GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)
CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS

QUESTION-BY-QUESTION INSTRUCTION GUIDE

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GENERAL OVERVIEW

These instructions are for collecting the Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Core Client Outcome Measures for Discretionary Services Programs. With the exception of the Planned Services and Demographics portions of Section A—Record Management (which are completed only at GPRA intake/baseline) the same set of questions in Sections A, B, C, D, E, F, and G is asked at GPRA intake/baseline, 3-months post-GPRA intake (required only for adolescent programs and some CSAT-designated programs), 6-months post-GPRA intake, and discharge. Section I is completed by program staff about the client only at follow-up. Sections J and K are completed by program staff about the client only at discharge.

For Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants Only: Brief Treatment (BT) and Referral to Treatment (RT) services are required to complete the GPRA sections as described above. Brief Intervention (BI) services are required to complete only Sections A and B at GPRA baseline/intake; Sections A, B, and I at follow-up; and Sections A, B, J, and K at discharge.

For Access to Recovery (ATR) Grants Only: A positive screen (a client who screens positive and is eligible for the ATR program) requires that the GPRA sections, as described in the first paragraph above, be administered at the screening/assessment. Follow-up and discharge interviews are required for all positive screens. Data on clients who screen negative should not be submitted to CSAT and will not count toward meeting client targets.

Have the client answer all of the questions. At the beginning of each section, you should introduce the next section of questions, (e.g., “Now I’m going to ask you some questions about…”) Read each question as it is written. In certain cases, the item in parentheses may or may not be read to the client. If a client is having trouble understanding a question, you may explain it to the client to help in its understanding; however, do not change the wording of the question.

Read response categories that appear in lower-case lettering. If all response categories are in capital letters, ask the question open-ended (in other words, do not read the responses, but instead let the client answer and then mark which response the client says. Note that some foreign languages do not use capitalization. For these translations of the CSAT-GPRA tool, responses to questions within the tool that should not be read to the client have been indicated by underlining. When interviewing a client with one of these foreign-language versions, do not read responses to underlined text or questions, but rather let the client answer and then mark the response that the client provided). If the client refuses to answer a question, mark “RF” on the tool. If the client does not know the answer to a question, mark “DK” on the tool. For items where response options are read to the client, do not offer “don’t know” and “refused” to answer as response options—these options should be client-generated only. There are “don’t know” and “refused” response options for all items that are asked of the client. These response options are not available for items that are supplied by program staff.

Before starting the interview, consider using a calendar to mark off the last 30 days. Many questions in the tool refer to the last 30 days and having a calendar present may assist with client recall of events.

Interviews must be conducted in person, unless a waiver has been given by the grant's government project officer (GPO).

WINDOWS FOR GPRA INTERVIEW COMPLETION

Intake/Baseline

For residential facilities, GPRA intake/baseline interviews must be completed within 3 days after the client enters the program. For nonresidential programs, GPRA intake/baseline interviews must be completed within 4 days after the client enters the program. For grants under the guidance for applicants (GFA) Recovery Community Services Program (RCSP), GPRA intake/baseline interviews must be completed within two to five contacts after the client enters the program. Program entry date should be the date which the client began receiving CSAT funded services.

Discharge

Discharge interviews must be completed at the time of discharge. The CSAT GPRA definition of discharge should follow the grantee's definition. If the grantee does not have a definition of discharge, the discharge interview should be completed when the client has had no contact with the program for 30 days.

When to conduct the GPRA discharge interview?

For programs with a discharge policy or definition

- If the client is present on the day of discharge, the GPRA discharge interview should be conducted on the day of discharge.
- If a client has not finished treatment, drops out, or is not present the day of discharge, the project will have to find the client to conduct the in-person interview. The grant will have 14 days after discharge to contact the client and conduct the in-person discharge interview. If the interview has not been conducted by day 15, conduct an administrative discharge. For an administrative discharge when the interview is not conducted, interviewers must complete the first four items in Section A (Client ID, Client Type, Contract/Grant ID, Interview Type), Section J (Discharge), and Section K (Services Received) and mark that the interview was not completed. Follow the skip pattern instructions on the tool.

For programs without a discharge policy or definition

- If you are using the CSAT policy of discharging a client for whom 30 days has elapsed from the time of last service, the grant will

have 14 days after discharge to contact the client and conduct the in-person GPRA discharge interview. If the GPRA interview has not been conducted by day 15, conduct an administrative discharge.

For Access to Recovery (ATR) Grants Only: ATR clients are not discharged until the grantee's program has ceased or completed providing ATR funding for treatment and/or recovery services to the client and the client's ATR voucher is deactivated. A face-to-face or administrative discharge should be conducted when the voucher is deactivated.

Grantees must attempt to contact clients who have lost contact with the program in order to conduct the interview. It is up to the grantees to track when GPRA discharge interviews are due.

Follow-Up

Follow-up interviews should be completed by the number of months specified (3 or 6) from the GPRA intake/baseline interview date (a 12-month follow-up interview is no longer required). CSAT provides a window period of time for these GPRA follow-up interviews to be conducted. The window period allowed for these GPRA follow-up interviews is one month before the (3 or 6 month) anniversary date and up to two months after the (3 or 6 month) anniversary date. Those programs designated by CSAT as homeless programs are allowed a window period of two months before and two months after the 6-month follow-up anniversary date. The target follow-up rate is 100%, meaning programs must attempt to follow-up all clients. The minimum follow-up completion rate is 80%. For example:

For programs completing a 6-month GPRA follow-up interview—If a client receives the GPRA intake/baseline interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

For homeless programs completing a 6-month GPRA follow-up interview—If a client receives the GPRA intake/baseline interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open two months before the anniversary date on May 1st, and close two months after the anniversary date on September 1st.

For adolescent and other select programs completing 3-month and 6-month GPRA follow-up interviews—If a client

receives the GPRA intake/baseline interview on January 1st, the 3-month follow-up anniversary date would be April 1st. The window period for conducting the 3-month follow-up interview would open one month before the anniversary date on March 1st, and close two months after the anniversary date on June 1st.

If a client receives the GPRA intake/baseline interview on January 1st, the 6-month GPRA follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

SBIRT Grants: Only clients who are screened and who require any level of intervention (BI, BT, RT) are eligible for follow-up sampling. SBIRT Grants are required to attempt a follow-up with every person in their sampling pool. There must be a minimum sampling pool of 10% per modality and a follow-up rate of at least 80% for each modality.

For Access to Recovery (ATR) Grants Only: Only clients who screen positive are eligible for follow-up. Grantees are not required to conduct follow-up on negative screen clients.

This Question-by-Question Instruction Guide is organized by the sections of the GPRA tool. For each section there is an overview as well as definitions that apply to the items in that section. The following information about each item on the GPRA tool is provided:

Intent/Key Points Describes the intent of the question.

Additional Probes Offers suggestions for probes that may help prompt the client's memory during the interview.

Coding Topics Clarifies how to count or record certain responses. Please pay close attention to coding topics because they address questions that may produce vague answers.

Cross-Check Items Alerts the interviewer to items that should be related, and answers that should be verified, if a contradiction occurs during the course of the interview.

Skip Pattern Indicates which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on answers to previous questions.

SECTION A: RECORD MANAGEMENT

OVERVIEW

This section pertains to the grantee and client identification, planned services, and demographic information. The Record Management information must be filled out for each GPRA interview.

The first two subsections of questions, Record Management and Record Management—Planned Services, are not asked of the client, but are filled in by project staff. The third subsection, Record Management—Demographics, is to be asked of the client at GPRA intake/baseline only.

CODING TOPICS/DEFINITIONS

Client ID

A unique client identifier that is determined by the project. It can be between 1 and 15 characters and can include both numerals and letters. This ID is designed to track a specific client through his/her interviews (GPRA intake, discharge, and 6-month, (if required, 3-month), while maintaining the anonymity of the client. Each client must have their own unique ID which is used at GPRA intake, discharge, 3-month follow-up (if applicable), and 6-month follow-up. The same unique ID is used each time, even if the client has more than one episode of care. For confidentiality reasons, do not use any part of the client's date of birth or Social Security Number in the Client ID.

Client ID for Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants Only: The GPRA Client ID for SBIRT Grants is made up of three consecutive sets of numbers: Sample Participation, Client ID, and Sample Criteria. These numbers are entered as follows:

- *Column 1: Sample Participation*—Enter a "1" if the client is not sampled for follow-up or a "3 if the client is sampled for follow-up and agrees to participate.
- *Columns 2-13: Client ID as Assigned by Grant*—Enter the client's unique ID, as assigned by the grant.
- *Columns 14-15: Random Sample Criteria*—Enter the last two digits of the client's Social Security Number (SSN).

Client Type

There are two main types of clients to be included in this categorization:

Treatment client—A client who is receiving substance abuse treatment by your agency and these treatment services are being funded by a CSAT grant award.

Client in recovery—A client who is receiving recovery support services funded by a CSAT grant award should record "client in recovery."

Contract/Grant ID The CSAT-assigned grant identification number for the project. The number usually begins with H79 TI #####. This number is used to identify your grant. For example, a grant ID may be H79 TI12345. The identifying portion of the number is TI 12345.

Interview Type The type of GPRA interview that is being completed. For each interview, indicate (1) the interview type, (2) whether the interview was conducted, and (3), if conducted, the interview date.

GPRA Intake—Initial client interview *and* each time a client leaves treatment and his/her file is closed, but he/she reenters treatment at a later date, an additional round of GPRA interviews must be initiated using the initial identifier assigned to the client. The dates for follow-up interviews will be determined by the date of the most recent GPRA intake interview. For example:

- A client enters in January and completes the first GPRA intake interview. He/she leaves treatment in March and his/her file is closed. He/she re-enters treatment in April and completes the second GPRA intake interview. The client's first 6-month follow-up interview will be due in October (6 months after April).

- An adolescent client enters an adolescent program in January and completes the first GPRA intake interview. He/she completes the first 3-month interview in April and the first 6-month interview in July, but leaves treatment in August and the file is closed. He/she re-enters treatment in October and completes the second GPRA intake interview. The second 3-month follow-up interview will be due in January (3 months after October); the second 6-month follow-up interview will be due in April (6 months after October) of the following year.

3-month follow-up—3-month follow-up interviews are only required for adolescent, adolescent drug court projects, and other select programs.

6-month follow-up—6-month follow-up interviews are completed by all programs.

Discharge—A GPRA discharge interview is to be conducted at the time the client is discharged from the program. The CSAT GPRA definition of discharge should follow the grantee's definition. If the grantee does not have a discharge policy, the client should be discharges after 30 days of inactivity. A GPRA discharge interview is

required even if a client has lost contact with the program, so grantees must attempt to contact the client for the interview. If the client is discharged and a GPRA interview cannot be obtained, the program must complete and submit sections A, J, and K for the purpose of the discharge. All other sections will be considered missing data. It is up to the grantee to track when discharge interviews are due and, when due, to contact and conduct the discharge interviews.

Skip Pattern If the GPRA interview type is 6- or 3- month follow-up and the interview will *not* be conducted, skip to Section I.

If the GPRA interview type is discharge and the interview will *not* be conducted, skip to Section J.

Interview Date The date the GPRA interview was completed. (**If an interview was not conducted, do not enter a date.**) The GPRA intake/baseline interview date will determine when subsequent follow-up interviews are due. It is also used to calculate the project's follow-up rate, based on how many of the follow-up interviews that were due have actually been completed. The GPRA intake/baseline interview date combined with the discharge date is used to calculate the client's length of stay.

Skip Pattern If the GPRA interview type is 3- or 6-month follow-up and the interview is being conducted, skip the Planned Services and Demographics subsections of Section A—Record Management. Continue with Section B.

If the interview type is discharge and the interview is being conducted, skip the Planned Services and Demographics subsections of Section A—Record Management. Continue with Section B.

1. Was the client screened by your program for co-occurring mental health and substance use disorders?

Co-occurring disorders screening: Because the presence of a co-occurring mental disorder may affect the likelihood of long-term recovery from a substance use disorder, CSAT has focused attention on co-occurring disorders and has established programs designed specifically for persons with both mental health and substance abuse problems.

While screening clients for co-occurring mental health and substance use disorders by your program is not required, CSAT would like to learn how many programs are currently screening their clients for co-occurring mental health and substance use disorders using CSAT funds.

If you screen your client for a co-occurring mental health disorder after the GPRA baseline interview has been completed answer this question "no."

Yes—The client was screened by your program for co-occurring mental health and substance use disorders.

No—The client was not screened by your program for co-occurring mental health and substance use disorders.

Skip Pattern

If "no," skip 1a.

1a. [*IF YES*] Did the client screen positive for co-occurring mental health and substance use disorders?

Yes—The client was screened positive by your program for co-occurring mental health and substance use disorders.

No—The client did not screen positive by your program for co-occurring mental health and substance use disorders.

Skip Pattern

SBIRT grantees should continue with the following screening questions. All others should go to Section A "Planned Services."

For Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants Only: Reported Only at GPRA Intake/Baseline (If you are not *an SBIRT grantee, you should skip this section for all clients.)*

2. How did the client screen?

Did the client screen negative or positive for SBIRT services?

Negative—Client scored below the predetermined screening threshold for SBIRT services.

Positive—Client screening score indicated that he or she required some level of SBIRT services.

2a. What was his/her screening score?

Record at least one but no more than three screening scores for screening instruments that were administered to the client. Be sure to record one alcohol and one drug screening score. Grantees are required to use the AUDIT-C, AUDIT, and DAST to screen adults. The screening and collection of the GPRA information must be face-to-face. Additional screening instruments/tools may be used with the agreement of the SAMHSA Project Officer.

If you use the National Institute on Alcohol Abuse and Alcoholism (NIAAA) guide, please provide the raw score from the weekly use questions (weekly = how often/days x how much/# drinks; for men: if the score is more than 14, the patient may be at risk and for women: if the score is more than 7, the patient may be at risk).

Skip Pattern

SBIRT should complete Question 3.

3. Was he/she willing to continue his/her participation in the SBIRT program?

Did the client agree to receive SBIRT services?

Yes—Client agreed to receive SBIRT services, whether or not he/she was at the level indicated by the screen.

No—Client did not agree to receive any SBIRT services.

RECORD MANAGEMENT—PLANNED SERVICES

Identify the services you plan to provide to the client during the client's course of treatment/recovery. **Record only planned services that are funded by this CSAT grant.** Respond by circling Y (yes) or N (no) for each service listed.

MODALITY [*SELECT AT LEAST ONE MODALITY / PROGRAM TYPE.*]

1. *Case Management*—Defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.

2. *Day Treatment*—a modality used for group education, activity therapy, etc., lasting more than 4 continuous hours in a supportive environment.

