

ATTACHMENT I: INSTRUMENT FOR PROGRAM DIRECTOR

I-1

Site Visit Protocol-Program Director Interview

Attachment I-1

Site Visit Protocol – Program Director Interview

Program Director Interview*

2-8-10

[Words in capital letters 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: _____

Program Director Name: _____

Program Director Gender: ☐ M ☐ F

Program Director 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 Are you responsible for any other programs/modalities in addition to PPW?

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

[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 long have you worked in substance abuse and/or mental health treatment?

_____ 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 Has program director provided direct clinical care?

- ☐ No
☐ Yes

Section 2: Program Structure and Philosophy

This study focuses on women and their children who have received treatment in your PPW program since your grant started.

[Skip 2.1 If already have this information from the clinical director / supervisor.]

2.1 Can you think of any general changes that have occurred since your PPW grant started in the following areas?

- a. The client population served here?

- b. Program staffing?

c. Services offered?

d. Changes in the community where your PPW program is located that have influenced the services you provide?

e. Other program matters?

2.2 Please describe how the organization is structured from an administrative standpoint. [*Request organization chart.*]

2.3 How many women and children does your PPW program currently serve?

_____ Women
_____ Children

2.4 How many women and children is your program capable of serving?

_____ Women
_____ Children

a. If program is not at capacity (2.4 – 2.3), why not?

2.5 What licensing/certifications for services does your agency currently hold?

2.6 May I have a copy of your mission statement?

[*Interviewers to Fill In Later: Check all that apply based on review of PPW mission statement. PPW mission statement addresses:*]

- ☐ Treatment for Women
- ☐ Behavioral Health
- ☐ Co-Occurring Disorders
- ☐ Mission Statement not just for PPW Program
- ☐ No Mission Statement Provided
- ☐ No Mission Statement Exists

Section 3: Patient Admissions Patterns

Now I would like to talk with you about client admission to your PPW program since your grant started.

Referral Sources	Response	Optional Comments
3.1 Since your grant started, about what percentage of the clients referred here have you been <u>unable</u> to admit to your program?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div> <div>↳Skip Next Item</div>	
3.2 For what reason(s) has the program been unable to admit clients? [<i>Select all that apply.</i>] <i>If more than one reason selected:</i> 3.3 What is the <u>one</u> most common reason? (<i>Circle choice.</i>)	<input type="checkbox"/> Limited Beds <input type="checkbox"/> Client(S) Chose Not To Come <input type="checkbox"/> Reimbursement Issues <input type="checkbox"/> Stage Of Pregnancy <input type="checkbox"/> Other, <i>Specify</i> <input type="checkbox"/> NA – Admitted All Women	
About what percentage of the clients served by your PPW program...		
3.4 ...are referred for PPW treatment by the child welfare system?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.5 ...are referred for PPW treatment by the criminal justice system?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.6 ...are referred for PPW treatment by other substance abuse programs?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.7 ...are referred for PPW treatment by mental health programs?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.8 ...are referred for PPW treatment by employer/EAP?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.9 ...are referred for PPW treatment by Health services/HMO's?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.10 ...are referred for treatment by Self?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.11 ...are referred for PPW treatment by Family?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.12 ...are referred for PPW treatment by Other, specify?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.13 ...live in the same community or within 25 miles of this PPW facility?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> ≤5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	
3.14 ...have reunification with their child(ren) as a primary goal of treatment?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <input type="checkbox"/> <5% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> ≥95% </div>	

Section 4. General Program Environmental Features

Now I'm going to ask you about your 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	
4.1 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"/>	
4.2 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"/>	
4.3 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"/>	
4.4 Smoking areas are supervised.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.5 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"/>	
4.6 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>
4.7 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"/>	
4.8 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"/>	

Section 5. Children's Services

Now I'm going to ask you about any services your PPW program might provide for the children of women in your PPW program.

