

NETWORK SECURITY AT JBS INTERNATIONAL

JBS International, Inc. (JBS) has implemented an information security program whose foundations are the security baseline provided by the HHS and SAMHSA security guidelines for a multilayered, hierarchical approach to information/information technology (IT) security policy and the risk-based approach to managing security defined by National Institute of Standards and Technology (NIST). We understand that information security is properly managed as a continuous process pursuing constant improvement and, thus, an essential guide we will use in implementing our plan over time will be the Security Life Cycle stages defined by NIST's Security Life Cycle and Risk Management Framework (RMF). This strategy combines the capabilities of people, operations, and technology.

With no plans to process or store personally identifiable information or other sensitive data, the potential operational impact of an information security breach of the TCE-HIV Project Systems and the corresponding minimum information security requirements are moderate to low according to FIPS 199 categorization. Oversight for this security program is provided by a Certified Information Systems Security Professional (CISSP). We understand that implementing the requisite set of NIST-defined controls for even a low-impact system requires a comprehensive, coordinated approach to all facets of information systems security involving all team members. We also understand that all controls must be employed strategically depending on the risk management profiles of specific activities and environments. With this in mind, the security controls to be implemented for the TCE-HIV Project Systems include:

- Access Controls
- Awareness and Training
- Audit and Accountability Controls
- Certification, Accreditation, and Security Assessment Controls
- Configuration Management Controls
- Contingency Planning Controls
- Identification and Authentication Controls
- Incident Response Controls
- Media Protection Controls
- Physical and Environmental Protection Controls
- Security Planning Policies and Procedures
- Personnel Security Controls
- Risk Assessment Controls
- System Maintenance Controls
- System and Services Acquisition Controls
- System and Communications Protection Controls
- System and Information Integrity

Essential information security tools and techniques supporting the TCE-HIV Project Systems in the hosting environment include:

- **Virtualization.** To realize the enhanced control, manageability, standardization, and recovery capabilities offered by virtualization, individual components of the TCE-HIV systems are deployed as virtual machines using VMWare Infrastructure 3.5. Understanding that virtualization concentrates risk, we follow best practices in protecting key virtual infrastructure assets, strictly limiting physical access and requiring two-factor authentication on ESX hosts and Virtual Center server management machines, locking down the ESX host firewalls, and including all components of the VM Infrastructure in our continuous monitoring program.
- **Network protection and segmentation.** Whereas virtual switches and VLANs are used for development and testing, production networks in the Data Center are separated with physical routers and switches for additional assurance. All data-driven applications hosted at the Data Center that support the TCE-HIV Project use dedicated database server clusters, which are maintained behind multiple firewalls in an isolated subnet permitting only properly authenticated SQL transactions originating at the Web application server as incoming data. Web application servers reside on a separate DMZ network segment. The firewalls provide network-based intrusion protection system (IPS) services with threat signatures updated daily. Firewalls, routers, and switch operate in FIPS-199 compliant mode.
- **Two-factor authentication.** Relying solely on passwords, even when they are complex, is widely acknowledged to be an inadequate method of authentication in protecting sensitive information. Remote access to servers in our Data Center requires two-factor authentication by authorized system administrators using the call-back mechanism provided by PhoneFactor.
- **Data encryption.** Sensitive data transmitted to applications such as the VLC are encrypted during transmission using industry-standard 128-bit security sockets layer (SSL) technology. To optimally protect data in storage, both on the database server and on backup media, we take advantage where possible of the new capabilities of SQL Server 2008 for whole-file transparent database encryption (TDE) using 256-bit advance encryption standard (AES) technology.
- **Host protection.** The Web and database servers hosting applications for the TCE-HIV Project are secured with host-based intrusion detection software and antivirus software updated daily. The servers are locked down, with machine firewalls turned on and only the minimum set of services needed to perform designated functions activated.
- **Physical security.** All physical access to servers hosting applications for the TCE-HIV Project residing in the Data Center is tracked and restricted to designated administrators. Consistent with HHS policy, all operations performed by JBS staff on Substance Abuse and Mental Health Services Administration (SAMHSA) data and systems with client applications are restricted to PC desktop and laptop systems configured as secure Federal Desktops.
- **Role-based access control.** Direct access to SAMHSA data and database servers is restricted to authorized personnel. Proper segregation of duties minimizes the potential for collusion or for a single individual to have privileges sufficient to allow controls to be circumvented in an undetected manner.

- Application security. We recognize that the traditional defense-in-depth information security strategy is often by itself ineffective in dealing with the growing variety of sophisticated application-level exploits. In developing and maintaining applications for the TCE-HIV Project, our development team will follow secure coding practices to guard against vulnerabilities that permit attacks on Web applications, including SQL injection and cross-site scripting. Whenever changes are made to existing applications or new applications are implemented for the TCE-HIV Project, we will scan them for common vulnerabilities including the SANS Top 20 with the SAMHSA-standard AppScan security testing tool and other scanning tools.
- Monitoring and intrusion detection. All applications supporting the TCE-HIV Project and their underlying components are monitored continuously thorough our Security Information Management System (SIMS) and Network Management System (NMS). In addition, database servers are protected with the Sentrigo HedgeHog real-time database auditing and activity monitoring system to provide a more thorough and comprehensive level of monitoring, auditing, and intrusion detection and alerting. Any attempt to access data or objects not consistent with the defined profile of permitted activity will trigger an alert and block access. In addition, an audit trail of generated alerts will be maintained.
- Disaster recovery. All data supporting the TCE-HIV Project are backed up daily, with database transaction logs backed up every 2 hours. Backups are written initially to disk at the Data Center, with a copy of the backup file transmitted via VPN to our office in Burlingame, California. Use of advanced data de-duplication technology will minimize the transfer time. A copy of the backup file will also be written to tape and securely stored offsite at our facility in Burlingame. In the event of a major failure at our Data Center, our disaster recovery plan will include provisions for resuming TCE-HIV system operations at our Burlingame office. We will test data recovery and restoration of service at the alternative facility quarterly.
- Independent verification. Annually, we will verify the security of all systems supporting the TCE-HIV Project by having an independent, certified security specialist conduct a comprehensive information systems security audit and review including the following steps: (1) physical and environmental review—including physical security, power supply, air conditioning, humidity control, and other environmental factors; (2) system administration review—including security review of the operating systems, database management systems, all system administration procedures, and compliance; (3) application software review—including access control and authorizations, validations, error and exception handling, business process flows within the application software, complementary manual controls and procedures, and system development lifecycle; (4) network security review—including internal and external connections to the system, perimeter security, firewall review, router access control lists, port scanning, and intrusion detection; (5) business continuity—including existence and maintenance of fault tolerant and redundant hardware, backup procedures and storage, and documented and tested disaster recovery/business continuity plan; and (6) data integrity review—including examination of live data to verify adequacy of controls and impact of weaknesses.

Project Working Group (PWG) Feedback Results

Note: The instruments included in this OMB package have been revised and incorporate feedback provided by the PWG. The section/question numbers indicated in the tables below correspond with the instruments reviewed.

CLIENT LEVEL SURVEY (CLS)	
Feedback	Changes Made to Instrument
Section A – Q A3: Are you receiving services...”	Moved what was Question A3 (Are you receiving services other than from this agency/organization?) to Section E (new question E22) and revised. Specifically, asked about amount of services received from this and other agency/organization.
Section A Section B	Removed Sexual orientation question Added questions asking about unprotected sexual activity with (1) male partner, (2) female partner, and (3) male partner and female partner as filters prior to table. Separated questions in table (i.e., B10a – B10j) to ask about unprotected sexual activity by partner’s sex.
Section C	Added STI screening question (new question C1) and changed instructions accordingly
Drug Testing Questions	Split previous question 1 (How frequently do you conduct drug screening tests?) into two questions (1. How frequently does your program conduct drug testing?) and (2. For what reason(s) does your program conduct drug testing?) Added: For Cause and Scheduled to new number 2. Changed time frame to 90 days for question 3 and asked about frequency versus y/n (Has the client received a drug test in the past 90 days? → Yes, specify, no, unknown) Added question (new question 6) → Was the sample collection directly observed? Changed the response options for new question 8 (What were the results of the client’s most recent drug

Attachment 2a: Document 2 - Project Working Group Feedback Results

CLIENT LEVEL SURVEY (CLS)	
	test?) Added question (new question 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 FOCUS GROUP INTERVIEW GUIDE	
Feedback	Changes Made to Instrument
What type of services are provided that target HIV risk behaviors	Added questions that addressed clients' participation in activities targeted to reduce HIV risk behavior.

ADMINISTRATOR INTERVIEW GUIDE	
Feedback	Changes Made to Instrument
What types of services are provided that target HIV risk behaviors?	Added question that specifically asks "What types of services does your TCE-HIV project provide that target HIV risk behaviors?"
Discussion regarding service community	Added question to the guide

DIRECT STAFF INTERVIEW GUIDE	
Feedback	Changes Made to Instrument
What types of services are provided that target HIV risk behaviors?	Added question that specifically asks "What types of services does your TCE-HIV project provide that target HIV risk behaviors?"

PARTNERS INTERVIEW GUIDE	
Feedback	Changes to Instrument
What types of services are provided that target HIV risk behaviors?	Added question that specifically asks “What types of services does your TCE-HIV project provide that target HIV risk behaviors?”
Discussion regarding service community.	Expanded on community context questions.

THE PRIVACY ACT OF 1974

5 U.S.C. ' 552a

As Amended

' 552a. Records maintained on individuals

(a) Definitions

For purposes of this section--

- (1) the term "**agency**" means agency as defined in section 552(f) of this title;
- (2) the term "**individual**" means a citizen of the United States or an alien lawfully admitted for permanent residence;
- (3) the term "**maintain**" includes maintain, collect, use or disseminate;
- (4) the term "**record**" means any item, collection, or grouping of information about an individual that is maintained by an agency, including, but not limited to, his education, financial transactions, medical history, and criminal or employment history and that contains his name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph;
- (5) the term "**system of records**" means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual;
- (6) the term "**statistical record**" means a record in a system of records maintained for statistical research or reporting purposes only and not used in whole or in part in making any determination about an identifiable individual, except as provided by section 8 of Title 13;
- (7) the term "**routine use**" means, with respect to the disclosure of a record, the use of such record for a purpose which is compatible with the purpose for which it was collected;
- (8) the term "**matching program**"--
 - (A) means any computerized comparison of--
 - (i) two or more automated systems of records or a system of records with non-Federal records for the purpose of--
 - (I) establishing or verifying the eligibility of, or continuing compliance with statutory and regulatory requirements by, applicants for, recipients or beneficiaries of, participants in, or providers of services with respect to, cash or in-kind assistance or payments under Federal benefit programs, or
 - (II) recouping payments or delinquent debts under such Federal benefit programs, or
 - (ii) two or more automated Federal personnel or payroll systems of records or a system of Federal personnel or payroll records with non-Federal records,

(B) but does not include--

(i) matches performed to produce aggregate statistical data without any personal identifiers;

(ii) matches performed to support any research or statistical project, the specific data of which may not be used to make decisions concerning the rights, benefits, or privileges of specific individuals;

(iii) matches performed, by an agency (or component thereof) which performs as its principal function any activity pertaining to the enforcement of criminal laws, subsequent to the initiation of a specific criminal or civil law enforcement investigation of a named person or persons for the purpose of gathering evidence against such person or persons;

