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 Abstraction Tool (6 Month)

**Instructions:**

The following instrument will be used by the two selected comparison sites; data will be collected for up to 200 individuals per site. Questions 1-7 should be completed by the comparison site staff at 6 month only. Information will be gathered through interviews with offenders at 6 month from into the comparison site court as well as information abstracted from comparison site justice management information systems.

1. **Offender ID** *[Provided by grantee comparison site]*

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

1. **Grant ID** *[Provided by ICF]*

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

1. **Interview Type (Select only one type)**
* Baseline
* Reassessment: 6 months
1. **Interview date**

|\_\_\_\_|\_\_\_\_| **/** |\_\_\_\_|\_\_\_\_| **/** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

*Month Day Year*

1. **Are you currently employed?**

*Instructions: Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work. If the client is incarcerated, select “unemployed, not looking for work”.*

* Employed full time (35+ hours per week, or would have been)
* Employed part time
* Unemployed, looking for work
* Unemployed, disabled
* Unemployed, volunteer work
* Unemployed, retired
* Unemployed, not looking for work
* Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Declined
* Don’t know/ information not available
1. **Are you currently on probation or parole?**
* Yes
* No
* Declined
* Don’t know/information not available

## **SERVICES RECEIVED**

**7. Services Received**

Identify the number of days of services or sessions provided to the comparison site offender during the 6 months from court entry. (Days should be rounded to the nearest whole number. Enter zero if no sessions provided)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modality** | **Days** |  | **Treatment Services** | **Sessions** |
| 1. Case management
 |  | 1. Screening
 |  |
| 1. Day treatment
 |  | 1. Brief Intervention
 |  |
| 1. Inpatient/hospital (other than detox)
 |  | 1. Brief Treatment
 |  |
| 1. Outpatient
 |  | 1. Referral to Treatment
 |  |
| 1. Outreach
 |  | 1. Assessment
 |  |
| 1. Intensive Outpatient
 |  | 1. Treatment/Recovery Planning
 |  |
| 1. Medication Assisted Treatment
 |  | 1. Individual Counseling
 |  |
| *For Opioid Addiction* |  | 1. Group Counseling
 |  |
| 1. Methadone
 |  | 1. Family/Marriage Counseling
 |  |
| 1. Buprenorphone
 |  | 1. Co-occurring treatment/Recovery services
 |  |
| 1. Naltrexone (Oral)
 |  | 1. Psycho-pharmacological Interventions
 |  |
| 1. Vivitrol (Injectable)
 |  | 1. HIV/AIDS Counseling
 |  |
| 1. Disulfiram
 |  | 1. Mental Health services
 |  |
| 1. Acamprosate
 |  | 1. Other

Specify: |  |
| *For Alcohol Addiction* |  |  |  |
| 1. Naltrexone (Oral)
 |  | **Medical Services** | **Sessions** |
| 1. Vivitrol (Injectable)
 |  | 1. Medical Care
 |  |
| 1. Disulfiram
 |  | 1. Alcohol/Drug testing
 |  |
| 1. Acamprosate
 |  | 1. HIV/AIDS Medical Support and Testing
 |  |
| 1. Residential/Rehabilitation
 |  | 1. Other

Specify: |  |
| 1. Detoxification (Select only one)
 |  |  |
| 1. Hospital Inpatient
 |  | **Case Management Services** | **Sessions** |
| 1. Free Standing Residential
 |  | 1. Family Services (marriage education, parenting, child development services)
 |  |
| 1. Ambulatory Detoxification
 |  | 1. Child care
 |  |
| 1. After Care
 |  | 1. Employment Services
 |  |
| 1. Recovery Support
 |  | 1. Pre-employment
 |  |
| 1. Other

(specify): |  | 1. Employment coaching
 |  |
|  | 1. Individual Services Coordination
 |  |
| **After Care Services** | **Sessions** | 1. Transportation
 |  |
| 1. Continuing Care
 |  | 1. HIV/AIDS Service
 |  |
| 1. Relapse Prevention
 |  | 1. Supportive Transitional Drug-Free Housing Services
 |  |
| 1. Recovery Coaching
 |  | 1. Care Coordination
 |  |
| 1. Self-help and Support Groups
 |  | 1. Other

Specify:  |  |
| 1. Spiritual Support
 |  |  |
| 1. Other After Care Services
 |  | **Peer-to-Peer Recovery Support Services** | **Sessions** |
| 1. Other

Specify:  |  | 1. Peer Coaching or Mentoring
 |  |
|  | 1. Housing Support
 |  |
| **Education Services** | **Sessions** | 1. Alcohol-and Drug-Free Social Activities
 |  |
| 1. Substance Abuse Education
 |  | 1. Information and Referral
 |  |
| 1. HIV/AIDS Education
 |  | 1. Other

Specify |  |
| 1. Other

Specify:  |  |  |  |