

ICPSR 27382

**Criminal Justice Drug Abuse  
Treatment Studies (CJ-DATS):  
National Criminal Justice  
Treatment Program (NCJTP)  
Survey in the United States,  
2002-2008**

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S3B: Survey of Treatment Program Directors,  
Data Collection Instrument

Inter-university Consortium for  
Political and Social Research  
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# National Criminal Justice Treatment Practices Survey

## Survey of Treatment Program Directors (S3B)

[Name:]

[Title:]

[Facility/Location(s)/County:]

[Address:]

[City, State, Zip:]

(This survey pertains to services provided by the facility/location/county listed above.)



American Correctional Association  
4380 Forbes Boulevard ■ Lanham, MD 20706-4322  
(301) 918-1800 ■ [www.aca.org](http://www.aca.org)

Dear Colleague:

As part of the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), the Virginia Commonwealth University and the University of Maryland (VCU/UMCP) are conducting a survey of correctional and treatment administrators to learn more about substance abuse treatment services for juvenile and adult offenders in prison and in the community.

CJ-DATS is a collaborative research project funded by the National Institute on Drug Abuse (NIDA) with support from other agencies in the U.S. Department of Health and Human Services and U.S. Department of Justice. Encompassing nine research centers across the country and one coordinating center, CJ-DATS represents a long-term commitment by NIDA to conduct rigorous research on criminal justice-involved drug abusers and to provide the correctional and drug treatment fields with useful science-based information. This survey is being conducted in all 50 States and the District of Columbia. We are asking key criminal justice administrators, treatment program directors, and staff to participate. You are being asked to complete this survey on the treatment program you administer.

The findings of this survey will be very important to those in corrections and drug treatment working with offenders who have substance use disorders. This will be the first national survey to investigate organizational and structural issues affecting the delivery of services to offenders and youth in correctional institutions and in community settings across different jurisdictions. The American Correctional Association (ACA), along with other key associations, is an important partner in this effort and has participated in the development of the survey. We believe the survey will provide information to help correctional agencies make offender treatment more effective and efficient.

Your participation in this survey is very important. The VCU/UMCP has contracted with NORC, a nationally recognized survey firm, to administer the survey. You may contact NORC at 1-800-301-5802 to answer any questions you may have about the survey. I thank you in advance for your attention to this effort.

If you want more information about CJ-DATS, please visit their website at [www.cjdats.org](http://www.cjdats.org) or contact Faye S. Taxman, Principal Investigator for the survey, at (301) 403-4403.

Sincerely,

A handwritten signature in black ink that reads 'Jim Gondles'.

James A. Gondles, Jr.  
Executive Director, American Correctional Association

cc: Nora Volkow, Ph.D., Director, National Institute on Drug Abuse  
Faye S. Taxman, Ph.D., Virginia Commonwealth University/University of Maryland, College Park



Criminal Justice | Drug Abuse Treatment Studies  
A project of National Institute on Drug Abuse, National Institutes  
of Health, and the U.S. Department of Health and Human Services

## Instructions for completing the National Criminal Justice Treatment Practices Survey

In this survey, we are using the following definitions:

- **Correctional systems** refer to the system that you manage. This could be a jail/prison system, probation and/or parole system, a community corrections system, or any combination. It can be for adults, juveniles, or both.
- **Substance abuse treatment** refers to counseling sessions, group therapy, residential treatment, therapeutic community, or any other services offered for substance abusing offenders.
- **Offenders** refer to juveniles, adults, or any special needs population you manage.
- **Location/facility** refers to the facility, office(s), or region you manage. It can be one of several depending on your area(s) of responsibility.

Please answer each question by marking the appropriate box and/or by printing the requested information in the space provided. In some cases, you will be requested to skip questions based on your response.

Please complete the survey within 14 days and return it in the pre-addressed, pre-paid envelope provided. Please be sure to read the consent form on Page 3 and acknowledge that you desire to participate in the survey.

Please complete the following steps:

- ✓ Please be aware that the survey results will not be reported by state, county, city, or by any other identifying information.
- ✓ Read the consent form on page 3 and place a checkmark  in the consent form checkbox, if you agree to participate in the study.
- ✓ Place the completed survey booklet in the pre-addressed, pre-paid envelope included in the survey packet, and drop it in the mail.
- ✓ If you need assistance to answer any question, please e-mail NORC at [carr-james@norc.org](mailto:carr-james@norc.org) or call NORC at 1-800-301-5802.
- ✓ Do **NOT** give this survey to anyone else to complete. We have selected you because of your position in this facility/location. Your administrator should have received a different survey.

# CONSENT TO PARTICIPATE IN THE NATIONAL CRIMINAL JUSTICES TREATMENT PRACTICES (NCJTP) STUDY

## ADMINISTRATORS CONSENT FORM

### STATEMENT OF AGE

I am 18 years of age or older and voluntarily choose to participate in the research being conducted by Dr. Faye S. Taxman of the University of Maryland Bureau of Governmental Research (BGR) funded by the National Institute on Drug Abuse (NIDA) under the Criminal Justice Drug Abuse Treatment Studies (CJDATS) project.