3. *Inpatient/Hospital (other than detoxification)*—a patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

4. *Outpatient*—a patient who is admitted to a hospital or clinic for Treatment that does not require an overnight stay.

5. *Outreach*—Educational interventions conducted by a peer or paraprofessional educator face-to-face with high-risk individuals in the client's neighborhood or other areas where clients typically congregate.

6. *Intensive Outpatient*—Intense multimodal treatment for emotional or behavioral symptoms that interfere with normal functioning. These clients require frequent treatment in order to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient

by the intensity and number of hours per week. Intensive outpatient services are provided 2 or more hours per day for 3 or more days per week.

7. *Methadone*—Provision of methadone maintenance for opioid-addicted clients.

8. *Residential/Rehabilitation*—A residential facility or halfway house that provides on-site structured therapeutic and supportive services specifically for alcohol and other drugs.

9. *Detoxification (select only one)*—A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

    a. *Hospital Inpatient*—Client resides at a medical facility or hospital during his/her treatment.

    b. *Free-Standing Residential*—Patient resides at a facility other than a hospital while treatment is provided.

    c. *Ambulatory Detox*—Treatment that is performed in a specialized therapeutic environment and is designed to provide both psychological and physiological stabilization to ensure safe withdrawal from alcohol and/or drugs.

10. *After Care*—Treatment given for a limited time after the client has completed his/her primary treatment program, but is still connected to the treatment provider.

11. *Recovery Support*—Support from peers, family, friends, and health professionals during recovery. Includes any of the following: assistance in housing, educational, and employment opportunities; building constructive family and other personal relationships; stress management assistance; alcohol- and drug-free social and recreational activities; recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.

12. *Other (Specify)*—Specify any other service modalities to be received by the client.

[*SELECT AT LEAST ONE SERVICE.*]

TREATMENT SERVICES

Note: SBIRT Grantees must circle ‘Y’ for at least one of the treatment services numbered one through four.

1. *Screening*—A gathering and sorting of information used to determine if an individual has a problem with alcohol or other drug abuse, and if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for the "disease" or disorder (National Institute on Alcohol Abuse and Alcoholism, 1990). As such, screening refers to a brief procedure used to determine the probability of the

presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation. In a general population, screening for substance abuse and dependency would focus on determining the presence or absence of the disorder, whereas for a population already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining the need for a comprehensive assessment.

2. *Brief Intervention*—Those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his/her substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment.

3. *Brief Treatment*—A systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. Brief therapies usually consist of more (as well as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from 1 session (Bloom, 1997) to 40 sessions (Sifneos, 1987), with the typical therapy lasting between 6 and 20 sessions. Twenty sessions usually is the maximum because of limitations placed by many managed care organizations. Any therapy may be brief by accident or circumstance, but the focus is on *planned* brief therapy. The therapies described here may involve a set number of sessions or a set range (e.g., from 6 to 10 sessions), but they always work within a time limitation that is clear to both therapist and client.

   Note: Brief Treatment is not applicable to ATR Grants.

4. *Referral to Treatment*—A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.

   Note: Referral to Treatment is not applicable to ATR Grants.

5. *Assessment*—To examine systematically, in order to determine suitability for treatment.

6. *Treatment/Recovery Planning*—A program or method worked out beforehand to administer or apply remedies to a patient for illness, disease, or injury.

7. *Individual Counseling*—Professional guidance of an individual by utilizing psychological methods.

8. *Group Counseling*—Professional guidance of a group of people gathered together utilizing psychological methods.

9. *Family/Marriage Counseling*—A type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.

10. *Co-occurring Treatment/Recovery Services*—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).

11. *Pharmacological Interventions*—The use of any pharmacological agent to affect the treatment outcomes of substance-abusing clients. For example, the use of phenytoin in alcohol withdrawal and the use of buprenorphine in opioid treatment.

12. *HIV/AIDS Counseling*—A type of psychotherapy for individuals infected with and living with HIV/AIDS.

13. *Other Clinical Services (Specify)*—Other client services the client received that are not listed above.

CASE MANAGEMENT SERVICES

1. *Family Services (including marriage education, parenting, and child development services)*—Resources provided by the state to assist in the well-being and safety of children, families, and the community.

2. *Child Care*—Care provided to children for a period of time.

3. *Employment Services*—Resources provided to clients to assist in finding employment.

    a. *Pre-employment Services*—Services provided to clients prior to employment, which can include background checks, drug tests, and assessments. These services allow employers to "check out" prospective employees before hiring them.

    b. *Employment Coaching*—Provides tools and strategies to clients to assist in gaining employment. These strategies include implementing new skills, changes, and actions to ensure that clients achieve their targeted results.

4. *Individual Services Coordination*—Services that families may choose to use when they need help obtaining support for their mentally disabled sons or daughters to live as independently as possible in the community.

5. *Transportation*—Providing a means of transport for clients to travel from one location to another.

6. *HIV/AIDS Service*—Resources provided to clients to improve the quality and availability of care for people with HIV/AIDS and their families.

7. *Supportive Transitional Drug-free Housing Services*—Provides rental assistance for families and individuals who are seeking to be drug-free who can be housed for up to 2 years while receiving intensive support services from the agency staff.

8. *Other Care Management Services (Specify)*—Other care management services the client received that are not listed above.

MEDICAL SERVICES

1. *Medical Care*—Professional treatment for illness or injury.

2. *Alcohol/Drug Testing*—Any process used to identify the degree to which a person has used or is using alcohol or other drugs.

3. *HIV/AIDS Medical Support and Testing*—Medical services provided to clients who have HIV/AIDS and their families.

4. *Other Medical Services (Specify)*—Other medical services the client received that are not listed above.

AFTER CARE SERVICES

1. *Continuing Care*—Providing health care for extended periods of time.

2. *Relapse Prevention*—Identifying each client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

3. *Recovery Coaching*—Guidance involving a combination of counseling, support, and various forms of mediation treatments to find solutions to deal with breaking the habit of substance abuse.

4. *Self-Help and Support Groups*—Helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.

5. *Spiritual Support*—Spiritual/religion-based support for the clients' recovery process.

6. *Other After Care Services (Specify)*—Other after care services the client received that are not listed above.

EDUCATION SERVICES

1. *Substance Abuse Education*—A program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.

2. *HIV/AIDS Education*—A program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.

3. *Other Education Services (Specify)*—Other education services the client received that are not listed above.

PEER-TO-PEER RECOVERY SUPPORT SERVICES

1. *Peer Coaching or Mentoring*—Services involving a trusted counselor or teacher to another person of equal standing or others in support of a client's recovery.

2. *Housing Support*—Providing assistance for living arrangements to clients.

3. *Alcohol- and Drug-Free Social Activities*—An action, event, or gathering attended by a group of people that promotes abstinence from alcohol and other drugs.

4. *Information and Referral*—Services involving the provision of resources to a client that promote health behavior and/or directing a client to other sources for help or information.

5. *Other Peer-to-Peer Recovery Support Services (Specify)*—Other peer-to-peer recovery services the client received that are not listed above.

RECORD MANAGEMENT—DEMOGRAPHICS

OVERVIEW

This section collects demographic information on the client. These questions are only asked at baseline. While some of the information may seem apparent, *ask all questions* for clarification. Do not complete a response based on the client's appearance. *You must ask the question and mark the response given by the client.*

A1 WHAT IS YOUR GENDER?

Intent/Key Points

The intent of the question is to ascertain the client's gender. Enter the client's response, even if the client's response does not match his/her obvious appearance.

Additional Probes

If the client does not understand or asks what is meant by gender you may clarify the question by asking if they prefer to be seen/see themselves/be viewed as a man or male, woman or female, as a transgender, or other. If "other," have the client specify and write down the response.

Coding Topics/ Definitions None

Cross-Check Items None

Skip Pattern None

A2 ARE YOU HISPANIC OR LATINO?

Intent/Key Points

The intent of the question is to ascertain whether the client is Hispanic or Latino, and, if yes, of which ethnic group the client considers him/herself.

Note that this is a two-part question. If the client responds that he/she is not Hispanic or Latino, check "no" and continue with question A3. If the client refuses to answer if he/she is Hispanic or Latino, check "Refused" and continue with question A3. If the client responds

that he/she is Hispanic or Latino, check "yes" *and* inquire about which ethnic group the client considers him/herself.

Read the available response options. If the client identifies a group that is not represented on the list, select "other" and write in the group.

Additional Probes None

Coding Topics/Definitions

Response options for the first part of the question: Are you Hispanic or Latino are "yes," "no," and "refused."

The follow-up question is: [*If yes*] What ethnic group do you consider yourself? Please answer "yes" or "no" for each of the following. You may say "yes" to more than one. Read the available response options, and allow the respondent to answer "yes" or "no" to each. If the client identifies an ethnicity that is not on the list, select "other," and write in the ethnicity.

Cross-Check Items None

Skip Pattern

Skip the second half of the question (If yes, what ethnic group do you consider yourself) if the answer to the first part of the question (Are you Hispanic or Latino) is "no" or "refused."

A3	**WHAT IS YOUR RACE? PLEASE ANSWER YES OR NO FOR EACH OF THE FOLLOWING. YOU MAY SAY YES TO MORE THAN ONE.**

Intent/Key Points

The intent of the question is to determine what race the client considers himself or herself. Record the response given by the client, not the interviewer's opinion.

Read the available response options, and allow the respondent to answer "yes" or "no" to each.

Additional Probes None

Coding Topics/Definitions

Ask this question of all clients, even those who identified themselves as Hispanic or Latino.

The client can choose "yes" to as many as apply.

The client may respond "no" to all races.

Cross-Check Items None

Skip Pattern None

A4	**WHAT IS YOUR DATE OF BIRTH?**

Intent/Key Points

The intent is to record the client's month and year of birth. You may record month, day, and year of birth for the program's records, but only the month and year will be entered and saved in the computer system.

Additional Probes None

Coding Topics/Definitions

Enter date as mm/dd/yyyy. The system will only save the month and year. Day is not saved to maintain confidentiality.

Cross-Check Items None

Skip Pattern None

A5	**HAVE YOU EVER SERVED IN THE ARMED FORCES, IN THE RESERVES, OR IN THE NATIONAL GUARD? [*IF SERVED*] WHAT AREA, THE ARMED FORCES, RESERVES, OR NATIONAL GUARD DID YOU SERVE?**

Intent/Key Points

The intent of this question is to collect information on the client's military service status. (Note: military service status identifies whether or not the client has served in the U.S. Armed Forces [Army, Navy, Air Force, Marine Corps, Coast Guard], Reserves, or National Guard). This item will allow CSAT to identify the number of clients who have ever served in the military. Identifying a client's military service status allows CSAT and its discretionary grantees the ability to monitor the outcomes for these clients.

Note that this is a two-part question. If the client indicates "yes," the area of service must be recorded.

Additional Probes

Probe to determine if client is currently serving or has served in the U.S. military. This question refers to the most recent area of service. Only one response should be coded.

Coding Topics/Definitions

The client has actively served in the U.S. Armed Forces, in the Reserves, or in the National Guard.

No—Client responds that he or she is not or never was in the Armed Forces, in the Reserves, or in the National Guard

Yes—Client responds that he or she is in or has been in the Armed Forces.

Yes—Client responds that he or she is in or has been in the Reserves.

Yes—Client responds that he or she is in or has been in National Guard.

Refused—Client refuses to respond.

Don't know—Client responds that he or she doesn't know.

Cross-Check Items None

Skip Pattern If the answer to A5 is "no," "refused," or "don't know," skip to question A6.

A5A ARE YOU CURRENTLY ON ACTIVE DUTY IN THE ARMED FORCES, IN THE RESERVES, OR IN THE NATIONAL GUARD? [*IF ACTIVE*] WHAT AREA, THE ARMED FORCES, RESERVES, OR NATIONAL GUARD?

Intent/Key Points

The intent of this question is to collect information on the client's current active duty status. (Note: military service status identifies whether or not the client is serving in the U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, Reserves, or National Guard). This item will allow CSAT to identify the number of clients who are currently on active duty in the military. Identifying a client's active duty status allows CSAT and its discretionary grantees the ability to monitor the outcomes for these clients.

Note that this is a two-part question. If the client indicates "yes," you must inquire what area of the military he or she is currently serving. Only one response should be coded.

Additional Probes

Active duty refers to a client that is currently serving in the U.S. Armed Forces, in the Reserves, or in the National Guard.

Separated refers to a client that has left active duty service in the U.S. Armed Forces, in the Reserves, or in the National Guard, but might still have an obligation to serve.

Retired refers to a client that left active service in the U.S. Armed Forces, in the Reserves, or in the National Guard. They were under orders in the past and no longer have an obligation to serve.

Coding Topics/Definitions

The client is currently on active duty in the U.S. Armed Forces, in the Reserves, or in the National Guard.

Yes—The client responds that he or she is in the Armed Forces.

Yes—The client responds that he or she is in the Reserves.

Yes—The client responds that he or she is in the National Guard.

No—The client responds that he or she is discharged, separated, or retired from the Armed Forces, Reserves, or National Guard.

Refused—Client refuses to respond.

Don't know—Client responds that he or she doesn't know.

Cross-Check Items None

Skip Pattern

A5a should be skipped if the client's response to A5 is "no," "refused," or "don't know."

A5B	**HAVE YOU EVER BEEN DEPLOYED TO A COMBAT ZONE? [*CHECK ALL THAT APPLY*]**

Intent/Key Points

The intent of this question is to determine whether a client has ever been deployed to a combat zone.

Note that this is a two-part question. If the client indicates "yes," the combat zone(s) must be ascertained from the client.

Additional Probes

Deployment is the relocation of forces and material to desired operational areas. Deployment encompasses all activities from origin or home station through destination.

Combat zone refers to an area required by combat forces for conduct of operations. A combat zone is any area the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. An area usually becomes a combat zone and ceases to be a combat zone on the dates the President designates by Executive Order.

"OEF" refers to Operation Enduring Freedom.

"OIF" refers to Operation Iraqi Freedom.

"OND" refers to Operation New Dawn.

Coding Topics/Definitions

The client has been deployed to a combat zone.

Never Deployed—The client was never deployed to a combat zone.

Yes—The client was deployed to Iraq or Afghanistan (i.e., OEF, OIF, OND).

Yes—The client was deployed in the Persian Gulf War (i.e., Operation Desert Shield, or Desert Storm).

Yes—The client was deployed to Vietnam/Southeast Asia.

Yes—The client was deployed to Korea.

Yes—The client was deployed in World War II (WWII).

Yes—The client was deployed in a combat zone other than the ones listed above (e.g., Bosnia, Somalia).

Refused—Client refuses to respond.

Don't know—Client responds that he or she doesn't know.

Cross-Check Items None

Skip Pattern

A5b should be skipped if the client's response to A5 is "no," "refused," or "don't know."

