OMB No: XXXXX

Expiration Date: XXXX

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is XXXX-XXXX.  Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Community Support Evaluation: BHTCC

Comparison Study 18-month abstraction tool

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Note: This is the same Client ID used for Common Data Platform reporting.

Contract/Grant ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

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**NOTE:** THE FOLLOWING ITEMS ARE TO BE ABSTRACTED FROM EXISTING SYSTEMS AND ENTERED INTO THE 18-MONTH ABSTRACTION TOOL IN EXCEL.

RECIDIVISM

1. **Enter the number of times and corresponding dates that the client has been rearrested since baseline/intake [from the NCIC database].**

 |\_\_\_\_|\_\_\_\_| times (IF NONE, ENTER ZERO)

**1.a. Date of 1st arrest (mm/dd/yy)**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.b. Date of 2nd arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.c. Date of 3rd arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.d. Date of 4th arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.e. Date of 5th arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.f. Date of 6th arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.g. Date of 7th arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**1.h. Date of 8th arrest**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

1. **Enter the number of times and corresponding dates that the client has been recommitted since baseline/intake [to the state department of corrections].**

 |\_\_\_\_|\_\_\_\_| times (IF NONE, ENTER ZERO)

**2.a. Date of 1st recommitment (mm/dd/yy)**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2.b. Date of 2nd recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2c. Date of 3rd recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2.d. Date of 4th recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2.e. Date of 5th recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2.f. Date of 6th recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2.g. Date of 7th recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**2.h. Date of 8th recommitment**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

1. **Enter the number of revocations and corresponding dates (violations of probation/parole) since baseline/intake.**

 |\_\_\_\_|\_\_\_\_| times (IF NONE, ENTER ZERO)

**3.a. Date of 1st revocation (mm/dd/yy)**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.b. Date of 2nd revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.c. Date of 3rd revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.d. Date of 4th revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.e. Date of 5th revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.f. Date of 6th revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.g. Date of 7th revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

**3.h. Date of 8th revocation**

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

RISK ASSESSMENT DATA

1. **Enter the baseline criminogenic risk assessment score** (Note: each program will provide the name of the tool used for assessment)

 |\_\_\_\_|\_\_\_\_| \_\_\_\_|

 🌕 No score available

 4.a. Select the name of the risk assessment the score is based on:

 [INCLUDE DROP DOWN LIST OF RISK ASSESSMENT TOOLS]

1. **Age at first offense (arrest): \_\_\_\_\_\_**
2. **Number of prior arrests (prior to baseline): \_\_\_\_\_**