### PURPOSE OF PROJECT

The purpose of the study is to examine the organizational and structural issues involved with delivering substance abuse treatment services to the offender population. The survey is designed to build an understanding of the environmental factors behind treatment service delivery and to improve service quality and access by considering new approaches to delivering services and transferring study findings to the field. National Criminal Justice Treatment Practices (NCJTP) surveys will give correctional and treatment system employees a chance to explore how these organizations provide services to offenders, and how they might change to improve service access and effectiveness.

### PROCEDURES

This study will consist of a survey delivered to employees within correctional and treatment systems nationally, including agency administrators, wardens, program managers, and counselors and correctional officers. The survey will include questions about organizational structure and resources, the work environment, support for treatment and solicit opinions about the value and purpose of substance abuse treatment. It will take 30 to 60 minutes to complete. I understand that BGR will request the permission of agency directors so that staff who participate be allowed to complete the survey during regular work hours. The survey will be conducted between September 2004 and April 2005. Once I complete and submit the survey, my participation in the study ends. If I am interested in receiving reports on the research findings, I will be able to access the findings over the CJDATS ([www.cjdat.org](http://www.cjdat.org)) website or be provided by the researchers.

### CONFIDENTIALITY

I understand that I will remain anonymous in any reports on the study and my responses will be kept confidential by the researchers. I may complete the survey in a private location of my choice and return it in a stamped envelope addressed to the researchers. Only NCJTP research staff will be able to access my survey responses. I will not be identified in any reports and the name of my agency or the state, county, or city in which it is located will not be identified in any report. Published materials will not identify a particular state, county or city, correctional facility or program, treatment program or facility, or individual respondent. No administrators in my agency, including my supervisor, will be told about my participation in the survey. They will also not be told if I choose to not answer some survey questions or to terminate my participation in the survey. All information collected will be stored in locked file cabinets or in secured computerized files that are accessible only to designated NCJTP staff.

### RISK

There is minimal risk involved in participating in this study. In answering the survey, I may provide information or opinions that are critical of my agency or may be viewed unfavorably by administrators, my supervisors, or fellow employees. I understand that research staff will implement procedures to reduce these risks, as outlined in the confidentiality section of this form. There is a chance that survey questions will cause some distress if I am particularly unhappy with my work environment. I understand that I can refuse to answer any questions and may cease completing the survey at any point during administration. No other risks are anticipated.

### BENEFITS AND FREEDOM TO WITHDRAW

The results of this survey may lead to improvements in substance abuse treatment quality and access for offenders. I may elect not to participate in the survey without any impact on my standing in this agency or any other penalty. I am free to withdraw from the study at any time prior to completion of the survey, but once I have completed the survey and returned it to the research team it will not be feasible to withdraw. I understand I may ask questions about the survey at any time by calling 1-888-380-6905.

### CONTACT INFORMATION OF PRINCIPAL INVESTIGATOR

Faye S. Taxman, Ph.D.  
Bureau of Governmental Research  
University of Maryland  
4511 Knox Road, Suite 301  
College Park, MD 20740

(301) 403-4403  
[bgr@bgr.umd.edu](mailto:bgr@bgr.umd.edu)

Check  the box if you agree to participate in the study.

## Information Supplied By

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_) \_\_\_\_\_

Work Fax Number: (\_\_\_\_) \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

## About You

1. **What is the exact title of your position?** \_\_\_\_\_  
*(Please write your response on the line)*
2. **How long have you worked in your current job?** \_\_\_\_\_ **years**  
*(Please write your response on the line)*
3. **How long have you worked in the field of substance abuse?** \_\_\_\_\_ **years**  
*(Please write your response on the line)*
4. **What population(s) does your agency serve? (Check  one)**
  - 1  Adults only
  - 2  Juveniles only
  - 3  Adults and Juveniles
5. **What type of organization do you work for? (Check  one)**
  - 1  State Executive Agency
  - 2  State Judicial Agency
  - 3  County or Municipal Agency
  - 4  County or Municipal Judicial Agency
  - 5  Private, not-for-profit Agency
  - 6  Private, for profit Agency
  - 7  Other (*specify*) \_\_\_\_\_

**6. Who do you report to? (Check  one)**

**Central Office Administration**

- 1  Governor/Chief Executive
- 2  Commissioner/Director of Corrections/Secretary
- 3  Other Executive Agency Director
- 4  Deputy Director of Corrections
- 5  Administrative Judge/Judiciary
- 6  Other (*specify*) \_\_\_\_\_

**Regional/Local Administration**

- 15  Regional/Local Director of Corrections
- 16  Other Regional/Local Director
- 17  Warden/Facilities Director
- 18  Assistant Warden
- 19  Hearing Officer Supervisor
- 20  Case Management/Treatment  
Accountability for Safer Communities  
(TASC)
- 21  Other (*specify*) \_\_\_\_\_

**Health Services Administration**

- 7  Treatment Agency Board of Directors
- 8  Treatment Agency Director
- 9  Regional Clinical Director in Community
- 10  Social Work Manager
- 11  Program Manager
- 12  Case Management Supervisor
- 13  Services Supervisor
- 14  Other (*specify*) \_\_\_\_\_

**7. What is your highest level of education? (Check  one)**

- 1  High school
- 2  Associate degree
- 3  B.A./B.S.
- 4  Some graduate studies
- 5  MBA/Masters
- 6  J.D.
- 7  Ph.D./Ed.D.
- 8  M.D.
- 9  Other (*specify*) \_\_\_\_\_

