LOCAL EVALUATION PLAN
FOR THE JUVENILE TEAM PROGRAM

BOARD OF STATE AND COMMUNITY CORRECTIONS PROPOSITION 47 GRANT PROGRAM

Draft November 2017

City of Rialto
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Table of Contents

Preface

This draft Local Evaluation Plan is submitted to the California Board of State and Community Corrections (BSCC) prior to the final execution of the grant agreement with the City of Rialto, and prior to formal engagement of the service providers (i.e., the community-based organization partners). This document is a draft, and will be updated by the local evaluator once all of the agreements are in place. The final Local Evaluation Plan will be submitted to the BSCC as soon as it is finalized.

1. INTRODUCTION

The City of Rialto was awarded a grant from Board of State and Community Corrections for the Proposition 47 Grant Program during the summer of 2017. The purpose of the grant program is to support mental health treatment, substance abuse treatment, and diversion programs for people in (or at risk of being in) the criminal justice system with an emphasis on programs that reduce recidivism. Grantees are required to conduct a local process and outcome evaluation, and related deliverables include an Evaluation Plan (the present document), a Two-Year Preliminary Evaluation Report, and a Final Local Evaluation Report.

2. PROJECT BACKGROUND

Project Approach. The City will implement a new program: the Juvenile TEAM Project (**T**raining, **E**ducation, **A**lcohol/Drug, **M**ental Health Treatment). The Juvenile TEAM Project seeks to change the lives of youth who are involved in the criminal justice system and who are experiencing mental health and substance use disorders and other associated outcomes: problems at school and at home, gang involvement, poor social and coping skills, etc. The Juvenile TEAM Project seeks to intervene and change the direction of Project Youth's lives using the **wraparound case management** approach. Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families). The approach is a client-customized care planning, management, and service process. Wraparound assumes that the services provided to each client will be unique based on their needs, and that a 'one size fits all' approach would fail most clients. Wraparound is not a treatment, but how a project decides which treatments and interventions to provide and the method of provision. The Wraparound process begins with assessment and working with the team's providers to develop a structured, creative and Individual Service Strategy (ISS) Plan that meets the needs of the youth and their family. Wraparound plans are considered holistic in that they are designed to meet the identified needs of the youth and their family, and thus improve the basic structure of the youth's life. Wraparound's core principles also ensure that all activities are holistic. Wraparound's philosophy of care begins from the principle of "voice and choice," which stipulates that the perspectives of the family – including the child or youth – must be given primary importance during all phases and activities of Wraparound. The other core principles of Wraparound include community-based services, services that are culturally and linguistically appropriate and trauma informed, and services that "strength based" to recognize and build on youth's talents, assets, and positive capabilities.

Goals and Objectives. **Overall Goal**: Engage youth offenders with mental health and/or drug abuse issues from underserved areas in services and treatment that reduce symptomatology, criminal activity, and recidivism.

Objective 1: Create an intra-city network of community-based organizations (CBO Partners) to provide services to 195 youth ages 14-17 who have evidence of mental health or addiction disorders over the three-year project period. Services include: intensive wraparound case management; substance use and mental health disorder treatment; behavior modification classes to improve behavior and pro-social attitudes, improve life skills, address anger management issues, and reduce gang activity and involvement; civil legal services for expungement assistance and other issues; supportive services which may include education and employment assistance, health care, etc.; family support services which may include housing and benefits navigation and assistance; and mentoring. Utilize evidence-based models and approaches for service provision.

Objective 2: Use the Intercity Referral Network (IRN) for referrals and enroll youth in the Juvenile TEAM Project. Reduce recidivism by 33% and demonstrate a 25% entry into postsecondary education or employment and thus reduce probability of entering or re-entering the prison system.

Objective 3: At least 166 (85%) of project youth complete the TEAM program's direct services and their specified hours in their Individual Service Strategy (ISS) Plan with 75% demonstrating an increase in positive psycho-social behaviors. The ISS Plan will require the youth's participation in 5-15 hours of Juvenile TEAM Project services each week.

Objective 4: Engage project management and the project's Local Advisory Committee to help achieve 100% of program outcomes. The project management approach will focus on project efficiency, careful oversight of the CBO partners, timeliness of deliverables, and ensuring all youth and family services are trauma-informed and culturally and linguistically appropriate. The Local Advisory Committee will advise project management on project implementation and represent the interests of the community.

TEAM Partners and Roles.

Table 1: TEAM Partners and Roles	
TEAM Partners	**Role**
A. Community-Based Organizations (CBOs)	
1. 100 Black Men of The Inland Empire	Mentoring (for boys)
2. Inland Behavioral and Health Services	Assessment and Wraparound Case Management
3. Young Visionaries Youth Leadership Academy	National Curriculum and Training Institute (NCTI) Curriculum Facilitation (i.e., life skills, anger management, gang reduction)
4. Youth Action Project	Education, Career Training, and Employment
5. Rialto Family Health Services	Civil Legal Service
6. Young Entrepreneurs Incorporated	Mentoring (for girls)
7. Bethune Center/NCNW	Career Development and Referrals for Youth and Family Services
8. Nuevo Amanecer Latino Children's Services	Skill Building for Independent Living
9. Victor Community Support Services	Mental Health and Substance Use Treatment
B. Intercity Referral Network (IRN): San Bernardino County Probation Department City of Rialto Police Department City of Colton Police Department City of San Bernardino Police Department Inland Behavioral and Health Services San Bernardino County Department of Behavioral Health San Bernardino County Sheriff's Department	Referrals
C. Local Education Agencies and Law Enforcement Agencies	Evaluation Data Sources
D. Local Advisory Committee	Guidance and Community Feedback/Input

3. PERFORMANCE AND QUALITY MONITORING

Description of Quality Monitoring Procedures. The City of Rialto is committed to high-quality programmatic activities that result in desired outcomes by continually engaging in standardized performance monitoring for all projects and programs. The City's Performance and Quality Monitoring (PQM) process addresses both performance monitoring (i.e., a focus on *preventing* deficiencies) and performance management (i.e., a focus on *identifying* deficiencies). The approach is to hold quarterly PQM meetings to monitor activities and interim outcomes. The following data will be compiled by the Evaluator each quarter and reviewed by the City's Project Management Team, the Case Workers (Inland Behavioral and Health Services), and at least one member of the Local Advisory Committee at each monthly PQM meeting:

1) Work Plan to identify if all proposed activities are underway as planned and **latest output data** (e.g., number of youth enrolled in the Juvenile TEAM project, number enrolled in mental health and/or substance use treatment) are being collected as indicators; and

2) Local Evaluation Plan and Logic Model to identify if the project is producing expected outcomes, and **latest outcome data** is being collected (e.g., number of Project Youth completing TEAM activities, recidivism rates, use of drugs and alcohol, etc.).

During the PQM meetings, the project team will compare the indicator data against expected progress as identified in the workplan and logic model, which will provide an early opportunity to brainstorm for solutions if the data indicate a deficit. Similarly, potential outcome deficits can be detected early (e.g., higher than expected recidivism rates) and the project can identify the barriers that may be impeding the desired outcomes. Holding PQM meetings regularly will allow the project team to identify issues as they emerge, and make 'real-time' adjustments to project activities, tools, and methods. Addressing deficits quickly will ensure that the project stays on track, is focused toward its intended outcomes, and ensures that all required services are being provided.

Tracking Findings and Corrective Actions. After each PQM meeting, the deficits, deficiencies, and remedies will be summarized in a one-page PQM meeting summary by the project management team. The collection of these one-page PQM meeting summaries will record the course of the project; the deficits, challenges, and barriers that emerged; and the steps taken to address them. This process will ensure that deficits are addressed as soon as they emerge, and tracked until the issue is resolved.

4. DATA MANAGEMENT

Data Sources, Tools, Timelines, and Responsibilities. See Table 2 below.

Methodology for Data Collection. The methodology to describe how the evaluation team will gather data from the CBOs and other partners is still under development, and the Evaluation Plan will be updated when this information is available.