(iv) matches of tax information (I) pursuant to section 6103(d) of the Internal Revenue Code of 1986, (II) for purposes of tax administration as defined in section 6103(b)(4) of such Code, (III) for the purpose of intercepting a tax refund due an individual under authority granted by section 404(e), 464, or 1137 of the Social Security Act; or (IV) for the purpose of intercepting a tax refund due an individual under any other tax refund intercept program authorized by statute which has been determined by the Director of the Office of Management and Budget to contain verification, notice, and hearing requirements that are substantially similar to the procedures in section 1137 of the Social Security Act;

(v) matches--

(I) using records predominantly relating to Federal personnel, that are performed for routine administrative purposes (subject to guidance provided by the Director of the Office of Management and Budget pursuant to subsection (v)); or

(II) conducted by an agency using only records from systems of records maintained by that agency;

if the purpose of the match is not to take any adverse financial, personnel, disciplinary, or other adverse action against Federal personnel; or

(vi) matches performed for foreign counterintelligence purposes or to produce background checks for security clearances of Federal personnel or Federal contractor personnel; or

(vii) matches performed incident to a levy described in section 6103(k)(8) of the Internal Revenue Code of 1986;

(9) the term "**recipient agency**" means any agency, or contractor thereof, receiving records contained in a system of records from a source agency for use in a matching program;

(10) the term "**non-Federal agency**" means any State or local government, or agency thereof, which receives records contained in a system of records from a source agency for use in a matching program;

(11) the term "**source agency**" means any agency which discloses records contained in a system of records to be used in a matching program, or any State or local government, or agency thereof, which discloses records to be used in a

matching program;

(12) the term "**Federal benefit program**" means any program administered or funded by the Federal Government, or by any agent or State on behalf of the Federal Government, providing cash or in-kind assistance in the form of payments, grants, loans, or loan guarantees to individuals; and

(13) the term "**Federal personnel**" means officers and employees of the Government of the United States, members of the uniformed services (including members of the Reserve Components), individuals entitled to receive immediate or deferred retirement benefits under any retirement program of the Government of the United States (including survivor benefits).

(b) Conditions of disclosure

No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, unless disclosure of the record would be--

(1) to those officers and employees of the agency which maintains the record who have a need for the record in the performance of their duties;

(2) required under section 552 of this title;

(3) for a routine use as defined in subsection (a)(7) of this section and described under subsection (e)(4)(D) of this section;

(4) to the Bureau of the Census for purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13;

(5) to a recipient who has provided the agency with advance adequate written assurance that the record will be used solely as a statistical research or reporting record, and the record is to be transferred in a form that is not individually identifiable;

(6) to the National Archives and Records Administration as a record which has sufficient historical or other value to warrant its continued preservation by the United States Government, or for evaluation by the Archivist of the United States or the designee of the Archivist to determine whether the record has such value;

(7) to another agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States for a civil or criminal law enforcement activity if the activity is authorized by law, and if the head of the agency or instrumentality has made a written request to the agency which maintains the record specifying the particular portion desired and the law enforcement activity for which the record is sought;

(8) to a person pursuant to a showing of compelling circumstances affecting the health or safety of an individual if upon such disclosure notification is transmitted to the last known address of such individual;

(9) to either House of Congress, or, to the extent of matter within its jurisdiction, any committee or subcommittee thereof, any joint committee of Congress or subcommittee of any such joint committee;

(10) to the Comptroller General, or any of his authorized representatives, in the course of the performance of the duties of the General Accounting Office;

(11) pursuant to the order of a court of competent jurisdiction; or

(12) to a consumer reporting agency in accordance with section 3711(e) of Title 31.

(c) Accounting of Certain Disclosures

Each agency, with respect to each system of records under its control, shall--

(1) except for disclosures made under subsections (b)(1) or (b)(2) of this section, keep an accurate accounting of--

(A) the date, nature, and purpose of each disclosure of a record to any person or to another agency made under subsection (b) of this section; and

(B) the name and address of the person or agency to whom the disclosure is made;

(2) retain the accounting made under paragraph (1) of this subsection for at least five years or the life of the record, whichever is longer, after the disclosure for which the accounting is made;

(3) except for disclosures made under subsection (b)(7) of this section, make the accounting made under paragraph (1) of this subsection available to the individual named in the record at his request; and

(4) inform any person or other agency about any correction or notation of dispute made by the agency in accordance with subsection (d) of this section of any record that has been disclosed to the person or agency if an accounting of the disclosure was made.

(d) Access to records

Each agency that maintains a system of records shall--

(1) upon request by any individual to gain access to his record or to any information pertaining to him which is contained in the system, permit him and upon his request, a person of his own choosing to accompany him, to review the record and have a copy made of all or any portion thereof in a form comprehensible to him, except that the agency may require the individual to furnish a written statement authorizing discussion of that individual's record in the accompanying person's presence;

(2) permit the individual to request amendment of a record pertaining to him and--

(A) not later than 10 days (excluding Saturdays, Sundays, and legal public holidays) after the date of receipt of such request, acknowledge in writing such receipt; and

(B) promptly, either--

(i) make any correction of any portion thereof which the individual believes is not accurate, relevant, timely, or complete; or

(ii) inform the individual of its refusal to amend the record in accordance with his request, the reason for the refusal, the procedures established by the agency for the individual to request a review of that refusal by the head of the agency or an officer

designated by the head of the agency, and the name and business address of that official;

(3) permit the individual who disagrees with the refusal of the agency to amend his record to request a review of such refusal, and not later than 30 days (excluding Saturdays, Sundays, and legal public holidays) from the date on which the individual requests such review, complete such review and make a final determination unless, for good cause shown, the head of the agency extends such 30-day period; and if, after his review, the reviewing official also refuses to amend the record in accordance with the request, permit the individual to file with the agency a concise statement setting forth the reasons for his disagreement with the refusal of the agency, and notify the individual of the provisions for judicial review of the reviewing official's determination under subsection (g)(1)(A) of this section;

(4) in any disclosure, containing information about which the individual has filed a statement of disagreement, occurring after the filing of the statement under paragraph (3) of this subsection, clearly note any portion of the record which is disputed and provide copies of the statement and, if the agency deems it appropriate, copies of a concise statement of the reasons of the agency for not making the amendments requested, to persons or other agencies to whom the disputed record has been disclosed; and

(5) nothing in this section shall allow an individual access to any information compiled in reasonable anticipation of a civil action or proceeding.

(e) Agency requirements

Each agency that maintains a system of records shall--

(1) maintain in its records only such information about an individual as is relevant and necessary to accomplish a purpose of the agency required to be accomplished by statute or by Executive order of the President;

(2) collect information to the greatest extent practicable directly from the subject individual when the information may result in adverse determinations about an individual's rights, benefits, and privileges under Federal programs;

(3) inform each individual whom it asks to supply information, on the form which it uses to collect the information or on a separate form that can be retained by the individual--

(A) the authority (whether granted by statute, or by Executive order of the President) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;

(B) the principal purpose or purposes for which the information is intended to be used;

(C) the routine uses which may be made of the information, as published pursuant to paragraph (4)(D) of this subsection; and

(D) the effects on him, if any, of not providing all or any part of the requested information;

(4) subject to the provisions of paragraph (11) of this subsection, publish in the Federal Register upon establishment or revision a notice of the existence and character of the system of records, which notice shall include--

- (A)** the name and location of the system;
 - (B)** the categories of individuals on whom records are maintained in the system;
 - (C)** the categories of records maintained in the system;
 - (D)** each routine use of the records contained in the system, including the categories of users and the purpose of such use;
 - (E)** the policies and practices of the agency regarding storage, retrievability, access controls, retention, and disposal of the records;
 - (F)** the title and business address of the agency official who is responsible for the system of records;
 - (G)** the agency procedures whereby an individual can be notified at his request if the system of records contains a record pertaining to him;
 - (H)** the agency procedures whereby an individual can be notified at his request how he can gain access to any record pertaining to him contained in the system of records, and how he can contest its content; and
 - (I)** the categories of sources of records in the system;
- (5)** maintain all records which are used by the agency in making any determination about any individual with such accuracy, relevance, timeliness, and completeness as is reasonably necessary to assure fairness to the individual in the determination;
- (6)** prior to disseminating any record about an individual to any person other than an agency, unless the dissemination is made pursuant to subsection (b)(2) of this section, make reasonable efforts to assure that such records are accurate, complete, timely, and relevant for agency purposes;
- (7)** maintain no record describing how any individual exercises rights guaranteed by the First Amendment unless expressly authorized by statute or by the individual about whom the record is maintained or unless pertinent to and within the scope of an authorized law enforcement activity;
- (8)** make reasonable efforts to serve notice on an individual when any record on such individual is made available to any person under compulsory legal process when such process becomes a matter of public record;
- (9)** establish rules of conduct for persons involved in the design, development, operation, or maintenance of any system of records, or in maintaining any record, and instruct each such person with respect to such rules and the requirements of this section, including any other rules and procedures adopted pursuant to this section and the penalties for noncompliance;
- (10)** establish appropriate administrative, technical and physical safeguards to insure the security and confidentiality of records and to protect against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom information is maintained;
- (11)** at least 30 days prior to publication of information under paragraph (4)(D) of this subsection, publish in the Federal Register notice of any new use or intended use of the information in the system, and provide an opportunity for interested

persons to submit written data, views, or arguments to the agency; and

(12) if such agency is a recipient agency or a source agency in a matching program with a non-Federal agency, with respect to any establishment or revision of a matching program, at least 30 days prior to conducting such program, publish in the Federal Register notice of such establishment or revision.

(f) Agency rules

In order to carry out the provisions of this section, each agency that maintains a system of records shall promulgate rules, in accordance with the requirements (including general notice) of section 553 of this title, which shall--

(1) establish procedures whereby an individual can be notified in response to his request if any system of records named by the individual contains a record pertaining to him;

(2) define reasonable times, places, and requirements for identifying an individual who requests his record or information pertaining to him before the agency shall make the record or information available to the individual;

(3) establish procedures for the disclosure to an individual upon his request of his record or information pertaining to him, including special procedure, if deemed necessary, for the disclosure to an individual of medical records, including psychological records, pertaining to him;

(4) establish procedures for reviewing a request from an individual concerning the amendment of any record or information pertaining to the individual, for making a determination on the request, for an appeal within the agency of an initial adverse agency determination, and for whatever additional means may be necessary for each individual to be able to exercise fully his rights under this section; and

(5) establish fees to be charged, if any, to any individual for making copies of his record, excluding the cost of any search for and review of the record.

The Office of the Federal Register shall biennially compile and publish the rules promulgated under this subsection and agency notices published under subsection (e)(4) of this section in a form available to the public at low cost.

(g) (1) Civil remedies

Whenever any agency

(A) makes a determination under subsection (d)(3) of this section not to amend an individual's record in accordance with his request, or fails to make such review in conformity with that subsection;

(B) refuses to comply with an individual request under subsection (d)(1) of this section;

(C) fails to maintain any record concerning any individual with such accuracy, relevance, timeliness, and completeness as is necessary to assure fairness in any determination relating to the qualifications, character, rights, or opportunities of, or benefits to the individual that may be made on the basis of such record, and consequently a determination is made which is adverse to the individual; or

(D) fails to comply with any other provision of this section, or any rule

promulgated thereunder, in such a way as to have an adverse effect on an individual, the individual may bring a civil action against the agency, and the district courts of the United States shall have jurisdiction in the matters under the provisions of this subsection.

