

ATTACHMENT G: INSTRUMENT FOR CLINICAL DIRECTOR/SUPERVISOR

G-1 Site Visit Protocol-Clinical Director/Supervisor Interview

Attachment G-1

Site Visit Protocol – Clinical Director/Supervisor Interview

TI # _____

Clinical Director/Supervisor Interview*

2/15/10

[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: _____

Clinical Director/ Supervisor Name: _____

Clinical Director/ Supervisor Gender: ☐ M ☐ F

Clinical Director/ Supervisor 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 Do you know generally about the services offered to PPW client's children here, or is there someone else (i.e., Children's Services Coordinator) that we should speak with about children's services?

☐ Yes → *Ask Questions In Section 12*

☐ No → Name: _____ *Ask Named Individual Questions In Section 12*

* 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 What are your current responsibilities?

1.5 Are you responsible for any other programs/modalities in addition to the **PPW** grant?

☐ 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?*

_____ %

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

1.7 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)

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 since your grant started.

[Skip 2.1 If Already Have This Information From The Program Director].

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?

Now, I would like to ask you some questions about your PPW program's approach to treatment and the treatment philosophy of your program.

2.2 Can you please tell me a little about how your PPW clinical program is structured?

a. Does your PPW program have phases of treatment for clients (e.g., women receive specific services for allocated amounts of time and then receive different services; women are granted specific privileges and earn more privileges as goals are met)

☐ Yes

☐ No → Go To 2.3

☐ Other, *Specify*:

b. How is each phase characterized? (e.g., privileges, time in treatment, treatment milestones, patient-to-staff ratio)?

c. What is required to progress through phases?

d. What might cause a demotion in phase?

2.3 Please tell me about the treatment model/philosophy here that is used to treat clients in the PPW program. *Probe: 12-step, Contingency management, etc. [Check All That Apply]*

- ☐ 12-Step
☐ Met / Motivational Enhancement
☐ Contingency Management
☐ Cognitive-Behavioral
☐ Other, ***Specify:***

2.4 Is there a written copy of the treatment model/philosophy used for clients?

- ☐ No
☐ Yes → Request A Copy *[Check If Copy is Provided ☐*
☐ DK

2.5 Does your PPW program use any structured treatment protocols or manuals? (*e.g., Probe: CSAT TIPs or the approaches listed in NIDA's Principles of Effective Drug Treatment?*)

- ☐ No→Skip Next Item
☐ Yes – ***Which Ones?***
 Request A Copy *[Check If Copy is Provided ☐*
☐ DK→Skip Next Item

a. What percentage of the staff received training on these treatment protocols or manuals?

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

b. To what extent are treatment services delivered in manner prescribed by the treatment protocols or manual?

- | | | | | |
|--------------------------|-------------------------------|--------------------------|-------------------------------|-----------------------------|
| 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% |
| Rarely/
none | Less than
half of services | About
half | More than
half of services | Almost all/
all services |

2.6 Have the treatment model/philosophy or treatment protocols/ manuals been modified or adapted since the PPW grant started?

- ☐ No→Skip Next Item
☐ DK→Skip Next Item
☐ Yes – Which?
 ☐ Treatment Model/Philosophy
 ☐ Treatment Protocols/Manuals

a. Describe adaptations and explain why the modifications/adaptations were necessary or desirable

2.7 What is your 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:***

2.8 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:***

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	
2.9 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"/>	
2.10 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"/>	
2.11 Treatment is strength (asset) based, with ongoing opportunities for women to experience, practice and explore positive capabilities. <i>(Describe how 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"/>	
2.12 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	
2.13 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"/>	
2.14 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"/>	
2.15 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"/>	
2.16 Smoking areas are supervised.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
2.17 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"/>	
2.18 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>
2.19 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"/>	
2.20 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**?

2.21 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"/>	
2.22 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"/>	

Now, I'm going to ask about the caseloads of clinical staff that treat PPW clients.