Methodology for Analyzing the Data. The methodology is still under development, and the Evaluation Plan will be updated when this information is available.

Data Sharing Agreements. The data sharing agreements are still being developed, and the Evaluation Plan will be updated when this information is available.

Table 2: Data Collection Plan			
INDICATOR	**DATA COLLECTION INSTRUMENTS**	**RELEVANT PARTNER(S)/DATA SOURCES**	**FREQUENCY OF COLLECTION**
1. Recidivism	**Recidivism Report Form**. Data collection instrument to be developed by evaluator. Details still to be determined with partner agencies. • # of arrests by Project Youth • # of convictions by Project Youth	San Bernardino County Probation Department Rialto Police Department Colton Police Department San Bernardino City Police Department San Bernardino Sheriff's Department	Evaluator to collect quarterly
2. Employment, Education, or other Support Services for Youth and Family	**Youth and Family Support Services Evaluation Form**. Data collection instrument to be developed by evaluator. • # of Project Youth attaining employment, graduation, postsecondary enrollment • # of Project Youth receiving civil legal services (related to criminal records, health benefits, family law/guardianship) • # and type of other support service provided to each Project Youth and Family (e.g., housing) • # of Project Youth that exited without completing each support service • Success stories	Youth Action Project Rialto Family Services Bethune Center/NCNW Nuevo Amanecer Latino Children's Services Victor Community Support Services	CBO Partner to collect daily and report quarterly

Table 2: Data Collection Plan			
INDICATOR	**DATA COLLECTION INSTRUMENTS**	**RELEVANT PARTNER(S)/DATA SOURCES**	**FREQUENCY OF COLLECTION**
3. Project Youth Completing TEAM Activities	**TEAM Activities Form**. Data collection instrument to be developed by evaluator. • # of Project Youth that successfully completed distinct activities (from one of the CBOs) during the quarter • # of Project Youth that successfully completed the Juvenile TEAM Project • # that completed case management requirements • # of hours completed in the Individual Service Strategy Plan (ISS) • # of Project Youth that existed project (and case management requirements) without completing • Success stories	All CBO Partners: 100 Black Men of the Inland Empire Inland Behavioral & Health Services Young Visionaries/Youth Leadership Academy Youth Action Project Rialto Family Services Youth Entrepreneurs Inc. Bethune Center/NCNW Nuevo Amanecer Latino Children's Services Victor Community Support Services	Evaluator to compile information from all other data collection forms quarterly
4. Disciplinary Infractions	**School Data Form**. Data collection instrument to be developed by evaluator. Details still to be determined with partner agencies. • # and type of disciplinary infractions by Project Youth	Rialto Unified School District Colton Joint Unified School District San Bernardino City Unified School District	Evaluator to collect semi-annually (January and June)

Table 2: Data Collection Plan			
INDICATOR	**DATA COLLECTION INSTRUMENTS**	**RELEVANT PARTNER(S)/DATA SOURCES**	**FREQUENCY OF COLLECTION**
5. Truancy	**School Data Form**. Data collection instrument to be developed by evaluator. Details still to be determined with partner agencies. • # of truancies by Project Youth	Rialto Unified School District Colton Joint Unified School District San Bernardino City Unified School District	Evaluator to collect semi-annually (January and June)
6. Mental Health Treatment and Adherence	**Mental Health Form**. Data collection instrument to be developed by evaluator. • # completing treatment plan • # that stepped down to a lower level of treatment • # that exited without completing • # referred to another agency for treatment • Success stories	Inland Behavioral & Health Services Referral agencies (i.e., agencies that Project Youth are referred to by Inland Behavioral & Health Services for treatment outside their scope)	CBO Partner to complete daily and report quarterly
7. Drug and Alcohol Use Treatment and Adherence	**Substance Use Form**. Data collection instrument to be developed by evaluator. • # completing treatment plan • # that stepped down to a lower level of treatment • # that exited without completing • # referred to another agency for treatment • Success stories	Inland Behavioral & Health Services Referral agencies (i.e., agencies that Project Youth are referred to by Inland Behavioral & Health Services for treatment outside their scope)	CBO Partner to complete daily and report quarterly
8. Behavioral Modification	**Behavior Evaluation Form**. Data collection instrument to be developed by evaluator.	Youth Visionaries/Youth Leadership Academy	CBO Partner to complete before training and after

Table 2: Data Collection Plan			
INDICATOR	**DATA COLLECTION INSTRUMENTS**	**RELEVANT PARTNER(S)/DATA SOURCES**	**FREQUENCY OF COLLECTION**
	• # Project Youth Receiving **Life Skills Training** (# completed, # improved scores, # with improved anti-drug attitudes, # exited without completing • # Project Youth Receiving **Anger Management Training** (# completed, # improved scores, # with improved prosocial behavior scores, # exited without completing) • # Project Youth Receiving **Gang Reduction Training** (# completing anti-gang programming, Gang activities reported by Project Youth)		each training module is complete
9. Participation in Mentoring	**Mentoring Evaluation Form**. Data collection instrument to be developed by evaluator. • # of hours spent with each mentee • Mentor's qualitative assessment of mentee's behavior and actions over time including success stories	100 Black Men of the Inland Empire Youth Entrepreneurs Inc.	CBO Partner to collect daily and report quarterly

Table 2: Data Collection Plan			
INDICATOR	**DATA COLLECTION INSTRUMENTS**	**RELEVANT PARTNER(S)/DATA SOURCES**	**FREQUENCY OF COLLECTION**
10. Satisfaction with Project Services	**Project Satisfaction Evaluation Form**. Data collection instrument to be developed by evaluator. • Satisfaction on a likert scale	All CBO Partners: 100 Black Men of the Inland Empire Inland Behavioral & Health Services Young Visionaries/Youth Leadership Academy Youth Action Project Rialto Family Services Youth Entrepreneurs Inc. Bethune Center/NCNW Nuevo Amanecer Latino Children's Services Victor Community Support Services	CBO Partner to collect daily and report quarterly
11. Project Youth Demographics and History (Medical, Employment, Education, Drug/Alcohol, Legal Status, Family History, Family/Social Relationships, Psychiatric Status, Spirituality)	**Adolescent Symptom Inventory (ASI) Questionnaire** Follow-up data collection instrument to be identified or developed by evaluator/CBO • 211 items (see attached)	Inland Behavioral & Health Services	CBO Partner to collect at intake and at Project Youth's completion of the Juvenile TEAM Project
12. Mental Health Status	**Youth-Rated Level-1 Cross-Cutting Measure for Children and Adolescents (Older Than Age 11):**	Inland Behavioral & Health Services	CBO Partner to collect at intake and at Project

Table 2: Data Collection Plan			
INDICATOR	**DATA COLLECTION INSTRUMENTS**	**RELEVANT PARTNER(S)/DATA SOURCES**	**FREQUENCY OF COLLECTION**
	Youth: Level 1 (American Psychiatric Association) • 25 items covering mental health and drug/alcohol use (see attached)		Youth's completion of the Juvenile TEAM Project

5. RESEARCH DESIGN

Evaluation Questions.

Process Questions:

P1. Were the evidence-based models implemented as expected?

P2. Did the partners provide project services as expected (in terms of quality and quantity)?

P3. Did the project meet enrollment goals?

P4. Did project youth receive the level of each type of service as intended? Did project youth meet the ISS Plan service hours? (dosage)

P5. Did the Local Advisory Committee meet and participate as expected?

P6. Are clients and their families satisfied with project activities?

P7. Were there unexpected factors that affected project implementation? (rival explanations)

Outcome Questions:

O1. How well did the project work? Did the project produce or contribute to the anticipated outputs and intended outcomes?

O2. Were there any unintended outcomes (positive and/or negative)?

O3. To what extent can changes be attributed to the project?

O4. What project features or activities made a difference for Project Youth and their family?

O5. Were there unexpected factors that affected project outcomes? (rival explanations)

Process Evaluation.

Target Population. The TEAM project will target 65 youth annually, ages 14-17, who are on probation or who have been arrested, charged with, or convicted of a misdemeanor criminal offense and have a history of mental health issue and/or a substance use disorder.