(2)(A) In any suit brought under the provisions of subsection (g)(1)(A) of this section, the court may order the agency to amend the individual's record in accordance with his request or in such other way as the court may direct. In such a case the court shall determine the matter de novo.

(B) The court may assess against the United States reasonable attorney fees and other litigation costs reasonably incurred in any case under this paragraph in which the complainant has substantially prevailed.

(3)(A) In any suit brought under the provisions of subsection (g)(1)(B) of this section, the court may enjoin the agency from withholding the records and order the production to the complainant of any agency records improperly withheld from him. In such a case the court shall determine the matter de novo, and may examine the contents of any agency records in camera to determine whether the records or any portion thereof may be withheld under any of the exemptions set forth in subsection (k) of this section, and the burden is on the agency to sustain its action.

(B) The court may assess against the United States reasonable attorney fees and other litigation costs reasonably incurred in any case under this paragraph in which the complainant has substantially prevailed.

(4) In any suit brought under the provisions of subsection (g)(1)(C) or (D) of this section in which the court determines that the agency acted in a manner which was intentional or willful, the United States shall be liable to the individual in an amount equal to the sum of--

(A) actual damages sustained by the individual as a result of the refusal or failure, but in no case shall a person entitled to recovery receive less than the sum of \$1,000; and

(B) the costs of the action together with reasonable attorney fees as determined by the court.

(5) An action to enforce any liability created under this section may be brought in the district court of the United States in the district in which the complainant resides, or has his principal place of business, or in which the agency records are situated, or in the District of Columbia, without regard to the amount in controversy, within two years from the date on which the cause of action arises, except that where an agency has materially and willfully misrepresented any information required under this section to be disclosed to an individual and the information so misrepresented is material to establishment of the liability of the agency to the individual under this section, the action may be brought at any time within two years after discovery by the individual of the misrepresentation. Nothing in this section shall be construed to authorize any civil action by reason of any injury sustained as the result of a disclosure of a record prior to September 27, 1975.

(h) Rights of legal guardians

For the purposes of this section, the parent of any minor, or the legal guardian of any individual who has been declared to be incompetent due to physical or mental incapacity or age by a court of competent jurisdiction, may act on behalf of the individual.

(i) (1) Criminal penalties

Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

(2) Any officer or employee of any agency who willfully maintains a system of records without meeting the notice requirements of subsection (e)(4) of this section shall be guilty of a misdemeanor and fined not more than \$5,000.

(3) Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000.

(j) General exemptions

The head of any agency may promulgate rules, in accordance with the requirements (including general notice) of sections 553(b)(1), (2), and (3), (c), and (e) of this title, to exempt any system of records within the agency from any part of this section except subsections (b), (c)(1) and (2), (e)(4)(A) through (F), (e)(6), (7), (9), (10), and (11), and (i) if the system of records is--

(1) maintained by the Central Intelligence Agency; or

(2) maintained by an agency or component thereof which performs as its principal function any activity pertaining to the enforcement of criminal laws, including police efforts to prevent, control, or reduce crime or to apprehend criminals, and the activities of prosecutors, courts, correctional, probation, pardon, or parole authorities, and which consists of (A) information compiled for the purpose of identifying individual criminal offenders and alleged offenders and consisting only of identifying data and notations of arrests, the nature and disposition of criminal charges, sentencing, confinement, release, and parole and probation status; (B) information compiled for the purpose of a criminal investigation, including reports of informants and investigators, and associated with an identifiable individual; or (C) reports identifiable to an individual compiled at any stage of the process of enforcement of the criminal laws from arrest or indictment through release from supervision.

At the time rules are adopted under this subsection, the agency shall include in the statement required under section 553(c) of this title, the reasons why the system of records is to be exempted from a provision of this section.

(k) Specific exemptions

The head of any agency may promulgate rules, in accordance with the requirements (including general notice) of sections 553(b)(1), (2), and (3), (c), and (e) of this title, to exempt any system of records within the agency from subsections (c)(3), (d), (e)(1), (e)(4)(G), (H), and (I) and (f) of this section if the system of records is--

(1) subject to the provisions of section 552(b)(1) of this title;

(2) investigatory material compiled for law enforcement purposes, other than material within the scope of subsection (j)(2) of this section: Provided, however, That if any individual is denied any right, privilege, or benefit that he would

otherwise be entitled by Federal law, or for which he would otherwise be eligible, as a result of the maintenance of such material, such material shall be provided to such individual, except to the extent that the disclosure of such material would reveal the identity of a source who furnished information to the Government under an express promise that the identity of the source would be held in confidence, or, prior to the effective date of this section, under an implied promise that the identity of the source would be held in confidence;

(3) maintained in connection with providing protective services to the President of the United States or other individuals pursuant to section 3056 of Title 18;

(4) required by statute to be maintained and used solely as statistical records;

(5) investigatory material compiled solely for the purpose of determining suitability, eligibility, or qualifications for Federal civilian employment, military service, Federal contracts, or access to classified information, but only to the extent that the disclosure of such material would reveal the identity of a source who furnished information to the Government under an express promise that the identity of the source would be held in confidence, or, prior to the effective date of this section, under an implied promise that the identity of the source would be held in confidence;

(6) testing or examination material used solely to determine individual qualifications for appointment or promotion in the Federal service the disclosure of which would compromise the objectivity or fairness of the testing or examination process; or

(7) evaluation material used to determine potential for promotion in the armed services, but only to the extent that the disclosure of such material would reveal the identity of a source who furnished information to the Government under an express promise that the identity of the source would be held in confidence, or, prior to the effective date of this section, under an implied promise that the identity of the source would be held in confidence.

At the time rules are adopted under this subsection, the agency shall include in the statement required under section 553(c) of this title, the reasons why the system of records is to be exempted from a provision of this section.

(1) Archival records

(1) Each agency record which is accepted by the Archivist of the United States for storage, processing, and servicing in accordance with section 3103 of Title 44 shall, for the purposes of this section, be considered to be maintained by the agency which deposited the record and shall be subject to the provisions of this section. The Archivist of the United States shall not disclose the record except to the agency which maintains the record, or under rules established by that agency which are not inconsistent with the provisions of this section.

(2) Each agency record pertaining to an identifiable individual which was transferred to the National Archives of the United States as a record which has sufficient historical or other value to warrant its continued preservation by the United States Government, prior to the effective date of this section, shall, for the purposes of this section, be considered to be maintained by the National Archives and shall not be subject to the provisions of this section, except that a statement generally describing such records (modeled after the requirements relating to records subject to subsections (e)(4)(A) through (G) of this section) shall be

published in the Federal Register.

(3) Each agency record pertaining to an identifiable individual which is transferred to the National Archives of the United States as a record which has sufficient historical or other value to warrant its continued preservation by the United States Government, on or after the effective date of this section, shall, for the purposes of this section, be considered to be maintained by the National Archives and shall be exempt from the requirements of this section except subsections (e)(4)(A) through (G) and (e)(9) of this section.

(m) Government contractors

(1) When an agency provides by a contract for the operation by or on behalf of the agency of a system of records to accomplish an agency function, the agency shall, consistent with its authority, cause the requirements of this section to be applied to such system. For purposes of subsection (i) of this section any such contractor and any employee of such contractor, if such contract is agreed to on or after the effective date of this section, shall be considered to be an employee of an agency.

(2) A consumer reporting agency to which a record is disclosed under section 3711(e) of Title 31 shall not be considered a contractor for the purposes of this section.

(n) Mailing lists

An individual's name and address may not be sold or rented by an agency unless such action is specifically authorized by law. This provision shall not be construed to require the withholding of names and addresses otherwise permitted to be made public.

(o) Matching agreements-- (1) No record which is contained in a system of records may be disclosed to a recipient agency or non-Federal agency for use in a computer matching program except pursuant to a written agreement between the source agency and the recipient agency or non-Federal agency specifying--

(A) the purpose and legal authority for conducting the program;

(B) the justification for the program and the anticipated results, including a specific estimate of any savings;

(C) a description of the records that will be matched, including each data element that will be used, the approximate number of records that will be matched, and the projected starting and completion dates of the matching program;

(D) procedures for providing individualized notice at the time of application, and notice periodically thereafter as directed by the Data Integrity Board of such agency (subject to guidance provided by the Director of the Office of Management and Budget pursuant to subsection (v)), to--

(i) applicants for and recipients of financial assistance or payments under Federal benefit programs, and

(ii) applicants for and holders of positions as Federal personnel, that any information provided by such applicants, recipients, holders, and individuals may be subject to verification through matching programs;

(E) procedures for verifying information produced in such matching program as required by subsection (p);

(F) procedures for the retention and timely destruction of identifiable records created by a recipient agency or non-Federal agency in such matching program;

(G) procedures for ensuring the administrative, technical, and physical security of the records matched and the results of such programs;

(H) prohibitions on duplication and redisclosure of records provided by the source agency within or outside the recipient agency or the non-Federal agency, except where required by law or essential to the conduct of the matching program;

(I) procedures governing the use by a recipient agency or non-Federal agency of records provided in a matching program by a source agency, including procedures governing return of the records to the source agency or destruction of records used in such program;

(J) information on assessments that have been made on the accuracy of the records that will be used in such matching program; and

(K) that the Comptroller General may have access to all records of a recipient agency or a non-Federal agency that the Comptroller General deems necessary in order to monitor or verify compliance with the agreement.

(2)(A) A copy of each agreement entered into pursuant to paragraph (1) shall--

(i) be transmitted to the Committee on Governmental Affairs of the Senate and the Committee on Government Operations of the House of Representatives; and

(ii) be available upon request to the public.

(B) No such agreement shall be effective until 30 days after the date on which such a copy is transmitted pursuant to subparagraph (A)(i).

(C) Such an agreement shall remain in effect only for such period, not to exceed 18 months, as the Data Integrity Board of the agency determines is appropriate in light of the purposes, and length of time necessary for the conduct, of the matching program.

(D) Within 3 months prior to the expiration of such an agreement pursuant to subparagraph (C), the Data Integrity Board of the agency may, without additional review, renew the matching agreement for a current, ongoing matching program for not more than one additional year if--

(i) such program will be conducted without any change; and

(ii) each party to the agreement certifies to the Board in writing that the program has been conducted in compliance with the agreement.

(p) Verification and Opportunity to Contest Findings

(1) In order to protect any individual whose records are used in a matching

program, no recipient agency, non-Federal agency, or source agency may suspend, terminate, reduce, or make a final denial of any financial assistance or payment under a Federal benefit program to such individual, or take other adverse action against such individual, as a result of information produced by such matching program, until--

(A)(i) the agency has independently verified the information; or

(ii) the Data Integrity Board of the agency, or in the case of a non-Federal agency the Data Integrity Board of the source agency, determines in accordance with guidance issued by the Director of the Office of Management and Budget that--

(I) the information is limited to identification and amount of benefits paid by the source agency under a Federal benefit program; and

(II) there is a high degree of confidence that the information provided to the recipient agency is accurate;

(B) the individual receives a notice from the agency containing a statement of its findings and informing the individual of the opportunity to contest such findings; and

(C)(i) the expiration of any time period established for the program by statute or regulation for the individual to respond to that notice; or

(ii) in the case of a program for which no such period is established, the end of the 30-day period beginning on the date on which notice under subparagraph (B) is mailed or otherwise provided to the individual.

