

ATTACHMENT H: INSTRUMENT FOR COUNSELOR

H-1

Site Visit Protocol-Counselor Interview

Attachment H-1

Site Visit Protocol – Counselor Interview

TI # _____

Counselor Interview*

2-8-10

[Words in italics are notes to the interviewer and are not meant to be read aloud. The optional comments column can include evidence for the provision of specific services.]

Grantee Name: _____

Counselor Name: _____

Counselor Gender: ☐ M ☐ F

Counselor Phone Number (In Case Follow-Up Is Needed): _____

Interviewer Names And Role (1=Primary Interviewer, 2=Notes, 3=Also Present):

Date Of Interview: _____

Interview Start and End Times: _____

Section 1. Respondent Background

[If DK from introductory phone protocol:]

First, I'd like to find out a little about your background and your job here.

1.1 How long have you worked with the PPW program at (Grantee Name) ?
 Years _____ Months _____

1.2 What positions have you held here during this time?

[Record all positions at ppw program and start/end dates below.]

| Position | Start Date | End Date |
|----------|------------|----------|
| | | |
| | | |
| | | |
| | | |

1.3 What are your current responsibilities?

* Based on (1) Treatment Guidelines for Gender Responsive Treatment of Women with Substance Use Disorders developed by the Women's Services Practice Improvement Collaborative (WSPIC) of the Connecticut Department of Mental Health & Addiction Services, facilitated by the Connecticut Women's Consortium and (2) Protocols used with NIDA grant R01 DA15094-01, Effectiveness of Specialized Treatment for Women with Children.

1.4 Do you work in other programs aside from the PPW program

- ☐ No→Skip Next Item
☐ Yes→***Describe.***

a. *[If Yes Above], on average, approximately what percentage of your time each month is devoted to the PPW program?*
 _____ %

1.5 Please tell me about your educational background and credentials including any licenses or certifications.

1.6 About how many years of counseling experience in total would you say that you have?

_____ Years _____ Months

a. *[If greater than 0 months,]* Please describe your professional experience related to addictions, mental health, health or other healthcare.

[Description of professional experience related to addictions, mental health, or other healthcare.]

| Position | Facility Type | Duration (In Years) |
|----------|---------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

1.7 Is your level of experience and role typical of other counselors at this facility?

- ☐ Yes
☐ No

a. If No, how does it differ?

Section 2. Treatment Philosophy/Characteristics/Facility

This study focuses on women and their children who have received treatment (or are currently receiving treatment) in your PPW program. Now I would like to ask you some questions about your PPW program's approach to treatment.

2.1 Have you received any training from this program in a specific clinical approach (or treatment philosophy) focused on working with these clients?

☐ No

☐ Yes→Please describe the clinical approach/treatment philosophy

2.2 Are there specific treatment protocols/manuals used in the program?

☐ No

☐ Yes→**Describe**

a. If Yes above, to what extent do you use these protocols/manuals with clients in your caseload?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

2.3 Have you received training from this program in areas related to your work with clients (separate from the program's treatment model)?

☐ No

☐ Yes

a. What were the topics of these trainings

2.4 Are there any topics that you would like to see covered in a training/professional development activity by this program?

☐ No

☐ Yes **Describe.**

Now I'm going to ask about the characteristics of the treatment provided in your PPW program. Please think about the following statements and indicate how strongly you agree or disagree about how each statement describes the program.

| Program Characteristic | Rating | | | | | Optional Comments |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | |
| 2.5 The therapeutic environment is safe, inviting, non-institutional, homelike, welcoming, with appropriate cultural features. <i>(This refers primarily to physical features of setting)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.6 Approaches are respectful, supportive and empowering, not authoritarian, attacking or demeaning. <i>(Particularly how clients are dealt with when they are non-compliant or engaged in treatment interfering behaviors)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.7 Treatment is strength (asset) based, with ongoing opportunities for women to experience, practice and explore positive capabilities. <i>(Evidence of how client strengths are used in program)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.8 Treatment incorporates unique cultural characteristics, strengths and potential supports for each participant. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

Now I'm going to ask you about the PPW facility and the general program environment. Please think about the following statements and indicate how strongly you agree or disagree about how each statement describes the program.