Target Area. The project will provide services to targeted youth in the cities of Rialto, Colton, and San Bernardino, CA.

Project Focal Areas. 1) targeted youths' limited access to pro-social experiences, 2) targeted youth' disparities in education, 3) targeted youths' mental health and substance use disorders and associated criminal and/or negative behaviors.

Evidence-Based Models. The Juvenile TEAM Project will frame all project activities on the following evidence-based service models: 1) **Wraparound Case Management** which includes client-centered, goal-oriented intensive case management, mentoring, and informal client and family support services; 2) **National Curriculum and Training Institute (NCTI) Youth Crossroads,** a cognitive behavioral therapy curriculum that includes life skills training, anger management, gang prevention/intervention training that fosters positive, pro-social behavior in youth with emphasis on prior offenders; 3) **Hazelden Living in Balance Co-Occurring Disorders Curriculum** that focuses on co-occurring disorders, treatment, dual recovery, self-help groups, medication use, relapse prevention; 4) **Matrix Model Criminal Justice Setting,** an intensive outpatient treatment that integrates cognitive behavioral therapy, contingency management, motivational interviewing, 12-step facilitation, and family involvement.

Project Team and Partners.

1. Lead Agency. The lead agency is the City of Rialto Community Services Department. Three professional staff from the Community Services Department will serve as the Project Management Team including the Project Director (Perry Brents), Project Coordinator (Lauren Patterson), and Financial Coordinator (Kyle Johnson). The Project Management Team will be responsible for guiding project implementation, will serve as the primary contact with the BSCC, and will be responsible for ensuring adherence to the project timeline and budget, and for the timely submission of all deliverables. The Project Management Team will be responsible for implementing the Performance and Quality Monitoring program and for overseeing and engaging the Local Advisory Committee.

2. CBO Partners. During the development of the grant application, the City recruited nine community-based partner organizations (CBO) to provide project services to the youth (and their families) who will be enrolled in the project. These CBO partners were recruited and selected specifically because of their expertise in providing each type of project services, their reputation in the community, and because they meet the BSCC's requirements as stated in the Request for Proposals for the Proposition 47 Grant Program. Once the City's grant agreement with the BSCC is finalized, the City will execute Memoranda of Agreement with each CBO partner that formalizes their scope of work,

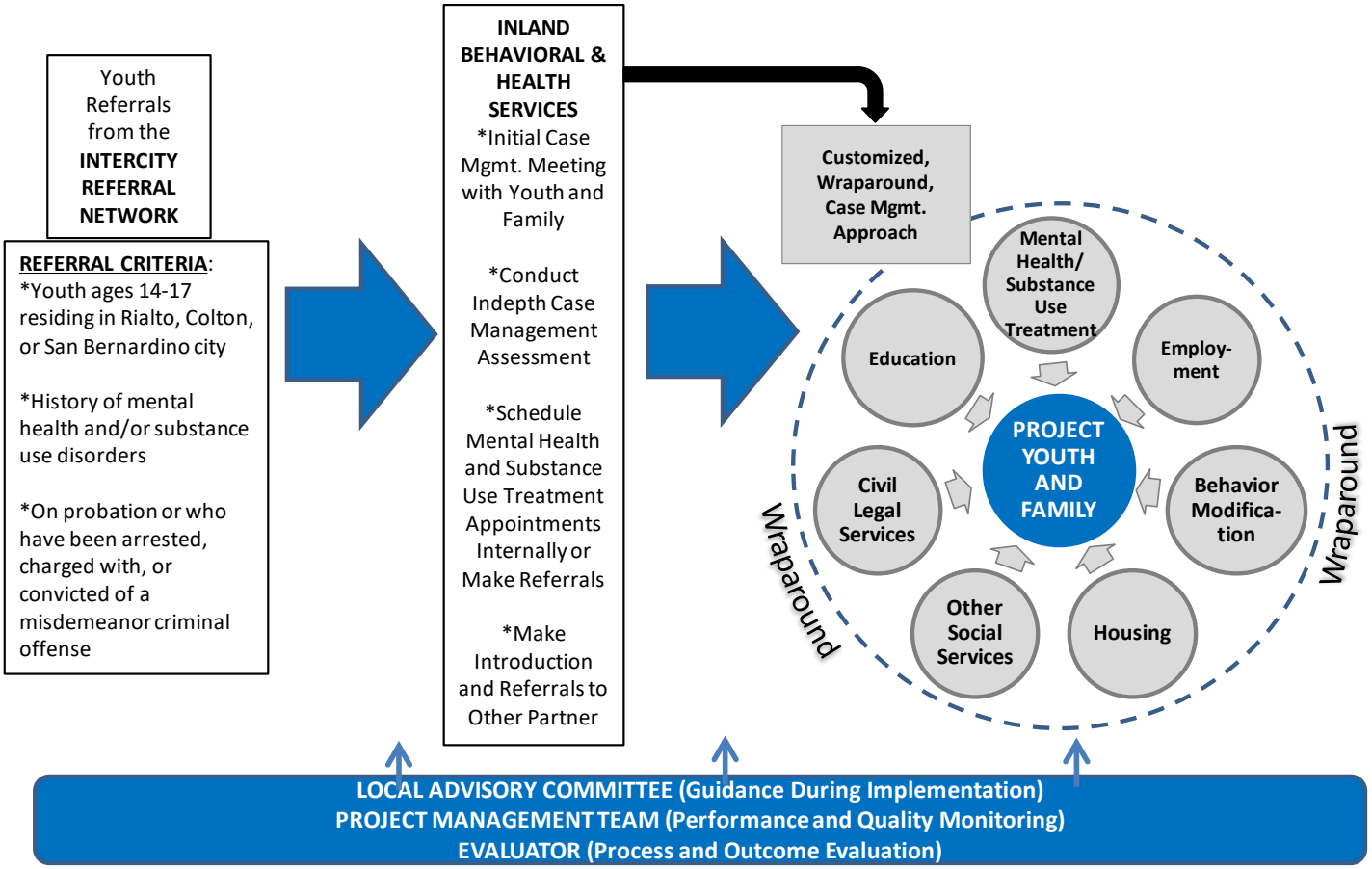
remuneration, in-kind contributions to the project, data collection responsibilities, etc. Appendix A (to come) includes a profile of each CBO partner and a summary of the activities that each will perform as part of the Juvenile TEAM Project.

3. Local Advisory Committee. The Local Advisory Committee will advise the Project Management Team on project implementation and represent the interests of the community. The Committee will meet regularly as a group, and the Project Management Team will attend these meetings to provide project updates, answer questions, and receive feedback and input from the Committee. At least one CBO partner will attend each meeting to provide additional input and insight into the services that are provided to Project Youth.

4. Other Partners. Several other stakeholders and partners have agreed to participate in the proposed project as described above. These include agencies in the Intercity Referral Network who will refer youth to the project, law enforcement agencies who will provide data for tracking recidivism, and local education agencies who will provide disciplinary data.

The City executed a consulting agreement for grant management and project evaluation professional services in September 2017. This consultant has been assisting with start-up activities and conducted a CBO grant management training session on September 15, 2017. A second training session with all CBO's for evaluation collection and reporting will be conducted within the next three months. The grant management consultant will be responsible for assisting the City with adherence to grant requirements, and completing and submitting timely progress and financial reports. The evaluation consultant will be responsible for implementing the required process and outcome evaluation, and providing the associated deliverables (e.g., the final Local Evaluation Plan, the Two-Year Evaluation Report, and the Final Evaluation Report). The evaluation consultant will also be responsible for developing data collection instruments, providing training to the CBOs on data collection, and providing ongoing support to the CBOs on data collection throughout the project period. The evaluation consultant will subcontract with Dr. Larry Gaines at California State University, San Bernardino. Dr. Gaines is a professor and Chair of the Criminal Justice Department and will be an advisor to the evaluation team. His subcontract will be negotiated after the grant agreement between the City of Rialto and BSCC is fully executed. The process for collecting, reviewing, and analyzing data will be determined after the subcontract is executed with Dr. Larry Gaines (expected to be within the next 30 to 60 days).