(2) Independent verification referred to in paragraph (1) requires investigation and confirmation of specific information relating to an individual that is used as a basis for an adverse action against the individual, including where applicable investigation and confirmation of--

(A) the amount of any asset or income involved;

(B) whether such individual actually has or had access to such asset or income for such individual's own use; and

(C) the period or periods when the individual actually had such asset or income.

(3) Notwithstanding paragraph (1), an agency may take any appropriate action otherwise prohibited by such paragraph if the agency determines that the public health or public safety may be adversely affected or significantly threatened during any notice period required by such paragraph.

(q) Sanctions

(1) Notwithstanding any other provision of law, no source agency may disclose any record which is contained in a system of records to a recipient agency or non-Federal agency for a matching program if such source agency has reason to believe that the requirements of subsection (p), or any matching agreement entered into pursuant to subsection (o), or both, are not being met by such recipient agency.

(2) No source agency may renew a matching agreement unless--

(A) the recipient agency or non-Federal agency has certified that it has complied with the provisions of that agreement; and

(B) the source agency has no reason to believe that the certification is inaccurate.

(r) Report on new systems and matching programs

Each agency that proposes to establish or make a significant change in a system of records or a matching program shall provide adequate advance notice of any such proposal (in duplicate) to the Committee on Government Operations of the House of Representatives, the Committee on Governmental Affairs of the Senate, and the Office of Management and Budget in order to permit an evaluation of the probable or potential effect of such proposal on the privacy or other rights of individuals.

(s) Biennial report

The President shall biennially submit to the Speaker of the House of Representatives and the President pro tempore of the Senate a report--

(1) describing the actions of the Director of the Office of Management and Budget pursuant to section 6 of the Privacy Act of 1974 during the preceding two years;

(2) describing the exercise of individual rights of access and amendment under this section during such years;

(3) identifying changes in or additions to systems of records;

(4) containing such other information concerning administration of this section as may be necessary or useful to the Congress in reviewing the effectiveness of this section in carrying out the purposes of the Privacy Act of 1974.

(t) Effect of other laws

(1) No agency shall rely on any exemption contained in section 552 of this title to withhold from an individual any record which is otherwise accessible to such individual under the provisions of this section.

(2) No agency shall rely on any exemption in this section to withhold from an individual any record which is otherwise accessible to such individual under the provisions of section 552 of this title.

(u) Data Integrity Boards

(1) Every agency conducting or participating in a matching program shall establish a Data Integrity Board to oversee and coordinate among the various components of such agency the agency's implementation of this section.

(2) Each Data Integrity Board shall consist of senior officials designated by the head of the agency, and shall include any senior official designated by the head of the agency as responsible for implementation of this section, and the inspector general of the agency, if any. The inspector general shall not serve as chairman of the Data Integrity Board.

(3) Each Data Integrity Board--

(A) shall review, approve, and maintain all written agreements for receipt

or disclosure of agency records for matching programs to ensure compliance with subsection (o), and all relevant statutes, regulations, and guidelines;

(B) shall review all matching programs in which the agency has participated during the year, either as a source agency or recipient agency, determine compliance with applicable laws, regulations, guidelines, and agency agreements, and assess the costs and benefits of such programs;

(C) shall review all recurring matching programs in which the agency has participated during the year, either as a source agency or recipient agency, for continued justification for such disclosures;

(D) shall compile an annual report, which shall be submitted to the head of the agency and the Office of Management and Budget and made available to the public on request, describing the matching activities of the agency, including--

(i) matching programs in which the agency has participated as a source agency or recipient agency;

(ii) matching agreements proposed under subsection (o) that were disapproved by the Board;

(iii) any changes in membership or structure of the Board in the preceding year;

(iv) the reasons for any waiver of the requirement in paragraph (4) of this section for completion and submission of a cost-benefit analysis prior to the approval of a matching program;

(v) any violations of matching agreements that have been alleged or identified and any corrective action taken; and

(vi) any other information required by the Director of the Office of Management and Budget to be included in such report;

(E) shall serve as a clearinghouse for receiving and providing information on the accuracy, completeness, and reliability of records used in matching programs;

(F) shall provide interpretation and guidance to agency components and personnel on the requirements of this section for matching programs;

(G) shall review agency recordkeeping and disposal policies and practices for matching programs to assure compliance with this section; and

(H) may review and report on any agency matching activities that are not matching programs.

(4)(A) Except as provided in subparagraphs (B) and (C), a Data Integrity Board shall not approve any written agreement for a matching program unless the agency has completed and submitted to such Board a cost-benefit analysis of the proposed program and such analysis demonstrates that the program is likely to be cost effective.

(B) The Board may waive the requirements of subparagraph (A) of this paragraph if it determines in writing, in accordance with guidelines

prescribed by the Director of the Office of Management and Budget, that a cost-benefit analysis is not required.

(C) A cost-benefit analysis shall not be required under subparagraph (A) prior to the initial approval of a written agreement for a matching program that is specifically required by statute. Any subsequent written agreement for such a program shall not be approved by the Data Integrity Board unless the agency has submitted a cost-benefit analysis of the program as conducted under the preceding approval of such agreement.

(5)(A) If a matching agreement is disapproved by a Data Integrity Board, any party to such agreement may appeal the disapproval to the Director of the Office of Management and Budget. Timely notice of the filing of such an appeal shall be provided by the Director of the Office of Management and Budget to the Committee on Governmental Affairs of the Senate and the Committee on Government Operations of the House of Representatives.

(B) The Director of the Office of Management and Budget may approve a matching agreement notwithstanding the disapproval of a Data Integrity Board if the Director determines that--

- (i)** the matching program will be consistent with all applicable legal, regulatory, and policy requirements;
- (ii)** there is adequate evidence that the matching agreement will be cost-effective; and
- (iii)** the matching program is in the public interest.

(C) The decision of the Director to approve a matching agreement shall not take effect until 30 days after it is reported to committees described in subparagraph (A).

(D) If the Data Integrity Board and the Director of the Office of Management and Budget disapprove a matching program proposed by the inspector general of an agency, the inspector general may report the disapproval to the head of the agency and to the Congress.

(6) The Director of the Office of Management and Budget shall, annually during the first 3 years after the date of enactment of this subsection and biennially thereafter, consolidate in a report to the Congress the information contained in the reports from the various Data Integrity Boards under paragraph (3)(D). Such report shall include detailed information about costs and benefits of matching programs that are conducted during the period covered by such consolidated report, and shall identify each waiver granted by a Data Integrity Board of the requirement for completion and submission of a cost-benefit analysis and the reasons for granting the waiver.

(7) In the reports required by paragraphs (3)(D) and (6), agency matching activities that are not matching programs may be reported on an aggregate basis, if and to the extent necessary to protect ongoing law enforcement or counterintelligence investigations.

(v) Office of Management and Budget Responsibilities

The Director of the Office of Management and Budget shall--

- (1) develop and, after notice and opportunity for public comment, prescribe guidelines and regulations for the use of agencies in implementing the provisions of

this section; and

(2) provide continuing assistance to and oversight of the implementation of this section by agencies.

The following section was originally part of the Privacy Act but was not codified; it may be found at ' 552a (note).

Sec. 7 (a)(1) It shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number.

(2) the provisions of paragraph (1) of this subsection shall not apply with respect to--

(A) any disclosure which is required by Federal statute, or

(B) any disclosure of a social security number to any Federal, State, or local agency maintaining a system of records in existence and operating before January 1, 1975, if such disclosure was required under statute or regulation adopted prior to such date to verify the identity of an individual.

(b) Any Federal, State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The following sections were originally part of P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988; they may be found at ' 552a (note).

Sec. 6 Functions of the Director of the Office of Management and Budget.

(b) Implementation Guidance for Amendments-- The Director shall, pursuant to section 552a(v) of Title 5, United States Code, develop guidelines and regulations for the use of agencies in implementing the amendments made by this Act not later than 8 months after the date of enactment of this Act.

Sec. 9 Rules of Construction.

Nothing in the amendments made by this Act shall be construed to authorize--

(1) the establishment or maintenance by any agency of a national data bank that combines, merges, or links information on individuals maintained in systems of records by other Federal agencies;

(2) the direct linking of computerized systems of records maintained by Federal agencies;

(3) the computer matching of records not otherwise authorized by law; or

(4) the disclosure of records for computer matching except to a Federal, State, or local agency.

Sec. 10 Effective Dates.

(a) In General-- Except as provided in subsection (b), the amendments made by this Act shall take effect 9 months after the date of enactment of this Act.

(b) Exceptions-- The amendment made by sections 3(b) [Notice of Matching Programs - Report to Congress and the Office of Management and Budget], 6 [Functions of the Director of the Office of Management and Budget], 7 [Compilation of Rules and Notices] and 8

[Annual Report] of this Act shall take effect upon enactment.

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Updated page November 2, 1999 usdoj/oip/pam

Have you been involved with (Insert Program Name) for at least 14 days?

If yes, we are looking for individuals to participate in a 1 hour group discussion about your experience with _____ (Pgm Name TBD by PGM staff).

**To sign up go to room ## or see
(Insert name of staff member)**

A **\$20 Gift Card** will be provided in appreciation of your time and for participation in the group discussion.

Client Focus Group Sign Up Roster

(To be completed by Grantee staff member designated to assist with focus group recruitment)

	Participant Initials	Date of birth	Race	Gender	Serostatus	Time in treatment (in weeks)	Type of treatment (inpatient or outpatient)	Number of times in treatment	Prison/ Jail reentry (yes/no)	How did client come to participate in focus group *
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

- *1. Individually approached by staff member
- 2. Saw flyer and signed up
- 3. Heard about focus group from another client
- 4. Heard announcement in a group session or other setting

Consent Form for Participation in the Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) Multi-site Evaluation

CLIENT FOCUS GROUP

A. BACKGROUND AND PURPOSE

JBS International, the Alliance for Quality Education, Battelle Memorial Institute, and the Oregon Health & Science University (JBS team) have a contract with the Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) to conduct a multi-site study of the TCE-HIV program. The JBS Team is not part of CSAT or any other federal agency.

The purpose of this study is to learn more about the effect of substance abuse treatment programs supported by TCE-HIV funding. The goal of the study is to improve care for racial and ethnic minorities at risk for HIV/AIDS. Information from your participation will help the JBS team understand how programs can better reduce substance abuse and HIV risk behaviors. You are being asked to participate in this study because you are a client who receives services from a TCE-HIV program.

B. PROCEDURES

If you agree to participate, the following will occur:

- You will take part in a focus group discussion. The focus group will be about your experiences and opinions about this program.
- The discussion will include questions about drug use and sexual activity.
- The group discussion will take place at a time and location convenient to you.
- You will complete a form providing background information (e.g., your age, gender) and information about your satisfaction with your TCE-HIV program.
- Total time commitment will be approximately 60 minutes.
- The discussion will be audio taped to ensure accuracy in reporting your statements. No names or identities will be used in any published reports.