Service	Response	Optional Comments
5.1 Are there limits to the services your PPW program provides to clients' children living with them in your program? (Such as the child's age, the number of children, and/or how long the child can stay with the mother?)	<i>Limits:</i> <input type="checkbox"/> Girl's age: _____ <input type="checkbox"/> Boy's age: _____ <input type="checkbox"/> # per woman: _____ <input type="checkbox"/> Stay only a few days at a time <input type="checkbox"/> Very rare for child to stay <input type="checkbox"/> Other, <i>Specify</i> : _____	
While the mother is still in the PPW program, about what percentage of the children who are in her custody (both those who live and do not live with them in the program)...		
5.2 Are screened or assessed for behavioral health and developmental challenges? a. <i>If > 1 above</i> , Does this take place onsite, offsite, or both?	<div style="display: flex; justify-content: space-around;"> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> ≤5% 25% 50% 75% ≥95% </div> <p>↳ Skip Next Item</p> <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Both <input type="checkbox"/> Other, <i>Specify</i> : _____	

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	
5.3 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"/>	
5.4 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 6. Staff Competencies and Training

Now I'm going to ask you about the CLINICAL staff who work here. This includes counselors and anyone who provides direct clinical services to clients.

6.1 Does the PPW program have a policy regarding matching clients and counselors by gender?

☐ No

☐ Yes→*Specify*.

6.2 Is priority placed on hiring PPW staff that are in recovery?

☐ No

☐ Yes

Currently, about how many <u>(A, B, C)</u> ...	(A) # Counselors	(B) # CMs	(C) # Other	C = Other Residential Assistants, Treatment Attendants, Health/ House Managers, Etc.	
6.3 ...work in the PPW program?					
6.4 ... have an addiction counseling certification? (This can be a basic or advanced certification)		<input type="checkbox"/> NA	<input type="checkbox"/> NA		
6.5 ...have a mental health treatment license?		<input type="checkbox"/> NA	<input type="checkbox"/> NA		
6.6 ...are in recovery themselves?		<input type="checkbox"/> NA	<input type="checkbox"/> NA		
About what percentage of CLINICAL staff who work with PPW clients have...					
6.7 ...special training in co-occurring disorders?	1 <input type="checkbox"/> ≤5%	2 <input type="checkbox"/> 25%	3 <input type="checkbox"/> 50%	4 <input type="checkbox"/> 75%	5 <input type="checkbox"/> ≥95%
6.8 ...special training in women's issues?	1 <input type="checkbox"/> ≤5%	2 <input type="checkbox"/> 25%	3 <input type="checkbox"/> 50%	4 <input type="checkbox"/> 75%	5 <input type="checkbox"/> ≥95%
6.9 ...special training in trauma and/or PTSD?	1 <input type="checkbox"/> ≤5%	2 <input type="checkbox"/> 25%	3 <input type="checkbox"/> 50%	4 <input type="checkbox"/> 75%	5 <input type="checkbox"/> ≥95%
6.10 ...licensure or certification in child and/or family issues?	1 <input type="checkbox"/> ≤5%	2 <input type="checkbox"/> 25%	3 <input type="checkbox"/> 50%	4 <input type="checkbox"/> 75%	5 <input type="checkbox"/> ≥95%
6.11 ...special training in culturally-relevant treatment issues?	1 <input type="checkbox"/> ≤5%	2 <input type="checkbox"/> 25%	3 <input type="checkbox"/> 50%	4 <input type="checkbox"/> 75%	5 <input type="checkbox"/> ≥95%
6.12 ...received special training in your PPW program's treatment model philosophy? (i.e., training in structured treatment protocols/manuals)	1 <input type="checkbox"/> ≤5%	2 <input type="checkbox"/> 25%	3 <input type="checkbox"/> 50%	4 <input type="checkbox"/> 75%	5 <input type="checkbox"/> ≥95%
					<i>Please describe training:</i>

Now I'm going to ask you about your meetings with the CLINICAL staff who work for your PPW program and any training you provide for your CLINICAL staff.