Implementation Overview.



Tracking Project Youth. This section is still under development, and the Evaluation Plan will be updated when this information is available.

Outcome Evaluation.

Assessing Impact of the Project. This section is still under development, and the Evaluation Plan will be updated when this information is available.

Independent and Dependent Variables. This section is still under development, and the Evaluation Plan will be updated when this information is available.

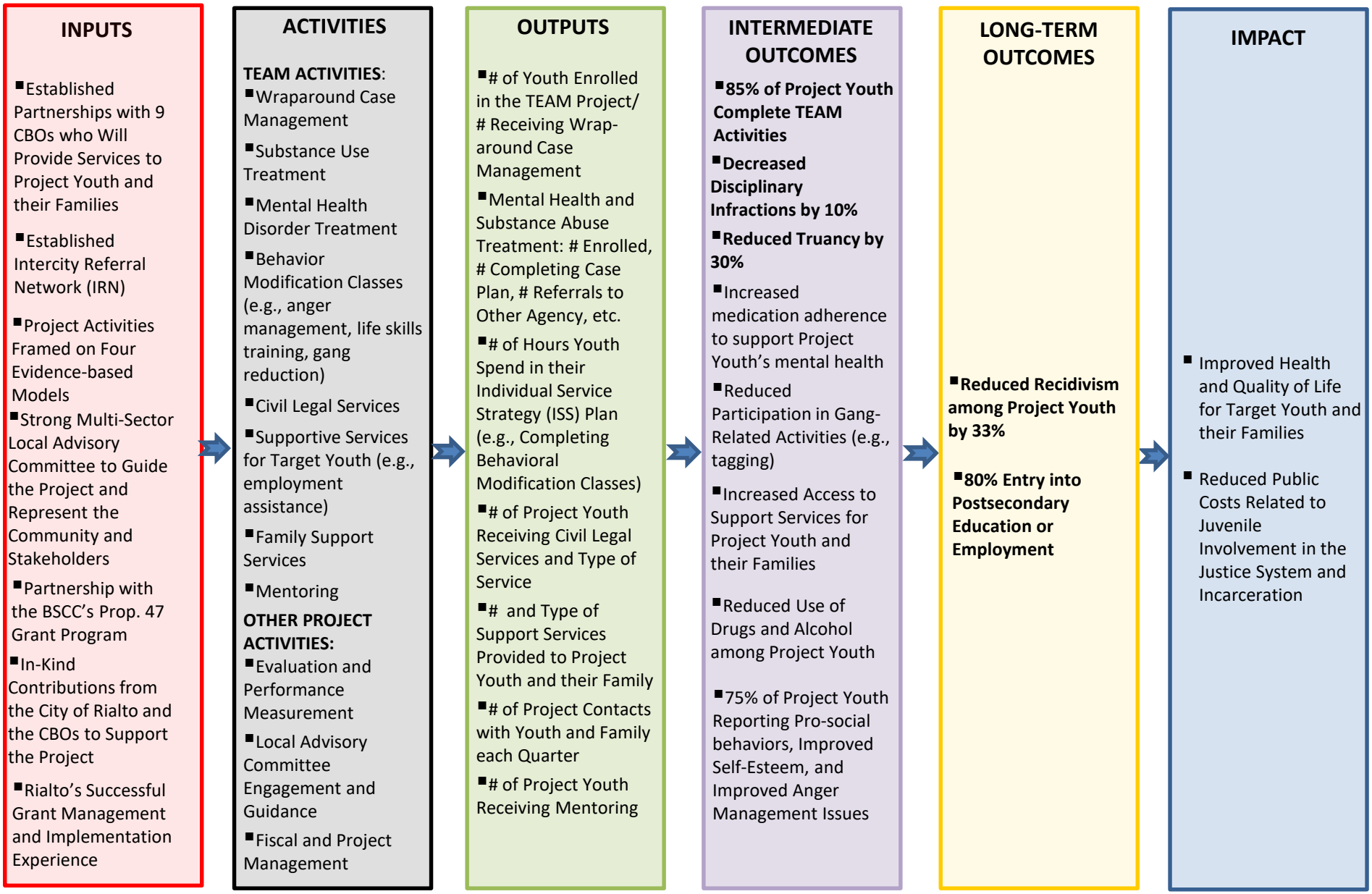
Measuring and Assessing Recidivism. This section is still under development, and the Evaluation Plan will be updated when this information is available.

6. LOGIC MODEL

The logic model for the Juvenile TEAM Project is provided on the following page.

City of Rialto: Juvenile TEAM Project – LOGIC MODEL

Note: Outcomes in BOLD are those listed in the Project Work Plan



Appendix A: CBO Partner Profiles and Activity Summaries

To come

Appendix B: Data Collection Instruments

1. Adolescent Symptom Inventory (ASI) Questionnaire

2. Youth-Rated Level-1 Cross-Cutting Measure for Children and Adolescents (Older Than Age 11): Youth: Level 1 (American Psychiatric Association)

The project's other data collection instruments are under development

Interviewer:_____
Company Name: _____
Address: _____
Phone Number: _____Fax: _____
Email:_____
Date of Interview: _____

ADOLESCENT ASI QUESTIONNAIRE

Client's Name: First _____

Middle_____

Last _____

Social Security #: | | | | - | | | - | | | | |

Date of Birth: | | | / | | | / | | |

Gender (M/F): | |

Client ID:

INSTRUCTIONS

1. Leave no blanks. Where appropriate code items:
   Y-Yes
   N-No
   X-Question not applicable
   Z-Question not answered
   Use only one character per item.

2. Space is provided after sections for additional comments.

SEVERITY RATINGS

The severity ratings are interview estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situations). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of the patient's treatment needs in a given area.

ADOLESCENT ASI QUESTIONNAIRE

GENERAL INFORMATION

G1. Client ID: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

G2. Social Security #: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

G3. Provider #: [ ][ ][ ][ ][ ][ ][ ][ ]

G4. Date of Admission: [ ][ ] / [ ][ ] / [ ][ ]

G5. Date of Interview: [ ][ ] / [ ][ ] / [ ][ ]

G6. Time Begun: [ ][ ] : [ ][ ]

G7. Who referred you for an evaluation? [ ]

1-Attorney
2-Probation/Parole Officer
3-Presentence Investigator
4-Self
5-Judge or Court
6-Parents
7-School
8-Other

G8. Referral source's name _____

Address _____

Address _____

City, State, Zip _____

Phone #: (_____) _____ - _____

G9. By when do you need this assessment? [ ][ ] / [ ][ ] / [ ][ ]

G10. Why are you receiving this assessment (1-6)? [ ]

1-OWI or DWI
2-Court ordered
3-Attorney recommended
4-Other criminal arrest
5-Self interest
6-Parents
7-School
8-Other

G11. BAC: [ ][ ][ ]

G12. By whom was it ordered (1-4)? [ ]

1-Judge
2-Probation
3-Presentence
4-Parole

G13. Specify other _____

G14. Class: [ ]

1-Intake
2-Follow-up

G15. Contact Code: [ ]

1-In person
2-Phone
3-Mail

G16. Interviewer's initials: [ ][ ][ ]

G17. Gender [ ]

M-Male
F-Female

COMMENTS FOR GENERAL AREA:_____

G18. How did the interview end? ☐

0-Normal interview
1-Client terminated
2-Client refused
3-Client unable to respond

G19. Client's:

First name _____ Middle name _____ Last name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

G20. How long have you lived at this address?