SPECIAL GUIDANCE FOR SBIRT GRANTEES: IF THE CLIENT SCREENS NEGATIVE, SKIP QUESTIONS A6 AND A6A-D.

A6	**IS ANYONE IN YOUR FAMILY OR SOMEONE CLOSE TO YOU ON ACTIVE DUTY IN THE ARMED FORCES, IN THE RESERVES, OR IN THE NATIONAL GUARD , OR SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD? [*IF YES, ANSWER FOR UP TO 6 PEOPLE*] WHAT IS THE RELATIONSHIP OF THAT PERSON (SERVICE MEMBER) TO YOU? [*WRITE RELATIONSHIP IN COLUMN HEADING*]**

Intent/Key Points

The intent of this question is to determine if someone in the client's immediate family or someone close to the client is or was ever on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard. "Someone close to the client" is considered to be a close friend or colleague, but the phrase is ultimately left to the client's interpretation.

Note that this is a two-part question. If the client indicates "yes," then ask the second part of the question to ascertain the relationship to the client. Read the eight noncapitalized response options to your client and place the appropriate number in the column header. The client can list up to six different relationships.

Additional Probes

Active duty refers to a client that is currently serving in the U.S. Armed Forces, in the Reserves, or in the National Guard.

Separated refers to a client that has left active duty service in the U.S. Armed Forces, in the Reserves, or in the National Guard but might still have an obligation to serve.

Retired refers to a client that left active service in the U.S. Armed Forces, in the Reserves, or in the National Guard. They were under orders in the past and no longer have an obligation to serve.

Coding Topics/Definitions

Someone in the client's immediate family or someone close to the client either is or was on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard.

No—The client responds that no family member and no one close to the client is or was ever on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard.

Yes—Only one family member or someone close to the client or was ever on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard.

Yes—More than one family member or person close to the client is or was ever on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

If the answer to A6 is "no," "refused," or "don't know," skip to Section B.

Special guidance for SBIRT grantees: If the client screens negative, skip questions A6 and A6a-d.

A6A	**HAS THE SERVICE MEMBER EXPERIENCED ANY OF THE FOLLOWING? [*CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY*]: DEPLOYED IN SUPPORT OF COMBAT OPERATIONS (E.G., IRAQ OR AFGHANISTAN)?**

Intent/Key Points

The intent of this question is to determine if someone in the client's immediate family or someone close to the client who either is or was on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard was ever deployed in support of combat operations. "Service Member" is considered to be a close friend or colleague, *but the phrase is ultimately left to the client's interpretation*.

Note that this is a two-part question. If the client responds "yes," ask the second part of the question to ascertain the relationship to the client. The client can list up to six different relationships.

Additional Probes

Deployment is the relocation of forces and material to desired operational areas. Deployment encompasses all activities from origin or home station through destination.

Coding Topics/Definitions

The client responds that a "Service Member" has been deployed in support of combat operations.

Yes—A "Service Member" has been deployed in support of combat operations. Code under the appropriate relationship.

No—The client responds that no "Service Member" has been deployed in support of combat operations.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

A6a should be skipped if the client's response to A6 is "no," "refused," or "don't know."

Special guidance for SBIRT grantees: If the client screens negative, skip questions A6 and A6a-d.

A6B	**HAS THE SERVICE MEMBER EXPERIENCED ANY OF THE FOLLOWING? [*CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY*]: WAS PHYSICALLY INJURED DURING COMBAT OPERATIONS (E.G., IRAQ OR AFGHANISTAN)?**

Intent/Key Points

The intent of this question is to determine if someone in the client's immediate family or someone close to the client who either is or was on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard was injured during combat operations. "Service Member" is considered to be a close friend or colleague, but the phrase is ultimately left to the client's interpretation.

Note that this is a two-part question. If the client responds "yes," ask the second part of the question to ascertain the relationship to the client. The client can list up to six different relationships.

Additional Probes

None

Coding Topics/Definitions

The client responds that a "Service Member" was injured during combat operations.

Yes—A "Service Member" was injured during combat operations. Code under the appropriate relationship.

No—The client responds that no "Service Member" was injured during combat operations.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

A6b should be skipped if the client's response to A6 is "no," "refused," or "don't know."

A6C	**HAS THE SERVICE MEMBER EXPERIENCED ANY OF THE FOLLOWING? [*CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY*]: DEVELOPED COMBAT STRESS SYMPTOMS/DIFFICULTIES ADJUSTING FOLLOWING DEPLOYMENT, INCLUDING PTSD, DEPRESSION, OR SUICIDAL THOUGHTS?**

Intent/Key Points

The intent of this question is to determine if someone in the client's immediate family or someone close to the client who either is or was on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard has ever developed combat stress symptoms or difficulties adjusting following deployment, including post-traumatic stress disorder (PTSD), depression, or suicidal thoughts. "Service Member" is considered to be a close friend or colleague, but the phrase is ultimately left to the client's interpretation.

Note that this is a two-part question. If the client responds "yes," then ask the second part of the question to ascertain the relationship to the client. The client can list up to six different relationships.

Additional Probes

Combat stress symptoms include physiological and/or psychological reactions that are manifested by a variety of symptoms during or following combat. The individual is typically rendered temporarily dysfunctional. It is not considered to be a psychiatric disorder.

PTSD is defined as a type of severe anxiety disorder. It typically occurs after someone has seen or experienced a traumatic event. PTSD is a psychiatric disorder whereas combat stress symptoms are not.

This question refers to the client's perceptions of combat stress symptoms, PTSD, depression, and suicidal thoughts, not a clinical diagnosis by a counselor.

Coding Topics/Definitions

The client responds that a "Service Member" has developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts.

> *Yes*—A "Service Member" has developed combat stress symptoms or difficulties adjusting following deployment including PTSD, depression, or suicidal thoughts. Code under the appropriate relationship.

No—The client responds that no "Service Member" has developed combat stress symptoms or difficulties adjusting following deployment including PTSD, depression, or suicidal thoughts.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question

Cross-Check Items None

Skip Pattern

A6c should be skipped if the client's response to A6 is "no," "refused," or "don't know."

A6D	**HAS THE SERVICE MEMBER EXPERIENCED ANY OF THE FOLLOWING? [*CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY*]: DIED OR WAS KILLED?**

Intent/Key Points

The intent of this question is to determine if someone in the client's immediate family or someone close to the client who was ever on active duty, separated, or retired from the Armed Forces, Reserves, or National Guard died or was killed in combat operations. "Service Member" is considered to be a close friend or colleague, but the phrase is ultimately left to the client's interpretation.

Note that this is a two-part question. If the client responds "yes," ask the second part of the question to ascertain the relationship to the client. The client can list up to six different relationships.

Additional Probes

None

Coding Topics/Definitions

The client responds that a "Service Member" has died or was killed during combat operations.

Yes—A "Service Member" has died or was killed in combat operations. Code under the appropriate relationship.

No—The client responds that no "Service Member" has died or was killed in combat operations.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

A6d should be skipped if the client's response to A6 is "no," "refused," or "don't know."

SECTION B: DRUG AND ALCOHOL USE

OVERVIEW

This section contains items to measure alcohol and other drug use in the past 30 days. To ensure that the client understands the terms you are using, you may need to use slang or local terminology for the different technical drug terms. (Slang terms provided in parentheses are only a guide.) Be attentive to the client and what words he or she uses.

Ask specifically about behavior in "the past 30 days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15th, the past 30 days covers April 15 to May 15.

All programs, with the exception of Offender Re-entry Program (ORP,) for questions B1 thru B2, will use "the past 30 days" for questions that captures the number days.

ORP grants should ask about drug use in "the past 90 days" prior to incarceration for questions B1 thru B2 at intake/baseline and "the past 90 days" at follow-up and discharge.

B1A–B1D	**DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOU USED THE FOLLOWING?**

Intent/Key Points

The intent is to record information about the client's recent alcohol and illegal substance use. Record the number of *days* in the last 30 that the client reported any use at all of a particular substance. *The response cannot be more than 30 days for any one category except for ORP grants where response categories cannot be more than 90 days.*

It is important to ask all alcohol use questions in item B1b1-B1b2 regardless of the presenting problem. *If the client answers zero days to question B1a, skip to question B1c.*

Additional Probes None

Coding Topics/Definitions

B1a *Any alcohol*—Beer, wine, liquor, grain alcohol.

B1b1 *Alcohol to intoxication (5+ drinks in one sitting)*—Refers to the client drinking five or more drinks in one sitting or within a brief period of approximately 1 to 2 hours. If a client reports drinking five or more drinks in one sitting or within a brief period and denies feeling the effects of the alcohol you should still count as alcohol to intoxication.

B1b2 *Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)*—If the client drinks four or fewer drinks in one sitting and feels

the effects of alcohol (i.e., getting a "buzz," "high," or drunk), it counts as alcohol to intoxication. If the client reports drinking four or fewer drinks in one sitting and not feeling the effects of alcohol, do not count it here.

A drink is equal to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor. (Retrieved April 10, 2006, from http://pathwayscourses.samhsa.gov/aaac/aaac_2_pg2.htm).

B1c *Illegal drugs*—Unprescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of illegal drugs in item B1c, and coded under the appropriate generic category in item B2. Additionally, misuse of over-the-counter medications to get high should be counted as use of illegal drugs in question B1c and marked as "other" and specified under B2i. Misuse of over-the-counter products (rubber cement, aerosols, gasoline, etc.) which are sniffed, huffed, or otherwise inhaled to get high should be counted as use of illegal drugs in item B1c and coded under inhalants in B2h.

Use of marijuana, whether prescribed or not, should be counted as the use of illegal drugs in item B1c and counted in item B2b. (Federal law does not recognize use of prescribed marijuana.) Marinol, which also contains THC, is a legal drug and should only be counted if the client is using it in an unprescribed manner. Use of nicotine (i.e., cigarettes, cigars, chewing tobacco, snuff) by clients under the age of 18 years should be counted as the use of illegal drugs in item B1c, and counted as other illegal drugs in item B2i.

B1d *Both alcohol and drugs (on the same day)*—Refers to the client using any alcohol and any illegal drugs on the same day.

Cross-Check Items

Cross-check items B1b1 and B1b2 with item B1a. The number of days reported in items B1b1 and B1b2, either individually or the combined total, cannot be more than the number of days reported in item B1a. The number of days reported in B1d cannot exceed the number of days reported in either B1a or B1c. *The response cannot be more than 30 days for any one category except for ORP grants where response categories cannot be more than 90 days.*

Skip Pattern

If the response to B1a is zero, skip to question B1c.

If the response to B1a and/or B1c is "zero," "refused," or "don't know," skip B1d.

B2A–B2I DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOU USED ANY OF THE FOLLOWING?

Intent/Key Points

The intent is to record information about the client's recent illegal substance use. Record the number of *days* in the last 30 that the client reported any use at all of a particular substance.

The response cannot be more than 30 days for any one category except for ORP grants where response categories cannot be more than 90 days.

It is important to ask all substance abuse history questions in item B2a-B2i regardless of the presenting problem even if the client answered zero days to item B1c.

Unprescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed), or misuse of over-the-counter products (e.g., huffing, sniffing, inhaling) and use of tobacco by someone under the age of 18 should be counted as the use of illegal drugs in item B1c, and coded under the appropriate generic category in item B2.

Additional Probes

If the client indicates that he/she is taking a drug that is usually prescribed, probe for unprescribed use (e.g., taking six pills a day as opposed to the prescribed two pills a day) or unprescribed procurement (e.g., I got the pills from my friend).

Additionally, probe to determine if the individual obtained the prescription under fraudulent means (faking an illness) and then takes the medication as prescribed. If so, it should be counted as illegal use.

Coding Topics/Definitions

Prompt the client with examples (using slang and brand names) of drugs for each specific category. You may use local slang terms for any particular drug that is used in your area.

B2a *Cocaine/crack*—Cocaine crystal, free-base cocaine, crack, or rock cocaine.

Count all forms of cocaine in the same category (even though cocaine is used in many forms and often with different names).

B2b *Marijuana/Hashish*—Use of marijuana, whether prescribed or not, should be counted as the use of illegal drugs in item B1c and counted in item B2b. Marinol, which also contains THC, is a legal drug and should only be counted if the client is using it in an unprescribed manner. (Federal law does not recognize use of prescribed marijuana.)

B2c *Opiates*—Ask about use of each opiate separately: heroin; morphine; Diluadid; Demerol; Percocet; Darvon; codeine; Tylenol 2,3,4; Oxycontin/Oxycodone.

If the client indicates that he/she is taking an opiate that is usually prescribed, probe for unprescribed use (e.g., taking six pills a day as opposed to the prescribed two pills a day) or unprescribed procurement (e.g., I got the pills from my friend). Record under the appropriate opiate category.

Tylenol 2, Tylenol 3, and Tylenol 4 are acetaminophen (Tylenol) with varying levels of codeine added. Record unprescribed use of these under Tylenol 2, 3, 4.

B2d *Nonprescription methadone*—Dolophine, LAAM.

Unprescribed use of LAAM should be counted as nonprescription methadone.

B2e *Hallucinogens/psychedelics, PCP, MDMA, LSD, mushrooms, or mescaline*—Psilocybin, peyote (except if used in a Native American setting for religious purposes), green.

B2f *Methamphetamine or other amphetamines*—Monster, amp, benzedrine, dexedrine, ritalin, preludin.

B2g1 *Benzodiazepines*—Ativan, Librium.

B2g2 *Barbiturates*—Amytal, seconal, phenobarbital.

B2g3 *Nonprescription GHB*—Liquid Ecstasy, Grievous Bodily Harm, Georgia Home Boy.

B2g4 *Ketamine*—Ketalar, cat valium.

B2g5 *Other tranquilizers, downers, sedatives, or hypnotics*—Dalmane, haldol, quaaludes.

B2h *Inhalants*—Nitrous oxide, amyl nitrate, glue, solvents, gasoline, toluene, aerosols (hair spray, Lysol, air freshener).

B2i *Other illegal drugs (specify)*—List any drugs not included above, misuse of over-the-counter medication used by the client to get high, and use of nicotine (i.e., cigarettes, cigars, chewing tobacco, snuff) by clients under the age of 18 years should be counted as the use of illegal drugs in item B1c, and counted as other illegal drugs here.

Cross-Check Items

Cross-check items B2a-B2i with item B1c. The number of days reported in item B1c must be greater than or equal to the number of days reported for any drug in item B2. If the client reports no use of illegal drugs in item B1c, then items B2a through B2i should be zero.

The response cannot be more than 30 days for any one category except for ORP grants where response categories cannot be more than 90 days.

Skip Pattern None

B2A–B2I ROUTE OF ADMINISTRATION

Intent/Key Points

The intent is to record information about the typical way in which the client administers the illegal drugs he/she uses. Ask this question for each item (B2a-B2i) in which at least 1 day of use is indicated.