- 6.13 About how often do you hold **formal** staffings, case conferences, or treatment planning meetings, where you review clients' progress?
- ☐ Daily
☐ Weekly
☐ Monthly
☐ It Varies
☐ Don't/ Only Informally
- 6.14 On average, about how long are these case review conferences or meetings? (Please estimate for an individual client, including general meeting time.)
- _____ Min Total
- From _____ To _____ Min Per Client
- Typically _____ Min Per Client
- ☐ DK
- 6.15 Does the PPW program provide continuing education or in-service training or require other specific training for clinical staff?
- ☐ No→Go To 6.19
☐ Yes→**Describe.**
- ☐ Other, **Specify:**
- 6.16 About how often is training provided?
- [Choose All That Apply]*
- ☐ Annually or more often
☐ Less than annually
☐ When new staff are hired
☐ Other, **Specify:**
- 6.17 (Who usually provides this training)?
- [Choose All That Apply]*
- ☐ PPW staff
☐ Non-PPW staff from same facility
☐ Outside consultants
☐ Programs offered elsewhere
☐ eLearning (on computer)
☐ Other, **Specify:**
- 6.18 About how much time each year does each clinical staff spend getting training related to women and their recovery?
- From _____ To _____ Hours / Year
- Mean = _____ Hrs Per Staff/ Year
- 6.19 Are there any topics that you would like to see covered in a training/professional development activity?
- ☐ No
☐ Yes→**Describe.**

(Again, please think only about those CLINICAL staff that provides services to PPW clients.)

To what extent does the training provided, sponsored, or endorsed by the PPW program include...	Never	Rarely	Sometimes	Often	Always	Optional Comments
6.20 ...current theory of women's development from childhood through adulthood?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.21 ...unique characteristics of women with mental health and substance abuse issues? (Including ways in which women develop behavioral and health problems that are distinct from men.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.22role of co-occurring other mental health problems in women's recovery (such as depression, anxiety disorders, PTSD, eating disorders)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.23 ...impact of cultural issues on treating women?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.24 ...women's sexuality, sexual orientation, and related concerns?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.25 ...the effect on women of trading sex for drugs or money to buy drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.26 ...the role of trauma and issues of re-traumatizing women?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.27 ...sexual abuse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.28 ...family violence?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.29 ...community supports available for women?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
6.30 ...role of parenting or caretaking in recovery?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

6.31 What supports are in place to enhance staff morale and provide care for them as caregivers?

Section 7: Program Challenges

Now, I would like to understand some of the challenges that your PPW program has faced since your grant started. I'm going to read a list of areas that are often challenging for programs. Please tell me how much of a challenge this has been for this program on a scale of 1 to 5, where 1=Not at all a challenge and 5=Very much a challenge. Where this has been a challenge, I would like to know what the nature of the challenge has been and whether you think it was successfully resolved.

How much of a challenge have the following areas been since your grant started?

Program Challenge Area	(A) Rating					If A=2-5: (B) Description/Source of Challenge [Don't Read Categories]	If A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.1 Financial matters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Low Staff Pay <input type="checkbox"/> Increased Costs <input type="checkbox"/> Budget Cuts <input type="checkbox"/> Limited Reimbursement <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.2 Keeping the PPW program at full capacity (i.e., beds full)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Client Flow <input type="checkbox"/> Clients View Program As Restrictive <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.3 Administration or management of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Regulations Imposed By State, Etc. <input type="checkbox"/> Funding <input type="checkbox"/> Modernizing Tx Philosophy/ Structure <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.4 Finding and keeping qualified staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Staff Turnover <input type="checkbox"/> Limited Staff (Training, Qualifications) <input type="checkbox"/> Not Enough Staff <input type="checkbox"/> Finding Qualified Staff <input type="checkbox"/> Low Pay <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)