All information you provide is anonymous. Input you provide during the discussion will be combined with information from other focus groups from across the United States. The combined information will be analyzed. Only combined results will be presented in reports.

C. RISKS

There is a small risk of loss of privacy. However, extra measures will be taken to protect each participant's privacy. No names or identifiers will be used in any study reports. Also, the JBS team member leading the discussion will begin by asking the participants to agree to the importance of keeping information discussed in the focus group private. Only the JBS team will have access to information from the discussion. There is a risk that you may feel uncomfortable with some of the questions asked. However, you can answer only the questions you choose to answer.

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.

D. PRIVACY

The privacy of the information we collect about you will be very carefully protected. The evaluation staff will be trained on handling sensitive data and the importance of privacy. All of the data will be kept in locked files at JBS International, and only the official project staff will have access to these files. At the end of the project all data will be given to CSAT. The data that is given to CSAT will not include names or participant identification. We have applied for a Confidentiality Certificate (CC) issued by Substance Abuse and Mental Health Services Administration (SAMHSA) and other Department of Health and Human Services (DHHS) agencies, which is designed to protect identifiable research information from forced or compelled exposure. The Confidentiality Certificate protects the investigators from being forced, even under a court order or subpoena, to release information that could identify you. However, we may release identifying information in some circumstances. For example, we may disclose medical information in cases of medical necessity, or take steps (including notifying authorities) to protect you or someone else from serious harm, including child abuse/neglect. DHHS may see your information if it audits us. This CC does not imply DHHS approval or disapproval of this evaluation.

E. BENEFITS

There is no direct benefit to you for participating in this research project. However, the information you share may benefit your TCE-HIV program and similar programs targeting persons similar to you.

F. COMPENSATION

At the end of the focus group discussion, you will be given a \$20 gift card for your participation.

G. RIGHT TO REFUSE OR WITHDRAW

Your participation in this focus group is completely voluntary. You may leave the focus group at any time. You will not receive the \$20 if you leave before the session ends.

H. PERSONS TO CONTACT

If you have any questions about this study, please contact Dr. Resa Matthew at JBS International.

Resa Matthew, Ph.D.
JBS International
5515 Security Lane, Suite 800
Bethesda, MD 20852
(301) 495-1080
rmatthew@jbsinternational.com

If you have any concerns about your rights in this study or questions about injuries related to the research project, please contact Dr. Amanda Gmyrek of the JBS International Institutional Review Board.

Amanda Gmyrek, Ph.D.
JBS International
5515 Security Lane, Suite 800
Bethesda, MD 20852
(301) 495-1080
agmyrek@jbsinternational.com

YOUR CONSENT

You have read this consent form. You have been given a chance to ask questions, and feel that all of your questions have been answered. You know that you are free to participate in the focus group or not. You know that after choosing to participate in the focus group, you may drop out at any time. You are signing below because you agree to participate in this focus group. You give permission for your responses to be audio-recorded.

Attachment 2b: Document 4 - Client Consent Form

Participant Name (Print)

Date

Participant Signature

I acknowledge that I witnessed the participant sign this consent form.

Witness' Name (Print)

Date

Witness' Signature

Researcher Signature

Date



TCE-HIV MULTI-SITE EVALUATION PROJECT

Training on TCE-HIV Multi-Site Evaluation
Client Level Survey Instrument Completion
for Pilot Test

PURPOSE OF THE TRAINING

- Introduce pilot test TCE-HIV Multi-Site Evaluation Project Client Level Survey.
- Provide guidelines for completing and the Client Level Survey for the pilot test.
- Provide assistance to enhance consistency of pilot data collected using the Client Level Survey.





INTRODUCTION TO TCE-HIV CLIENT LEVEL SURVEY

- JBS Team
- Background
- TCE-HIV Client Level Survey

THE JBS TEAM

- ◉ JBS International, Inc.
- ◉ Alliances for Quality Education, Inc.
- ◉ Battelle Memorial Institute
- ◉ Oregon Health & Science University



BACKGROUND

- CSAT's TCE-HIV Program was designed to improve access to substance abuse treatment and HIV/AIDS services through increasing capacity and outreach to racial and ethnic minority populations.
- The purpose of the TCE-HIV Client Level Survey is to...
 - Serve as a supplemental information source that measures content areas not covered in GPRA.
 - Gather data regarding client outcomes before and after exposure to TCE-HIV services.



CLIENT LEVEL SURVEY

- ◉ Similar to administration of the GPRA, the Client Level Survey for the pilot test can be administered at baseline, discharge, and 6 months post-baseline.
- ◉ For the pilot test, the Client Level Survey should be administered to **nine** TCE-HIV enrolled clients who are also administered the GPRA.
- ◉ If possible, we are requesting that you administer the Client Level Survey to **3** clients at **baseline**, **3** clients at **discharge**, and **3** clients at **6-months post-baseline**.
- ◉ If possible, the Client Level Survey should be administered to clients between **November 12, 2009** and **December 1, 2009**





CLIENT LEVEL SURVEY COMPLETION OVERVIEW

SURVEY COMPLETION

- ◉ Please read the introduction to each section (in *italics*) and then read each question to the client as it is written.
- ◉ You will read the response options to clients for some questions. Other questions are open-ended and you will not read the response options to clients. See the note in *italics* next to each question for guidance.
- ◉ If the client requests clarification, you may assist them in understanding the question, but please do not change the wording of the question. Do not provide the response options unless indicated or unless the client requests them for clarification.



FILLING OUT THE SURVEY

- ◉ When marking answers, please mark choices with an "X."
- ◉ For questions that require you to write the client's response, please record the exact statement given by the client.
- ◉ Have a calendar present to reference for questions that ask about the past 30 days.
- ◉ Have the pre-provided Response Cards available and provide the card to clients when required during survey administration.
- ◉ We believe the Client Level Survey will take about 25 minutes to administer.
 - However, we would like your feedback on how long it takes to administer each of the 9 surveys.





CLIENT LEVEL SURVEY: QUESTION BY QUESTION TRAINING

Client ID: _____

(Please use the same Client ID that was assigned to the client for the GPRA)

CLIENT IDENTIFICATION (ID)

- ➔ **Client ID:** The Client ID appears above Section A.
- The Client ID should be the **same** as the GPRA ID.
 - The GPRA Client ID is a unique client identifier that is determined by the program.
 - The GPRA Client ID can be between 1 and 15 characters and can include both numerals and letters.
 - This number should be written in the space provided next to Client ID.

EXAMPLE: RM102919



Program Staff: *First, I am going to ask you some questions about yourself.*

A1. Do you consider yourself a racial/ethnic minority? *Do not read response options.*

1 Yes 0 No 66 Don't Know 88 Refused

SECTION A: BACKGROUND INFORMATION

- ➔ **A1: Do you consider yourself a racial/ethnic minority?** *Do not read response options.*
- Read the italicized Section A introduction above question A1 and then read question A1 as written.
 - Record the client's answer by marking the survey response that most closely matches the client's answer.
 - If the client reports that they are uncertain or do not know, mark the "Don't Know" box.
 - If the client refuses to answer the question, mark the "Refused" box.



A2. What is your sexual orientation? *Do not read response options.*

- 1 Bisexual 2 Gay 3 Lesbian
 3 Heterosexual 4 Transsexual 5 Other (specify) _____
 88 Refused

SECTION A: BACKGROUND INFORMATION

➔ A2: What is your sexual orientation? *Do not read response options.*

- Read question A2 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If the client records a response that does not match any of the provided responses, mark the "Other" box and record the client's response in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



A3. What is your marital status? *Do not read response options.*

1 Never Married

2 Married

3 Living as Married

4 Separated

5 Divorced

6 Widowed

88 Refused

SECTION A: BACKGROUND INFORMATION

➔ **A3: What is your marital status? *Do not read response options.***

- Read question A3 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If the client refuses to answer the question, mark the "Refused" box.



A4. In the past 30 days, with whom did you live? You may say yes to more than one. *Please read response options.*

- | | | | |
|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Alone | <input type="checkbox"/> | With parents |
| <input type="checkbox"/> | With children alone | <input type="checkbox"/> | With other family members |
| <input type="checkbox"/> | With significant other alone | <input type="checkbox"/> | With friends |
| <input type="checkbox"/> | With significant other and children | <input type="checkbox"/> | Jail |
| <input type="checkbox"/> | Prison | <input type="checkbox"/> | Hospital, |
| <input type="checkbox"/> | 88 Refused | | |

SECTION A: BACKGROUND INFORMATION



A4: In the past 30 days, with whom did you live? You may say yes to more than one. *Please read response options.*

- Read question A4 as written and then read each response option and allow the client the answer "Yes" or "No" to each.
- Record all "Yes" responses by marking the box to the left of the response option with an "X."
- If the client answers "No" please do not mark the box.
- If the client refuses to answer the question, mark the "Refused" box.



QUESTIONS ON SECTION A?

Program Staff: *The next set of questions asks about your alcohol or drug use and sexual behaviors. I realize these questions are very personal, but your open and honest answers are very important. There are no right or wrong answers.*

B1. I am going to ask you about your alcohol and drug use **on a typical day during the past 30 days**. In particular, I am going to ask how many times you used alcohol and specific drugs. *Do not read response options.*

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ B1: I am going to ask you about your alcohol and drug use on a typical day during the past 30 days. In particular, I am going to ask how many times you used alcohol and specific drugs. *Do not read response options.*

- Read the italicized Section B introduction above question B1, and then read questions B1a through B1o as written.
- Use the “On a typical day during the past 30 days how many times did you use...” question stem for questions B1a through B1o.



SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B1a through B1n: On a typical day during the past 30 days how many times did you use...? *Do not read response options.*

On a typical day during the past 30 days how many times did you use...	
a. Any Alcohol	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
b. Alcohol to intoxication	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
c. Cocaine/crack (<i>blow, bump, C, candy, Charlie, coke, flake, rock, snow, toot</i>)	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
d. Marijuana/hashish (<i>blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed, boom, chronic, gangster, hash, hash oil, hemp</i>)	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
e. Opiates (<i>oxycontin, oxycodone, brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse, M, Miss Emma, monkey, white stuff, Oxy, O.C., killer</i>)	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
f. Non-prescription methadone	Number of times _____ <input type="checkbox"/> 0 No Past 30 Day Use <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 88 Refused
g. Hallucinogens/psychedelics, PCP, MDMA, LSD, mushrooms, or	Number of times _____



SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ B1a through B1n: On a typical day during the past 30 days how many times did you use...? *Do not read response options.*

- In the space provided, record the client's response to the number of times they used the substance(s) in question on a typical day during the past 30 days.
- If the client answers that they did not use the substance on a typical day, mark the box "No Past 30 Day Use."
- If the client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



On a typical day during the past 30 days how many times did you use...

o. Other (specify)

Number of times _____

0 No Past 30 Day Use

66 Don't Know

88 Refused

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B1o: On a typical day during the past 30 days how many times did you use...other drugs (specify)? *Do not read response options.*

- If the client reports that they used other drugs on a typical day during the past 30 days, request that they specify and record the client's response in the space provided beneath "Other (specify)."
- If the client answers that they did not use other drugs on a typical day during the past 30 days, mark the "No Past 30 Day Use" box.
- If they client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

- If the client reports no drug or alcohol use in questions B1a through B1o, move to question B2 of the survey.
- If the client reports any drug or alcohol use in questions B1a through B1o, skip to question B4 of the survey



B2. You reported that you did not use alcohol or drugs in the past 30 days? What were your reasons for not using in the past 30 days? You may say yes to more than one. *Please read response options.*

- | | | | |
|-----------------------------|---|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | In jail/prison | <input type="checkbox"/> 4 | Medical hospitalization |
| <input type="checkbox"/> 2 | On probation/parole | <input type="checkbox"/> 5 | Inpatient mental health treatment |
| <input type="checkbox"/> 3 | Lack of money | <input type="checkbox"/> 6 | Residential substance use treatment |
| <input type="checkbox"/> 7 | Other (specify) _____ | | |
| <input type="checkbox"/> 77 | Not applicable – used alcohol and/or drugs in the past 30 days. | | |
| <input type="checkbox"/> 88 | Refused | | |

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B2: You reported that you did not use alcohol or drugs in the past 30 days. What were your reasons for not using in the past 30 days? You may say yes to more than one. *Please read response options.*

- Read question B2 as written and then read each response option and allow the client the answer “Yes” or “No” to each.
- Record all “Yes” responses by marking the box to the left of the response option with an “X.”
- If the client answers “No” please do not mark the box.
- Mark the “Not Applicable...” box if the client used alcohol and/or drugs in the past 30 days.
- If the client refuses to answer the question, mark the “Refused” box.



