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)

Don't know/information not available

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.

well	as infor	mation abstracted from comparison site justice management information systems.						
1.	Offend	er ID [Provided by grantee comparison site]						
2.	Grant	D [Provided by ICF]						
3.	Intervi 0 0	ew Type (Select only one type) Baseline Reassessment: 6 months						
4.	I. Interview date							
	 Month	/ / Day Year						
5.	Are yo	u currently employed?						
wc		s: Clarify by focusing on status during most of the previous week, determining whether client all or had a regular job but was off work. If the client is incarcerated, select "unemployed, not work".						
	0	Employed full time (35+ hours per week, or would have been)						
	0	Employed part time						
	0	Unemployed, looking for work						
	0	Unemployed, disabled						
	0	Unemployed, volunteer work						
	0	Unemployed, retired						
	0	Unemployed, not looking for work						
	0	Other (Specify):						
	0	Declined						

6. Are you currently on probation or parole?

- o Yes
- o No
- o Declined
- O 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 Tre		ntment Services	Sessions
a.	Case ma	anagement		a.	Screening	
b.	. Day treatment			b.	Brief Intervention	
c.	Inpatier detox)	nt/hospital (other than		c.	Brief Treatment	
d.	d. Outpatient			d.	Referral to Treatment	
e.	e. Outreach			e.	Assessment	
f.	Intensiv	e Outpatient		f.	Treatment/Recovery Planning	
g.	Medicat	tion Assisted Treatment		g.	Individual Counseling	
For Opioid Addiction			h.	Group Counseling		
	1.	Methadone		i.	Family/Marriage Counseling	
	2.	Buprenorphone		j.	Co-occurring treatment/Recovery services	
	3.	Naltrexone (Oral)		k.	Psycho-pharmacological Interventions	
	4.	Vivitrol (Injectable)		I.	HIV/AIDS Counseling	
	5.	Disulfiram		m.	Mental Health services	
	6.	Acamprosate		n.	Other Specify:	
For A	Alcohol Ad	ddiction				
	1.	Naltrexone (Oral)		Med	lical Services	Sessions
	2.	Vivitrol (Injectable)		a.	Medical Care	
	3.	Disulfiram		b.	Alcohol/Drug testing	
	4.	Acamprosate		c.	HIV/AIDS Medical Support and Testing	
h.	Residen	tial/Rehabilitation		d.	Other Specify:	
i. Detoxification (Select only one)						
		Hospital Inpatient		Case	e Management Services	Sessions
		Free Standing Residential		a.	Family Services (marriage education, parenting, child development services)	
	3.	Ambulatory Detoxification		b.	Child care	

k. l. After	After Care Recovery Support Other (specify): Care Services Continuing Care Relapse Prevention	Sessions	d. I e.	Employment Services 1. Pre-employment 2. Employment coaching Individual Services Coordination Transportation	
After	Other (specify): Care Services Continuing Care	Sessions	e. 7	Employment coaching Individual Services Coordination	
After	(specify): Care Services Continuing Care	Sessions	e. 7	Individual Services Coordination	
a. (Care Services Continuing Care	Sessions	e. 7	marriadar con ricos coor amaticin	
a. (Continuing Care	Sessions	e. 7	marriadar con ricos coor amaticin	
a. (Continuing Care	Sessions		Transportation	
			f. I		
b. F	Relanse Prevention			HIV/AIDS Service	
	telapse i revention		g. 9	Supportive Transitional Drug-Free	
			H	Housing Services	
c. F	Recovery Coaching		h. (Care Coordination	
d. 9	Self-help and Support Groups		i. (Other	
			9	Specify:	
e. 9	Spiritual Support				
f. (f. Other After Care Services		Peer-	-to-Peer Recovery Support	Sessions
			Servi	ices	
g. (Other		a. Po	Peer Coaching or Mentoring	
	Specify:				
			b. H	lousing Support	
Educa	ation Services	Sessions	c. A	Alcohol-and Drug-Free Social	
			А	Activities	
a.	Substance Abuse Education		d. Ir	nformation and Referral	
b.	HIV/AIDS Education		e. O	Other	
			Sı	pecify	
c.	Other				
	Specify:				
g. (g. g. g	Other After Care Services Other Specify: ation Services Substance Abuse Education HIV/AIDS Education Other	Sessions	b. H c. A d. Ir	Housing Support Alcohol-and Drug-Free Social Activities Aformation and Referral Other	Session