**8. In what field did you receive your highest degree? (Check  all that apply)**

- 1  Business
- 2  Criminal Justice
- 3  Law
- 4  Medicine
- 5  Political Science
- 6  Psychology
- 7  Sociology
- 8  Social Work
- 9  Other (*specify*) \_\_\_\_\_

**9. Are you: (Check  one)**    1  Female    2  Male

**10. Current age: \_\_\_\_\_ years**  
(Please write your response on the line)

**11. Are you: (Check  one)**

- |  |  |
|--|--|
| 1 <input type="checkbox"/> White                         | 5 <input type="checkbox"/> Black or African American                     |
| 2 <input type="checkbox"/> White and Hispanic/Latino     | 6 <input type="checkbox"/> Black or African American and Hispanic/Latino |
| 3 <input type="checkbox"/> Asian/Pacific Islander        | 7 <input type="checkbox"/> Other ( <i>specify</i> ) _____                |
| 4 <input type="checkbox"/> American Indian/Alaska Native |  |

**12. Please check any of the following statements that apply to you: (Check  one)**

- 1  I am an appointed official/employee
- 2  I am a civil servant
- 3  I am a volunteer
- 4  I am a contractual employee
- 5  I am in recovery

**13. Indicate the setting in which you work: (Check  one)**

- 1  Jail
- 2  Prison
- 3  Other institutional corrections (*specify*) \_\_\_\_\_
- 4  Probation/parole facility
- 5  Other community corrections (*specify*) \_\_\_\_\_
- 6  Halfway house
- 7  Community based program
- 8  Other (*specify*) \_\_\_\_\_

**14. a. At your facility/location, do you work with both offenders involved in the criminal justice system and non-offenders?**

- 2  No, we work with offenders only → (skip to question 15 on next page)
- 1  Yes, we work with both offenders and non-offenders → (please answer b and c)

**b. About what percentage of the clients served at your facility/location are offenders currently involved in the criminal justice system? (Please write your response on the line)**

approximately \_\_\_\_\_ %

**c. Are the services that you provide to offenders covered by one or more contracts with a criminal justice agency(s)? (Check  one)**

- 1  No, we have no contracts to provide services specifically to offenders
- 2  Yes, some of the offenders treated in our program are served under a contract
- 3  Yes, all of the offenders treated in our program are served under contract



**15. What is the extent of your authority? (Check  all that apply)**

- 1  Run several different programs, including at least one substance abuse treatment program
- 2  Run one substance abuse treatment program
- 3  Run several facilities/locations, at least one which houses a substance abuse treatment program
- 4  Run one facility/location that houses a substance abuse treatment program
- 5  Other (*specify*) \_\_\_\_\_

## About Substance Abuse Service Delivery

**16. Rate the impact of each of the following influences, either negative or positive, on the delivery of substance abuse treatment within your organization. (Check  one for each row)**

Influence of...	negative	slightly negative	neither negative nor positive	slightly positive	positive
<b>a.</b> Community action groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> Legislative priorities (e.g., funding new initiatives)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Judicial priorities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> National accreditation standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> Line staff/mid-level management issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f.</b> Workload/caseload issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g.</b> Oversight advisory board review (e.g., Community Corrections Boards, Re-entry Boards, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h.</b> Federal government priorities (e.g., funding for specific initiatives/target populations, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i.</b> Pressures to manage/reduce correctional populations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>j.</b> The risks involved when releasing offenders who may recidivate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>k.</b> Changes in offender release status (e.g., more offenders maxing out)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>l.</b> Union related issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>m.</b> Citizen opposition to locating programs in the community ("not in my backyard")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>n.</b> Other ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**17. In your opinion, how much are the following types of counseling and related activities emphasized in the substance abuse services provided to offenders in prison and in the community in your state/locality?**

**Please refer to certified programs only. Community programs may include those programs that serve all substance abusers as well as offenders. (Check  one for each column)**

<b>Activity</b>	<b>extent emphasized in substance abuse services provided <u>in prison</u></b>	<b>extent emphasized in substance abuse services provided <u>in the community</u></b>
<b>a.</b> Supportive group counseling	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>b.</b> Confrontational therapies	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>c.</b> Peer-led groups	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>d.</b> 12-step meetings	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>e.</b> Cognitive approaches	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>f.</b> Behavioral management approaches	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>g.</b> Motivational Interviewing/Engagement	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
<b>h.</b> Social Skill Development	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis

17. (continued) In your opinion, how much are the following types of counseling and related activities emphasized in the substance abuse services provided to offenders in prison and in the community in your state/locality? (Check  one for each column)

Activity	extent emphasized in substance abuse services provided <u>in prison</u>	extent emphasized in substance abuse services provided <u>in the community</u>
i. Family therapy, counseling	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
j. Therapeutic community/milieu therapies	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
k. Individual drug counseling	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
l. Case management	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis
m. Other (specify) _____	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis	1 <input type="checkbox"/> no emphasis      4 <input type="checkbox"/> great emphasis 2 <input type="checkbox"/> minimal emphasis    5 <input type="checkbox"/> very great emphasis 3 <input type="checkbox"/> moderate emphasis