B3. Did you use alcohol or drugs in the past 60 days? *Do not read response options.*

- 1 Yes (specify what substances were used in past 60 days) _____
 0 No 66 Don't Know
 88 Refused

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ **B3: Did you use alcohol or drugs in the past 60 days?** *Do not read response options.*

- Read question B3 as written.
- If the client responds "Yes," request that they specify what substances they have used in the past 60 days and record the client's response in the space provided.
- If the client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



B4. In the past 30 days, have you shared drug injection equipment (needles/syringes, cotton, cooker, water *without first cleaning it with anything?* Do not read response options.

- 1 Yes (specify how many times) _____
- 0 No
- 77 Not applicable – has not used drug injection equipment in the past 30 days.
- 88 Refused

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B4: In the past 30 days, have you shared drug injection equipment (needles/syringes, cotton, cooker, water *without first cleaning it with anything?* Do not read response options.

- If questions B2 and B3 were completed, skip to question B6 in the survey. If questions B2 and B3 were not completed, read question B4 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- Mark the “Not Applicable...” box if the client did not use drug injection equipment in the past 30 days.
- If the client refuses to answer the question, mark the “Refused” box.



B5. In the past 30 days, did you share drug injection equipment (needles/syringes) *with someone you know had, or suspected of having HIV/AIDS?* Do not read response options.

- 1 Yes (specify how many times) _____
- 0 No
- 77 Not applicable – has not used drug injection equipment in the past 30 days.
- 88 Refused

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B5: In the past 30 days, did you share drug injection equipment (needles/syringes) *with someone you know had, or suspected of having HIV/AIDS?* Do not read response options.

- Read question B5 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- Mark the “Not Applicable...” box if the client did not use drug injection equipment in the past 30 days.
- If the client refuses to answer the question, mark the “Refused” box.



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.

B6. In the past 30 days, did you have...

SECTION B: SUBSTANCE USE/RISKY BEHAVIOR

➔ B6: In the past 30 days, did you have....

- Read the italicized introduction above question B6, and then read question B6a through B6e as written.
- Use the “In the past 30 days, did you have...” question stem for questions B6a through B6e.



SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B6a through B6e: 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 sexual contact?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
b. Unprotected sex with someone in exchange for money, drugs, or shelter?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
c. Unprotected sex with a partner you know had, or suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____ <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused
d. Unprotected sex with a partner you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 # of times ____ <input type="checkbox"/> 0 No <input type="checkbox"/> 66 Don't Know <input type="checkbox"/> 77 N/A <input type="checkbox"/> 88 Refused	<input type="checkbox"/> 1 Alcohol <input type="checkbox"/> 2 Marijuana <input type="checkbox"/> 3 Heroin <input type="checkbox"/> 4 Cocaine/ Crack <input type="checkbox"/> 5 Other ____



SECTION B: SUBSTANCE USE/RISKY BEHAVIOR



B6a through B6e: In the past 30 days, did you have ...?

- If the client reports that they have engaged in this behavior, ask the number of times they engaged in oral sex, vaginal sex, and anal sex and record the client's response in the space provided.
- Next, ask the client whether they used any of the substances listed in the far right column before or during engaging in this behavior.
- Read each substance listed in the column and allow the client to respond "Yes" or "No."
- If the client reports that they used a substance other than those listed, request that they specify and record their response in the space provided.
- Mark the "Not Applicable..." box if the client did not have unprotected sexual contact in the past 30 days.
- If the client refuses to answer the question, mark the "Refused" box.



QUESTIONS ON SECTION B?

Program Staff: *These questions about whether you have ever been tested for HIV and your HIV status.*

C1. Have you ever tested positive for HIV? *Do not read response options.*

1 Yes 0 No 66 Don't Know 88 Refused

SECTION C: HIV TESTING / HIV STATUS

➔ C1: Have you ever tested positive for HIV? *Do not read response options.*

- Read the italicized Section C introduction above question C1 and then read question C1 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If they client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



C2. How long have you known you were HIV positive? *Do not read response options.*

- | | |
|--|--|
| <input type="checkbox"/> 30 days or less | <input type="checkbox"/> Greater than 30 days |
| <input type="checkbox"/> 66 Don't Know | <input type="checkbox"/> 77 Not applicable – Not HIV positive. |
| <input type="checkbox"/> 88 Refused | |

SECTION C: HIV TESTING / HIV STATUS



C2: How long have you known you were HIV positive?
Do not read response options.

- If the client answered “No” to question C1, skip to **Section D**. If the client answered “Yes” to question C1, read question C2 as written.
- Record the client’s answer by marking the survey response that most closely matches the client’s answer.
- If they client reports that they are uncertain or do not know, mark the “Don’t Know” box.
- Mark the “Not Applicable...” box if the client reported that they are not HIV positive.
- If the client refuses to answer the question, mark the “Refused” box.



Program Staff: Next, I am going to ask you some questions about whether you have changed your behavior since you found out you were HIV positive. Please use Response Card A to tell me how much you have changed your behavior. Please select only one choice for each statement.

SECTION C: HIV TESTING / HIV STATUS

➔ C3 through C10: Since you found out you were HIV positive, how much have you changed the following behaviors...

- Read the italicized introduction above question C3.
- Provide the client with Response Card A.



SECTION C: HIV TESTING / HIV STATUS



C3 through C10: Since you found out you were HIV positive, how much have you changed the following behaviors...?

	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
C3.	Sharing drug injection equipment (needles/syringes) without first cleaning it with anything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C4.	Sharing drug injection equipment (needles/syringes) with someone you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C5.	Having unprotected sexual contact?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C6.	Having unprotected sex with someone in exchange for money, drugs, or shelter?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C7.	Having unprotected sex with a partner you know had, or suspected of having a sexually transmitted disease (STD)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C8.	Having unprotected sex with a partner you know had, or suspected of having HIV/AIDS?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C9.	Having unprotected sex with someone you knew was, or suspected of being an injection drug user?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88
C10.	Having unprotected sex while you were under the influence of drugs or alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 77	<input type="checkbox"/> 88



SECTION C: HIV TESTING / HIV STATUS

➔ C3 through C10: Since you found out you were HIV positive, how much have you changed the following behaviors...?

- Read questions C3 through C10 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series
- Only one choice should be selected for each question.
- Mark the “Not Applicable...” box if the client reported that they are not HIV positive.
- If the client refuses to answer the question, mark the “Refused” box.



QUESTIONS ON SECTION C?

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

SECTION D: SOCIAL SUPPORT

- ➔ D1 through D9: Social Support Questions
 - Read the italicized introduction above question D1.
 - Provide the client with Response Card B.



SECTION D: SOCIAL SUPPORT

➔ D1 through D9: Social Support Questions

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



SECTION D: SOCIAL SUPPORT

➔ D1 through D9: Social Support Questions

- Read questions D1 through D9 as written.
- Using Response Card B, clients will be able to respond “Disagree Strongly,” “Disagree,” “Uncertain,” “Agree,” or “Agree Strongly” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



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) _____
- 0 No
- 88 Refused

SECTION D: SOCIAL SUPPORT

➔ **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.***

- Read question D10 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



QUESTIONS ON SECTION D?

***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.*

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E1 through E12: During the past 30 days, how much were you distressed by...

- Read the italicized introduction above question E1.
- Provide the client with Response Card A.



SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E1 through E12: During the past 30 days, how much were you distressed by...?

	During the past 30 days, how much were you distressed by...	Not at all	A little bit	Moderately	Quite a bit	Extremely	Refused
E1.	Nervousness or shakiness inside	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E2.	Thoughts of ending your life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E3.	Suddenly scared for no reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E4.	Feeling lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E5.	Feeling blue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E6.	Feeling no interest in things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E7.	Feeling fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E8.	Feeling hopeless about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E9.	Feeling tense or keyed up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E10.	Spells of terror or panic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E11.	Feeling so restless you couldn't sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
E12.	Feelings of worthlessness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88



SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E1 through E12: During the past 30 days, how much were you distressed by...?

- Read questions E1 through E12 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



E13. In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol in response to stressful life events? *Please use Response Card A to provide your answer.*

- | | | | | | |
|----------------------------|-------------|----------------------------|--------------|-----------------------------|------------|
| <input type="checkbox"/> 1 | Not at all | <input type="checkbox"/> 2 | A little bit | <input type="checkbox"/> 3 | Moderately |
| <input type="checkbox"/> 4 | Quite a bit | <input type="checkbox"/> 5 | Extremely | <input type="checkbox"/> 88 | Refused |

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E13: In the past 30 days, how often have you used drugs (including prescription drugs) or alcohol in response to stressful life events? *Please use Response Card A to provide your answer.*

- Read question E13 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



E14. In the past 30 days, on how many days did you use drugs or alcohol to help you cope with stressful life events? *Please use Response Card A to provide your answer.*

- | | | | | | |
|----------------------------|-------------|----------------------------|--------------|-----------------------------|------------|
| <input type="checkbox"/> 1 | Not at all | <input type="checkbox"/> 2 | A little bit | <input type="checkbox"/> 3 | Moderately |
| <input type="checkbox"/> 4 | Quite a bit | <input type="checkbox"/> 5 | Extremely | <input type="checkbox"/> 88 | Refused |

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



E14: In the past 30 days, on how many days did you use drugs or alcohol to help you cope with stressful life events? *Please use Response Card A to provide your answer.*

- Read questions E14 as written.
- Using Response Card A, clients will be able to respond “Not at all,” “A little bit,” “Moderately,” “Quite a bit,” or “Extremely” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.



E15. During the past 3 months, did you receive services for mental or emotional difficulties (i.e., inpatient, outpatient, emergency room)? *Do not read response options.*

- 1 Yes (specify how many times) _____ 0 No
 88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E15: During the past 3 months, did you receive services for mental or emotional difficulties (i.e., inpatient, outpatient, emergency room)? *Do not read response options.*

- Read question E15 as written.
- If the client responds “Yes,” request that they specify the number of times and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



E16. During the past 3 months, were you prescribed a medication for mental or emotional difficulties (e.g., Prozac, Cymbalta)?