2.23 What is the current average caseload per **full-time** counselor?

☐ DK

_____ Clients Per **Counselor**

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

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

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

2.25 Do you have case managers?

☐ No Skip Next Item

☐ Yes

2.26 What is the current average caseload per case manager?

☐ DK

_____ Clients Per **Case Manager**

2.27 For an average client, about how many **individual** sessions does she have with her counselor each week (where the individual session lasts 15 minutes or more)?

☐ <1 Sessions Per Week

☐ 1 Session Per Week

☐ ≥2 Sessions Per Week

☐ Varies, *Specify*:

2.28 On average, about how long does each **individual** session with her counselor last?

☐ DK

_____ Minutes

2.29 Are **counselors** available to clients by appointment only, as needed during the day shift, 24 hours a day, or on some other schedule?

☐ By Appointment Only

☐ As Needed On Day Shift

☐ 24 Hours A Day

☐ Some Other Schedule *Specify*:

Section 3: Target Population

I would like to find out about the clients treated in your PPW program since the beginning of the grant.

3.1 Are some women given priority for admission to PPW?

☐ No

☐ Yes

☐ DK

a. If Yes, what types of women are given priority? [*Don't Use Listed Responses As Probes*]

- ☐ IV Drug Users
- ☐ Patients in Unsafe Living Situations (e.g., domestic violence)
- ☐ Parenting Patients
- ☐ Repeat Patients (who have already been in the program)
- ☐ Court-Ordered Patients
- ☐ Other, *specify*
- ☐ None

b. Why are they given priority?

Does the PPW program provide treatment to clients who...	Response	Optional Comments
3.2are currently suicidal? (i.e., experiencing/expressing suicidal thoughts)	<input type="checkbox"/> DK <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 ..have a history of prior violent behaviors?	<input type="checkbox"/> DK <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 ..have an acute psychiatric condition? <i>(Definition: psychiatric problem different from substance abuse needing immediate attention)</i>	<input type="checkbox"/> DK <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, are there any psychiatric conditions you exclude? <input type="checkbox"/> DK <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, <i>specify</i> :	

Does the PPW program provide treatment to clients who...	Response					Optional Comments
3.5have an acute medical condition? <i>(Definition: medical symptoms needing immediate attention)</i>	<input type="checkbox"/> DK <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, are there any conditions you exclude? <input type="checkbox"/> DK <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, <i>specify</i>					
On average, about what percentage of the clients treated in the PPW program ...						
3.6are pregnant?	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%	
3.7...are postpartum?	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%	
3.8are currently involved with child welfare/ Child Protective Services?	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%	

Section 4. Assessment and Engagement

I'm going to start by asking you about the assessment and engagement process experienced by clients in your PPW program.

4.1 Do you use assessment forms in addition to GPRA?

- ☐ DK→Go To 4.4
☐ No→Go To 4.4
☐ Yes→Request Copy [*Check If Copy Provided* ☐]

4.2 May I please have a copy of the treatment planning forms?

- ☐ NA – Don't Use Treatment Planning Forms
☐ No
☐ Yes→[*Check If Copy Provided* ☐]

4.3. Is the assessment process sensitive to client's possible history of sexual abuse or domestic violence (i.e., sensitivity to re-traumatization)?

- ☐ No
☐ Yes→Please explain how the process is sensitive to re-traumatization.

Please think about the following statements and indicate how strongly you agree or disagree with each statement.

	Response					Optional Comments
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
4.4 Clients had to wait less than one week to enter the program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.5 If a client had to wait longer than one week to enter the program, there were regular, ongoing contacts with her until she entered program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> NA
4.6 When a client has difficulty engaging in the assessment process, the program uses outreach and other efforts to get the client involved in the treatment program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.7 Accommodations are made so that non-English speaking clients can access written materials.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

During the initial assessment with clients, to what extent are the following areas addressed...