## About Treatment Policies and Practices

18. How much do you agree or disagree with the following statements about treatment?  
 (Check  one for each row)

	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
a. Computer information systems are essential for tracking offenders' assessment history and their involvement in programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Realistically, offenders have very few strengths upon which to build an effective treatment plan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Seriousness of current offense should be the primary determinant in considering type of treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Treatment cannot address the offender's motivation for change	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. It is important for prison treatment programs to invest efforts to link inmates to community-based programs that they can attend after their release	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Investing time in learning a computer information system is not worth the time it takes away from working with offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. People who use drugs and people who sell drugs should get the same treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Counselors working with offenders after they return to the community should know about the treatment provided to inmates in prison	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Inmates who complete an intensive prison treatment program generally won't need further treatment in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. It is necessary to formulate a comprehensive and individualized assessment of each offender's situation, needs, and goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The main function of computer information systems is for supervisors to keep track of line staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. It is not the treatment program's responsibility to motivate offenders to change their behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. It is impractical for treatment programs to provide services that are tailored to individual offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Offenders can only really be helped if they come to the program motivated and ready for treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. All substance-abusing offenders should participate in the same treatment regimen	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**19. Please respond to the following statements in terms of the degree to which they reflect the conditions in and the functioning of your facility/location. (Check  one for each row)**

<b>In my facility/location...</b>	<b>strongly disagree</b>	<b>disagree</b>	<b>neither agree nor disagree</b>	<b>agree</b>	<b>strongly agree</b>
<b>a.</b> We have few difficulties in adequately staffing our facility/location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> We have trouble retaining highly competent staff in this facility/location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Our staff frequently say that they are overworked and/or don't have enough time to get done what they need to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> We have enough staff to meet the needs of this facility/location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> Our staff lack access to the training and development programs they need	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f.</b> Our staff integrate new knowledge and techniques into their work to improve the way in which services are provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g.</b> Our staff stay current with new techniques that relate to their jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h.</b> The training and development programs for our staff are of very high quality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i.</b> Attending training and development programs is made a priority for our staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>j.</b> We have funding available to introduce new programs and/or initiatives if they are needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>k.</b> We have had to cut or significantly reduce programs and/or services due to funding constraints	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>l.</b> We would significantly expand/enhance certain programs and/or services if funding were available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>m.</b> Our physical facilities are designed to meet the specific needs of most of the important services and programs we run	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>n.</b> Our offices and other facilities are well maintained and kept fully functional	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>o.</b> We have the necessary physical space for the services and programs we run	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>p.</b> We have computer and information technology tools/resources to efficiently access offender records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>q.</b> Our staff feel very comfortable using computers and information technology tools to do their jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>r.</b> Our staff lack the computer skills necessary to proficiently access offender records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

19. (continued) Please respond to the following statements in terms of the degree to which they reflect the conditions in and the functioning of your facility/location. (Check  one for each row)

In my facility/location...	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
s. We regularly integrate new services, programs, and/or initiatives into our operations at this facility/location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
t. Our programs, services, and/or initiatives are designed to address multiple offender needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
u. We have a high level of coordination across units, and/or departments when it comes to delivering services and programs to offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
v. We have significant challenges in generating the necessary political support for important priorities, new programs, and/or initiatives for offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
w. We have the support we need from communities for important priorities, new programs, and/or initiatives for offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
x. We have extensive collaborations/partnerships with external groups (e.g., outside service providers) that facilitate important priorities, new programs, and/or initiatives for offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## About Your Substance Abuse Treatment Program

20. a. Please identify the name of the specific substance abuse treatment program you administer. If you run more than one program, enter the name of the program with the largest daily population. Enter "none" if the program does not have a name.

(specify program name) \_\_\_\_\_  
 (Please write your response on the line)

b. On average, how many offenders participate in this program on a daily basis?

(average number of participants) \_\_\_\_\_  
 (Please write your response on the line)

For questions in this section, please refer to the program listed in question 20a.

21. Which of the following best describes the program or treatment unit in which you work? (Check  one)

- 1  Substance abuse education only
- 2  Substance abuse program where offenders attend 1 to 4 hours per week (excluding self-help/NA/AA.)
- 3  Substance abuse program where offenders attend up to 25 hours/week (excluding self-help/NA/AA.)
- 4  Substance abuse day program that offenders attend 40 hours/week or more, but do not reside on treatment unit
- 5  Methadone treatment program
- 6  Therapeutic community, segregated-offenders reside on treatment unit and are segregated from other offenders not attending the program
- 7  Therapeutic community, non-segregated-offenders reside on treatment unit but are not segregated from offenders not attending the program
- 8  Self-help/NA only
- 9  Other substance abuse treatment (specify) \_\_\_\_\_

**22. Please check if your program operates within any of the following facilities or units:  
(Check  one)**

- 1  Boot camp
- 2  Day reporting facility
- 3  Reentry/transition facility
- 4  Work release facility
- 5  Substance abuse treatment facility/unit
- 6  Other facility/unit not serving general population offenders (*specify*) \_\_\_\_\_
- 7  Drug Court
- 8  Other facility/unit serving community corrections offenders (*specify*) \_\_\_\_\_
- 9  None of the above

