominican Mexican Puerto Rican South American Other (If Yes in "Other", please specify)_	☐ Yes	No No No No No No No No		
7.	What is your race? Please answ that apply.	er yes or n	o for each o	of the following. You may check all	
	Alaska Native American Indian Asian Black or African American Native Hawaiian Other Pacific Islander White Other (If Yes in "Other", please specify)_	☐ Yes	<ul> <li>No</li> </ul>		
8.	Education (Highest Completed)	):			
	☐ Some High School ☐ High School Diploma/GED ☐ Some vocational/technical ti ☐ Vocational technical diploma	-		e's Degree 's Degree blease specify)	

#### Satisfaction with TCE-HIV Program Services

Please indicate how much you agree or disagree with each statement below. Please select the one that best describes how you feel about each statement.

		Disagree	Somewhat Agree	Agree	Strongly Agree	Does Not Apply
1.	When I needed services right away, I was able to see someone as soon as I wanted.					
2.	The people I went to for services spent enough time with me.					
3.	I helped to develop my service/treatment goals.					
4.	The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).					
5.	I was given information about different services that were available to me.					
6.	I was given enough information to effectively handle my problems.					

#### **THANK YOU!**

#### Notice to Respondents

Public reporting time for this collection is estimated to average 60 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing 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 OMB Officer, 1 Choke Cherry Road Room 7-1044, Rockville, MD 20850. 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 XXXX-XXXX.