Additional Probes

If more than one route of administration is used for the same illegal drug over the past 30 days, choose the one that is used most often. (ORP grants ask about use during "the past 90 days" prior to incarceration at intake/baseline and "the past 90 days" at follow-up and discharge). If there is more than one route of administration used most often, and they are used equally, choose the most severe. (The routes of administration are numbered in order of their severity with one being the least severe and five being the most severe.)

Example: The interviewer asks the client, "During the past 30 days, how many days have you used the following…Cocaine/crack?" If the client reports at least 1 day of use, the interviewer then asks, "What was the route of administration?" and reads the options. If the client has difficulty understanding what is meant by "route of administration," the interviewer may say "How did you most commonly take the drug?" and record the response.

Example: A client smokes an illegal drug 6 days in the past 30 days and injects the same illegal drug for 4 days, record "3—smoking" because it was the most common route of administration.

Example: A client smokes and intravenously (IV) injects the same illegal drug for 6 days (equally), record "5-IV," because it is the most severe route of administration used equally.

Coding Topics/Definitions

You can indicate only one response. Record the number that corresponds to the most common or usual route of administration. If more than one route of administration is used for the same illegal drug over the past 30 days, choose the one that is used most often. If there is more than one route of administration used most often, and they are used equally, choose the

most severe. (ORP grants ask about use during "the past 90 days" prior to incarceration at intake/baseline and "the past 90 days" at follow-up and discharge). The routes are listed in order of severity, with one being the least severe and five the most severe. If client indicates that he/she injected a substance, non-IV or IV injection needs to be specified.

1. *Oral*—Includes ingesting, swallowing, drinking, or dissolving drugs in the mouth or sublingually.

2. *Nasal*—Includes snorting, sniffing, or otherwise inhaling substances to get high. Includes huffing or sniffing a product or fumes from a product in order to get high. Includes use of anal suppositories, since the drug is also absorbed through the "membrane," (per ASI 11-8-05). Also includes absorption through the skin (e.g., a patch).

3. *Smoking*—Includes lighting or heating the drug and inhaling the resulting smoke. This includes smoking the drug on its own (in a pipe, bong, etc.) and putting the drug in a tobacco cigarette to be smoked.

4. *Non-IV Injection*—Includes injecting drugs subcutaneously (skin popping) or into muscles.

5. *IV*—Includes injecting drugs into veins.

Cross-Check Items None

Skip Pattern

Ask only for items that have been used during the past 30 days (ORP grants ask about use during "the past 90 days" prior to incarceration at intake/baseline and "the past 90 days" at follow-up and discharge).

Do not ask if the number of days of use was "zero," "refused," or "don't know."

B3 IN THE PAST 30 DAYS, HAVE YOU INJECTED DRUGS?

Intent/Key Points

The intent is to record information about the client's recent illegal injection behavior. Record the client's response, even if there is evidence to the contrary.

Additional Probes None

Coding Topics/Definitions

Injection can pertain to either intravenous injection (into a vein) or nonintravenous (under the skin or into a muscle). Do not count injection of legal and prescribed medications (i.e., insulin, hormones).

Cross-Check Items

If client indicates that the route of administration of any substance in Item B2a thru B2i is non-IV injection or IV, the response to Item B3 should be "yes."

Skip Pattern

If the answer to B3 is "no," "refused," or "don't know," skip to question C1.

B4	**IN THE PAST 30 DAYS, HOW OFTEN DID YOU USE A SYRINGE/NEEDLE, COOKER, COTTON, OR WATER THAT SOMEONE ELSE USED?**

Intent/Key Points

The intent is to record information about HIV/AIDS and other infectious disease risks associated with injection behavior in the past 30 days. Read all response options for frequency of needle or paraphernalia sharing.

Additional Probes None

Coding Topics/Definitions

If the client does not recognize the items listed, you may ask if they have used "works," or other local slang terminology, that someone else has used in the last 30 days.

Cross-Check Items None

Skip Pattern

Ask this question only if the client said "yes" in item B3.

SECTION C: FAMILY AND LIVING CONDITIONS

OVERVIEW

This section pertains to the client's living situation during the past 30 days as well as the impact that his/her drug or alcohol abuse has had on his/her stress levels, emotional well-being, and involvement in important activities.

C1	IN THE PAST 30 DAYS, WHERE HAVE YOU BEEN LIVING MOST OF THE TIME?

Intent/Key Points

The intent is to record information about the client's living situation in the past 30 days. Read the item as an open-ended question and then code the client's response in the appropriate category.

Additional Probes

If the client asks what is meant by where has he/she been living most of the time, explain that it means where has he/she been staying or spending his/her nights. If the client is having trouble remembering, start with the past evening and work backward in small increments (i.e., "Where did you sleep last night? Where did you sleep most of last week?").

Coding Topics/Definitions

You can check only one response. If the client has been living in more than one place for the past 30 days, count where he/she has been living the longest.

If a client reports "living the longest" in more than one location for an equal amount of time, record the most recent.

For example, if a client reports living the first 14 days in their home, the next 14 days in a shelter, and the last 2 days in jail, you would record "Shelter."

> *Shelter*—Count safe havens, transitional living centers [TLC], low demand facilities, reception centers, and other temporary day or evening facilities.
>
> *Street/outdoors*—Count living in cars, vans, or trucks as "street."
>
> *Institution*—Count hospitalization, incarceration, and correctional boot camp (especially for adolescents) as "institution."
>
> *Housed*—Count living in group homes, trailers, hotels, dorms, or barracks as "housed" and check appropriate subcategory. Probe clients if they indicate "group homes" to determine if it should be counted as

a halfway house or residential treatment. Probe clients if they are living in dormitory/college residence.

Own/rent apartment, room, or house—Count living in a room, boarding house, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer.

Someone else's apartment, room, or house—Count living in the home of a parent, relative, friend, or guardian, "couch surfing," and foster home. Adolescents living at home should be coded here if they are not paying a standard rental rate to the homeowner.

Dormitory/college residence—Count living in a college or dormitory.

Halfway house—Count living in a three-quarter house.

Residential treatment—Count living in a residential facility that provides on-site structured therapeutic and supportive services.

Cross-Check Items

Note response here and compare to response for jail/prison. Section E: Crime and Criminal Justice Status Instructions. Item E3: In the past 30 days, how many nights have you spent in jail/prison? If E3 is greater than 15, then C1 should be coded as institution.

Skip Pattern None

C2	**DURING THE PAST 30 DAYS, HOW STRESSFUL HAVE THINGS BEEN FOR YOU BECAUSE OF YOUR USE OF ALCOHOL OR OTHER DRUGS?**

Intent/Key Points

The intent is to record the client's feelings about how stressful things have been for them in the past 30 days, due to drug or alcohol problems. The question addresses stress in the past 30 days due to use of alcohol or other drugs, *even if there has been no alcohol or drug use in the past 30 days.* Even if the client has not used in the past 30 days, he/she may still feel stress due to his/her prior use.

Read the first four noncapitalized response options and have the client choose one.

Additional Probes

Examples of stress can include, but are not limited to, feeling overwhelmed or nervous, a craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication or withdrawal, or wanting to stop and not being able to do so.

Coding Topics/Definitions

Not at all—This option should be checked when the client *has* used alcohol or other drugs in the past 30 days (see Section B), but indicates that things have not been at all stressful for him/her.

Not applicable—This option should be checked when the client *has not* used alcohol or other drugs in the past 30 days (see Section B), *and* indicates that things have not been at all stressful for him/her.

Cross-Check Items

Check responses to questions B1a and B1c to determine whether to check "not at all" or "not applicable" for clients who say that things have been not at all stressful in the past 30 days.

Skip Pattern None

C3	DURING THE PAST 30 DAYS, HAS YOUR USE OF ALCOHOL OR OTHER DRUGS CAUSED YOU TO REDUCE OR GIVE UP IMPORTANT ACTIVITIES?

Intent/Key Points

The intent is to determine if the client's use of alcohol or other drugs has caused him/her to reduce or give up important activities during the past 30 days. The question addresses reducing or giving up important activities during the past 30 days due to use of alcohol or other drugs, *even if there has been no alcohol or drug use in the past 30 days.* Even if the client has not used in the past 30 days, he/she may still feel that alcohol or drug use has caused him/her to reduce or give up important activities.

Read the first four noncapitalized response options and have the client choose one.

Additional Probes

Important activities can include work, school, family responsibilities, treatment involvement, legal responsibilities (e.g., probation appointments), or special events.

Coding Topics/Definitions

Not at all—This option should be checked when the client *has* used alcohol or other drugs in the past 30 days (see Section B), but indicates that he/she has not at all reduced or given up important activities.

Not applicable—This option should be checked when the client *has not* used alcohol or other drugs in the past 30 days (see Section B), *and* indicates that he/she has not at all reduced or given up important activities.

Cross-Check Items

Check responses to questions B1a and B1c to determine whether to check "not at all" or "not applicable" for clients who say that important activities have not at all been reduced or given up in the past 30 days.

Skip Pattern None

C4	DURING THE PAST 30 DAYS, HAS YOUR USE OF ALCOHOL OR OTHER DRUGS CAUSED YOU TO HAVE EMOTIONAL PROBLEMS?

Intent/Key Points

The intent is to determine if the client's use of alcohol or other drugs has caused him/her to have emotional problems during the past 30 days. The question refers to the client's perception of emotional problems, not a clinical diagnosis by the counselor. The question addresses having emotional problems in the past 30 days due to use of alcohol or other drugs, *even if there has been no alcohol or drug use in the past 30 days*. Even if the client has not used in the past 30 days, he/she may still feel that alcohol or drug use has caused him/her to have emotional problems.

Read the first four noncapitalized response options and have the client choose one.

Additional Probes

If the client does not recognize or understand the term "emotional problems" you may provide examples. Examples of emotional problems include feelings of anxiousness, sadness, insomnia (inability to sleep), stress, or anger.

Coding Topics/Definitions

Not at all—This option should be checked when the client *has* used alcohol or other drugs in the past 30 days (see Section B), but indicates that he/she has not at all experienced emotional problems.

Not applicable—This option should be checked when the client *has not* used alcohol or other drugs in the past 30 days (see Section B), *and* indicates that he/she has not at all experienced emotional problems.

Cross-Check Items

Check responses to questions B1a and B1c to determine whether to check "not at all" or "not applicable" for clients who say that use of alcohol or other drugs have not at all caused emotional problems in the past 30 days.

Skip Pattern None

C5 [*IF NOT MALE*,] ARE YOU CURRENTLY PREGNANT?

Intent/Key Points

The intent is to determine whether a client is currently pregnant.

Additional Probes None

Coding Topics/Definitions

If the client does not know whether she is pregnant, mark "don't know."

Cross-Check Items None

Skip Pattern

C5 should be skipped if the client answers "male" to A1. If the client answered "female," "transgender," or "other" to A1, ask the question.

C6 DO YOU HAVE CHILDREN?

Intent/Key Points

Ask this question of all clients, regardless of their gender. The intent is to record whether the client has any children, regardless of whether the children live with the client or not. Include all children except children for whom the client has never had legal custody or has never been legally responsible.

Additional Probes

If the client has children, whether or not the children live with the client, the answer to this question should be "yes." This question does *not* include:

- Children for whom the client has never had legal custody or has never been legally responsible (e.g., grandchildren for whom parental rights have not been granted to the grandparent).
- Children who the client is babysitting or taking care of on a temporary basis (e.g., a neighbor's children).
- Foster children.

However, this question *does* include:

- Adult children of any age.
- Adopted children.

- Stepchildren for whom the client is legally responsible.
- Deceased children.

Coding Topics/Definitions

Response options for this question are:

Yes—Client has children, whether living with them or not, of any age, including deceased children, and adopted/step children.

No—Client has no children.

Cross-Check Items None

Skip Pattern

If the response to C6 is "no," "refused," or "don't know," skip to Section D.

C6A HOW MANY CHILDREN DO YOU HAVE?

Intent/Key Points

The intent is to record the number of children the client has, even if they are not living with the client. Include all children except children for whom the client has never had legal custody or has never been legally responsible.

Additional Probes None

Coding Topics/Definitions

This is the number of children the client has, whether living with the client or not. This question does *not* include:

- Children for whom the client has never had legal custody or has never been legally responsible (e.g., grandchildren for whom parental rights have not been granted to the grandparent).
- Children who the client is babysitting or taking care of on a temporary basis (e.g., a neighbor's children).
- Foster children.

However, this question *does* include:

- Adult children of any age.
- Adopted children.

- Stepchildren for whom the client is legally responsible.
- Deceased children.

Cross-Check Items

If response to C6 is "yes," then C6a must be greater than zero. The response to question C6c cannot exceed the response to question C6a. The response to question C6d cannot exceed the response to question C6a.

Skip Pattern

C6a should be skipped if the client's response to C6 is "no," "refused," or "don't know."

C6B	**ARE ANY OF YOUR CHILDREN LIVING WITH SOMEONE ELSE DUE TO A CHILD PROTECTION COURT ORDER?**

Intent/Key Points

The intent is to determine whether any of the client's children are living with someone else due to a *protection court order*. This would not include children who are living elsewhere due to any other reasons (including adoption [if voluntary surrender], family disputes, personal decision, voluntary surrender of parental rights, etc.).

Additional Probes

If the client does not understand the term "child protection court order," explain that it means a formal order by a court or child protection agency describing where and under whose supervision the child will be living or staying.

Coding Topics/Definitions

Response options for this question are:

Yes—Client has children who are *under the age of 18* living with someone else due to a protection court order.

No—Client has no children who are *under the age of 18* living with someone else due to a protection court order.

Cross-Check Items None

Skip Pattern

If the response to C6b is "no," "refused," or "don't know," skip to question C6d. C6b should be skipped if the client's response to C6 is "no," "refused," or "don't know."

C6C	**[*IF YES*] HOW MANY OF YOUR CHILDREN ARE LIVING WITH SOMEONE ELSE DUE TO A CHILD PROTECTION COURT ORDER?**

Intent/Key Points

The intent is to determine how many of the client's children are currently living with someone else due to a protection court order. This would not include children that are living elsewhere due to any other reasons (including adoption, family disputes, personal decision, etc.).

Additional Probes

If the client does not understand the term "child protection court order," explain that it means a formal order by a court or child protection agency describing where and under whose supervision the child will be living or staying.

Coding Topics/Definitions

This is the number of children *under the age of 18* that the client has who are currently living with someone else due to a child protection court order.

Cross-Check Items

The response to question C6c cannot exceed the response to question C6a.

Skip Pattern

C6c should be skipped if the client's response to C6 or C6b is "no," "refused," or "don't know."