	Response					Optional Comments
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
4.8 ...parenting skills?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.9 ...other relationships and social support resources outside of this treatment program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.10 ...history of grief and loss?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.11 ...history of domestic violence?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.12 ...concerns for her safety?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

	Response					Optional Comments
	Never	Rarely	Sometimes	Often	Always	
4.13 ...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"/>	
4.14 ...stage of change?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	How is stage of change measured?
4.15 ...life skills such as paying bills, shopping for food, managing a budget, or renting an apartment?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.16 ...vocational needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.17 ...housing needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.18 ...spiritual, religious, or cultural needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.19 ...gambling problems?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
4.20 ... physical abuse , sexual abuse, and/or PTSD using a standardized tool or written protocol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

Section 5. 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...						
5.1include integrated / coordinated substance use and mental health objectives (i.e., they are kept separate or parallel)?	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%	
5.2 ...contain mental health objectives that include strategies to reduce specific symptoms?	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%	
5.3 ...list the client's strengths and assets and how these will be used to achieve the client's recovery objectives?	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%	
5.4include the client as an active participant in the process of developing recovery objectives?	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%	

Section 6: Specific Services Available During Treatment

Now I would like to ask you about the specific services offered to clients in your PPW program.

Treatment Services	Response					Optional Comments
On average, what percentage of ALL groups attended by clients in your PPW program are...						
6.1 ...led by a female (counselor, therapist, tech, or case manager)?	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%	
About what percentage of the clients in your PPW program...						
6.2 ...receive counseling related to PTSD or trauma such as sexual abuse and domestic violence?	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%	
6.3 ...receive counseling or training about healthy relationships and how to avoid unhealthy relationships?	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%	
6.4 ...receive assertiveness and/or self-efficacy training?	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%	
6.5 ...make use of clearly-established peer supports within the program? <i>(Probe: ...such as women in more advanced levels of treatment mentoring those beginning)</i>	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%	
6.6 ...receive counseling or education about eating problems such as overeating, binge eating, or purging?	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%	
6.7 ...receive medical/health information relevant to women's issues (e.g., family planning, contraception, or education about Fetal Alcohol Spectrum 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 ...education about risky sexual behaviors, safer sex, or STDs?	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 ...receive physical health screening that is gender specific? (including GYN screening?)	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 ...receive STD or pregnancy testing?	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 ...receive assistance to interface with Child Protective Services or child welfare?	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%	

Treatment Services	Response					Optional Comments
6.12 ...receive educational services (e.g., GED preparation)?	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%	
6.13receive help developing a vocational plan?	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%	
6.14 ...receive vocational training while receiving treatment?	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%	
6.15receive assistance finding paid employment in the community?	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%	
6.16 ...receive help interacting with the welfare system including WIC, SSD, and Medicaid?	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%	
6.17 ...receive family therapy incorporating significant others or family members identified by the client? (The family therapy could include family conferences led by the primary counselor.)	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%	
While in your PPW program, about what percentage of the clients...						
6.18 ...participate in (semi-)structured physical activities?	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%	
6.19participate in structured social or recreational activities?	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%	
6.20 ...participate in cultural or spiritual activities?	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%	
6.21 ...participate in parenting classes or other education regarding their relationship or reunification with their children?	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%	
6.22receive transportation supports (like rides, tokens, or cards) to appointments?	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%	

6.23 For an average client, about how many **group therapy** sessions does she attend per week? *(Do not include group education sessions here.)*

☐ DK

_____ Sessions Per Week

6.24 On average, about how long does a **group therapy** session last?

☐ DK

_____ Minutes

6.25 For an average client, about how many **education groups** does she attend per week?

☐ DK

_____ Sessions Per Week

6.26 On average, about how long does an average **education group** last?

☐ DK

_____ Minutes

Now I'd like to ask you about the programs and services offered to clients in your PPW program since the grant started. I will ask you whether services are offered onsite and also if they are offered offsite or through coordinated referrals.

6.27 Do you currently offer to clients in your PPW program the ability to obtain or refill medications onsite while treatment?

☐ Yes

☐ No

a. If No, is this available offsite or through coordinated referrals?

6.28 Are there medications or types of medications clients are not able or allowed to refill while they are in PPW treatment?

☐ Yes

a. If Yes, please describe.

