

ICPSR 31621

**Criminal Justice Drug Abuse
Treatment Studies (CJ-DATS):
Transitional Care Management
(TCM), Increasing Aftercare
Participation for Parolees,
2004-2008 [United States]**

Michael Prendergast
*University of California-Los Angeles. Pacific
Coast Research Center*

Data Collection Instrument for CJ DATS
Services Needed/Received 3-Month -- Part B

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

Terms of Use

The terms of use for this study can be found at:
<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/31621/terms>

Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE

WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

**Form 468B—CJ DATS Services Needed/Received
3-Month—PART B (Adult)**

Serial Number:

Study Number:

Site:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID #:	Name Code:	Date of Assessment:	(MM/DD/YYYY)	Interviewer ID:
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Treatment Phase: Baseline Case Management 3-Month FU 9-Month FU

Directions: For every "Yes" response to services "Received?" on the Services Needed/Received Form, please enter the names/code numbers of up to 5 service providers (location and phone number if possible), type of service received (from codes), and the number of units of each service type received. Units of service will vary with type of service (e.g., residential treatment = number of nights, counseling/outpatient services = number of sessions attended, etc.). Please use appropriate codes. Note: Service requires a face-to-face meeting of client and provider. Do NOT enter information for the following areas from the Services Needed/Received Form: General Life Skills (b), Leisure (j), and Internal Resources (k). For noting "Other" service code specifics - see page 10.

A. Recovery (Not 12-step/other self-help):

Provider/Agency (location/phone):	Service Code:	Units Received:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Residential Treatment	1	Nights
Outpatient Treatment (Individual)	2	Sessions
Outpatient Treatment (Group)	3	Sessions
Intensive Outpatient (Individual)	4	Sessions
Intensive Outpatient (Group)	5	Sessions
Methadone Maintenance	6	Visits
Detoxification (Inpatient)	7	Nights
Detoxification (Outpatient)	8	Sessions
Other - Specify Type of Service and Unit of Service Delivery	9	Specify (Page 10)

48090



Services Needed/Received 'B' (continued)

ID #:	Name Code:	Date of Session:	(MM/DD/YYYY)	Site:
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

C. Housing:

	Provider/Agency (location/phone):	Service Code:	Units Received:
1.	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/>	<input type="text"/>
2.	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/>	<input type="text"/>
3.	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/>	<input type="text"/>
4.	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/>	<input type="text"/>
5.	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/>	<input type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Shelter/Emergency Housing	1	Nights
Housing Assistance/Referral (Housing Authority, etc.)	2	Visits
Transportation Vouchers or Passes	3	Vouchers/Passes
Other - Specify Type of Service and Unit of Service Delivery	4	Specify (Page 10)

Please mark bubbles FULLY:

Correct

Incorrect



Services Needed/Received 'B' (continued)

ID #:	Name Code:	Date of Session:	(MM/DD/YYYY)	Site:
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

D. HIV/AIDS:

	Provider/Agency (location/phone):	Service Code:	Units Received:
1.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input style="width: 100%;" type="text"/>	<input type="text"/>	<input type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Testing	1	Visits
Counseling (Prevention)	2	Sessions
Counseling (Pre-post Testing)	3	Sessions
At Home Nursing Care	4	Days
Hospice Care	5	Nights
Other - Specify Type of Service and Unit of Service Delivery	6	Specify (Page 10)



Services Needed/Received 'B' (continued)

ID #: <input style="width: 100%; height: 20px;" type="text"/>	Name Code: <input style="width: 100%; height: 20px;" type="text"/>	Site: <input style="width: 100%; height: 20px;" type="text"/>
--	---	--

E. Physical Health:

Provider/Agency (location/phone):

Service Code:

Units Received:

1.		<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>
2.		<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>
3.		<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>
4.		<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>
5.		<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Emergency Room	1	Visits
Community Clinic/Urgent Care Clinic	2	Visits
Hospital Admission	3	Visits
Hospital Outpatient	4	Nights
Physician	5	Visits
Dental Care	6	Visits
Vison/Eye Care	7	Visits
Long Term Care/Rehabilitation	8	Nights
Other - Specify Type of Service and Unit of Service Delivery	9	Specify (Page 10)



Services Needed/Received 'B' (continued)

ID #: <input style="width: 100%; height: 20px;" type="text"/>	Name Code: <input style="width: 100%; height: 20px;" type="text"/>	Site: <input style="width: 100%; height: 20px;" type="text"/>
--	---	--

F. Mental Health:

Provider/Agency (location/phone):

Service Code:

Units Received:

1.		<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 60px; height: 25px;" type="text"/>
2.		<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 60px; height: 25px;" type="text"/>
3.		<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 60px; height: 25px;" type="text"/>
4.		<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 60px; height: 25px;" type="text"/>
5.		<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 60px; height: 25px;" type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Counseling (Individual)	1	Sessions
Counseling (Group)	2	Sessions
Emergency Room	3	Visits
Involuntary Psychiatric Unit Admission	4	Nights
Voluntary Psychiatric Unit Admission	5	Nights
Mental Health Clinic	6	Visits
Psychiatric Assessment	7	Sessions
Other - Specify Type of Service and Unit of Service Delivery	8	Specify (Page 10)



Services Needed/Received 'B' (continued)

ID #:	Name Code:	Site:												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

G. Relationship/Family:

Provider/Agency (location/phone):

Service Code:

Units Received:

1.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
2.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
3.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
4.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
5.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			

SERVICE	CODE #	TYPE OF UNIT
Anger Management	1	Sessions
Family/Marriage Counseling (Individual)	2	Sessions
Family/Marriage Counseling (Couple/Family)	3	Sessions
Parenting Classes	4	Sessions
Child Daycare	5	Days
Other - Specify Type of Service and Unit of Service Delivery	6	Specify (Page 10)



Services Needed/Received 'B' (continued)

ID #: <input style="width: 100%; height: 20px;" type="text"/>	Name Code: <input style="width: 100%; height: 20px;" type="text"/>	Site: <input style="width: 100%; height: 20px;" type="text"/>
--	---	--

H. Occupational/Educational:

Provider/Agency (location/phone):

Service Code:

Units Received:

1.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="text"/>
2.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="text"/>
3.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="text"/>
4.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="text"/>
5.		<input style="width: 30px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Job Counseling	1	Sessions
Department of Employment (referrals, placement etc.)	2	Visits
Job Training	3	Days
Education Counseling	4	Visits
Financial Aid Counseling	5	Sessions
Educational Placement Testing	6	Sessions
Other - Specify Type of Service and Unit of Service Delivery	7	Specify (Page 10)



Services Needed/Received 'B' (continued)

ID #: <input style="width: 100%; height: 20px;" type="text"/>	Name Code: <input style="width: 100%; height: 20px;" type="text"/>	Site: <input style="width: 100%; height: 20px;" type="text"/>
--	---	--

I. Financial/Entitlement:

	Provider/Agency (location/phone):	Service Code:	Units Received:
1.	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Welfare Office	1	Visits
Social Security Office	2	Visits
Financial Counseling	3	Visits
Other - Specify Type of Service and Unit of Service Delivery	4	Specify (Page 10)

<p>Please print <u>within</u> the boxes.</p>	<p>Correct <input style="width: 30px; height: 30px; text-align: center;" type="text" value="9"/></p>	<p>Incorrect <input style="width: 30px; height: 30px; text-align: center;" type="text" value="9"/></p>
--	--	--



Services Needed/Received 'B' (continued)

ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Site: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	---	--

L. Legal Assistance: (Note: Use for CIVIL legal matters only. The use of legal services in conjunction with criminal issues such as a current arrest or indictment DO NOT count for the purposes of this section.)

Provider/Agency (location/phone):

Service Code:

Units Received:

1.		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2.		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4.		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5.		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

SERVICE	CODE #	TYPE OF UNIT
Legal Aid Center	1	Visits
Private Lawyer	2	Visits
Other - Specify Type of Service and Unit of service Delivery	3	Specify (Page 10)

Please fill bubbles completely:



Services Needed/Received 'B' (continued)

ID #: <input style="width: 100%; height: 20px;" type="text"/>	Name Code: <input style="width: 100%; height: 20px;" type="text"/>	Site: <input style="width: 100%; height: 20px;" type="text"/>
--	---	--

For every "Other Service Code" on pages 1-5, please enter the service area letter (e.g., Recovery Services = A), Provider/Agency name, location and phone number, type of service delivered, unit in which the service was delivered, and number of units received by client

Service Area:	Provider/Agency (location/phone):	Type of Service:	Unit of Service:	Units Received:
1. <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2. <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3. <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4. <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5. <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

- | |
|---|
| A. Recovery (do not include 12-step, other self-help) |
| C. Housing/Transportation |
| D. HIV/AIDS |
| E. Physical Health |
| F. Mental Health |
| G. Relationship/Family |
| H. Occupational/Educational |
| I. Financial |
| L. Legal Assistance (Civil Matters) |