**23. Typically, what is the planned duration (in days) of the treatment program?**

\_\_\_\_\_ days

(Please write your response on the line)

**24. What is the average caseload of a counselor in this treatment program?**

\_\_\_\_\_ days

(Please write your response on the line)

**25. a. Is this program specifically designed to meet the needs of a particular client population?**

- 2  No → (skip to question 26 on next page)
- 1  Yes  
↓

**b. Which particular client population? (Check  all that apply)**

- 1  Males only
- 2  Females only
- 3  Pregnant women or women with children
- 4  Youthful offenders (18-25 year olds)
- 5  Adolescents
- 6  Spanish-language speakers
- 7  African Americans
- 8  Co-occurring clients (mental health and substance abuse)
- 9  Heroin addicts
- 10  Sex offenders
- 11  HIV/AIDS
- 12  Homeless
- 13  Other special population (*specify*) \_\_\_\_\_

**26. a. Is your program licensed, accredited, or certified by some outside organization?**

2  No → (skip to question 27)

1  Yes



**b. From which organizations have you received a license, accreditation, or certification?  
(Check  all that apply)**

1  American Correctional Association (ACA)

2  Commission on the Accreditation of Rehabilitation Facilities (CARF)

3  Joint Commission on the Accreditation of Health Care Organizations (JCAHO)

4  Utilization Review Accreditation Commission (URAC)

5  National Committee for Quality Assurance

6  Federal agency (specify) \_\_\_\_\_

7  State agency (specify) \_\_\_\_\_

8  Other (specify) \_\_\_\_\_

For questions 27-28 record answers as Full-Time Equivalent (FTE) employees. Convert those who work part time into the decimal equivalent. Part time refers to any employee who works fewer hours than your standard work week. For example, a half-time employee would count as .5 .

**27. Please estimate the number of full-time equivalent (FTE) staff currently employed in your program and the average annual FTE salary for that category. If your program employs any contractual staff, indicate total FTEs. Put N/A if the category does not apply.**

Type of employee	# of Program Staff FTEs	Average Annual Salary	# of Contractual Staff FTEs
a. Substance abuse clinical staff			
b. Other clinical staff (social workers, vocational or mental health counselors, etc.)			
c. Case managers/brokers			

**28. a. How many substance abuse counselors have been hired for your program in the past year, if any? If none, enter zero (0). (Please write your response on each line)**

\_\_\_\_\_ (indicate FTEs)

**b. How many substance abuse counselors have left your program in the past year, if any?**

\_\_\_\_\_ (indicate FTEs)



29. Does your organization have a policy that *limits involvement* of volunteers or ex-offenders in your facility/location? (Check  one for each row)

	yes	no	unsure
a. Limits involvement of volunteers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Limits involvement of ex-offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

30. Please estimate the number of volunteers and ex-offenders, and the average number of hours per week each volunteer or ex-offender spends working in the program.

(Please write your response on each line)

	number	Average hours per week
a. Volunteers	_____	_____
b. Ex-offenders	_____	_____

31. Please tell us about how many *primary* substance abuse counselors in your program have the following experiences and educational backgrounds. (Check  one for each row)

**EXPERIENCE**

	None	some	about half	most	all
a. Have specialized training in substance abuse treatment outside the program (e.g., credits toward CASAC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Have credentials in substance abuse treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Have certification in a general mental health specialty (such as psychology)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Are known to be recovering (have attended treatment as clients)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Are ex-offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**EDUCATION**

f. No high school diploma or GED	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Completed high school or GED	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Two-year college associate degree	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Four-year college degree	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Graduate education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

32. Using the following scale, indicate your substance abuse treatment staff's need for training in the following areas: (Check  one for each row)

Treatment staff needs training in...	no need	minimal need	moderate need	great need	very great need
a. Assessing offender problems and needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Increasing offender participation in treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Improving rapport with offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Working effectively with different racial or ethnic groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Providing counseling for offenders' mental health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Providing HIV/AIDS counseling for offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Using passive restraint with juvenile offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Working with staff in other units/agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Understanding and dealing with security issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

33. Please indicate what standardized assessment tools are used in your program and about how many offenders are assessed with that tool. This is not an exhaustive list; please specify in the "other standardized instrument" rows if you are using any tools not on this list. (Check  one for each row)

SUBSTANCE ABUSE INSTRUMENTS	not used	used with some offenders	used with about half of offenders	used with most offenders	unsure
a. Substance abuse assessment tool developed by your agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Addiction Severity Index (ASI)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Alcohol Dependence Scale (ADS)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Drug Abuse Screening Tool (DAST)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Michigan Alcohol Screening Tool (MAST)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Substance Abuse Subtle Screening Inventory (SASSI)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. TCU Drug Screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Other standardized substance abuse instrument (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**33. (continued) Please indicate what standardized assessment tools are used in your program and about how many offenders are assessed with that tool. This is not an exhaustive list; please specify in the "other standardized instrument" rows if you are using any tools not on this list. (Check  one for each row)**