C6D	**FOR HOW MANY OF YOUR CHILDREN HAVE YOU LOST PARENTAL RIGHTS? (THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.)**

Intent/Key Points

The intent is to determine for how many children the client currently does not have parental rights. This number should include *all* children for whom parental rights have been revoked by a formal court order (not voluntary surrender). If a client voluntarily gives up his/her child for adoption, that is not counted here. *This includes all children, regardless of the child's age.*

Additional Probes

If the client does not understand the term "parental rights," explain that it means that the client no longer has the opportunity to regain legal custody of their child.

Coding Topics/Definitions

This is the number of children for whom the client has lost parental rights.

Cross-Check Items

The response to question C6d cannot exceed the response to question C6a.

Skip Pattern

C6d should be skipped if the client's response to C6 is "no," "refused," or "don't know."

SECTION D: EDUCATION, EMPLOYMENT, AND INCOME

OVERVIEW

This section collects information about the respondent's educational and financial resources. To ensure that the client gives an answer that corresponds to one of the response choices, *only read and explain the choices if necessary*.

D1	**ARE YOU CURRENTLY ENROLLED IN A SCHOOL OR A JOB TRAINING PROGRAM? [*IF ENROLLED*] IS THAT FULL TIME OR PART TIME?**

Intent/Key Points

The intent is to determine whether the client is currently involved in any educational or job training program.

Note that this is a two-part question. If the client responds that he/she is not enrolled, check "not enrolled." If the client responds that he/she is enrolled, you must inquire if that enrollment is full- or part-time or other.

Additional Probes

Job training programs can include apprenticeships, internships, or formal training for a trade.

Coding Topics/Definitions

Full- or part-time definitions will depend on the institution where the client is enrolled.

> *Enrolled, full time*—Usually full-time enrollment is 12 or more credit hours per week for undergraduate enrollment and 9 or more credit hours per week for graduate enrollment. For some job training programs full-time may be 20 hours per week or more.
>
> *Enrolled, part time*—If the client is enrolled in school or a job training program for anything less than full time, it is considered part-time enrollment.
>
> *Other*—If the client is enrolled in school or a job training program, but not full- or part-time, specify the terms of enrollment under "other."

If a client is incarcerated, code as "not enrolled." However, if there are credits and/or a degree earned, include these in item D2.

Cross-Check Items None

Skip Pattern None

D2	**WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE FINISHED, WHETHER OR NOT YOU RECEIVED A DEGREE?**

Intent/Key Points

The intent is to record basic information about the client's formal education. Check the appropriate response to indicate the grade or year of school that the client has *completed*. This can include education received while incarcerated.

Additional Probes None

Coding Topics/Definitions

The question asks the highest grade or year in school that the client has *completed*. Response options for this question are as follows:

Never attended school—The client never attended school or dropped out prior to completing 1st grade.

1st grade completed – 11th grade completed—Choose the response that corresponds with the grade level or year in school that the client has completed.

12th grade completed/high school diploma/equivalent—The client has completed 12th grade, graduated from high school, or completed a general equivalence degree.

College or university/1st year completed—The client has completed 1 full year of college or university coursework. This typically corresponds with completing between 30 and 59 credit hours of college or university coursework, or moving on to but not completing sophomore status at a college or university.

College or university/2nd year completed/associate's degree (e.g., AA, AS)—The client has completed 2 full years of college or university coursework and/or has received his/her associate's degree. Two years of coursework typically corresponds with completing between 60 and 89 credit hours of college or university coursework, or moving on to but not completing junior status at a college or university.

College or university/3rd year completed—The client has completed 3 full years of college or university coursework. This typically corresponds with completing between 90 and 119 credit hours of college or university coursework, or moving on to but not completing senior status at a college or university.

Bachelor's degree (e.g., BA, BS) or higher—The client has received his/her undergraduate or graduate degree. This includes clients who have received a doctorate-level degree.

Voc/tech program after high school but no voc/tech diploma—The client attended but did not complete vocational or technical training after high school.

Voc/tech diploma after high school—The client completed his/her vocational or technical training after high school.

Determining level for those who dropped out of school—If the client dropped out of high school in the middle of his/her junior year (11th grade), and he/she has not completed any other education programs, you would enter 10 as the highest level of education completed.

Continued education following dropping out—Whether or not the client received a regular high school diploma or general equivalency diploma (GED) if he/she completed additional years in school, select the response associated with the highest year in school completed.

> For example, if the client dropped out of school after completing his/her 10th-grade year and subsequently returned to school as an adult and received a bachelor's degree, you would check the response option "bachelor's degree (BA or BS) or higher."

Distance learning—If the client completed additional years of education via distance learning probe to obtain the grade level or year of distance learning completed.

Cross-Check Items None

Skip Pattern None

D3 ARE YOU CURRENTLY EMPLOYED?

Intent/Key Points

The intent is to determine the client's current employment status. Focus on the status during most of the previous week to determine whether the client worked at all or had a regular job but was off work. Only legal employment (i.e., the job activity is legal) is counted as employment.

Note that this is a two-part question. First determine whether or not the client is employed, then determine his/her status. If the client indicates that he/she is employed you must then

determine whether it is full- or part-time. If the client indicates that he/she is unemployed, you must then determine the current status as it relates to unemployment.

Four or more days is considered most of the previous week.

Additional Probes

If the client responds "employed," ask if the job is full- or part-time.

If the client responds "unemployed," ask how long he/she has been unemployed and what prompted the unemployment. You may read the response categories as a probe. Check off the appropriate category.

Gambling, even if it is in a legal casino, is not counted as employment unless the client is an employee of the casino as a dealer or in some other capacity.

If a client is incarcerated and has a job through the jail but no other outside work, record unemployed, not looking for work.

Coding Topics/Definitions

Employment—Employment includes work performed even if the client is paid "under the table" or is working without a permit (in the case of undocumented persons) *as long as the work would be considered legal otherwise*. Employment includes those who are self-employed and those who are receiving services in exchange for their work (e.g., housing, schooling, or care).

Employed full-time—If the client works 35 hours or more a week, regardless of how many jobs make up this time, count as employed full-time. Day work or day labor for 35 or more hours per week should be counted as full-time employment. "Or would have been" means that the client usually works 35 hours or more per week but in the past 30 days, he/she may have taken time off due to illness or a vacation. In this situation, the client should be intending to continue to work 35 hours or more per week.

Employed part-time—If the client works 1 to 34 hours per week, count as employed part-time. Day work or day labor for fewer than 35 hours per week should be counted as part-time employment.

Unemployed—If the client indicates that he/she is unemployed, ask if he/she is currently looking for employment. If necessary, read all unemployed response options. Record the response in the appropriate unemployed category.

Other—If the client is involved in active military service, count as "other" and write in "military service." If the client is working for

assistance money, check "other" and put "work fair" or the type of assistance program for which he/she works. If the client's work status covers more than one category, (e.g., is retired, disabled, and does volunteer work) code "other" and write in the categories. If you are interviewing an adolescent who is working and being paid by Job Corps, count it as "other" and write in "Job Corps."

Students who are employed should be coded as full- or part-time. Students who are not working and *not* looking for work should be coded as unemployed, not looking for work. Students who are not working and are looking for work should be coded as unemployed, looking for work.

Cross-Check Items

Cross-check with item D1. Check for consistency between items. For example, if the client indicates that he/she is employed full-time and enrolled full-time in school or a job training program, ask for clarification.

Skip Pattern None

D4	**APPROXIMATELY HOW MUCH MONEY DID YOU RECEIVE (PRE-TAX INDIVIDUAL INCOME) IN THE PAST 30 DAYS FROM…**

Intent/Key Points

The intent is to record the amount of money received by the client in the last 30 days. Do not count money earned by a spouse or other members of the household, only money earned by the *client*.

Additional Probes

In some instances you may need to ask the hourly, daily, weekly, or monthly wage to determine pre-tax income.

For example, if the client tells you that he/she brings home $100 per week, you will need to ask how much he/she gets paid per hour and how many hours he/she works per week to arrive at a pre-tax income.

Coding Topics/Definitions

D4a *Wages*—Money earned through legal full- or part-time employment. Payments made "under the table" to avoid wage garnishments, taxes, etc., if earned legally would be counted here, even if work is performed within a family business.

D4b *Public assistance*—Money received from Temporary Assistance to Needy Families (TANF); welfare; food stamps; housing vouchers;

transportation money; or any other source of social, general, or emergency assistance funds. Additionally, money made from work fair or other programs within which clients work for assistance money should be recorded here.

D4c *Retirement*—Money received from 401K plans, Social Security, military retirement, or pensions.

D4d *Disability*—Money received from Supplemental Security Income, Social Security Disability, worker's compensation, or veteran disability payments.

D4e *Nonlegal income*—Count as nonlegal income any money received from illegal activities, such as drug dealing, stealing, fencing or selling stolen goods, panhandling (if banned), illicit gambling, or illegal prostitution. If a client has received drugs in exchange for illegal activity, do not convert to a dollar amount.

D4f *Family and/or friends*—Count allowance and monetary gifts.

D4g *Other*—Money received legally from any other sources such as trust fund payments, recycling, gambling if from legal sources (lottery payments, casinos, etc.), alimony, child support, tribal per capita funds, death benefits, and stock options.

Cross-Check Items

Cross-check item D4a with item D3. If the client reports either full- or part-time employment in D3, but reports $0 for wages in D4a, probe to ensure this is correct. If the client reports that he/she is unemployed in D3 and D4a is greater than zero, probe to ensure this is correct.

Cross-check item D4b with item D3. If the client reports that he/she is unemployed and looking for work in D3, but reports $0 for public assistance in D4b, probe to ensure this is correct.

Cross-check item D4c with item D3. If the client reports that he/she is unemployed and retired in D3, but reports $0 for retirement income in D4c, probe to ensure this is correct.

Cross-check item D4d with item D3. If the client reports that he/she is unemployed and disabled in D3, but reports $0 for disability income D4d, probe to ensure this is correct.

Skip Pattern None

SECTION E: CRIME AND CRIMINAL JUSTICE STATUS

OVERVIEW

This section pertains to basic information about the client's involvement with the criminal justice system. It gathers information about arrests and incarceration or detainment. Even if the client is court mandated to treatment, these questions must be asked, and the client's answers recorded. There may be additional information that was not part of the court mandate. Some clients may be reluctant to offer this information. Reassure them of the confidentiality of the information that they are providing to you.

E1 IN THE PAST 30 DAYS, HOW MANY TIMES HAVE YOU BEEN ARRESTED?

Intent/Key Points

The intent is to determine how many times the client has been formally arrested and official charges were filed in the last 30 days. These instances should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients, detention would count as an arrest. When dealing with juvenile clients (those under age 18 years in most states) this information may be sealed. *Check your local laws about juvenile justice arrests.*

Additional Probes None

Coding Topics/Definitions

Arrest—An instance when a person is detained by a law enforcement officer for allegedly breaking the law and is read his/her constitutional rights (Miranda rights—the right to remain silent and the right to an attorney). This does not include times when the client was just picked up, rousted, or questioned.

For juveniles, this would include a formal detainment, since in most states juveniles are not officially arrested.

Drug arrests are counted here.

Count multiple arrests for the same charge as separate arrests.

If there is more than one charge for a single arrest, only count the arrest once.

Cross-Check Items None

Skip Pattern

If none, skip to item E3.

E2	**IN THE PAST 30 DAYS, HOW MANY TIMES HAVE YOU BEEN ARRESTED FOR DRUG-RELATED OFFENSES?**

Intent/Key Points

The intent is to determine how many of the client's arrests have been related only to drugs. Count the number of *times* the client has been arrested for a drug-related offense. These instances should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients (those under age 18 years in most states), detention would count as an arrest. When dealing with juvenile clients (those under age 18 years in most states), this information may be sealed. *Check your local laws about juvenile justice arrests.*

Additional Probes None

Coding Topics/Definitions

Drug-related offense—Examples of drug-related offenses are possession; possession with the intent to distribute; distribution, manufacturing, or trafficking of an illegal substance; attempt or conspiracy to do any of the previous things; possession of drug paraphernalia; driving under the influence; driving while intoxicated; and public intoxication.

Count multiple arrests for the same charge as separate arrests.

If there is more than one charge for a single arrest, only count the arrest once.

Cross-Check Items

Cross-check item E2 with item E1. Alcohol or illicit drug related arrests in item E2 must be less than or equal to the number of arrests in item E1.

Skip Pattern

E2 should be skipped if the client's response to E1 is zero.

E3	**IN THE PAST 30 DAYS, HOW MANY NIGHTS HAVE YOU SPENT IN JAIL OR PRISON?**

Intent/Key Points

The intent is to record information about whether the client has spent time in jail/prison in the last 30 days. Count the number of *nights* that the client has spent in jail/prison. *The response cannot be more than 30 nights.* Time in jail or prison can be due to an arrest and incarceration, or just an overnight detainment. Do not distinguish between actual arrest and detainment for this question. A detention center would count as jail/prison for juvenile clients.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes

For clients who have extensive involvement in the justice system or who have memory difficulties, start by estimating how many nights in the past week and then move backward weekly until you reach 30 days.

Coding Topics/Definitions

Do not count instances in which the client was picked up and released in the same day.

Do not count house arrest, only nights in jail/prison.

Cross-Check Items

Cross-check with item C1. If the client indicates that more than 15 nights of the past 30 were spent in jail or prison, the response to item C1 should be "institution."

If the client indicates that 15 or fewer nights of the past 30 were spent in jail or prison and the response to C1 is "institution," check to ensure that the response for the *majority* of the past 30 nights is accurate.

Skip Pattern None

E4	**IN THE PAST 30 DAYS, HOW MANY TIMES HAVE YOU COMMITTED A CRIME?**

Intent/Key Points

The intent is to record the number of times the client has committed a crime in the past 30 days, even if he/she was not arrested for any of the crimes committed.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes None

Coding Topics/Definitions

Committed crimes include any unlawful act whether or not it has to do with substance use. Substance use-related crimes include the following: obtaining, using, and/or possessing illegal drugs; fraudulently obtaining prescription drugs; purchasing, possessing, and/or using alcohol if under the age of 21; purchasing, possessing, and/or using tobacco products if under the age of 18.

Clients do not have to admit to committing a crime if they have been arrested. For example, a client may have been arrested for a crime he/she did not commit, so there could be an arrest in E1, but a zero here.

Cross-Check Items

Check the number of days the client reported using illegal drugs in question B1c. The answer to question E4 should be equal to or greater than the number in B1c because using illegal drugs is a crime.

Skip Pattern None

E5 ARE YOU CURRENTLY AWAITING CHARGES, TRIAL, OR SENTENCING?