Program Challenge Area	(A) Rating					If A=2-5: (B) Description/Source of Challenge <i>[Don't Read Categories]</i>	If A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.5 Facilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Old Or Run-Down <input type="checkbox"/> Insufficient Space <input type="checkbox"/> Access To Community /Public Transport <input type="checkbox"/> Neighborhood Iffy (Drugs, Crime) <input type="checkbox"/> Other, <i>Specify:</i>	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.6 Meeting clients' needs for services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Meeting Mental Health Needs <input type="checkbox"/> Clients Have Too Many Needs <input type="checkbox"/> Voc Training/Job Placement Hard <input type="checkbox"/> Not Enough Women's Beds <input type="checkbox"/> Keeping Enough Women In Tx <input type="checkbox"/> Safety (Emotional, Physical) <input type="checkbox"/> Insufficient Childcare <input type="checkbox"/> Medical Issues <input type="checkbox"/> Other, <i>Specify:</i>	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.7 Visitation with children (who are not in treatment with mother)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Children Live Far Away <input type="checkbox"/> Cps/Others Won't Bring Them <input type="checkbox"/> Other, <i>Specify:</i>	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.8 Providing services to children within PPW program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Not Enough Child Beds <input type="checkbox"/> Accommodating Older Boys <input type="checkbox"/> Accommodating Older Girls <input type="checkbox"/> Child Behavior Problems <input type="checkbox"/> Meeting Children's Therapeutic Needs <input type="checkbox"/> Other, <i>Specify:</i> <input type="checkbox"/> NA	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)

Program Challenge Area	(A) Rating					If A=2-5: (B) Description/Source of Challenge <i>[Don't Read Categories]</i>	If A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.9 Having prenatal or perinatal services available ONSITE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Expensive W/ Inadequate Reimbursement <input type="checkbox"/> Need Is Variable So Hard To Keep Resources/Linkages Fresh <input type="checkbox"/> Other, <i>Specify:</i> <input type="checkbox"/> NA	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.10 Client satisfaction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<i>Clients Complain About:</i> <input type="checkbox"/> Food <input type="checkbox"/> Physical Accommodations <input type="checkbox"/> Staff <input type="checkbox"/> Prog Rules, Restrictions, Requirements <input type="checkbox"/> Wanting More Services Or Help <input type="checkbox"/> Don't Want To Be Here, Tx Coerced <input type="checkbox"/> Everything - Impossible To Please <input type="checkbox"/> Other, <i>Specify:</i>	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)

7.11 What services are not currently provided to PPW clients and/or their children/family members that you think would enhance their treatment?

7.12 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?
- e. Improving economic/housing stability? Please explain how or in what way?

Section 8: Recovery Support/Continuing Care Services

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

8.1 About what percentage of clients go to another program after discharge from your PPW program?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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% |

- 8.2 Since your PPW program started, have clients received continuing care from your program following treatment?
☐ No→Go To 8.3
☐ Yes

- 8.3 *If Yes above, Is it provided onsite, offsite, or both? [Skip Next Item]*
☐ Onsite
☐ Offsite
☐ Both
☐ Other, **Specify**:

- 8.4 *If No To 8.2, About what percentage of clients in your program have confirmed appointments prior to discharge with treatment providers who will be providing continuing care (this includes discharge to another program? [Skip To Section 9]*

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

Continuing Care Services	Response	Optional Comments
During recovery support/continuing care, about what percentage of your clients receive...		
8.5 ...counseling?	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%	
8.6 ...alumni groups and/or activities?	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%	
8.7 ...resource coordination, advocacy, and/or case management?	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%	
8.8 ...educational or vocational support services?	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%	
8.9 ...childcare when a client comes to the facility for continuing care services?	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%	
8.10 ...continued services for a client's children if they received them while she was in your PPW program?	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%	<input type="checkbox"/> NA

- 8.11 On average, for about how many months after PPW treatment completion do **clients actually receive** recovery support/continuing care services from your PPW program?

_____ Months
☐ DK

Section 9: Comprehensiveness of Services for Women, Children, and Families

Comprehensive Services for Women

For each service listed below, list the % of pregnant or postpartum women served by your grant who have received (or are currently receiving) each service while in your program, and place a ✓, C, or R in the appropriate box(es). For all services that are contracted or referred out, please list the name of the outside provider along with their phone number and email.