<b>MENTAL HEALTH INSTRUMENTS</b>	not used	used with some offenders	used with about half of offenders	used with most offenders	unsure
i. Becks Depression Inventory (BDI)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Structured Clinical Interview of Diagnosis (SCID)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Diagnostic Interview Scale (DIS)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Symptoms Checklist-90 Revised (SCL-90R)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Other standardized mental health instrument (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**OTHER STANDARDIZED INSTRUMENTS**

n. Standardized <u>family</u> assessment instrument (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Level of Service Inventory (LSI-R)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Wisconsin Needs and Risks (original or modified version)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Other standardized instrument (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**34. To what extent does your program individualize treatment of offenders by having different requirements and activities for different offenders? (Check  one)**

- 1  No differences; the requirements and activities for all offenders are the same
- 2  Some offenders
- 3  About half of the offenders receive individualized treatment
- 4  Most offenders
- 5  All offenders have individualized treatment requirements

**35. a. Does your program use a written treatment protocol/curriculum?**

- 2  No → (skip to question 36 on next page)
- 1  Yes → (please answer questions b through e below)

**b. If yes, what is the name of that protocol/curriculum? \_\_\_\_\_**

**c. Was the protocol/curriculum developed by your agency?**

- 2  No
- 1  Yes

d. Does staff participate in at least 2 days of training on the protocol/curriculum?

- 2  No  
1  Yes

e. Can staff change the protocol/curriculum at their discretion?

- 2  No  
1  Yes

36. How often do the following people participate in updating treatment plans?  
(Check  one for each row)

	never	occasionally	about half the time	often	always
a. Primary substance abuse counselor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Case manager	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Correctional officers/custodial staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Social worker, psychiatrist, or psychologist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Offender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Offender's family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Probation or parole agent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Drug Testing

37. a. Are your program participants tested for drug and alcohol use?

- 2  No → (skip to question 38 on next page)  
1  Yes



b. If yes, how? (Check  all that apply)

- 1  We maintain our own lab  
2  We refer offenders to testing centers  
3  We use test cups  
4  We take urine samples that we process outside  
5  Drug testing is performed by corrections staff outside the program  
6  We use blood alcohol sensors  
7  Other (specify) \_\_\_\_\_

**38. Approximately how many program participants are tested in each of the following ways by your facility/location? (Check  one for each row)**

	none	less than half	about half	more than half	all
a. Only tested when ordered by court/parole board	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Tested at random	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Tested when suspected of drug use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Tested weekly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

### Program Services

**39. Please check the services that are provided in your program on a regular basis. (Check  all that apply)**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Case management                    | 7 <input type="checkbox"/> Legal assistance                      |
| 2 <input type="checkbox"/> Housing assistance                 | 8 <input type="checkbox"/> Crisis intervention                   |
| 3 <input type="checkbox"/> Mental health counseling           | 9 <input type="checkbox"/> Counseling for co-occurring disorders |
| 4 <input type="checkbox"/> Family therapy or counseling       | 10 <input type="checkbox"/> Medical care                         |
| 5 <input type="checkbox"/> HIV/AIDS testing and/or counseling | 11 <input type="checkbox"/> Other (specify) _____                |
| 6 <input type="checkbox"/> Child care                         |  |

**40. Please indicate the frequency with which your program uses the following treatment approaches or techniques. (Check  one for each row)**

	never	occasionally	about half the time	often	always
a. Supportive group counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Confrontational therapies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Peer-led groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. 12-step meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Cognitive Approaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Behavioral Management Approaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Motivational Interviewing/Engagement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Social skill development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Family therapy, counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**40. (continued) Please indicate the frequency with which *your* program uses the following treatment approaches or techniques. (Check  *one* for each row)**

	never	occasionally	about half the time	often	always
j. Therapeutic community/milieu therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Individual drug counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Role playing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Case management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Other ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**41. To what extent do you agree or disagree with the following statements about your program? (Check  *one* for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. Staff members confront unacceptable behavior outside of individual and group counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Clients get increased privileges as they advance in the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Clients who violate the program rules receive a penalty or sanction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Program uses group settings involving the confrontation of negative behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Work is used as part of the therapeutic community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Program emphasizes problem-solving techniques to deal with frustration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Program explains the use of thought stopping techniques	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Program encourages clients to praise themselves for behaving well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Program helps clients practice saying no to drugs when they are offered	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Program helps clients to develop a plan to return to abstinence if they slip and use drugs or alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Program explains how to work the 12-step program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Program explains the reasons why the 12-steps work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Program discusses the barriers of 12-step programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Program discusses the goals and strategies of the 12-step program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Program explains the importance of working the 12-step program consistently	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**42. How often does your program employ role-playing in group sessions with offenders?**

- 1  Never
- 2  Once every 1-2 sessions
- 3  Once every 3-4 sessions
- 4  Once every 5 sessions
- 5  Every session

**43. On average, how frequently do participants take part in the following activities?  
(Check  one for each row)**

	never	monthly or less than monthly	2-3 times/month	weekly	3 or more times/week
a. Large group (>10 clients) sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Small group sessions (other than 12-step)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Individual counseling (45 minutes or more)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. 12-step meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**44. In your estimation, how often are program activities interrupted because of security or facility procedures (such as mail or food delivery, lock downs, bed checks, etc.) or, if you are in a community setting, because there are not enough correctional staff or security guards?**

- 1  Never
- 2  Occasionally
- 3  About half the time
- 4  Most of the time
- 5  All of the time
- 6  Unsure