☐ No

6.29 Do you currently offer to clients in your PPW program psychiatric medication consultation onsite?

☐ Yes

☐ No

a. If No, is this available offsite or through coordinated referrals?

6.30 Do you currently offer to clients in your PPW program prenatal/perinatal services onsite?

☐ Yes

☐ No

a. If No, is this available offsite or through coordinated referrals?

6.31 Can care be provided in conjunction with opiate substitution treatment involving methadone or Suboxone®, if appropriate? *[Participation in such a program is **not** a basis for exclusion from treatment program.]*:

☐ Yes

☐ No

☐ DK

6.32 Does treatment incorporate the use of other medications for substance abuse problems, such as disulfiram (antabuse), naltrexone (revia or vivitrol), acamprosate (campral), or others?

☐ Yes

☐ No

☐ DK

6.33 About how often are direct services to women's **other family members** (*not just children*) provided onsite, within your PPW program? *[This refers to the treatment needs of the other family members apart from issues directly related to the woman.]*

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

6.34 About how often are women's **other family members** (*not just children*) given referrals for services or have services arranged for them? *[This refers to treatment needs of the other family members apart from issues directly related to the woman.]*

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

Now I'd like to know more about how offsite providers (or specialists who come to the facility to see women on a referral basis) and staff in your PPW program communicate.

6.35 How do offsite and onsite providers communicate about the clients served? [*Probe: Do they have joint case conferences?*]

6.36 Please describe the level of communication or case conferencing between offsite providers (or specialists who come to the facility to see clients on a referral basis) and staff in your PPW program about the specific clients served.

Now I'd like to find out about off-site and overnight privileges offered by your PPW program

6.37 Do clients in your PPW program get off-site or overnight privileges?

- ☐ Yes
☐ No→Go To Section 7
☐ DK→Go To Section 7

6.38 How is it determined if/when clients get overnight privileges?

- ☐ Later Phase
☐ Live Far Away
☐ Other, ***Specify:***
☐ NA

Section 7. Discharge Planning

Now I'm going to ask you about discharge planning for the clients treated your PPW program.

Discharge Planning	Never	Ra rely	Sometimes	Often	Always	Optional Comments
By the time women are discharged from your PPW program, about how often...						
7.1 ...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"/>	

Discharge Planning	Never	Ra rely	Sometimes	Often	Always	Optional Comments
7.2 ...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"/>	
7.3 ...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"/>	
7.4 ...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"/>	
7.5 ...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 8: Post-Treatment Housing Services

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

Post-Treatment Housing Services	Response					Optional Comments
8.1 About what percentage of clients does the PPW program help develop a concrete and specific post-treatment housing plan that will support recovery?	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%	
Upon <u>completing</u> PPW treatment, about what percentage of clients actually go...						
8.2 ...into an institution (hospital, inpatient or other residential program, or jail/prison)?	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%	
8.3 ...into transitional housing?	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%	
8.4 ...into a living situation where drugs or alcohol are abused in the home?	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%	
8.5into a potentially abusive domestic situation?	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%	

Section 9: Recovery Support/Continuing Care Services

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

9.1 Does your PPW program offer recovery support/continuing care services to clients who graduate?

- ☐ No→Go To Section 10
☐ DK→Go To Section 10
☐ Yes→***Describe.***

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

- ☐ No
☐ DK
☐ Yes

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

9.4 What outreach practices does the PPW program use for following up with clients who do not show up for continuing care?

a. Are there official outreach policies?

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

- ☐ Yes, Respondent
☐ Yes, Someone else in Program
☐ No→Skip Next Item
☐ DK

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

- ☐ No→Go To 9.10
☐ DK→Go To 9.10
☐ Yes

9.7 On average, about how much time do counselors spend each month meeting clients offsite for continuing care?

_____ Days
☐ DK

9.8 How do your responsibilities change during continuing care? [*Probe for Counseling, Case Management, etc.*]

Section 10. 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		
10.1 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)
10.2 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)
10.3 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)

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		
10.4 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, Specify :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
10.5 Providing services for children within your 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, Specify :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
10.6 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, Specify : <input type="checkbox"/> NA	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
10.7 Client satisfaction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<u>Clients Complain About:</u> <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, Specify :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)

10.8 What services are not currently provided to PPW clients and/or their children that you think would enhance treatment for clients, children and/or families?