| General Program Environment | Response | | | | | Optional Comments |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------------|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | |
| 2.9 The PPW program is located in a safe neighborhood in terms of crime and drug use. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.10 The PPW program environment /setting is safe and secure. That is, entry to program is protected, and security procedures in place. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.11 Some common area(s) of the facility are accessible ONLY to women. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.12 Smoking areas are supervised. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.13 The race/ethnicity of staff reflects the cultural diversity of the clients. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.14 Program includes positive cultural experiences and materials. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | <i>If 4 or 5, describe.</i> |
| 2.15 The PPW visiting hours are sufficient (in your clinical opinion). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.16 In general, PPW clients feel that PPW visiting hours are sufficient. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

To what extent do the following statements describe the PPW program and the services provided to support client's **children**?

| | | | | | | |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| 2.17 There is comfortable play space for children visiting the program. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 2.18 There are areas for mothers and visiting children to interact naturally. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

Section 3. Responsibilities

Now I would like to ask you about your responsibilities within this program.

3.1 How many clients do you currently have in **your** caseload?

_____ Clients

3.2 How frequently are clients switched from one counselor to another during treatment?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

a. If Sometimes, Often, or Always why are clients switched to another counselor?

3.3 When do you first meet with or begin taking care of the PPW clients?

- ☐ ... Before Admission
☐ ... At Admission
☐ ... After Admission
☐ ... Other, ***Specify:***

| SERVICE | Response | TIME PROVIDING SERVICE |
|--|---|---|
| Do you provide.... | | If Yes, what percentage of your time per week do you spend providing ... |
| 3.4 ...individual counseling? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |
| 3.5 ...family counseling or conferences? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |
| 3.6 ...group therapy? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |
| 3.7 ...group education? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |
| 3.8 ...child counseling? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |

| SERVICE | Response | TIME PROVIDING SERVICE |
|--|---|---|
| Do you provide.... | | If Yes, what percentage of your time per week do you spend providing ... |
| 3.9 ...Intake Assessments? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |
| 3.10 ...Case Management (E.G., Helping Clients Find And Access Resources In The Community Including Helping Them Make Calls, Etc)? | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |
| 3.11 ...Any other type of counseling for the PPW program? <i>Please Specify:</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes → | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% |

3.12 In a typical week what percent of your time is spent receiving supervision?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐
 ≤5% 25% 50% 75% ≥95%

3.13 Does the PPW program have any agreements with other agencies to provide counseling services/sessions outside of this facility?

☐ No
☐ Yes

a. If Yes, *describe*.

3.14 Do you or any other program staff provide transportation to other agencies for clients who are in the PPW program?

☐ Yes – Respondent or another Counselor
☐ Yes –Someone else in Program
☐ No (Even if join them on public transportation) →Go To 3.16

3.15 Do you attend offsite appointments with PPW clients?

☐ No →Go To Section 4
☐ Yes →

a. If Yes, what determines when you go with them?

Section 4. Treatment Planning

Now I'm going to ask you about the treatment plans for clients treated in your PPW program.

| Treatment Planning | Response | Optional Comments |
|--|---|-------------------|
| About what percentage of client's treatment plans... | | |
| 4.1 ...include integrated / coordinated substance use and mental health objectives (i.e., they are kept separate or parallel)? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| 4.2 ...contain mental health objectives that include strategies to reduce specific symptoms? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| 4.3 ...list the client's strengths and assets and how these will be used to achieve the client's recovery objectives? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| 4.4 ...include the client as an active participant in the process of developing recovery objectives? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |

Section 5. Treatment Services

Now I'm going to ask you about clients' access to counseling and client monitoring.