Intent/Key Points

The intent is to record whether the client is currently awaiting some resolution for an arrest or crime for which he/she has been charged.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes None

Coding Topics/Definitions

If the client is currently awaiting charges, trial, or sentencing, the response to this question should be “yes.” This is the case even if the client is currently serving time for an unrelated arrest. If the client is not currently awaiting charges, trial, or sentencing, the response to this question should be “no.”

Cross-Check Items None

Skip Pattern None

E6 ARE YOU CURRENTLY ON PAROLE OR PROBATION?

Intent/Key Points

The intent is to record whether the client is currently on parole or probation.

This question should be asked of all clients, even those who indicate zero arrests in question E1.

Additional Probes None

Coding Topics/Definitions

If the client is currently on parole or probation, the response to this question should be "yes." If the client is not currently on parole or probation, the response to this question should be "no."

Cross-Check Items None

Skip Pattern None

SECTION F: MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/ RECOVERY

OVERVIEW

This section addresses issues of mental and physical health as well as substance abuse treatment experiences in the last 30 days.

F1 HOW WOULD YOU RATE YOUR OVERALL HEALTH RIGHT NOW?

Intent/Key Points

The intent of the question is to ascertain how the client would rate his/her overall health. This applies to mental, emotional, and physical health.

Additional Probes

Read all of the response choices that appear in lower-case letters and record the client's answer, *even if you have knowledge that contradicts the client's answer*. Do not read the "refused" or "don't know" response categories.

You may ask the client to clarify the response if the answer is not consistent with the image the client is presenting.

Coding Topics/ Definitions None

Cross-Check Items None

Skip Pattern None

F2Ai–F2Aiii DURING THE PAST 30 DAYS, DID YOU RECEIVE INPATIENT TREATMENT FOR:
i. PHYSICAL COMPLAINT
ii. MENTAL OR EMOTIONAL DIFFICULTIES
iii. ALCOHOL OR SUBSTANCE ABUSE

Intent/Key Points

The intent of the question is to determine if the client received any inpatient treatment and, if so, for how many nights. This question measures use of the medical or treatment community.

Note that this is a two-part question. First, ask the client if he/she received inpatient treatment. If the client responds affirmatively, then ask the second part to ascertain how many nights were spent receiving treatment at the institution.

The number of nights spent in treatment cannot be more than 30 for any one category.

Additional Probes

If the client is having trouble remembering, start with the past week and work backward to cover 30 days.

Coding Topics/Definitions

Treatment in the current agency should be counted under the appropriate category.

If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance.

> For example, if the client received treatment for injuries sustained during a delusional episode and for mental health issues concurrently, count the nights under physical complaint *and* mental or emotional difficulties.

Cross-Check Items None

Skip Pattern

If the client answers "no," "refused," or "don't know" to receiving inpatient treatment in any category, do not ask how many nights the client stayed for that type of complaint.

F2Bi–F2Biii DURING THE PAST 30 DAYS, DID YOU RECEIVE OUTPATIENT TREATMENT FOR:
i. PHYSICAL COMPLAINT
ii. MENTAL OR EMOTIONAL DIFFICULTIES
iii. ALCOHOL OR SUBSTANCE ABUSE

Intent/Key Points

The intent of the question is to determine if the client received outpatient treatment, and, if so how many *times* (not days) the client received the treatment. This question addresses usage of the medical or treatment community.

Note that this is a two-part question. First, ask the client if he/she received outpatient treatment. If the client responds affirmatively, then ask the second part to ascertain how many times (session, appointments, etc.) he/she attended.

The number of *times* treatment was received in the past 30 days *can* be more than 30.

Additional Probes

If the client is having trouble remembering, start with the past week and work backward to cover 30 days.

Coding Topics/Definitions

Treatment in the current agency should be counted under the appropriate category.

If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance.

For example, if the client received treatment for injuries sustained during a delusional episode and for mental health issues concurrently, count the times under physical complaint *and* mental or emotional difficulties, as appropriate.

Outpatient treatment does not include emergency department visits.

Cross-Check Items None

Skip Pattern

If the client answers "no," "refused," or "don't know" to receiving outpatient treatment in any category, do not ask how many times the client received outpatient treatment for that type of complaint.

F2Ci–F2Ciii DURING THE PAST 30 DAYS, DID YOU RECEIVE EMERGENCY ROOM TREATMENT FOR:

i. PHYSICAL COMPLAINT
ii. MENTAL OR EMOTIONAL DIFFICULTIES
iii. ALCOHOL OR SUBSTANCE ABUSE

Intent/Key Points

The intent of the question is to determine if the client received emergency room treatment, and how many *times* (not days). This question addresses usage of the medical or treatment community. Emergency room treatment indicates that the client has visited either a hospital or emergency/urgent care clinic on a drop-in basis.

Note that this is a two-part question. First ask the client if he/she received emergency room treatment. If the client responds affirmatively, then ask the second part to ascertain how many times he/she received treatment.

The number of *times* treatment was received in the past 30 days *can* be more than 30.

Additional Probes

If the client is having trouble remembering, start with the past week and work backward to cover 30 days.

Coding Topics/Definitions

Treatment in the current agency should be counted under the appropriate category.

If the client received treatment under more than one category during the same visit, count each separate complaint as a separate instance.

For example, if the client received treatment for injuries sustained during a delusional episode and received a mental health evaluation or assessment, count the times under physical complaint *and* mental or emotional difficulties.

Cross-Check Items None

Skip Pattern

If the client answers "no," "refused," or "don't know" to receiving emergency room treatment in any category, do not ask how many times the client received emergency room treatment for that type of complaint.

F3 DURING THE PAST 30 DAYS, DID YOU ENGAGE IN SEXUAL ACTIVITY?

Intent/Key Points

The intent is to determine if the client engaged in sexual activity in the past 30 days.

This activity can be with main partners and anyone else with whom the respondent has had sexual activity. This includes male and female partners.

Additional Probes None

Coding Topics/Definitions

Response options for this question are:

Yes—Client has engaged in sexual activity.

No—Client has not engaged in sexual activity.

Not permitted to ask—In cases where the project staff cannot ask this question of a client (i.e., the state or program does not permit sexual activity questions to be asked of an adolescent client), enter "not permitted to ask" as the response option. Projects that serve adolescents are not automatically excused from asking this question. In fact, many programs ask this question of all of their clients. If you are unsure, please speak with your grant's Project Director. Note: Refusing to ask the questions because it may be embarrassing to the client is not a reason for not asking the question.

Sexual activity includes the following sexual acts:

Vaginal sex—Penetration of the vagina by a penis or other body part; includes vagina-to-vagina contact.

Oral sex—Placement of the mouth or tongue on or in a penis, vagina, or anus during sexual activity.

Anal sex—Penetration of the anus by a penis or other body part. This would include "fisting."

Do not count the use of sex toys.

Count all sexual contacts, whether consensual or not.

Masturbation, if done alone, should not be counted. If someone else is masturbating the client, count it as a sexual act.

Cross-Check Items None

Skip Pattern

If "no," "not permitted to ask," "refused," or "don't know," skip to question F4.

F3A	**[*IF YES*] ALTOGETHER HOW MANY SEXUAL CONTACTS (VAGINAL, ORAL, OR ANAL) DID YOU HAVE?**

Intent/Key Points

The intent is to determine the number of sexual contacts the client has had in the past 30 days. This includes sexual contact with the main partner and any other sexual partners.

Prompt the respondent to estimate the actual sexual contacts, not the number of days in the last 30 that he/she had sex nor the number of partners with whom he/she had sexual contact.

Additional Probes

For respondents who have a large number of partners, start by estimating daily, then weekly, then monthly sexual contacts.

Explain to the client that he/she should count each *act* as a separate sexual contact (e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, it would count as three contacts).

Coding Topics/Definitions

Record repeated contacts with the same partner as separate sexual contacts. Count each act as a separate sexual contact (e.g., if the respondent has had oral, vaginal, anal sex, and returned to oral in one encounter, it would count as *four contacts*).

Do not count the use of sex toys.

Count all sexual contacts, whether consensual or not.

Masturbation, if done alone, should not be counted. If someone else is masturbating the client, count it as a sexual act.

Cross-Check Items None

Skip Pattern

F3a should be skipped if the client's response to F3 is "no," "refused," "don't know," or if the program is not permitted to ask this question.

F3B	**[*IF YES*] ALTOGETHER HOW MANY UNPROTECTED SEXUAL CONTACTS DID YOU HAVE?**

Intent/Key Points

The intent is to determine the number of unprotected sexual contacts the client has had in the past 30 days. This includes contact with both main and other partners.

Prompt the client to estimate the number of unprotected sexual contacts, not the number of days in the last 30 that he/she had unprotected sexual contact nor the number of partners with whom he/she had unprotected sexual contact.

Additional Probes

Remind the client that he or she should count each act as a separate sexual contact (e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, that would be three contacts).

Coding Topics/Definitions

Record repeated contacts with the same partner as separate sexual contacts. Count each act as a separate sexual contact (e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, it would be counted as *three contacts*).

> *Unprotected sex* is defined as "vaginal, oral, or anal sex without a condom or other latex barrier (i.e., female condom or dental dam)."

Cross-Check Items

Cross-check with item F3a. The number of unprotected sexual contacts in item F3b should not be more than the number of sexual contacts in item F3a.

Skip Pattern

If none, skip to item F4. F3b should be skipped if the client's response to F3 is "no," "refused," "don't know," or if the program is not permitted to ask this question.

F3C1–F3C3 [*IF YES*] ALTOGETHER, HOW MANY UNPROTECTED SEXUAL CONTACTS WERE WITH AN INDIVIDUAL WHO IS OR WAS:

1. **HIV POSITIVE OR HAS AIDS**
2. **AN INJECTION DRUG USER**
3. **HIGH ON SOME SUBSTANCE**

Intent/Key Points

The intent is to determine the number of unprotected sexual contacts the client has had in the last 30 days with individuals who were likely to be at high risk for HIV infection. This question includes sexual contact with the main partner and other partners.

Prompt the client to estimate the number of unprotected sexual contacts, not the number of days in the last 30 that he/she had unprotected sexual contact nor the number of partners with whom he/she had unprotected sexual contact.

Additional Probes

Remind the client that he or she should count each act as a separate sexual contact (e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, that would be *three contacts*).

The high-risk categories in item F3c are not mutually exclusive. Ask the client about all categories. His/her sexual partner may be counted in more than one category.

Coding Topics/Definitions

Record repeated contacts with the same partner as separate sexual contacts. Count each act as a separate sexual contact (e.g., if the respondent has had oral, vaginal, and anal sex in one encounter, it would be counted as *three contacts*).

> *An injection drug user* can be either an intravenous (i.e., into the vein) or nonintravenous (i.e., into a muscle or under the skin) drug user. If the respondent reports a partner who uses both injected and noninjected drugs, count the respondent as an "injection drug user."

If the respondent is unsure of the status of his or her sexual partner, record the response as "don't know."

Cross-Check Items

Cross-check with item F3b. The number of unprotected sexual contacts in each of the items F3c1 to F3c3 should not be more than the number of unprotected sexual contacts in item F3b.

Skip Pattern

F3c1-3 should be skipped if the client's response to F3 is "no," "refused," "don't know," or if the program is not permitted to ask this question; or if F3b is zero.

F4 HAVE YOU EVER BEEN TESTED FOR HIV?

Intent/Key Points

The intent is to determine whether the client has ever been tested for HIV.

Coding Topics/Definitions

Response options for this question are:

Yes—Client has been tested for HIV.

No—Client has never been tested for HIV.

Don't Know—Client doesn't know if he/she has been tested.

If the client refuses to answer, "refused" should be written on the tool under the response categories.

Skip Pattern

If "no," "refused," or "don't know," skip to question F5.

F4A [*IF YES*] DO YOU KNOW THE RESULTS OF YOUR HIV TESTING?

Intent/Key Points

The intent is to determine whether the client is aware of the results from his/her HIV test.

Yes—Client indicates that he/she knows the results of HIV testing.

No—Client indicates that he/she does not know the results of HIV testing.

If the client refuses to answer, "refused" should be written on the tool under the response categories.

Cross-Check Items None

Skip Pattern None

F5	**IN THE PAST 30 DAYS, (NOT DUE TO YOUR USE OF ALCOHOL OR DRUGS) HOW MANY DAYS HAVE YOU:** **F5A. EXPERIENCED SERIOUS DEPRESSION** **F5B. EXPERIENCED SERIOUS ANXIETY OR TENSION** **F5C. EXPERIENCED HALLUCINATIONS** **F5D. EXPERIENCED TROUBLE UNDERSTANDING, CONCENTRATING, OR REMEMBERING** **F5E. EXPERIENCED TROUBLE CONTROLLING VIOLENT BEHAVIOR** **F5F. ATTEMPTED SUICIDE** **F5G. BEEN PRESCRIBED MEDICATION FOR PSYCHOLOGICAL/EMOTIONAL PROBLEM**

Intent/Key Points

The intent is to determine the number of days in the past 30 that the client has experienced any serious psychiatric symptoms that were not due to alcohol or other drug use.

Ask about each psychiatric symptom separately, and enter the number of days that the client experienced that symptom. *The answer cannot be more than 30 days.*

Note: Reports of recent suicide attempts or thoughts should be brought to the attention of the clinical supervisor from the treatment agency. If the client expresses suicidal ideation (talks about killing him/herself) at the time of the interview he/she should be seen by the clinical supervisor before leaving the office.

Additional Probes

Explain that the symptoms refer to times when he/she was not under the direct effects of alcohol, drugs, or withdrawal. This means that the behavior or mood was not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Coding Topics/Definitions

F5a *Serious depression*—This is the client's subjective feeling of "serious" depression. It does not refer to a diagnosis of depression.

F5b *Serious anxiety or tension*—This is the client's subjective feeling of "serious" anxiety or tension. It does not refer to a diagnosis of anxiety disorder.

F5c *Hallucinations*—Refers to seeing or hearing things that were not present, or that other people could not see or hear. The hallucinations can be auditory or visual.

F5d *Trouble understanding, concentrating, remembering*—Can be long- or short-term lapses.

F5e *Trouble controlling violent behavior*—Can refer to violence against another person, oneself, an animal, an object, or against no directed target.

F5f *Attempted suicide*—This does not include thoughts of suicide. Count only actual attempts. If interviewing an adolescent, reports of self-harm and/or cutting should not be considered suicide unless the client explicitly states that the intention was to commit suicide.

F5g *Prescribed medication for psychological/emotional problem*—Medication must have been prescribed by a nurse practitioner, physician's assistant, physician, or psychiatrist for a psychiatric or emotional problem. Record the number of days for which the medication was prescribed, even if the client did not take the medication.

> Example: If a doctor prescribes the client to take two pills per day for 10 days, you would enter the number 10.

Any prescribed medication for a psychological or emotional problem should be recorded here, whether newly prescribed or refill.