Years ☐☐ Months ☐☐

G21. Is this address owned by you or your family (Y/N)? ☐

G22. Date of birth: ☐☐ / ☐☐ / ☐☐

G23. Of what race do you consider yourself? ☐

1-White
2-Black
3-American Indian
4-Alaskan Native
5-Asian or Pacific Islander
6-Hispanic-Mexican
7-Hispanic-Puerto Rican
8-Hispanic-Cuban
9-Other Hispanic

G24. What ethnic group do you consider yourself part of?_____

G25. Religious preference: ☐

1-Protestant
2-Catholic
3-Jewish
4-Islamic
5-Other
6-None

Specify other religion: _____

G26. Are you currently practicing this religion (Y/N)? ☐

G27. What was the religious preference in the household where you were raised? ☐

1-Protestant
2-Catholic
3-Jewish
4-Islamic
5-Other
6-None

G28. Have you been in a controlled environment in the past 30 days? ☐

1-No
2-Juvenile detention center
3-Alcohol or drug treatment
4-Medical treatment
5-Psychiatric treatment
6-Other

Specify Other: _____

. How many days? ☐☐

ADDITIONAL COMMENTS FOR GENERAL AREA: _____

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (*Include ODs, DTs, exclude detox)* [ ][ ]

M2. How long ago was your last hospitalization for medical problems?

Years [ ][ ] Months [ ][ ]

What was it for? _____

M3. Do you have any chronic medical problems which continue to interfere with your life (Y/N)? [ ]

Specify: _____

Age at onset of chronic illness [ ]

M4. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)? [ ]

What is it? _____

What is it for? _____

M5. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)? [ ]

Specify: _____

M6. How many days have you experienced medical problems in the past 30 days? [ ][ ]

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

M7. How troubled or bothered have you been by these medical problems in the past 30 days? [ ]

M8. How important to you now is treatment for these medical problems? [ ]

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment (0-9)? [ ]

CONFIDENCE RATINGS

Is the Medical Status information significantly distorted by:

M10. Patient's misrepresentation (Y/N)? [ ]

M11. Patient's inability to understand (Y/N)? [ ]

COMMENTS FOR MEDICAL AREA:_____

EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):

Years [ ][ ] Months [ ][ ]

E2. Training or technical education completed Months [ ][ ]

E3. Do you have a profession, trade or skill (Y/N)? [ ]

Specify: _____

E4 Do you have a valid driver's license (Y/N)? [ ]

E5. Do you have an automobile available (Y/N)? [ ]

(Answer "no" if no valid driver's license)

E6. How long was your longest full-time job?

Years [ ][ ] Months [ ][ ]

E7. Usual (or last) occupation: [ ]

1a. Higher Executives
1b. Large Proprietor (Value over $180,000)
1c. Major Professionals
2a. Business Managers
2b. Proprietors of Medium-Sized Businesses
3a. Administrative Personnel
3b. Proprietors of Small Businesses (<$55,000)
3c. Minor Professionals
3d. Farmers (Owners $41,000-$60,000)
4a. Clerical and Sales Workers
4b. Technicians
4c. Proprietors of Little Business (<$10,000)
4d.Farmers (Owners $21,000-$40,000)
5a. Skilled Manual Employees and Small Farmers
5b. Small Farmers (Owners <$20,000)
6a. Machine Operators and Semi-Skilled Employees
6b. Small Farm Tenants
7. Unskilled Employees

Specify: _____

E8. Does someone contribute to your support in any way? (Y/N)? [ ]

Specify: _____

Does this constitute the majority of your support (Y/N)? [ ]

E9. Employment status: [ ]

1-Full-time (35+ hrs/wk)`	5-Service
2-Part-time (reg. hrs.)	6-Retired/Disability
3-Part-time (irreg., daywork)	7-Unemployed
4-Student	8-In controlled environment

E10. At what age did you first start regular work? [ ][ ]

E11. How many days were you paid for working in the last 30? [ ][ ]

E12. How much money did you receive from the following sources in the past 30 days?

Employment (net income): [ ][ ][ ][ ]

Unemployment compensation: [ ][ ][ ][ ]

Public assistance: [ ][ ][ ][ ]

Pension, benefits or social security: [ ][ ][ ][ ]

Mate, family or friends: [ ][ ][ ][ ]

COMMENTS FOR EMPLOYMENT/SUPPORT AREA: _____

Parents, caretakers: ☐☐☐☐

Illegal: ☐☐☐☐

E13. What was your current weekly income? $ ☐☐☐☐

E14. How many people depend on you for the majority of their food, shelter, etc.? ☐☐

E15. How many days have you experienced employment problems in the past 30? ☐☐

E16. Are you currently enrolled in a school system (Y/N)? ☐

E17. Current or last school attended:

Name: _____

Address _____

E18. Has there been a change in your school performance (Y/N)? ☐

Explain: _____

_____

E19. List the school activities that you are involved in: _____

_____

_____

E20. Do you have difficulty reading (Y/N)? ☐

E21. Do you have difficulty writing (Y/N)? ☐

E22. What is your grade average in school? ☐.☐☐

E.23. Have you ever been placed in special education classes or in a resource room (Y/N) ☐

Explain:_____

E24. Have you failed any classes this year (Y/N)? ☐

E25. Have you ever been suspended or expelled (Y/N)? ☐

How many times have you been suspended? ☐☐

How many times have you been expelled? ☐☐

E26. Are you currently suspended or expelled (Y/N)? ☐

Explain: _____

_____

E27. How would you describe your attendance during the last school year (1-3)? ☐

1-Good
2-Average
3-Poor

E28. How many days did you miss in the last semester you attended school? ☐☐☐

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
CONSIDERABLY
4-EXTREMELY

E29. How troubled or bothered have you been by these employment/ education problems in the past 30 days? ☐

E30. How important to you now is counseling for these employment/ education problems? ☐

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

E31. How would you rate the patient's need for employment counseling (0-9)? ☐

CONFIDENCE RATINGS

Is the Employment/Support Status information significantly distorted by:

E32. Patient's misrepresentation (Y/N)? ☐

E33. Patient's inability to understand (Y/N)? ☐

ADDITIONAL COMMENTS FOR EMPLOYMENT/SUPPORT AREA: _____

DRUG/ALCOHOL USE

D51. What age did you first try alcohol or drugs? ☐☐

What was it? _____

	Age at 1st use	# Days Past 30	# Years in Lifetime	Rte of Admin	Date of Last Use Month/Year
D2. Alcohol (any use at all)	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D3. Alcohol (to intoxication)	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D4. Heroin	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D5. Methadone	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D6. Other opiates/ analgesics	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D7. Barbiturates	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D8. Other sedatives/ hypnotics/ tranquilizers	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D9. Cocaine	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D10. Amphetamines	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D11. Cannabis	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D12. Hallucinogens	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D13. Inhalants	☐☐	☐☐	☐☐	☐	☐☐/☐☐
D14. More than 1 per day (including alcohol)	☐☐	☐☐	☐☐	☐	☐☐/☐☐

Route of Administration

1-Oral
2-Nasal
3-Smoking
4-Non-IV injection
5-IV injection

D15. Have you ever used a needle to administer any of these drugs (Y/N)? ☐

D16. Are you an I.V. drug user (Y/N)? ☐

D17. According to the interviewer, which substance(s) are the major problem (00-16)? ☐☐

00-No problem
01-Alcohol
02-Alcohol to intox.
03-Heroin
04-Methadone
05-Opiates/analgesics
06-Barbiturates
07-Other sed/hyp/tranq
08-Cocaine
09-Amphetamines
10-Cannabis
11-Hallucinogens
12-Inhalants
15-Alcohol & one or more drugs
16-More than one drug

COMMENTS FOR DRUG/ALCOHOL AREA:_____

D18. (*Optional*) According to the patient, which substance(s) are the major problem? (*Use codes in question D17*) [ ][ ]

D19. How long was your last period of voluntary abstinence from this major substance (substance identified in D18)?
(00-never abstinent) Months [ ][ ]

D20. How many months ago did this abstinence end? [ ][ ]
(00-never abstinent)

How many times have you:

D21. Had alcohol DTs? [ ][ ]

D22. Overdosed on drugs? [ ][ ]

How many times have you been treated for:

D23. Alcohol abuse? [ ][ ]

D24. Drug abuse? [ ][ ]

How many of these were for detox only:

D25. Alcohol? [ ][ ]

D26. Drug? [ ][ ]

D27. How long ago were you last in treatment? Years [ ][ ]
Months [ ][ ]

D28. Name of Center _____

Address _____

Type of treatment:
1-Inpatient 2-Outpatient [ ]

How long did it last? Days [ ][ ]

Did you complete it successfully (Y/N)? [ ]

D29. Have you been evaluated for alcohol or drugs before today (Y/N)? [ ]

Where: _____

When: [ ][ ] / [ ][ ] / [ ][ ]

How much money would you say you spent during the past 30 days on:

D30. Alcohol? $[ ][ ][ ][ ]

D31. Drugs? $[ ][ ][ ][ ]

D32. Do you receive any financial compensation for a drug or alcohol disability (include SSI/SSDI) (Y/N)? [ ]

D33. How many days have you been treated as on outpatient for alcohol or drugs in the past 30 days (include AA & NA)? [ ][ ]

D34. (*Optional*) How many days have you been treated as an inpatient for alcohol or drugs in the past 30 days? [ ][ ]

How many days in the past 30 days have you experienced:

D35. Alcohol problems? [ ][ ]

D36. Drug problems? [ ][ ]

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

How troubled or bothered have you been in the past 30 days by these:

D37. Alcohol problems? [ ]

D38. Drug problems? [ ]

How important to you now is treatment for these:

D39. Alcohol problems? [ ]

D40. Drug problems? [ ]

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment for (0-9):

D41. Alcohol Problems? [ ]

D42. Drug Problems? [ ]

CONFIDENCE RATINGS

Is the Drug/Alcohol Status information significantly distorted by:

D43. Patient's misrepresentation (Y/N)? [ ]

D44. Patient's inability to understand (Y/N)? [ ]

ADDITIONAL COMMENTS FOR DRUG/ALCOHOL AREA:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)? ☐

L2. Are you on probation or parole? ☐

0-Neither
1-Probation
2-Parole

How many times in your life have you been arrested and charged with following?

		Under the influence at the time (Y/N)?
L3.	Shoplifting/vandalism/theft? ☐☐	☐
L4.	Parole/probation violations? ☐☐	☐
L5.	Drug charges? ☐☐	☐
L6.	Forgery? ☐☐	☐
L7.	Weapons offense? ☐☐	☐
L8.	Burglary/larceny/B&E? ☐☐	☐
L9.	Robbery? ☐☐	☐
L10.	Assault? ☐☐	☐
L11.	Arson? ☐☐	☐
L12.	Rape? ☐☐	☐
L13.	Homicide/manslaughter? ☐☐	☐
L14.	Prostitution? ☐☐	☐
L15.	Contempt of court? ☐☐	☐
L16.	Other? ☐☐	☐

L17. How many of these charges resulted in convictions? ☐☐

How many times in your life have you been charged with:

L18. Disorderly conduct? ☐☐

Vagrancy? ☐☐

Public intoxication? ☐☐

L19. Driving while intoxicated? ☐☐

L20. Major driving violations? ☐☐

L21. MIP (minor in possession)? ☐☐

L22. Have you ever been placed on juvenile probation (Y/N)? ☐

L23. How many times have you been in detention? ☐☐☐

L24. How many months did you spend in juvenile detention centers? ☐☐☐

L25. How many month(s) were you incarcerated in your life? ☐☐☐

L26. How long was your last incarceration? Months ☐☐

COMMENTS FOR LEGAL AREA: _____

L27. What was it for? ☐☐

03-Shoplifting/vandalism/theft
04-Parole/probation violation
05-Drug charges
06-Forgery
07-Weapons offense
08-Burglary/larceny/B&E
09-Robbery
10-Assault
11-Arson
12-Rape/sex related crimes
13-Homicide/manslaughter
14-Prostitution
15-Contempt of court
16-Other
18-Disorderly conduct, vagrancy
19-Driving while intoxicated
20-Major driving violations

L28. Are you presently awaiting charges, trial or sentencing (Y/N)? ☐

For what? _____

L29. How old were you when you were first arrested? ☐☐

(00 if never arrested)

L30. What was your first arrest for? ☐☐

(Use codes 03-16, 18-20; 00 if never arrested)

03-Shoplifting/vandalism/theft
04-Parole/probation violation
05-Drug charges
06-Forgery
07-Weapons offense
08-Burglary/larceny/B&E
09-Robbery
10-Assault
11-Arson
12-Rape/sex related crimes
13-Homicide/manslaughter
14-Prostitution
15-Contempt of court
16-Other
18-Disorderly conduct, vagrancy
19-Driving while intoxicated
20-Major driving violations

L31. How many days in the past 30 were you detained or incarcerated?? ☐☐

L32. How many days in the past 30 have you engaged in illegal activities for profit? ☐☐

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

L33. How serious do you feel your present legal problems are? (exclude civil problems) ☐

L34. How important to you now is counseling or referral for these legal problems? ☐

THE QUESTIONS BELOW ARE BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

L35. How would you rate the patient's need for legal services or counseling (0-9)? ☐

CONFIDENCE RATINGS

Is the Legal Status information significantly distorted by:

L36. Patient's misrepresentation (Y/N)? ☐

L37. Patient's inability to understand (Y/N)? ☐

ADDITIONAL COMMENTS FOR LEGAL AREA:_____

FAMILY HISTORY

Which of these dependencies or other personal problems have been exhibited by members of your family? (*Use the letters listed below)*

A-Alcoholism	E-Eating disorder/compulsive overeater
D-Illegal drug dependence	C-Suicide
P-Prescription drug dependence	W-Workaholic
T-Cigarette smoker	V-Violence or frequent rages
G-Compulsive gambler	M-Mental illness
S-Sexual addiction	

Mother's Side

H1. Grandmother
H2. Grandfather
H3. Mother
H4. Aunt/Uncle
H5. Aunt/Uncle
H6. Aunt/Uncle

Which of these dependencies or other personal problems have been exhibited by members of your family? *(Use the letters listed below)*

A-Alcoholism	E-Eating disorder/compulsive overeater
D-Illegal drug dependence	C-Suicide
P-Prescription drug dependence	W-Workaholic
T-Cigarette smoker	V-Violence or frequent rages
G-Compulsive gambler	M-Mental illness
S-Sexual addiction	

Father's Side

H7. Grandmother
H8. Grandfather
H9. Father
H10. Aunt/Uncle
H11. Aunt/Uncle
H12. Aunt/Uncle

Which of these dependencies or other personal problems have been exhibited by members of your family? *(Use the letters listed below)*

A-Alcoholism	E-Eating disorder/compulsive overeater
D-Illegal drug dependence	C-Suicide
P-Prescription drug dependence	W-Workaholic
T-Cigarette smoker	V-Violence or frequent rages
G-Compulsive gambler	M-Mental illness
S-Sexual addiction	

Your Family

H13. Former Spouse/ Partner
H14. Spouse or Partner
H15. Yourself
H16. Brother/Sister
H17. Brother/Sister
H18. Brother/Sister

Which of these dependencies or other personal problems have been exhibited by members of your family? *(Use the letters listed below)*

A-Alcoholism	E-Eating disorder/compulsive overeater
D-Illegal drug dependence	C-Suicide
P-Prescription drug dependence	W-Workaholic
T-Cigarette smoker	V-Violence or frequent rages
G-Compulsive gambler	M-Mental illness
S-Sexual addiction	

Your Children

H19. Child #1
H20. Child #2
H21. Child #3
H22. Child #4
H23. Child #5
H24. Child #6

Which of these dependencies or other personal problems have been exhibited by members of your family? *(Use the letters listed below)*

A-Alcoholism	E-Eating disorder/compulsive overeater
D-Illegal drug dependence	C-Suicide
P-Prescription drug dependence	W-Workaholic
T-Cigarette smoker	V-Violence or frequent rages
G-Compulsive gambler	M-Mental illness
S-Sexual addiction	

Additional Family Members

H25. Specify: _____
H26. Specify: _____
H27. Specify: _____
H28. Specify: _____
H29. Specify: _____
H30. Specify: _____

How many siblings do you have?