1 Yes (specify medications) _____

0 No

88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



E16: During the past 3 months, were you prescribed a medication for mental or emotional difficulties (e.g., Prozac, Cymbalta)? *Do not read response options.*

- Read question E16 as written.
- If the client responds “Yes,” request that they specify the medication(s) and record the client’s response in the space provided.
- If the client refuses to answer the question, mark the “Refused” box.



E17. Is this your first time in a substance abuse treatment program? *Do not read response options.*

1 Yes

0 No

88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E17: Is this your first time in a substance abuse treatment program? *Do not read response options.*

- Read question E17 as written and allow the client to answer “Yes” or “No.”.
- If the client refuses to answer the question, mark the “Refused” box.
- If the client answers “Yes” to question E17, skip to question E20 in the survey.



****Program Staff: If client answered Yes to Question E17, please skip to Question E20****

E18. How many times have you been in substance abuse treatment before coming to this program?
Please read response options.

- 1 One time 2 2 – 4 times 3 5 – 7 times
 4 > than 7 times 77 Not Applicable 88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



E18: How many times have you been in substance abuse treatment before coming to this program?
Please read response options.

- This question should only be read if the client answered “No” to question E17.
- Read question E18 as written and then read each response option and allow the client the response option that best fits their prior substance abuse treatment history.
- Mark the “Not Applicable...” box if the client not been in substance abuse treatment before.
- If the client refuses to answer the question, mark the “Refused” box.



E19. What type of substance abuse treatment program were you in before coming to this program? *Do not read response options.*

- 1 Outpatient 2 Residential 3 Both 4 Opioid Treatment
 77 Not Applicable 88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



E19: What type of substance abuse treatment program were you in before coming to this program? *Do not read response options.*

- This question should only be read if the client answered “No” to question E17.
- Record the client’s answer by marking the survey response that most closely matches the client’s answer.
- Mark the “Not Applicable...” box if the client not been in substance abuse treatment before.
- If the client refuses to answer the question, mark the “Refused” box.



E20. Why are you enrolling in this treatment program? *Do not read response options.*

1 Self-admitted 2 Court Mandated 3 Other (specify) _____
 88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E20: Why are you enrolling in this treatment program? *Do not read response options.*

- Read question E20 as written.
- Record the client's answer by marking the survey response that most closely matches the client's answer.
- If the client reports a reason for enrolling not provided among the response options, mark the "Other" box and record the client's response in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



E21. Which drug(s) do you want to address in this treatment program?.

Specify: _____

66 Don't Know 88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E21: Which drug(s) do you want to address in this treatment program?

- Read question E21 as written.
- Record all substances that the client reports that they wish to address through the course of their treatment program in the space provided.
- If the client reports that they are uncertain or do not know, mark the "Don't Know" box.
- If the client refuses to answer the question, mark the "Refused" box.



E22. In the past 30 days, did you have any type of health insurance for yourself? *Please read response options.*

- Yes, private health insurance (e.g., through an employer/union, privately purchased)
- Yes, Medicare Yes, other Government health insurance
- Yes, Medicaid 0 No
- 88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



E22: In the past 30 days, did you have any type of health insurance for yourself? *Please read response options.*

- Read question E22 as written and then read each response option and allow the client the answer "Yes" or "No" to each.
- Record all "Yes" responses by marking the box to the left of the response option with an "X."
- If the client refuses to answer the question, mark the "Refused" box.



E23. 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 Yes (specify how many times) _____ 0 No

88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH

➔ E23: 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.*

- Read question E23 as written.
- If the client responds "Yes," request that they specify the number of times and record the client's response in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



E24. 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? *Do not read response options.*

Number of days _____

88 Refused

SECTION E: MENTAL HEALTH AND MEDICAL HEALTH



E24: 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? *Do not read response options.*

- Read question E24 as written.
- Record the client's reported number of days that poor physical health kept them from doing their usual activities over the past 30 days in the space provided.
- If the client reports no days of impairment, record "0" in the space provided.
- If the client refuses to answer the question, mark the "Refused" box.



QUESTIONS ON SECTION E?

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, please use Response Card C, to indicate how much you agree or disagree with each statement right now.*

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

SECTION F: MOTIVATION FOR TREATMENT

➔ F1 through F8: Motivation For Treatment Questions

- Read the italicized introduction above question F1.
- Provide the client with Response Card C.
- **Note:** If the client's primary substance of choice is alcohol, please replace underlined words with the wording changes suggested in [] for questions F1 through F8.



SECTION F: MOTIVATION FOR TREATMENT



F1 through F8: Motivation For Treatment Questions

		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].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
F3.	I'm not just thinking about changing my <u>drug use</u> [drinking], I'm already doing something about it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
F4.	I have already changed my <u>drug use</u> [drinking], and I am looking for ways to keep from slipping back to my old pattern.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
F5.	I am actively doing things now to cut down or stop <u>my use of drugs</u> [drinking].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
F6.	I want help to keep from going back to the <u>drug</u> [drinking] problems that I had before.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88
F7.	I am working hard to change my <u>drug use</u> [drinking].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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> .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88



SECTION F: MOTIVATION FOR TREATMENT



F1 through F8: Motivation For Treatment Questions

- Read questions F1 through F8 as written.
- Using Response Card C, clients will be able to respond “Disagree,” “Undecided or Unsure,” “Agree” or “Strongly Agree” to each question in the series.
- Only one choice should be selected for each question.
- If the client refuses to answer the question, mark the “Refused” box.
- **Note:** If the client’s primary substance of choice is alcohol, please replace underlined words with the wording changes suggested in brackets.



QUESTIONS ON SECTION F?

DRUG SCREENING SECTION

- The next section of the survey should be completed by program staff **after** administration of the Client Level Survey.
- The client should not be present at the time of completion of this portion of the survey.
- Please consult the client's medical record as necessary to complete this section.



1. Has the client received a drug screening test in the past 14 days?

1 Yes

0 No

66 Unknown

DRUG SCREENING TEST INFORMATION

➔1: Has the client received a drug screening test in the past 14 days?

- Mark “Yes” or “No” based upon whether the client has received a drug screening test in the past 14 days.
- If the client’s drug screening test history is unknown, mark the “Unknown” box.
- If the client has had a drug screening test in the past 14 days, **proceed with the remaining questions.**
- If the client has not had a drug screening test in the past 14 days (or their status is unknown), **consider the survey complete.**



Program Staff: Only complete the following questions if the client has received a drug screening test in the past 14 days

2. When did the client last receive a drug screening test?

Month, Day, Year: _____

66 Unknown

DRUG SCREENING TEST INFORMATION

➔2: When did the client last receive a drug screening test?

- This item should only be completed if the client has had a drug screening test in the past 14 days.
- Record the date (month, day, and year) of the client's most recent drug screening test according to the client's medical record.
- If the exact date of their last drug screening test is not known, mark the "Unknown" box.



3. The client's most recent drug screening test checked for the presence of which substances and/or drug groups? *Mark all that apply.*

- | | | | |
|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Alcohol | <input type="checkbox"/> | Amphetamines |
| <input type="checkbox"/> | Barbiturates | <input type="checkbox"/> | Benzodiazepines |
| <input type="checkbox"/> | Cocaine/Crack | <input type="checkbox"/> | Marijuana |
| <input type="checkbox"/> | Methamphetamine | <input type="checkbox"/> | Opiates |
| <input type="checkbox"/> | Phencyclidine (PCP) | <input type="checkbox"/> | Other (specify) _____ |
| <input type="checkbox"/> | Unknown | | |

DRUG SCREENING TEST INFORMATION

- ➔3: The client's most recent drug screening test checked for the presence of which substances and/or drug groups? *Mark all that apply.*
- ⦿ This item should only be completed if the client has had a drug screening test in the past 14 days.
 - ⦿ Mark all substances that were tested for in the client's most recent drug screening test.
 - ⦿ If you are unsure which substances were tested for, mark the "Unknown" box.
 - ⦿ If other substances than those listed were tested for, mark "Other" and specify in the space provided.



4. How frequently do you conduct drug screening tests? *Mark all that apply.*

- | | | | | | |
|----------------------------|-----------------------|----------------------------|-----------------|----------------------------|---|
| <input type="checkbox"/> 1 | Intake | <input type="checkbox"/> 2 | At each session | <input type="checkbox"/> 3 | Randomly |
| <input type="checkbox"/> 4 | Discharge | <input type="checkbox"/> 5 | After discharge | <input type="checkbox"/> 6 | At the request of the legal system (e.g., parole officer, court mandated) |
| <input type="checkbox"/> 7 | Other (specify) _____ | | | | |

DRUG SCREENING TEST INFORMATION

➔4: How frequently do you conduct drug screening tests?
Mark all that apply.

- This item should only be completed if the client has had a drug screening test in the past 14 days.
- Mark the frequency with which you conduct drug screening tests.
- If you conduct drug screening tests at a frequency other than the response provided, mark "Other" and specify the frequency in the space provided.



5. What were the results of the client's most recent drug screening test?

1 Negative

2 Positive

3 Inconclusive

66 Unknown

DRUG SCREENING TEST INFORMATION

➔5: What was the result of the client's most recent drug screening test?

- This item should only be completed if the client has had a drug screening test in the past 14 days.
- Mark the box that best reflects the results of the client's most recent drug screening test according to the client's medical record.
- If the results of the client's last drug screening test are not known, mark the "Unknown" box.
- If the client's most recent drug screening test was positive, **proceed to question 6.**
- If the client's most recent drug screening test was negative or inconclusive (or their test results are unknown), **consider the survey complete.**



****Program Staff: Only complete the following if the client's most recent drug screening test was Positive ****

6. What substances and/or drug groups were detected in the client's most recent drug screening test? *Mark all that apply.*

- | | | | |
|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Alcohol | <input type="checkbox"/> | Amphetamines |
| <input type="checkbox"/> | Barbiturates | <input type="checkbox"/> | Benzodiazepines |
| <input type="checkbox"/> | Cocaine/Crack | <input type="checkbox"/> | Marijuana |
| <input type="checkbox"/> | Methamphetamine | <input type="checkbox"/> | Opiates |
| <input type="checkbox"/> | Phencyclidine (PCP) | <input type="checkbox"/> | Other (specify) _____ |
| <input type="checkbox"/> | 66 Unknown | | |

DRUG SCREENING TEST INFORMATION

➔6: What substances and/or drug groups were detected in the client's most recent drug screening test? Mark all that apply.

- This item should only be completed if the client has tested positive on their most recent drug screening test.
- Mark all substances that were detected in the client's most recent drug screening test.
- If an unknown substance was detected, mark the "Unknown" box.
- If other substances than those listed were detected, mark "Other" and specify in the space provided.



QUESTIONS ON DRUG SCREENING TEST SECTION?

FINAL COMMENTS OR
QUESTIONS?





TCE-HIV MULTI-SITE EVALUATION PROJECT

Training on TCE-HIV Multi-Site Evaluation
Client Dosage Form Completion
for Pilot Test

PURPOSE OF THE TRAINING

- Introduce the pilot test of the TCE-HIV Multi-Site Evaluation Project Client Dosage Form.
- Provide guidelines for completing the Client Dosage Form for the pilot test.
- Provide assistance to enhance consistency of pilot data collected using the Client Dosage Form.