If the prescription is on a "take as needed" basis, ask how many times the client took the drug in the past 30 days.

If the client has been prescribed more than one drug, count the highest number of days prescribed. Count each day for drugs that are prescribed to be taken in sequence (i.e., if Drug A is to be taken for 10 days followed by Drug B for 10 days, the response would be 20 days). However, if Drug A is prescribed for 10 days and Drug B is to be taken for 15 days (10 of which are concurrent with Drug A), the response would be 15 days.

Cross-Check Items

Cross-check with item B2 from the Drug and Alcohol Use section. Make sure that any medication that the client was prescribed for a psychological or emotional problem and for which he/she is *taking it correctly* is not counted in item B2.

Skip Pattern

If responses to F5a–F5g all equal "zero," "refused," or "don't know," skip to question F7.

F6	**HOW MUCH HAVE YOU BEEN BOTHERED BY THESE PSYCHOLOGICAL OR EMOTIONAL PROBLEMS IN THE PAST 30 DAYS?**

Intent/Key Points

The intent is to record the client's feelings about how bothersome the previously mentioned psychological or emotional problems have been in the past 30 days.

Do not read the options for "refused" or "don't know," but read all of the other response options and allow the client to choose one.

Additional Probes

Remind the client to respond to whatever problem he/she identified in question F5. Probe clients if they report a serious condition but say they were not bothered at all by it.

Coding Topics/Definitions

You may want to reread the item(s) from F5 that the client indicated he/she had experienced.

> Example: The client reported that he/she had experienced serious depression on 12 of the last 30 days and serious anxiety or tension on 6 of the last 30 days. Ask the client about when he/she experienced the serious depression and anxiety or tension, was he/she: not at all bothered by it; slightly bothered by it; moderately bothered by it; considerably bothered by it; or extremely bothered by it.

Cross-Check Items None

Skip Pattern None

F7	**HAVE YOU EVER EXPERIENCED VIOLENCE OR TRAUMA IN ANY SETTING (INCLUDING COMMUNITY OR SCHOOL VIOLENCE; DOMESTIC VIOLENCE; PHYSICAL, PSYCHOLOGICAL, OR SEXUAL MALTREATMENT/ASSAULT WITHIN OR OUTSIDE OF THE FAMILY; NATURAL DISASTER; TERRORISM; NEGLECT; OR TRAUMATIC GRIEF)?**

Intent/Key Points

The intent of this question is to determine whether the client has ever experienced or witnessed violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment or assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief).

Additional Probes

Some examples of violence might include experiencing hitting, slapping, or punching. Some examples of trauma might include witnessing or experiencing a disturbing or upsetting event. The terms "violence" and "trauma" are left to the client's interpretation.

Coding Topics/Definitions

The client responds whether he or she has ever experienced or witnessed violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment or assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief).

Yes—The client responds that he or she has experienced the abovementioned conditions.

No—The client responds that he or she has not experienced the abovementioned conditions.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

If the response to F7 is "no," "refused," or "don't know," skip to item F8.

F7A	**DID ANY OF THESE EXPERIENCES FEEL SO FRIGHTENING, HORRIBLE, OR UPSETTING THAT, IN THE PAST AND/OR THE PRESENT, YOU: HAVE HAD NIGHTMARES ABOUT IT OR THOUGHT ABOUT IT WHEN YOU DID NOT WANT TO?**

Intent/Key Points

The intent of this question is to ascertain whether the violence or trauma mentioned in question F7 has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, whether these feelings led the client to have nightmares or thoughts about them that were unwanted.

Additional Probes

None

Coding Topics/Definitions

Response options for this question are:

Yes—The client responds that he or she has experienced the abovementioned conditions.

No—The client responds that he or she has not experienced the abovementioned conditions.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

F7a should be skipped if the client's response to F7 is "no," "refused," or "don't know."

F7B	**DID ANY OF THESE EXPERIENCES FEEL SO FRIGHTENING, HORRIBLE, OR UPSETTING THAT, IN THE PAST AND/OR THE PRESENT, YOU: TRIED HARD NOT TO THINK ABOUT IT OR WENT OUT OF YOUR WAY TO AVOID SITUATIONS THAT REMIND YOU OF IT?**

Intent/Key Points

The intent of this question is to ascertain whether the violence or trauma mentioned in question F7 has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, have these feelings caused the client to try hard not to think about them or to go out of his or her way to avoid situations that remind the client of the experiences.

Additional Probes

None

Coding Topics/Definitions

Response options for this question are:

Yes—The client responds that he or she has experienced the abovementioned conditions.

No—The client responds that he or she has not experienced the abovementioned conditions.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

F7b should be skipped if the client's response to F7 is "no," "refused," or "don't know."

F7C	**DID ANY OF THESE EXPERIENCES FEEL SO FRIGHTENING, HORRIBLE, OR UPSETTING THAT, IN THE PAST AND/OR THE PRESENT, YOU: WERE CONSTANTLY ON GUARD, WATCHFUL, OR EASILY STARTLED?**

Intent/Key Points

The intent of this question is to ascertain whether the violence or trauma related in question F7 has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, have these feelings caused the client to be constantly on guard, watchful, or easily startled.

Additional Probes None

Coding Topics/Definitions

Response options for this question are:

Yes—The client responds that he or she has experienced the abovementioned conditions.

No—The client responds that he or she has not experienced the abovementioned conditions.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

F7c should be skipped if the client's response to F7 is "no," "refused," or "don't know."

F7D	**DID ANY OF THESE EXPERIENCES FEEL SO FRIGHTENING, HORRIBLE, OR UPSETTING THAT IN THE PAST AND/OR THE PRESENT, YOU: FELT NUMB AND DETACHED FROM OTHERS, ACTIVITIES, OR YOUR SURROUNDINGS?**

Intent/Key Points

The intent of this question is to ascertain whether the violence or trauma mentioned in question F7 has resulted in frightening, horrible, or upsetting feelings in the past or the present and, if so, have these feelings have caused the client to feel numb or detached from others, activities, or his or her surroundings.

Additional Probes None

Code Topics/Definitions

Response options for this question are:

Yes—The client responds that he or she has experienced the abovementioned conditions.

No—The client responds that he or she has not experienced the abovementioned conditions.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern

F7d should be skipped if the client's response to F7 is "no," "refused," or "don't know."

F8	**IN THE PAST 30 DAYS, HOW OFTEN HAVE YOU BEEN HIT, KICKED, SLAPPED, OR OTHERWISE PHYSICALLY HURT?**

Intent/Key Points

The intent of this question is to determine if the client has ever been hit, kicked, slapped, or otherwise physically hurt in the past 30 days, and if so, how often.

Additional Probes None

Coding Topics/Definitions

The client responds that he or she has been hit, kicked, slapped, or otherwise physically hurt. Read the first three response options and record the response in the appropriate category.

Never—The client responds that he or she has not experienced the abovementioned conditions.

A few times—The client responds that he or she has experienced the abovementioned conditions "a few times." "A few times" can be considered up to five times, but it is ultimately left to the client's interpretation.

More than a few times—The client responds that he or she has experienced the abovementioned conditions "more than a few times." "More than a few times" can be considered more than five times but it is ultimately left to the client's interpretation.

Refused—The client refuses to respond to the question.

Don't know—The client responds that he or she does not know the answer to this question.

Cross-Check Items None

Skip Pattern None

SECTION G: SOCIAL CONNECTEDNESS

OVERVIEW

This section addresses the client's use of social support and recovery services during the 30 days prior to the interview.

G1	**IN THE PAST 30 DAYS, DID YOU ATTEND ANY VOLUNTARY SELF-HELP GROUPS FOR RECOVERY THAT WERE NOT AFFILIATED WITH A RELIGIOUS OR FAITH-BASED ORGANIZATION? IN OTHER WORDS, DID YOU PARTICIPATE IN A NONPROFESSIONAL, PEER-OPERATED ORGANIZATION DEVOTED TO HELPING INDIVIDUALS WHO HAVE ADDICTION-RELATED PROBLEMS SUCH AS: ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, OXFORD HOUSE, SECULAR ORGANIZATION FOR SOBRIETY, WOMEN FOR SOBRIETY, ETC.?**

Intent/Key Points

The intent of this item is to measure whether clients have attended nonprofessional, peer-oriented self-help groups to assist in their recovery during the past 30 days. *Note that this is a two-part question.* If the client indicates that he/she has attended these groups in the past 30 days, the number of times attended must be probed. The client does not have to be in "recovery" in order to attend these types of groups. Therefore, ask this question of all clients.

Additional Probes

If the client asks what is meant by "voluntary self-help groups," explain that it means a self-help or support group in which *participation* is voluntary, whether or not attendance to that group is voluntary. For example, even if the client's parole officer has required him/her to attend 30 self-help groups in 30 days, the participation in these groups would still be considered voluntary. This is because once the client is in the group setting; he/she is not required to be an active participant in the group in order to get credit for attending the group.

Coding Topics/Definitions

This does not include meetings or groups that are sponsored or run by religious organizations. However, these types of group meetings may be held in churches, temples, or other religious buildings or locations without being affiliated with any particular religious group.

A peer-operated organization is one in which the person or people who facilitate the group are not there as paid professionals (whether or not they are, in fact, professionals). Rather, the person or people who run the group are peers and/or members of the group.

There is typically no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, run the group.

Response options for this question are:

Yes—Client has attended voluntary self-help groups for recovery in the past 30 days. If yes, specify the number of times these groups have been attended.

No—Client has not attended voluntary self-help groups for recovery in the past 30 days.

Cross-Check Items None

Skip Pattern None

G2	IN THE PAST 30 DAYS, DID YOU ATTEND ANY RELIGIOUS/FAITH-AFFILIATED RECOVERY SELF-HELP GROUPS?

Intent/Key Points

The intent is to record whether, in the past 30 days, the client has attended any self-help groups or recovery groups that are religious/faith-based and are focused on recovery.

Note that this is a two-part question. If the client indicates that he/she has attended these groups in the past 30 days, the number of times attended must be probed.

The client does not have to be in "recovery" in order to attend these types of groups. Therefore, ask this question of all clients.

Additional Probes

If the client asks what is meant by "religious or faith-based," explain that it means a group that is run by a religious organization and/or has a religious or faith-based message for recovery. Clarify that this does not include secular groups that meet in religious buildings.

Coding Topics/Definitions

This does not include secular meetings or groups that are held in religious buildings, such as churches or temples. The organization running or sponsoring the group must be a religious/faith-based organization and/or the group must have a religious message for recovery.

These may be peer-operated groups, or they may be run or facilitated by a member of the clergy or religious organization. Additionally, this may include services provided through other CSAT-funded religious/faith-affiliated recovery service providers.

There is no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, typically run these groups. However, paid members of the religious organization sponsoring the groups may run them.

Participation in sweat lodges for Native Americans can be counted here if the purpose was for recovery/self-help.

Response options for this question are:

Yes—Client has attended religious/faith-affiliated self-help or recovery group in the past 30 days. If yes, specify the number of times these groups have been attended.

No—Client has not attended religious/faith-affiliated self-help or recovery group in the past 30 days.

Cross-Check Items None

Skip Pattern None

G3	**IN THE PAST 30 DAYS, DID YOU ATTEND MEETINGS OF ORGANIZATIONS THAT SUPPORT RECOVERY OTHER THAN THE ORGANIZATIONS DESCRIBED ABOVE?**

Intent/Key Points

The intent is to record whether the client has attended any meetings, activities, or events that support recovery, or self-help/recovery groups that were run or sponsored by an organization that is not focused on recovery in the past 30 days.

Note that this is a two-part question. If the client indicates that he/she has attended these groups in the past 30 days, the number of times attended must be probed.

The client does not have to be in "recovery" in order to attend these types of groups. Therefore, ask this question of all clients.

Additional Probes None

Coding Topics/Definitions

Example: The client may have attended a presentation on diabetes awareness. The presenting organization deals primarily with the issue of diabetes, and supports recovery through the promotion of a healthy lifestyle.

Response options for this question are:

Yes—Client has attended meetings of organizations that support recovery other than those listed in G1 and G2 in the past 30 days. If "yes," specify the number of times these groups have been attended.

No—Client has not attended meetings of organizations that support recovery other than those listed in G1 and G2 in the past 30 days.

Cross-Check Items None

Skip Pattern None

G4	IN THE PAST 30 DAYS, DID YOU HAVE INTERACTION WITH FAMILY AND/OR FRIENDS THAT ARE SUPPORTIVE OF YOUR RECOVERY?

Intent/Key Points

The intent of this item is to measure whether clients have a social support network outside of a treatment or recovery support network.

The client does not have to be in "recovery" in order to attend these types of groups. Therefore, ask this question of all clients.

Additional Probes/Issue

The terms "interaction" and "supportive" are open to wide interpretation. An interaction may be viewed as supportive and nonsupportive at the same time, depending on one's perspective; therefore, we recommend that you clarify the question by saying to the client that what he/she is being asked is if *"In the past 30 days have you spent time with people who are supportive of your recovery, including family and friends?"*

Coding Topics/Definitions

Response options for this question are:

Yes—Client has had interaction with family and/or friends who are supportive of his/her recovery in the past 30 days.

No—Client has not had interaction with family and/or friends who are supportive of his/her recovery in the past 30 days.

Cross-Check Items None

Skip Pattern None

G5	TO WHOM DO YOU TURN WHEN YOU ARE HAVING TROUBLE?

Intent/Key Points

The intent of this question is to determine to whom the client most commonly turns when he or she is having trouble.

Additional Probes

Read as an open-ended question and mark down the client's response.

Coding Topics/Definitions

The client should specify only one response indicating the person to whom he or she turns to most commonly for support. Response options for this question are:

No One—Client does not have anyone to turn to or relies on himself or herself only.

Clergy Member—Client turns to a member of the clergy, including minister, preacher, priest, rabbi, nun, elder, imam, swami, lama, etc.

Family Member—Client looks to family members for support when in trouble. This includes members of immediate and extended family, and spouses or children.

Friends—Client turns to anyone he or she considers to be friends.

Other (Specify)—Specify. Record boyfriend/girlfriend/significant other here. Also record "sponsor" here.

Cross-Check Items None

Skip Pattern

If this is a GPRA intake/baseline interview, stop now: the interview is complete.

SECTION I: FOLLOW-UP STATUS

(REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

OVERVIEW

This section pertains to the client's status at the 3- or 6-month follow-up interview. This information is only completed at follow-up, and is reported by the program staff without asking the client.