H53. Brothers:
H54. Sisters:

COMMENTS FOR FAMILY HISTORY AREA:_____

FAMILY/SOCIAL RELATIONSHIPS

F1. What Is your current living environment? :

1-Both parents
2-Single parent
3-Other relative
4-Foster home
5-Private care facility
6-Public care facility
7-Independent living
8-Parent/Step-parent
9-Other

Specify: _____

F2. Has this living arrangement changed in the past year (Y/N)?

F3. Are you satisfied with your current situation at home?

0-No
1-Indifferent
2-Yes

F4. Have you ever run away from home (Y/N)?

F5. Have you ever lived in any of the following situations?

Y-Yes N-No X-Not applicable Z-Not answered

1. Two-parent household
2. Single-parent household
3. Extended family
4. Other family, not parents
5. Guardians, not related
6. Residential schools
7. Foster parents
8. Orphanage
9. Medical/Psychiatric institutions
10. Correctional facility
11. Unsupervised minor

Please explain circumstances (when, where and why):

_____

_____

_____

F6. Have you ever experienced stressful situations at home, such as family members:

1-Hospitalized with a serious illness (physical or mental)
2-Died
3-Severely handicapped
4-Incarcerated (jail)
5-None
6-Other

Specify: _____

Do you live with anyone who:

F7. Has a current alcohol problem (Y/N)?

F8. Uses non-prescribed drugs (Y/N)?

F9. With whom do you spend most of your free time?

1-Family
2-Friends
3-Alone

F10. Are you satisfied spending your free time this way?

0-No
1-Indifferent
2-Yes

F11. Have you ever been a member of a gang (Y/N)?

Are you currently a member (Y/N)?

F12. How many days in the past 30 did you participate in sports?

F13. How many days in the past 30 did you exercise?

F14. Do you have a member of the family with an alcohol/drug problem (Y/N)?

Do you worry about their use (Y/N)?

Do you feel like you are the reason for their use (Y/N)?

Do you hate them when they are using (Y/N)?

Do you feel guilty for hating them (Y/N)?

Do you feel respected when they use (Y/N)?

Do you talk to people about their use in the house (Y/N)?

Do you feel embarrassed by their use (Y/N)?

Do you like their drug using friends (Y/N)?

Have you ever heard your parent(s) promise to quit (Y/N)?

Have you lied to others about their use (Y/N)?

Have you talked to them about trying to quit their use (Y/N)?

Do you sometimes avoid being home when they use (Y/N)?

Do you secretly wish you could make them stop using (Y/N)?

Do you care if they use (Y/N)?

F15. How many close friends do you have?

F16. How many of these friends use alcohol or drugs?

F17. Who do you feel is important to be involved in your counseling?

_____

_____

_____

F18. *(Optional)* Sexual preference:

1-Males
2-Females
3-Both
4-None
5-Other

F19. *(Optional)* How long have you had this preference? Years

Months

F20. *(Optional)* Are you satisfied with this sexual preference (1-3)?

1-No
2-Indifferent
3-Yes

F21. Do you currently have a boyfriend or girlfriend (Y/N)? ☐

How long have you been in this relationship? Years ☐☐

Months ☐☐

F22. Have you ever had sex with another person (Y/N)? ☐

In the past year, how many partners have you had? ☐☐☐

Do you practice any methods that will protect you from sexually transmitted disease, or getting someone pregnant or yourself pregnant (Y/N)? ☐

Have you ever contracted a sexually transmitted disease, become pregnant or gotten someone pregnant (Y/N)? ☐

Describe your past consequences:

_____

_____

_____

F23. Would you say you have had close, reciprocal relationships with any of the following people in your life?

Y-Yes N-No X-Not applicable Z-Not answered

Mother ☐

Father ☐

. Brothers/Sisters ☐

Sexual Partner/Spouse ☐

Children ☐

Friends ☐

F24. Have you had significant periods in which you have experienced serious problems getting along with:

Y-Yes N-No X-Not applicable Z-Not answered

	Past 30 Days	In Your Life	Has Alcohol or Drugs Affected This Relationship
Mother	☐	☐	☐
Father	☐	☐	☐
Brothers/Sisters	☐	☐	☐
Sexual Partner/Spouse	☐	☐	☐
Children	☐	☐	☐
*Other family member	☐	☐	☐
Close friends	☐	☐	☐
Neighbors	☐	☐	☐
Co-workers	☐	☐	☐
Employer	☐	☐	☐
Teachers	☐	☐	☐

*Specify other relative: _____

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:_____

Did any of these people abuse you:

00-None	24-Close friends
18-Mother	25-Neighbors
19-Father	26-Co-Workers
20-Brother/Sister	27-Teachers
21-Sexual partner	28-Clergy
22-Children	29-Yes, but does not know who or chooses not to identify person
23-Other family	

	Past 30 days	In Your Life
F25. Emotionally (make you feel bad through harsh words)?		
F26. Physically (cause you physical harm)?		
F27. Sexually (force sexual advances or sexual acts)?		

F28. How many days in the past have you had serious conflicts:

With your family?

With other people (excluding family)?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL	3-CONSIDERABLY
1-SLIGHTLY	4-EXTREMELY
2-MODERATELY	

F29. How troubled or bothered have you been in the past 30 days by these:

Family problems?

Social problems?

F30. How important to you now is treatment or counseling for these:

Family problems?

Social problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

F31. How would you rate the patient's need for family and/or social counseling (0-9)?

CONFIDENCE RATINGS

Is the Family/Social Relationships information significantly distorted by:

F32. Patient's misrepresentation (Y/N)?

F33. Patient's inability to understand (Y/N)?

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:_____

PSYCHIATRIC STATUS

P1. How many times have you been treated for any psychological or emotional problems:

In a hospital or inpatient setting? ☐☐

As an outpatient or private patient? ☐☐

P1a. Age when first treated for psychiatric or emotional problems: ☐☐

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)? ☐

Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:

Y-Yes N-No X-Not applicable Z-Not answered

	Past 30 Days	Lifetime
P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?	☐	☐
P4. Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?	☐	☐
P5. Experienced hallucinations - saw things or heard voices that others did not see or hear?	☐	☐
P6. Experienced trouble understanding, concentrating or remembering?	☐	☐
P7. Experienced trouble controlling violent behavior including episodes of rage or violence?	☐	☐
P8. Experienced serious thoughts of suicide?	☐	☐
P9. Attempted suicide?	☐	☐
P10. Been prescribed medication for any psychological/emotional problems?	☐	☐

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

P11. How many days in the past 30 have you experienced these psychological or emotional problems? ☐☐

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

P12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐

P13. How important to you now is treatment for these psychological or emotional problems? ☐

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

At the time of the interview, is the patient (Y/N)?

P14. Obviously depressed/withdrawn? ☐

P15. Obviously hostile? ☐

P16. Obviously anxious/nervous? ☐

P17. Having trouble with reality testing, thought disorders, paranoid thinking? ☐

P18. Having trouble comprehending, concentrating. remembering? ☐

P19. Having suicidal thoughts? ☐

INTERVIEWER SEVERITY RATING

P20. How would you rate the patient's need for psychiatric/psychological treatment (0-9)? ☐

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

P21. Patient's misrepresentation (Y/N)? ☐

P22. Patient's inability to understand (Y/N)? ☐

COMMENTS FOR PSYCHIATRIC AREA: _____

SPIRITUALITY

S1. Do you have a belief in a "God" or a "Higher Power" (Y/N)? ☐

S2. Concerning your spiritual life, what changes would you like help making (Y/N)?

Learning more about prayer? ☐

Learning more about meditation? ☐

Education about a particular religion? ☐

Specify: _____

Changing attitude toward God? ☐

S3. Are you comfortable with your spirituality and beliefs (Y/N)? ☐

COMMENTS FOR SPIRITUALITY AREA: _____

JCAHO SUPPLEMENT

In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).