Services for Women				
	% Clients Receiving Service	Provided Onsite (✓)	Contracted / Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Intake Screening Assessments				
Physical examination				
Medical History and Diagnosing				
Allergies & adverse drug reactions				
STDs				
HIV/AIDS				
Hepatitis				
TB				
Gynecological/pelvic examination				
Dental examination				
Speech and hearing				
Nutrition				
Vision				
Mental health				
Substance abuse				
Emotional abuse trauma				
Sexual abuse trauma				
Physical abuse trauma				
Employment history				
Education level				
Language proficiency/literacy				
Housing needs				
Legal needs				
Child care responsibility and needs				
Criminal justice involvement				
Eligibility for benefits				
Other (specify)				
Services - Medical				
Detoxification				

Services for Women				
	% Clients Receiving Service	Provided Onsite (✓)	Contracted / Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Prenatal/postpartum care				
Laboratory testing				
Routine urinalysis				
Medical treatment for medical diagnosis				
Treatment of Hepatitis, HIV/AIDS, other STDS				
Family planning				
Drug testing				
Mammograms				
Pap smear				
Clinical breast exam				
Pharmacotherapy				
Other (specify)				
Services – Mental Health				
Couple/family therapy				
Individual substance abuse counseling				
Group substance abuse counseling				
HIV/AIDS counseling				
Hepatitis and STDS (not HIV/AIDS) counseling				
Trauma/survivors group				
Mental Health Treatment				
Mother-Child Parenting /Bonding Classes				
Mother/Child Counseling /Classes				
Individual Psychiatric Therapy (based on psychiatric diagnosis)				
Group Psychiatric Therapy (based on psychiatric diagnosis)				
Sexuality group (attitudes, etc.)				
Peer counseling				
Art therapy				
Anger group				
Child Welfare reunification services				
Other (specify)				

Services for Women				
	% Clients Receiving Service	Provided Onsite (✓)	Contracted / Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Services - Health Education				
Substance abuse education and treatment				
Health education about HIV/AIDS				
Health education about Hepatitis and other STDs				
Health education about psychiatric diagnoses				
Health counseling about managing chronic disease				
Nutrition education				
Smoking cessation				
Diet and exercise				
Other (specify)				
Services - Life Skills				
Parenting skills training				
Educational/GED tutoring /assistance				
Employment readiness				
Employment training				
Employment referral /placement				
Financial management training				
Post-residential treatment continuing care				
Relapse prevention				
Stress management				
Coping skills				
Assertiveness training				
Self-defense				
Other (specify)				
Services - Other				
Discharge planning				
Linkage with socio-economic support at State and Federal levels (if eligible)				
Transportation				
Permanent housing arrangements				
Child care				

Services for Women				
	% Clients Receiving Service	Provided Onsite (✓)	Contracted / Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Case management services				
Recreational activity (field trips, movies, team sports, cultural, experiences, picnics)				
Spiritual Activity (meditational activities, attendance at services, watching video tapes, listening to tapes, etc.)				
Other (specify)				

Comprehensive Services for Children

For each service listed below, list the % of children served by your grant who have received (or are currently receiving) each service while in your program, and place a ✓, C, or R in the appropriate box(es). For all services that are contracted or referred out, please list the name of the outside provider along with their phone number and email.

Services for Children				
	% Children Receiving Service	Provided Onsite (✓)	Contracted / Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Intake Screening Assessment				
Physical examination				
Medical History and Diagnosing				
Dental examination				
Allergies and adverse drug reactions				
Speech and hearing				
Vision screening				
Nutrition				
Developmental assessment				
Mental Status Exam for Children				
Mental health				
Substance abuse				
Physical abuse trauma				
Emotional abuse trauma				
Sexual abuse trauma				
Educational level				
Eligibility for benefits				
Other (specify)				
Services - Medical				
Medical treatment for medical diagnosis				
Laboratory testing				
Immunizations				
Other (specify)				
Services – Mental Health				
Individual counseling relating to substance abuse				
Individual psychiatric therapy based on psychiatric diagnosis				
Group therapy based on psychiatric diagnosis				