**45. How often do offenders in your program either drop out or are terminated by program staff before completing a regimen of substance abuse services?**

- 1  Never
- 2  Occasionally
- 3  About half the time
- 4  Most of the time
- 5  All of the time
- 6  Unsure

**46. For the following reasons for non-completion, please indicate how frequently they apply to offenders who terminate or leave your program early. (Check  one for each row)**

	never	occasionally	about half the time	often	always
a. Moved to another facility/location (prison or other program)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Failure to show at all for the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Program could not meet needs of offender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Exhibited poor attitude/lack motivation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Missed too many treatment appointments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Positive drug tests or relapse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Broke program rules (including violence, sexual behavior, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Lack of transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Conflicts with work schedule	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Family conflicts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Arrest or probation/parole violation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Other ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**47. How many offenders with drug or alcohol problems are provided the following services/assistance at the time of release from your facility/location (if you work in a prison/jail) OR at the time they enter your facility/location in the community? (Check  one for each row)**

	none	less than half	about half	more than half	all	unsure
a. Referral to a substance abuse treatment program in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Pre-arranged appointment with community-based treatment programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Personal contact prior to discharge with community-based treatment program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Name and contact information of a 12-step sponsor/community sponsor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Personal contact prior to discharge with parole or probation agent who will be supervising the offender in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Referral to a vocational or educational program in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Personal contact prior to release with employer, vocational, or educational program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



## About Your Working Relationships

48. Please identify the level of involvement that your facility/location has with other organizations or offices on issues related to providing substance abuse services to offenders.  
 (Check  one for each row)

	Level of Involvement				
	no or little involvement	minimal involvement	moderate involvement	strong involvement	very strong involvement
a. Courts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. District attorney's office/prosecutors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Drug courts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Prisons/community based substance abuse treatment programs (Answer using the opposite setting in which you work)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Law enforcement agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Juvenile justice agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Mental health programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Health care programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Housing authority	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Faith-based organizations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Vocational/educational services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Victims organizations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Alternatives to Incarceration, Community Corrections Boards, or Task Forces	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

49. Below is a list of common activities between agencies. Please check all activities that apply to your working relationships with the judiciary, community corrections agencies, and community based treatment programs on issues specific to offender substance abuse treatment. *If you work in a community treatment program, do not complete the third column.* (Check  all that apply for each row)

	judiciary	community corrections	community based treatment programs
a. We share information on offender treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Our organizations employ similar requirements for program eligibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. We have written agreements providing space for substance abuse services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. We hold joint staffings/case reporting consultation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. We have developed joint policy and procedure manuals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Our organizations have pooled funding for offender substance abuse services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. We coordinate policies and procedures to accommodate each other's requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. We share budgetary oversight of treatment programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. We hold joint staff meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. We share operational oversight of treatment programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Our organizations cross-train staff on substance abuse issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. We have written protocols for sharing client information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

### About the Mission/Goals of Corrections

50. On a scale of 1 (unimportant) to 10 (very important), rate the importance of providing substance abuse treatment to offenders with drug problems (place number 1-10 in box).

in prison (1-10)

in community (1-10)

51. Below are examples of programs that may be offered to offenders in correctional settings. Using the scale shown, rate the importance of providing each program compared to substance abuse treatment. (Check  one for each row)

	much less important	slightly less important	same as substance abuse treatment	slightly more important	much more important
a. Education/GED	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. HIV/AIDS counseling and/or treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Mental health counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Vocational training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Life skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Transitional housing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Work assignments or work release (in prison/jail)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Community service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Criminal thinking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Job placement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

52. To what extent do you agree or disagree with the following statements about crime reduction? (Check  one for each row)

The best way to reduce crime is to . . .	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. Show people who use drugs they will be punished severely if they don't stop	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Make sure criminals get effective treatment for addictions and other problems while they're in prison/jail, or on supervision in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Keep criminals in prison/jail and off the streets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Use the "eye for an eye, tooth for a tooth" principle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Deter future offenders by severely punishing criminals who are caught and convicted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Provide criminals with treatment to address addiction, mental health problems, or other problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Make sure that the treatment provided is matched to the offender's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

52. (continued) To what extent do you agree or disagree with the following statements about crime reduction? (Check  one for each row)

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
h. Keep criminals in prison/jail where they can't bother law abiding citizens	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Provide more treatment, jobs, and educational programs to address problems that often contribute to crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Keep drug users in prison/jail and off the streets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Punish addicts in prison/jail to stop them from using drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Deter future criminals by severely punishing drug users who are caught and convicted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## About Your Work, Job, and Organization

In this section, please indicate the extent to which you agree or disagree with the following statements.