A Typical Work Day

Y-Yes N-No X-Not applicable Z-Not answered

6-8 AM _____ ☐

8-10 AM _____ ☐

10 AM-12 PM _____ ☐

12-2 PM _____ ☐

2-4 PM _____ ☐

4-6 PM _____ ☐

6-8 PM _____ ☐

8-10 PM _____ ☐

10 PM-12 AM _____ ☐

12-2 AM _____ ☐

2-4 AM _____ ☐

4-6 AM _____ ☐

Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.

In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).

A Typical Day Off

Y-Yes N-No X-Not applicable Z-Not answered

6-8 AM _____ ☐

8-10 AM _____ ☐

10 AM-12 PM _____ ☐

12-2 PM _____ ☐

2-4 PM _____ ☐

4-6 PM _____ ☐

COMMENTS FOR JCAHO SUPPLEMENT

6-8 PM _____ ☐

8-10 PM _____ ☐

10 PM-12 AM _____ ☐

12-2 AM _____ ☐

2-4 AM _____ ☐

4-6 AM _____ ☐

Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.

Free Time: Read through the entire list of activities and select at least five things that you like to do.

Swim	Religious activities
Listen to music	Go out to dinner
Yoga	Community work
Crafts	Artwork
Bird watch	Cook
Go sailing	Photography
Knit	Golf
Needlepoint	Play tennis
Carpentry/furniture making	Meditate
Return to school	Horseback riding
Exercise	Read
Hike in the woods	Chess
Play with my kids	Pinball
Target shooting	Racquetball
Travel (foreign)	Go camping
Martial arts (karate, etc)	Travel
Volunteer work	Singing/Choir
Go to a museum	Computers
Go to the movies	Making clothes
Go fishing	Other
Go to theater productions	Help at school w/kids
Learn magic tricks	Play a musical instrument
Play basketball	Aerobics
Go to arcades	Dance
	Archery

Values: From the list below, select the five items that are most important to you.

Personal freedom	God
Being sober	Cars
Sex life	Looking good
Intelligence	Being right
Wisdom	Approval from others
Peace of mind	Family
Happiness	Mother
Spouse	Father
Being a parent	Being content
Wealth	Being safe
Health	Being loving
	Being loved

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (Check box)

Work Situations

Around people who drink/use ☐

After taking a test ☐

Workers invite me to drink/use ☐

I just got paid; I've got money ☐

I'm away from my supervisor ☐

Hassle with a boss or coworker ☐

After working hard ☐

Peers invite me to drink/use ☐

Away from school or teachers ☐

Hassle with a friend or peer ☐

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check box)

Family Situations

After I have a problem with a family member ☐

I drink/use with certain family members ☐

Just thinking about my family upsets me ☐

When someone in my house drinks/uses ☐

Family events include drinking/drug use ☐

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check box)

Social Situations

Being at parties where people are drinking/using ☐

Weekend/end of work week ☐

Free time ☐

Special occasions (weddings, etc.) ☐

Dancing ☐

Someone I date drinks/uses drugs ☐

I used to go to bars to socialize ☐

I play sports with people who drink/use ☐

Almost all my friends drink or use drugs ☐

Being in any group situation is upsetting ☐

Any kind of gambling ☐

I get uptight whenever I go out of my house ☐

Being alone bothers me ☐

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check one)

Moods, Mental and Physical State

Lonely	☐	Bored	☐
Cannot sleep	☐	Angry	☐
Guilt	☐	Hunger	☐
Uptight	☐	Envious or jealous	☐
Worried	☐	Self-pity	☐
Depressed	☐	Fear	☐
Sexually turned on	☐	Feeling powerful	☐
Having a success	☐	Good news	☐
Winning	☐	Loss of loved one	☐
Tired	☐	Drug/drinking dreams	☐

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check one)

People, Places and Things

People I've gotten high with in the past ☐
Seeing things that look like drugs ☐
News reports about drugs ☐
Watching certain TV programs ☐
Playing musical instruments ☐
Eating at restaurants ☐
Rock concerts ☐
Seeing drug-related things ☐
Seeing people drinking or using drugs ☐
Seeing a place where I used to drink/use ☐
Being in my car ☐
Driving through certain neighborhoods ☐
Seeing a drug deal take place ☐
Seeing or hearing a beer/alcohol ad ☐
Listening to certain music ☐
Going to casinos ☐

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check box)

Romantic/Sexual Settings

Trying to find a lover/romantic partner ☐
Thinking about sex/sexual fantasy ☐
Any kind of sexual activity ☐
Having certain kinds of sex ☐
Having sex with a prostitute ☐
Being in a new relationship ☐
Being rejected ☐
Asking for a date ☐

Time End: ☐☐ : ☐☐

ADDITIONAL COMMENTS FOR JCAHO SUPPLEMENT: _____

INTERVIEWER'S ASSESSMENT

DIAGNOSTIC IMPRESSION

SASSI-3:

- RAP? ☐
- FVA? ☐
- FVOD? ☐
- SYM? ☐
- OAT? ☐
- SAT? ☐
- DEF? ☐
- SAM? ☐
- FAM? ☐
- COR? ☐

DSM-IV

AXIS I:

Description:

AXIS II:

Description:

AXIS III:

AXIS IV:

AXIS V:

COMMENTS FOR DIAGNOSTIC IMPRESSION: _____

RECOMMENDATION FOR TREATMENT

LEVEL OF CARE RECOMMENDATION

(Check one):

1. Not applicable ☐
2. Level I – (Outpatient treatment) ☐
3. Level II – (Intensive outpatient/partial hospitalization) ☐
4. Level III – (Medically monitored intensive inpatient) ☐
5. Level IV – (Medically managed intensive inpatient) ☐

YOUTH-RATED LEVEL-1 CROSS-CUTTING MEASURE FOR CHILDREN AND ADOLESCENTS (OLDER THAN AGE 11)

YOUTH: Level 1

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have had the problem during the **past 2 weeks.**

During the past 2 weeks, how much (or how often) have you …		**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day
1.	Been bothered by stomachaches, headaches, or other aches and pains?	0	1	2	3	4
2.	Worried about your health or about getting sick?	0	1	2	3	4
3.	Been bothered by not being able to fall asleep or stay asleep or by waking up too early?	0	1	2	3	4
4.	Been bothered by not being able to pay attention when you were in class or doing homework or reading a book or playing a game?	0	1	2	3	4
5.	Had less fun doing things than you used to?	0	1	2	3	4
6.	Felt sad or depressed for several hours?	0	1	2	3	4
7.	Felt more irritated or easily annoyed than usual?	0	1	2	3	4
8.	Felt angry or lost your temper?	0	1	2	3	4
9.	Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4
10.	Sleeping less than usual but still have a lot of energy?	0	1	2	3	4
11.	Felt nervous, anxious, or scared?	0	1	2	3	4
12.	Not been able to stop worrying?	0	1	2	3	4
13.	Not been able to do things you wanted to or should have done because they made you feel nervous?	0	1	2	3	4
14.	Heard voices—when there was no one there—speaking about you or telling you what to do or saying bad things to you?	0	1	2	3	4
15.	Had visions when you were completely awake—that is, seen something or someone that no one else could see?	0	1	2	3	4
16.	Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else?	0	1	2	3	4
17.	Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	0	1	2	3	4
18.	Worried a lot about things you touched being dirty or having germs or being poisoned?	0	1	2	3	4
19.	Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening?	0	1	2	3	4

In the last 2 weeks, have you …			
20.	Had an alcoholic beverage (beer, wine, liquor, etc.)?	☐ Yes	☐ No
21.	Smoked a cigarette, a cigar, or pipe or used snuff or chewing tobacco?	☐ Yes	☐ No
22.	Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?	☐ Yes	☐ No
23.	Used any medicine ON YOUR OWN, that is, without a doctor's prescription, to get high or change the way you feel [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or steroids?]	☐ Yes	☐ No
24.	In the last 2 weeks, have you thought about killing yourself or committing suicide?	☐ Yes	☐ No
25.	Have you EVER tried to kill yourself?	☐ Yes	☐ No