Services for Children				
	% Children Receiving Service	Provided Onsite (✓)	Contracted / Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Art therapy				
Play therapy				
Individual nurturing				
Mother/father/child counseling classes				
Mother-child parenting/ bonding classes				
Father-child parenting/ bonding classes				
Trauma-related counseling				
Group counseling for children of substance abuse				
Ala Tot				
Ala Teen				
Recreational therapy				
HIV/AIDS counseling				
Other (specify)				
Services - Life Skills				
Substance abuse prevention				
Special/remedial education (for learning disabled)				
Physical therapy				
Speech therapy				
Occupational therapy				
Coping skills				
Self-esteem				
Other (specify)				
Services - Other				
After care plan				
Linkage with socio-economic support at State and Federal levels (if eligible)				
Recreational activity (field trips, movies, team sports, cultural experiences, picnics)				
Spiritual activity (meditation, faith-based services, video /audio tape/dvd, etc.)				
Other (specify)				

TI # _____

Comprehensive Services for Families

For each service listed below, list the % of clients served by your grant who have received (or are currently receiving) each service while in your program, and identify if the clients are Fathers, Partners/Spouse, and/or Extended Family Members by placing a ✓ in the appropriate box(es). Additionally, for each service listed below identify if service was provided Onsite, Contracted, or Referred Out to another provider by placing a ✓, C, or R in the appropriate box(es). For all services that are contracted or referred out, please list the name of the outside provider along with their phone number and email.

Services For Families							
	% Clients Receiving Service	Fathers (✓)	Partners/ Spouses (✓)	Extended Family Members (✓)	Provided Onsite (✓)	Contracted/ Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Outreach and Engagement							
Phone calls to invite to program							
Individual meetings							
Home visit							
Recreation activity (e.g., family outing, celebration)							
Transportation assistance to attend program activity							
Incentive for father/s and family member/s to participate (e.g., gifts, raffles)							
Mailed program information to invite to program							
Male-oriented activities to engage fathers/family members							
Telephone support							
Other (specify)							
Services – Education and Mental Health							
Family or couple counseling							
Individual mental health treatment							
Addiction treatment							
Alcohol and drug education							
Education on co-occurring							

Services For Families							
	% Clients Receiving Service	Fathers (✓)	Partners/ Spouses (✓)	Extended Family Members (✓)	Provided Onsite (✓)	Contracted/ Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
disorders							
Psycho-educational support group							
Support groups for coping with life experiences							
Parenting classes							
Family strengthening and preparation for safe reunification or re-connection - information and counseling							
Nurturing, bonding for father/s and family member/s to strengthen attachment and relationships to child/ren – information and counseling							
Domestic violence information and counseling for victims							
Domestic violence information and counseling for perpetrators							
Other (specify)							
Services – Life Skills							
Employment services							
Education services							
Education about social services and benefits (TANF, food stamps, health insurance, medical services, food banks)							
Education about services to ease family members' childcare burden (respite, child care, after-school program, early intervention, mental health, summer camps)							
Housing assistance							

Services For Families							
	% Clients Receiving Service	Fathers (✓)	Partners/ Spouses (✓)	Extended Family Members (✓)	Provided Onsite (✓)	Contracted/ Referred Out (C or R)	Outside Provider Information (List name, Phone.#, and email information for Provider)
Life-skills training (time management, conflict resolution, budgeting, stress management)							
Assistance navigating systems (e.g., child welfare/CPS, criminal justice, mental health)							
Assistance accessing services and other entitlements (welfare, WIC, TANF, SSI, DVR, etc.)							
Community reintegration for formerly incarcerated fathers/family members							
Connection to spiritual and faith activities and support							
Connection to culturally-specific community supports and activities							
Medical services							
Assistance in accessing medical treatment							
Other (specify)							
Services - Other							
Advocacy							
Childcare for families attending program activities							
Clothing donations							
Other (specify)							

Section 10: Respondent Demographic Information

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

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

- ☐ Yes
- ☐ No
- ☐ DK/Refused

10.2 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, and/or
- ☐ ...White?
- ☐ DK/Refused

10.3 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.