10.9 Are there any topics that you would like to see covered in a staff training/professional development activity?

☐ No

☐ Yes → **Describe**.

10.10 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, and/or
- ☐ ...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, or
- ☐ ...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.

[Section 12 is to be completed by the person indicated in item 1.3. Skip to item 12.5 if Clinical Director completes this section.]

Section 12. Children's Services

Grantee Name: _____

Children's Coordinator Name: _____

Children's Coordinator Gender: ☐ M ☐ F

Children's Coordinator 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: _____

You were indicated by the *[Clinical Director]* as being the person most knowledgeable about children's services being offered in your PPW program.

Respondent Background

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

12.1 How long have you worked with the PPW program at *[Grantee Name]*?

Years _____ Months _____

12.2 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

12.3 What are your current responsibilities?

12.4 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)

Services Provided to Children Living with Mothers in PPW Program

Now I'm going to ask you about the services your PPW program provides for the children who live with their mothers in your PPW program.

12.5 On average, about how much time do on-site staff spend **per client** on childcare and other activities related to children living with their mothers in your program?

_____ Hours Per Client

☐ DK

12.6 Are there limits such as the child's age, the number of children, and/or how long the child can stay with the mother in your program?

☐ Girl's age: _____

☐ Boy's age: _____

☐ # per woman: _____

☐ Stay only a few days at a time

☐ Other, ***Specify:*** _____

12.7 Does your PPW program provide any services, in addition to childcare, to women's children who live with them in your Program?

☐ No

☐ Yes

- a. If Yes, what types of specialized services are offered (i.e., counseling, play therapy, and/or education groups)?

- b. If Yes, is there a standardized treatment approach to the children's services (i.e., treatment manuals, protocols, specific staff training, etc.)?

☐ No

☐ Yes (please describe)

12.8 Are the children who are living with their mothers in your program screened or assessed for behavioral health and developmental challenges?

☐ No

☐ Yes

- a. If Yes, does this screening/assessment process take place onsite, offsite, or both?

☐ Onsite

☐ Offsite

☐ Both

☐ Other, *Specify*:

- b. If Yes, please describe the screening/assessment process (e.g., what types of behavioral health/developmental challenges are assessed?)

12.9 Approximately what percentage of children living in your PPW program with their mothers receive joint services for the **child and mother together** such as family therapy, individual parenting classes, etc.?

1
☐

2
☐

3
☐

4
☐

5
☐

≤5% 25%

50%

75%

≥95%

12.10 Do these services take place onsite, offsite, or both?

☐ Onsite

☐ Offsite

☐ Both

☐ NA

☐ Other, *Specify*:

12.11 On average, about how much time do women and their children spend in child/mother joint activities each week?

Please don't count time spent in regular individual counseling. (Answer just for women who receive these services.)

Hours Per Week

☐ DK

☐ NA

Now I'm going to ask you about your PPW program's approach to the client's children who are not living with them in your program and other family members.

12.12 Are client's children who are **not** living with their mothers in your program but for whom the mother still has custody, screened or assessed for behavioral health and developmental challenges?

☐ No

☐ Yes

a. If Yes, does this screening/assessment process take place onsite, offsite, or both?

☐ Onsite

☐ Offsite

☐ Both

☐ Other, *Specify*:

b. If Yes, please describe the screening/assessment process (e.g., what types of behavioral health/developmental challenges are assessed?

12.13 About how often do women have access to their children during PPW treatment via visits, phone, or email?

☐ As much as the mother wants

☐ Once per day

☐ Multiple times per week

☐ Once per week

☐ At least once per month but less than weekly

☐ Not at all

☐ Other, *Specify*:

[Skip Remaining Items If Clinical Director Completed Above Section]

Respondent Demographic Information

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

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

☐ Yes

☐ No

☐ DK/Refused

12.15 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

12.16 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.