5.1 Are clients required to see you?

- ☐ No
☐ Yes
☐ Sometimes→**Describe.**
☐ Dk

| For the treatment you provide, how often... | Response | | | | | Optional Comments |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------|
| | Never | Rarely | Sometimes | Often | Always | |
| 5.2 ...do PPW clients initiate contact with you outside of regularly scheduled meetings? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.3 ...do you initiate contact with clients? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

| For the treatment you provide, how often... | Response | | | | | Optional Comments |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------|
| | Never | Rarely | Sometimes | Often | Always | |
| 5.4 ...do you plan for a client's discharge throughout the treatment process (vs. doing it right before discharge)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.5do you provide printed materials, pamphlets, or workbooks on issues related to co-occurring substance abuse and mental health problems? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.6 ...do you provide printed materials, pamphlets, or workbooks on trauma, domestic violence, or other women-specific topics to your clients? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.7 ...do you provide counseling related to PTSD or trauma such as sexual abuse and domestic violence? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.8 ...do you provide counseling about healthy relationships and how to avoid unhealthy relationships? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.9 ...do you provide counseling related to substance abuse issues? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 5.10 ...do you provide information to clients about healthy pregnancies and the effect of maternal drug use on infants/children? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

5.11 What is the program's approach to relapse during treatment? RESPONSES CAN BE USED AS PROBES.

- ☐ Any substance use leads to automatic discharge
☐ Determined on a case-by-case basis
☐ Other, ***Specify:***

a. Is this a formal or informal policy?

- ☐ Formal
☐ Informal
☐ Other, ***Specify:***

5.12 What is the treatment re-entry policy after premature discharge from the PPW program? [*Responses Can Be Used As Probes.*]

- ☐ Mandatory delay before re-entry, ***Specify duration and conditions:***
☐ Determined on a case-by-case basis
☐ Other, ***Specify:***

5.13 On average, about how many women stay in each room while they are in your program?

_____ Women
☐ DK

5.14 On average, about how many women share a bathroom while they are in your program?

_____ Women
☐ DK

Now I'm going to ask you some questions about client access to their children during treatment....

5.15 On average, how much time do clients spend with their children who live with them in this program during the day?

_____ Hours

a. Do clients have different levels of access to older children vs. younger children?

- ☐ No
☐ Yes
☐ DK

5.16 What type of access do clients have to their children who do not live with them in this program but for whom they have custody (i.e., visitation, privacy, phone)?

a. Where do clients meet with their children who do not live with them in the program?

Section 6. Discharge Planning

Now I'm going to ask you about discharge planning for the clients you have treated in this program

| Discharge Planning | Never | Ra rely | Sometimes | Often | Always | Optional Comments |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------|
| By the time women are discharged from your PPW program, about how often... | | | | | | |
| 6.1 ...have they been taught about women's self-help groups (like AA, NA, or other groups)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 6.2 have they attended off-site self-help groups for women? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 6.3 ...have they been connected to recovery supports in the community such as advocacy groups, domestic violence programs, or other women-focused programs? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

| Discharge Planning | Never | Ra rely | Sometimes | Often | Always | Optional Comments |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------|
| 6.4 ...have they received help connecting to social support systems such as recreational or religious groups? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| 6.5 ...have they received help reconnecting to estranged family members or significant others? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

Section 7: Post-Treatment Housing Services

Now I'd like to talk about post-treatment and transitional housing services provided to your clients after completing this program.

| Post-Treatment Housing Services | Response | Optional Comments |
|---|---|-------------------|
| 7.1 About what percentage of clients have a concrete and specific post-treatment housing plan that will support recovery? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| Upon <u>completing</u> PPW treatment, about what percentage of your clients actually go... | | |
| 7.2 ...into an institution (hospital, inpatient or other residential program, or jail/prison)? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| 7.3 ...into transitional housing? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| 7.4 ...into a living situation where drugs or alcohol are abused in the home? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |
| 7.5 ...into a potentially abusive domestic situation? | 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ≤5% 25% 50% 75% ≥95% | |

Section 8. Recovery Support/Continuing Care Services

Now I would like to ask you about any recovery support/ continuing care services available to the clients in your PPW program.

8.1 Do you know about the recovery support/continuing care services offered to clients in this program once they have graduated?

☐ No→Go To Section 9

☐ Yes

8.2 Does this program offer recovery support / continuing care services to clients who graduate?

☐ No→Go To Section 9

☐ Yes

☐ Dk→Go To Section 9

8.3 Is continuing care mandatory for all clients who do not go to another treatment program upon discharge?

☐ No

☐ Yes

☐ DK

8.4 What determines the duration, frequency, and content of continuing care?

8.5 What outreach practices does this program use for following up with clients who do not show up for continuing care?
Are there official outreach policies?