INTRODUCTION TO TCE-HIV CLIENT DOSAGE FORM

- JBS Team
- Background
- TCE-HIV Client Dosage Form

THE JBS TEAM

- ◉ JBS International, Inc.
- ◉ Alliances for Quality Education, Inc.
- ◉ Battelle Memorial Institute
- ◉ Oregon Health & Science University



BACKGROUND

- CSAT's TCE-HIV Program was designed to improve access to substance abuse treatment and HIV/AIDS services through increasing capacity and outreach to racial and ethnic minority populations.
- The purpose of the TCE-HIV Client Dosage Form is to have an accurate measurement of the *type* and *amount* of contact that a client had with the program to accurately assess program effects.



CLIENT DOSAGE FORM

- For the pilot test, the Client Dosage Form should be completed by program staff for **nine** TCE-HIV enrolled clients who were also administered the GPRA.
- The Client Dosage Form for the pilot test should be completed for clients who:
 - (1) were discharged within the past week (i.e., November 5, 2009 through November 12, 2009).
 - (2) are discharged between November 12, 2009 and December 1, 2009.





CLIENT DOSAGE FORM COMPLETION OVERVIEW

COMPLETING THE CLIENT DOSAGE FORM

- Please complete one Client Dosage Form for nine TCE-HIV clients in your program 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.
- It is critical that you are familiar with the Client Dosage Form and have the client's chart/records available prior completing the form.
- We believe the Client Dosage Form will take about 15 minutes to complete once you have the client's records
 - However, we would like your feedback on how long it takes to complete each of the 9 forms.



COMPLETING THE CLIENT DOSAGE FORM

- ◉ 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.
- ◉ 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**.





CLIENT DOSAGE FORM: QUESTION BY QUESTION TRAINING

DATE: CLIENT'S ID#

DF_MO DF_DY DF_YR DF_CLIENT

PERSON COMPLETING GRANT# T10

DF_INTERVIEWER DF_SITE

DATE

- ➔ Date: appears above Questions 1 and 2.
- ⦿ Enter the date that you complete the Client Dosage Form in the spaces provided.
- ⦿ All dates must be in the format mm/dd/yyyy.
- ⦿ The first two digits of the year have been prepopulated.

EXAMPLE: Date 11/12/2009



DATE: 20

DF_MO DF_DY DF_YR **CLIENT'S ID#**

PERSON COMPLETING

DF_INTERVIEWER GRANT# T10

DF_SITE

CLIENT'S IDENTIFICATION (ID)

- ➔ Client's ID#: appears above Questions 1 and 2.
- The Client's ID# should be the **same** as the GPRA ID.
 - The GPRA Client ID is a unique client identifier that is determined by the program.
 - The GPRA Client ID can be between 1 and 15 characters and can include both numerals and letters.
 - This number should be written in the space provided next to Client's ID#.

EXAMPLE: RM102919



DATE: | | | 2 | 0 | | CLIENT'S ID# | | | | | | | | | | | | | | |
DF_MO DF_DY DF_YR DF_CLIENT

PERSON COMPLETING |
DF_INTERVIEWER

GRANT# T10 | | | | |
DF_SITE

PERSON COMPLETING

- ➔ **Person Completing:** appears above Questions 1 and 2.
- The name of the Grantee staff person responsible for completing the form should be clearly printed in the space provided.



1. Length of stay

DF_LENGTH_STAY

- Less than 30 days 1
- 30 days 2
- 31 – 45 days 3
- 46 – 60 days 4
- 61 – 90 days 5
- 91 – 120 days 6
- 121 – 180 days 7
- 181 – 270 days 8
- More than 270 days 9

2. Treatment modality (check all that apply)

DF_TREATMENT_MODALITY

- Outpatient 1
- Intensive Outpatient 2
- Methadone 3
- Residential 4

LENGTH OF STAY

➔ 1. Length of Stay: appears under the “Client Dosage Form” header

- 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.
- Place an “X” in the box next to the corresponding number of days the client spent in treatment.



1. Length of stay

DF_LENGTH_STAY

- Less than 30 days 1
- 30 days 2
- 31 – 45 days 3
- 46 – 60 days 4
- 61 – 90 days 5
- 91 – 120 days 6
- 121 – 180 days 7
- 181 – 270 days 8
- More than 270 days 9

2.

Treatment modality (check all that apply)

DF_TREATMENT_MODALITY

- Outpatient 1
- Intensive Outpatient 2
- Methadone 3
- Residential 4

TREATMENT MODALITY

➔ 2. Treatment modality (check all that apply):
appears under the “Client Dosage Form” header

- For this question, you will need to indicate the type of treatment the client engaged in while in your program.
- Table 1 of the Client Dosage Form provides definitions of the treatment modalities 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.



1. Length of stay

DF_LENGTH_STAY

- Less than 30 days 1
- 30 days 2
- 31 – 45 days 3
- 46 – 60 days 4
- 61 – 90 days 5
- 91 – 120 days 6
- 121 – 180 days 7
- 181 – 270 days 8
- More than 270 days 9

2. Treatment modality (check all that apply)

DF_TREATMENT_MODALITY

- Outpatient 1
- Intensive Outpatient 2
- Methadone 3
- Residential 4

➔ Table 1: Dosage Treatment Modalities

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 ACTIVITY

The next series of 32 statements refer to the service/treatment activities a client may have received or in which they may have participated while in your program.

SERVICE/TREATMENT ACTIVITY			
	A Services Received	B Sessions	C Where and by Whom
1. Outreach, Screening, and Assessment.....	<input type="checkbox"/> DF STA01 A	<input type="checkbox"/> DF STA01 B	<input type="checkbox"/> DF STA01 C
2. Rapid HIV Testing and Counseling.....	<input type="checkbox"/> DF STA02 A	<input type="checkbox"/> DF STA02 B	<input type="checkbox"/> DF STA02 C
3. Substance Abuse Education.....	<input type="checkbox"/> DF STA03 A	<input type="checkbox"/> DF STA03 B	<input type="checkbox"/> DF STA03 C
4. Medical Diagnosing and Follow-up Treatment.....	<input type="checkbox"/> DF STA04 A	<input type="checkbox"/> DF STA04 B	<input type="checkbox"/> DF STA04 C
5. Physical Exam by Healthcare Providers (including height, weight, vital signs, BMI, body systems: respiratory, cardiac, gastrointestinal, genitor-urinary, skin, neurological).....	<input type="checkbox"/> DF STA05 A	<input type="checkbox"/> DF STA05 B	<input type="checkbox"/> DF STA05 C
6. Laboratory Testing (urinalysis, complete blood count, electrolytes).....	<input type="checkbox"/> DF STA06 A	<input type="checkbox"/> DF STA06 B	<input type="checkbox"/> DF STA06 C
7. Substance Abuse Treatment Planning.....	<input type="checkbox"/> DF STA07 A	<input type="checkbox"/> DF STA07 B	<input type="checkbox"/> DF STA07 C
8. Mental Health Assessment.....	<input type="checkbox"/> DF STA08 A	<input type="checkbox"/> DF STA08 B	<input type="checkbox"/> DF STA08 C
9. Mental Health Treatment.....	<input type="checkbox"/> DF STA09 A	<input type="checkbox"/> DF STA09 B	<input type="checkbox"/> DF STA09 C
10. Group Psychiatric Therapy (based on psychiatric diagnosis).....	<input type="checkbox"/> DF STA10 A	<input type="checkbox"/> DF STA10 B	<input type="checkbox"/> DF STA10 C



SERVICE/TREATMENT ACTIVITY: BACKGROUND

- ◉ There is no expectation that a program will 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 service/treatment activity 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.



SERVICE/TREATMENT ACTIVITY: COMPLETING THE FORM

- 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 this service or treatment activity and record the number in column A.

<u>COLUMN 'A' RESPONSES</u>	<u>COLUMN 'B' RESPONSES</u>	<u>COLUMN 'C' RESPONSE</u>
SERVICES RECEIVED	NUMBER OF SESSIONS	WHERE AND BY WHOM
1 = Yes	0 = No sessions	1 = On-site by TCE-HIV project staff
0 = No	1 = Once	2 = On-site by another agency
-1 = N/A	2 = Monthly	3 = Off-site by TCE-HIV project staff
-8 = Don't know	3 = 2-3 x/month	4 = Off-site by another agency
	4 = Weekly	5 = On-site by TCE-HIV parent organization staff
	5 = 2-4 x/week	6 = Off-site by TCE-HIV parent organization staff
	6 = 5-8 x/week	-1 = N/A
	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**.

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-C.



SERVICE/TREATMENT ACTIVITY: COMPLETING THE FORM (CONT'D)

- If you record 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 services/treatment activities and repeat the process until you are finished.

COLUMN 'A' RESPONSES

SERVICES RECEIVED

- 1 = Yes
- 0 = No
- 1 = N/A
- 8 = Don't know

COLUMN 'B' RESPONSES

NUMBER OF SESSIONS

- 0 = No sessions
- 1 = Once
- 2 = Monthly
- 3 = 2-3 x/month
- 4 = Weekly
- 5 = 2-4 x/week
- 6 = 5-8 x/week
- 7 = Daily
- 1 = N/A

COLUMN 'C' RESPONSE

WHERE AND BY WHOM

- 1 = On-site by TCE-HIV project staff
- 2 = On-site by another agency
- 3 = Off-site by TCE-HIV project staff
- 4 = Off-site by another agency
- 5 = On-site by TCE-HIV parent organization staff
- 6 = Off-site by TCE-HIV parent organization staff
- 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**.

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-C.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS

- Table 2 of the Client Dosage Form provides definitions of some of the various service and treatment activities and these definitions will be detailed in the following slides.

Table 2: Dosage Service/Treatment Activities

SERVICE/TREATMENT ACTIVITIES
Case Management Services. These services involve <i>direct</i> 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 <i>not</i> 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.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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
 - Other parenting-related information



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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)
 - Self-help/support groups for clients



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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:
 - Height
 - Weight
 - Vital signs
 - BMI
 - Body systems - respiratory, cardiac, gastrointestinal, genito-urinary, skin, and neurological



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

Educational Services:

- This category includes activities such as:
 - Tutoring assistance to improve reading, literacy, and math skills
 - Other educational activities leading to a high school diploma, GED or higher education



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

Employment Placement/Vocational Support:

- Vocational support activities are also included in this category, such as career counseling, job training, resources provided to clients to assist in finding employment, and job placement.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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 client, 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).



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

Substance Abuse Education:

- This category includes education, training, or discussion sessions that focus directly or indirectly on information concerning 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 antiviolence awareness.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

Childcare:

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



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

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.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

Social Support Groups:

- Included in this category are:
 - The sessions clients engage in to help or improve oneself with assistance from others.
 - Also an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.



SERVICE/TREATMENT ACTIVITY: DEFINITIONS (CONT'D)

Spiritual Activity:

- Included in this category is spiritual/religion-based support for the clients' recovery process (e.g., meditational activities, attendance at services, watching video tapes, listening to tapes, etc.)



FINAL COMMENTS OR
QUESTIONS?