53. Working for your agency based on your experiences at this facility/location... (Check  one for each row)

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. I am quite proud to be able to tell people who it is that I work for	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. What this organization stands for is important to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I work for an organization that is incompetent and unable to accomplish its mission	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I feel a strong sense of belonging to this organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I feel like "part of the family" at this organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. The people I work for do not care about what happens to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. This organization appreciates my accomplishments on the job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. This organization does all that it can to recognize employees for good performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. My efforts on the job are largely ignored or overlooked by this organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**54. Your personal values and the values of the agency you work for... (Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. The things I value in life are very similar to the things that my organization values	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. My personal values match my organization's values and culture	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My organization's values and culture provide a good fit with the things that I value in life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**55. Ability to make changes in the facility/location in which you work... (Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. I've pretty much given up trying to make suggestions for improvements around here	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Changes to the usual way of doing things at this facility/location are more trouble than they are worth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. When we try to change things here they just seem to go from bad to worse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Efforts to make improvements in this facility/location usually fail	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Its hard to be hopeful about the future because people have such bad attitudes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**56. Emphasis and priority given to substance abuse treatment services in this facility/location... (Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. We are regularly kept informed about the effectiveness of our substance abuse treatment programs (e.g., through data on recidivism rates)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Managers emphasize the importance of evaluating our programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. There is a strong commitment to improving the quality of the substance abuse treatment programs we provide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Managers recognize and appreciate providing effective substance abuse treatment services to offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. There is a high level of leadership shown by management to improve the quality of our substance abuse treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**56. (continued) Emphasis and priority given to substance abuse treatment services in this facility/location... (Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
f. Senior administrators have respect for substance abuse treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. When things are being done in such a way that they compromise the delivery of substance abuse treatment services, managers step in and take action	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Correctional staff see the importance of the substance abuse treatment programs that treatment staff provide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Correctional staff have a good deal of respect for the work that the treatment staff do here	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Most correctional staff go out of their way to minimize interfering with substance abuse treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. A high value is placed on the job knowledge and skills of the treatment staff to provide effective addictions treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Staff are given the training they need to provide effective substance abuse treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Staff are given the necessary tools and means that they need in order to provide effective treatment services to offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Efforts to improve the quality of the substance abuse treatment services that are provided here are recognized and appreciated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**57. Correctional staff that work within your facility/location or with your clients... (Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
a. I feel concerned for correctional staff if they are under pressure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I understand the problems that correctional staff face in their jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Correctional staff in this facility/location are doing the best they can given the circumstances	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The correctional staff here work as hard as we do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Correctional staff play an important role in this facility/location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Correctional staff make realistic demands on treatment staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Correctional staff here work very well with treatment staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**57. (continued) Correctional staff that work within your facility/location or with your clients...  
(Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
<b>h.</b> The correctional staff at this facility/location work hard to make sure that substance treatment services are provided in an effective manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i.</b> Correctional staff here have respect for treatment staff and value what we do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**58. Substance abuse treatment services in your facility/location... (Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
<b>a.</b> Those in charge of substance abuse treatment programs are eager to hear ideas about how to improve substance abuse treatment practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> When staff have ideas about how to improve substance abuse treatment practices, they are able to influence those who make the final decisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> People are encouraged to make suggestions on how to improve substance abuse treatment practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> People feel confident that their suggestions for improving substance abuse treatment are given serious consideration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> It is easy to communicate upward to higher levels on issues concerning substance abuse treatment practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**59. Coordination between the different departments or units in this agency...  
(Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
<b>a.</b> The different activities of corrections and treatment staff around here fit together when it comes to providing offenders substance abuse treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> Staff from various interrelated departments in this agency make an effort to avoid creating problems or interfering with each other's duties and responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> People from different departments who have to work together do their jobs properly and efficiently without getting in each other's way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> Things run smoothly when it comes to providing offenders with substance abuse treatment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**59. (continued) Coordination between different departments or units in this agency...**  
**(Check  one for each row)**

	strongly disagree	disagree	neither disagree nor agree	agree	strongly agree
<b>e.</b> There is good coordination between my unit and others with whom I need to coordinate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f.</b> Staff from different departments in this agency work well with me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g.</b> Staff from other departments help out treatment staff in ways that keep things running smoothly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h.</b> Staff from different departments work together to solve problems involving substance abuse treatment services as they arise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**60. In an average month, how much time do you spend using the following resources to obtain information about interventions for offender populations? (Check  one for each row)**

	1 hour or less	2-5 hours	6-9 hours	10+ hours	unsure
<b>a.</b> Internet/World Wide Web	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> NIDA, CSAT, or other federal agency web sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Office of Justice Programs/National Institute of Corrections web sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> Journals, newsletters, or other professional publications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> Participation in professional development, such as courses, seminars, or workshops	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f.</b> Professional or provider association meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g.</b> Discussions with prison substance abuse counselors and administrators in my state	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h.</b> Discussions with prison substance abuse service administrators in other states or cities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



Please write any additional comments you have regarding organizational issues related to the delivery of treatment services for offenders in the space provided below.

**Thank you for your participation.**

**Please return your completed survey  
in the enclosed envelope to:**

**The National Criminal Justice Treatment Practices Survey  
c/o NORC  
1 North State Street, Suite 1600  
Chicago, IL 60602**

**For any questions, please contact 1-800-301-5802 or [carr-james@norc.org](mailto:carr-james@norc.org).**

**Please return by November 9, 2004**

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Case ID:

Main Disp:

**PROCESSING**

<b>Receipt</b>		<b>Editing</b>		<b>CADE</b>	
Initials	Date	Initials	Date	Initials	Date
<b>Ver. Adjust</b>		<b>Retrieval</b>		<b>Updates</b>	
Initials	Date	Initials	Date	Initials	Date