8.6 Do you or anyone in the program provide transportation for continuing care?

☐ Yes, Respondent

☐ Yes, Someone else in Program

☐ No→Skip Next Item

☐ DK

8.7 Do PPW counselors meet clients off-site for continuing care?

☐ No→Go To Section 9

☐ Yes

☐ DK→Go To Section 9

8.8 On average, about how much time do you or other counselors spend each month meeting clients offsite for continuing care?

_____ Days

☐ DK

8.9 How do your responsibilities change during continuing care? [*Probe For Counseling, Case Management, Etc.*]

Section 9. Patient Satisfaction

Now, I would like to learn about things clients in your PPW program complain about most often and what they say they like the best about the PPW program.

9.1 What is the most common **complaint** that clients have about this program? [*Check All That Apply. Circle Most Common If More Than One Check. Responses Can Be Used As Probes.*]

- ☐ Living conditions in the PPW program
- ☐ Feelings of safety while in the PPW program
- ☐ Other clients
- ☐ PPW staff
- ☐ Quality of treatment and types of services provided by the PPW program (i.e., wanting more services or help)
- ☐ Program rules, restrictions, requirements
- ☐ Don't want to be in treatment, coerced into seeking treatment
- ☐ Access to their children while they are in the program (the visiting hours, phone calls, etc.)
- ☐ Other, specify

9.2 What do clients say they **like most** about this program? [*Check All That Apply. Circle Most Common If More Than One Check. Responses Can Be Used As Probes.*]

- ☐ Living conditions in the PPW program (food, physical accommodations)
- ☐ Feelings of safety while in the PPW program
- ☐ Other clients
- ☐ PPW staff
- ☐ Quality of treatment and types of services provided by the PPW program
- ☐ Access to their children while they are in the program (the visiting hours, phone calls, etc.)
- ☐ Other, specify

9.3 Do pregnant women differ from non-pregnant women in their complaints?

- ☐ No
- ☐ Yes→**Describe.**
- ☐ DK

9.4 Do pregnant women differ from non-pregnant women in the things they say they like best about the PPW program?

- ☐ No
- ☐ Yes→**Describe.**
- ☐ DK

Section 10. Program Challenges/Strengths

Now I would like to discuss potential challenges faced by your program in delivering services to women and their children.

10.1 What types of women is the PPW program unable to serve? [*Probe: This could be clients with particular health issues, psychiatric issues, non-English speaking clients, etc.*]

- 10.2 What are barriers for women **entering** the PPW program (e.g., are there problems that prevent women who want to enter the program from actually entering the program such as finding someone to care for their children while they are in treatment)?
- 10.3 What services are not currently provided to PPW clients and/or their children that you think would enhance treatment for clients, children and/or their children?
- 10.4 Of all of the services your program provides, which do you think have had the most influence in:
- a. Decreasing client's substance use? Please explain how or in what way?
 - b. Increasing safe and healthy pregnancies/improved birth outcomes? Please explain how or in what way?
 - c. Improving mental health of clients and their children? Please explain how or in what way?
 - d. Improving physical health of clients and their children? Please explain how or in what way?

- e. Improving family functioning? Please explain how or in what way?
- f. Decreasing involvement/exposure to crime, violence, sexual/physical abuse, and child abuse/neglect? Please explain how or in what way?
- g. Improving economic/housing stability? Please explain how or in what way?

Section 11. Respondent Demographic Information

Before we finish, I would like to ask you a few questions about **your** demographic characteristics.

- 11.1 Do you consider yourself to be Hispanic or Latino/a?

☐ Yes☐ No☐ DK/Refused

- 11.2 What race or ethnic backgrounds do you most identify with? You can choose all that apply. Would you say...

☐ ...American Indian or Alaska Native

☐ ...Asian

☐ ...Black or African American

☐ ...Native Hawaiian or other Pacific Islander

☐ ... White

☐ DK/Refused

11.3 I am going to list some age categories. Would you say you are...

- ☐ ...18-25
- ☐ ...26-34
- ☐ ...35-44
- ☐ ...45-54
- ☐ ...55-64
- ☐ ...65 or older
- ☐ Refused

[Interviewer Script:] That is all of the questions that I have for you. Do you have any questions for me or would you like to tell me about any other issues that you think are important to understanding the program or the services that you provide?
Thank you.