GPRA follow-up interviews should be completed the number of months specified (3 or 6) from the GPRA intake/baseline interview date (a 12-month follow-up interview is no longer required). CSAT provides a window period of time for these GPRA follow-up interviews to be conducted. The window period allowed for these GPRA follow-up interviews is one month before the (3 or 6 month) anniversary date and up to two months after the (3 or 6 month) anniversary date. Those programs designated by CSAT as homeless programs are allowed a window period of two months before and two months after the 6-month follow-up anniversary date. The target follow-up rate is 100%, meaning programs must attempt to follow-up all clients. The minimum follow-up completion rate is 80%. For example:

> ***For programs completing a 6-month follow-up interview—***If a client receives the GPRA intake/baseline interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.
>
> ***For homeless programs completing a 6-month follow-up interview—*** If a client receives the GPRA intake/baseline interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window period for conducting the 6-month follow-up interview would open two months before the anniversary date on May 1st, and close two months after the anniversary date on September 1st.
>
> ***For adolescent and other select programs completing 3-month and 6-month follow-up interviews—***If a client receives the GPRA intake/baseline interview on January 1st, the 3-month follow-up anniversary date would be April 1st. The window period for conducting the 3-month follow-up interview would open one month before the anniversary date on March 1st, and close two months after the anniversary date on June 1st.
>
> If a client receives the GPRA intake/baseline interview on January 1st, the 6-month follow-up anniversary date would be July 1st. The window

period for conducting the 6-month follow-up interview would open one month before the anniversary date on June 1st, and close two months after the anniversary date on September 1st.

I1 WHAT IS THE FOLLOW-UP STATUS OF THE CLIENT?

Intent/Key Points

The intent is to document the client's status at the 6-month (and if required, 3-month) follow-up time point and the project's effort to complete the interview. Select the response that best fits.

Additional Probes None—response is not made by client.

Coding Topics/Definitions

Response 01 Deceased at time of due date—If the client is deceased at the time of follow-up and this information has been verified.

Response 11 Completed interview within the specified window—Check this category if the interview was completed within the CSAT-specified window for data collection. (See previous page for definitions of the specified windows.)

Response 12 Completed interview outside specified window—Check this category if the interview was completed outside of the CSAT-specified window for data collection. (See previous page for definitions of the specified windows.)

Response 21 Located, but refused, unspecified—The client is still enrolled in the program but refused to complete the GPRA follow-up interview.

Response 22 Located, but unable to gain institutional access—You located the client in an institution but were unable to secure permission to have a face-to-face interview. The institution can be any setting in which the client is currently located (jail/prison, hospital, mental institution, residential or other drug treatment setting which does not allow the client to have outside contact).

Response 23 Located, but otherwise unable to gain access—You know where the client is located, but are unable to gain access due to distance or other factors. For example, you learned that the client has moved to another country and this information has been verified.

Response 24 Located, but withdrawn from the project—The client is no longer enrolled in the program and refused to complete the GPRA follow-up interview.

Response 31 Unable to locate, moved—The client has moved out of the area, this information has been verified, and you are still unable to locate.

Response 32 Unable to locate, other—The client may or may not have left the area and you are unable to determine their location or current status (living/deceased, etc.) and are unable to verify if any of the above noted conditions exist. Record a description of the situation in the space provided.

Cross-Check Items None

Skip Pattern None

I2 IS THE CLIENT STILL RECEIVING SERVICES FROM YOUR PROGRAM?

Intent/Key Points

The intent is to record whether CSAT-funded services are ongoing for the client at your agency at the time of the follow-up interview.

Additional Probes None

Coding Topics/Definitions

This is a "yes" or "no" question.

Cross-Check Items None

Skip Pattern

If this is a follow-up interview, this is the last section completed.

SECTION J: DISCHARGE STATUS

(REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE)

OVERVIEW

The information in this section pertains to the client's discharge status. This information is only completed at discharge. It is not asked of the client, but should be filled in by the project staff.

J1 ON WHAT DATE WAS THE CLIENT DISCHARGED?

Intent/Key Points

The intent of the question is to determine when the client was discharged from the treatment program, whether the discharge was voluntary or involuntary. Enter the date the client was discharged, not the date of the discharge interview.

Additional Probes None—response is not made by client.

Coding Topics/Definitions

Enter date as mm/dd/yyyy.

> The CSAT GPRA definition of discharge should follow the grantee's definition. If the grantee does not have a definition of discharge, the grantee must use 30 days without contact as the GPRA discharge date and attempt to complete a discharge interview at that time. (See pages 5 and 6 for more information about discharge.)

Cross-Check Items None

Skip Pattern None

J2 WHAT IS THE CLIENT'S DISCHARGE STATUS?

Intent/Key Points

The intent of this question is to determine the client's discharge status.

Note that this is a two-part question. If the client completed or graduated from the program, check "completion/graduate." If the client was terminated from the program, check "termination" *and* indicate the reason for the client's termination from the program using the response options from the list provided. If the reason for termination is not on the list, choose "other" and give the reason.

Additional Probes None—response is not made by client.

Coding Topics/Definitions

Response 01 Left on own against staff advice with satisfactory progress—client was compliant with the program/treatment plan but left before completion.

Response 02 Left on own against staff advice without satisfactory progress—client was not compliant with the program/treatment plan and left before completion.

Response 03 Involuntarily discharged due to nonparticipation—client was not compliant with the program/treatment plan and was terminated by the program.

Response 04 Involuntarily discharged due to violation of rules—client violated program rules or committed a dischargeable offense and was terminated by the program.

Response 05 Referred to another program or other services with satisfactory progress—client was compliant with the program/treatment plan but was referred to another program or services.

Response 06 Referred to another program or other services with unsatisfactory progress—client was not compliant with the program/treatment plan and was referred to another program or services.

Response 07 Incarcerated due to offense committed while in treatment with satisfactory progress—client was compliant with the program/treatment plan but was incarcerated due to offense committed during treatment.

Response 08 Incarcerated due to offense committed while in treatment with unsatisfactory progress—client was not compliant with the program/treatment plan and was incarcerated due to offense committed during treatment.

Response 09 Incarcerated due to old warrant or charge from before entering treatment with satisfactory progress—client was compliant with the program/treatment plan but was incarcerated due to offense committed prior to treatment.

Response 10 Incarcerated due to old warrant or charge from before entering treatment with unsatisfactory progress—client was not compliant with the program/treatment plan and was incarcerated due to offense committed prior to treatment.

Response 11 Transferred to another facility for health reasons—client's health made transfer to another facility necessary prior to completion of treatment.

Response 12 Death—client died prior to completing treatment.

Response 13 Other—client was terminated prior to completion of treatment for a reason not listed above. Specify the reason for termination.

Cross-Check Items None

Skip Pattern None

J3 DID THE PROGRAM TEST THIS CLIENT FOR HIV?

Intent/Key Points

The intent is to record whether or not the client was tested by this CSAT-funded program for HIV.

Additional Probes None

Coding Topics/Definitions

Response options for this question are:

Yes—The program tested this client for HIV.

No—The program did not test this client for HIV.

Skip Pattern

If "yes," skip to Section K. If "no," go to J4.

Cross-Check Items None

J4 [*IF NO*] DID THE PROGRAM REFER THIS CLIENT FOR TESTING?

Intent/Key Points

The intent is to record whether or not the program referred this client for HIV testing.

Additional Probes None

Coding Topics/Definitions

Response options for this question are:

Yes—The program referred this client for HIV testing.

No—The program did not refer this client for HIV testing.

Cross-Check Items None

Skip Pattern

Skip Section K if any interview type other than discharge.

SECTION K: SERVICES RECEIVED (REPORTED AT DISCHARGE)

OVERVIEW

Identify the number of days and sessions of service provided to the client during the course of treatment. Services recorded in this section should only include those funded by this CSAT grant. The number of days refers to the number of days that the client is enrolled in the program. This information is not asked of the client, but filled in by program staff. (Count total number of days of intake to the date of discharge.)

Coding Topics/Definitions

MODALITY

Enter the number of DAYS of services provided during the client's course of treatment/recovery. [*ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY/PROGRAM TYPE.*]

1. *Case Management*—defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.

2. *Day Treatment*—a modality used for group education, activity therapy, etc., lasting more than four continuous hours in a supportive environment.

3. *Inpatient/Hospital (other than detoxification)*—a patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

4. *Outpatient*—a patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay.

5. *Outreach*—educational interventions conducted by peer or paraprofessional educator face to face with high risk individuals in the clients' neighborhoods or other areas where clients' typically congregate.

6. *Intensive Outpatient*—intense multi-modal treatment for emotional or behavioral symptoms that interfere with their normal functioning. These clients require frequent treatment in order to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient by the intensity and number of hours per week. Intensive outpatient services are provided two or more hours per day for three or more days per week.

7. *Methadone*—provision of methadone maintenance for opioid addicted clients.

8. *Residential/Rehabilitation*—a residential facility or halfway house that provides on-site structured therapeutic and supportive services specifically for alcohol and other drugs.

9. *Detoxification (select only one)*—a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

    a. *Hospital Inpatient*—client resides at a medical facility or hospital during his/her treatment.

    b. *Free-Standing Residential*—patient resides at a facility other than a hospital while treatment is provided.

    c. *Ambulatory Detox*—treatment that is performed in a specialized therapeutic environment and is designed to provide both psychological and physiological stabilization to ensure safe withdrawal from alcohol and/or drugs.

10. *After Care*—treatment given for a limited time after the client has completed his/her primary treatment program, but is still connected to the treatment provider.

11. *Recovery Support*—support from peers, family, friends and health professionals during recovery. Includes any of the following: assistance in housing, educational, and employment opportunities; building constructive family and other personal relationships; stress management assistance; alcohol- and drug-free social and recreational activities; recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.

12. *Other (Specify)* —specify any other service modalities to be received by the client.

TREATMENT SERVICES

Enter the number of SESSIONS provided to the client during the course of treatment/recovery. [*ENTER ZERO IF NO SERVICES PROVIDED*].

Note: SBIRT Grants must have at least one session for one of the treatment services numbered one through four.

1. *Screening*—a gathering and sorting of information used to determine if an individual has a problem with AOD abuse, and if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for the "disease" or disorder (*National Institute on Alcohol Abuse and Alcoholism, 1990*). As such, screening refers to a brief procedure used to determine the probability of the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation. In a general population, screening for substance abuse and dependency would focus on determining the presence or absence of the disorder, whereas for a population

already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining need for a comprehensive assessment.

2. *Brief Intervention*—those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment.

3. *Brief Treatment*—a systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. Brief therapies usually consist of more (as well as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from 1 session (Bloom, 1997) to 40 sessions (Sifneos, 1987), with the typical therapy lasting between 6 and 20 sessions. Twenty sessions usually is the maximum because of limitations placed by many managed care organizations. Any therapy may be brief by accident or circumstance, but the focus is on *planned* brief therapy. The therapies described here may involve a set number of sessions or a set range (e.g., from 6 to 10 sessions), but they always work within a time limitation that is clear to both therapist and client.

   Note: Brief Treatment is not applicable to ATR Grants.

4. *Referral to Treatment*—a process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.

   Note: Referral to Treatment is not applicable to ATR Grants.

5. *Assessment*—to examine systematically in order to determine suitability for treatment.

6. *Treatment/Recovery Planning*—a program or method worked out beforehand to administer or apply remedies to a patient for illness, disease or injury.

7. *Individual Counseling*—professional guidance of an individual by utilizing psychological methods.

8. *Group Counseling*—professional guidance of a group of people gathered together utilizing psychological methods.

9. *Family/Marriage Counseling*—a type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.

10. *Co-occurring Treatment/Recovery Services*—assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).

11. *Pharmacological Interventions*—the use of any pharmacological agent to affect the treatment outcomes of substance-abusing clients. For example, the use of phenytoin in alcohol withdrawal and the use of buprenorphine in opioid treatment.

12. *HIV/AIDS Counseling*—a type of psychotherapy for individuals infected with and living with HIV/AIDS.

13. *Other Clinical Services (Specify)*—other client services the client received that are not listed above.

CASE MANAGEMENT SERVICES

1. *Family Services (Including marriage education, parenting, and child development services)*—resources provided by the state to assist in the well-being and safety of children, families and the community.

2. *Child Care*—care provided to children for duration of time.

3. *Employment Services*—resources provided to clients to assist in finding employment.

    a. *Pre-employment Services*—services provided to clients prior to employment, which can include background checks, drug tests and assessments. These services allow employers to "check out" prospective employees before hiring them.

    b. *Employment Coaching*—provides tools and strategies to clients to assist in gaining employment. These strategies include implementing new skills, changes and actions to ensure clients' achieve their targeted results.

4. *Individual Services Coordination*—services families may choose to use when they need help obtaining support for their mentally disabled sons or daughters to live as independently as possible in the community.

5. *Transportation*—providing a means of transport for clients to travel from one location to another.

6. *HIV/AIDS Service*—resources provided to clients to improve the quality and availability of care for people with HIV/AIDS and their families.

7. *Supportive Transitional Drug-free Housing Services*—provides rental assistance for families and individuals who are seeking to be drug-free who can be housed for up to two years while receiving intensive support services from the agency staff.

8. *Other Care Management Services (Specify)*—other care management services the client received that are not listed above.

MEDICAL SERVICES

1. *Medical Care*—professional treatment for illness or injury.

2. *Alcohol/Drug Testing*—any process used to identify the degree to which a person has used or is using alcohol or other drugs.

3. *HIV/AIDS Medical Support & Testing*—medical services provided to clients who have HIV/AIDS and their families.

4. *Other Medical Services (Specify)*—other medical services the client received that are not listed above.

AFTER CARE SERVICES

1. *Continuing Care*—providing health care for extended periods of time.

2. *Relapse Prevention*—identifying each client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

3. *Recovery Coaching*—guidance involving a combination of counseling, support and various forms of mediation treatments to find solutions to deal with breaking the habit of substance abuse.

4. *Self-Help and Support Groups*—helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.

5. *Spiritual Support*—spiritual/religion-based support for the clients' recovery process.

6. *Other After Care Services (Specify)*—other after care services the client received that are not listed above.

EDUCATION SERVICES

1. *Substance Abuse Education*—a program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.

2. *HIV/AIDS Education*—a program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.

3. *Other Education Services (Specify)*—other education services the client received that are not listed above.

PEER-TO-PEER RECOVERY SUPPORT SERVICES

1. *Peer Coaching or Mentoring*—services involving a trusted counselor or teacher to another person of equal standing or others in support of a client's recovery.

2. *Housing Support*—providing assistance for living arrangements to clients.

3. *Alcohol-and Drug-Free Social Activities*—action, event or gathering taken by a group of people that promotes abstinence from alcohol and other drugs.

4. *Information and Referral*—services involving the provision of resources to a client promoting health behavior and/or direction of a client to other sources for help or information.

5. *Other Peer-to-Peer Recovery Support Services (Specify)*—other peer-to-peer recovery services the client received that are not listed above.

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