



**6. 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
a. Case management		a. Screening	
b. Day treatment		b. Brief Intervention	
c. Inpatient/hospital (other than detox)		c. Brief Treatment	
d. Outpatient		d. Referral to Treatment	
e. Outreach		e. Assessment	
f. Intensive Outpatient		f. Treatment/Recovery Planning	
g. Medication Assisted Treatment		g. Individual Counseling	
<i>For Opioid Addiction</i>		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)		l. HIV/AIDS Counseling	
5. Disulfiram		m. Mental Health services	
6. Acamprosate		n. Other Specify:	
<i>For Alcohol Addiction</i>			
1. Naltrexone (Oral)		<b>Medical Services</b>	<b>Sessions</b>
2. Vivitrol (Injectable)		a. Medical Care	
3. Disulfiram		b. Alcohol/Drug testing	
4. Acamprosate		c. HIV/AIDS Medical Support and Testing	
h. Residential/Rehabilitation		d. Other Specify:	
i. Detoxification (Select only one)			
1. Hospital Inpatient		<b>Case Management Services</b>	<b>Sessions</b>
2. Free Standing Residential		a. Family Services (marriage education, parenting, child development services)	
3. Ambulatory Detoxification		b. Child care	

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j. After Care		c. Employment Services	
k. Recovery Support		1. Pre-employment	
l. Other (specify):		2. Employment coaching	
<b>After Care Services</b>		<b>Sessions</b>	
a. Continuing Care		d. Individual Services Coordination	
b. Relapse Prevention		e. Transportation	
c. Recovery Coaching		f. HIV/AIDS Service	
d. Self-help and Support Groups		g. Supportive Transitional Drug-Free Housing Services	
e. Spiritual Support		h. Care Coordination	
f. Other After Care Services		i. Other Specify:	
g. Other Specify:		<b>Peer-to-Peer Recovery Support Services</b>	
<b>Education Services</b>		<b>Sessions</b>	
a. Substance Abuse Education		a. Peer Coaching or Mentoring	
b. HIV/AIDS Education		b. Housing Support	
c. Other Specify:		c. Alcohol-and Drug-Free Social Activities	
		d. Information and Referral	
		e. Other Specify	