



To: Cathy Ross
From: Mike Wylie
Date: April 13, 2017

Re: KASHBOX Program Evaluation

Overview

As part of the REPS-PSD contract, REPS was asked to evaluate the department's programs within the Correction Program Services Division (CPS). After interviewing several CPS program administrators, including Dr. Barry Coyne, Amy Jodar, and Larry Hales, REPS chose to move forward with an evaluation of the department's therapeutic community program, KASHBOX, that serves inmates with severe substance abuse problems. One of the primary reasons REPS chose KASHBOX for evaluation, instead of other CPS programs, was that the program administrator, both Larry Hales and Dwayne Kojima, fully bought into the goals of an evaluation. We believed that this component was crucial in a successful evaluation, and difficult to overcome when the obstacle existed.

KASHBOX is a residential therapeutic community focusing on residential substance abuse treatment. Therapeutic communities, when properly run, are considered an evidence-based practice in corrections. Within the community, substance abuse treatment is provided using the Department of Justice' RDAP curriculum. The acronym RDAP derives from "Residential Drug Abuse Program." RDAP materials are developed by The Change Companies® and consist of workbooks in the following areas:

- Orientation
- Rational Thinking
- Criminal Lifestyles
- Living With Others
- Lifestyle Balance
- Recovery Maintenance
- Transition

In addition to the workbooks used by participants, Facilitator Guides for each workbook are available. The KASHBOX Program has also developed lesson plans for areas contained in each workbook which it calls the *KASHBOX Program Curriculum and Lesson Plans*. The curriculum and learning activities look to be very good. However, in the current project no time was spent evaluating the Therapeutic Community or Substance Abuse treatment sessions.

Project Description

Linh Vuong, REPS Project Staff, began interviewing Larry Hales, Program Administrator for Substance Abuse (PASA) Services, in late May 2015, shortly before Larry's retirement. Larry had been interested in an external evaluation of KASHBOX for some time and understood the value an evaluation would bring in terms of program improvement. As Larry's retirement approached, he included Dwayne Kojima in conversations with REPS, which led to a seamless transition with respect to our the project described herein. Dwayne eventually became the new PASA.

Initially, the scope of work for evaluating KASHBOX was fairly narrow: REPS would evaluate program impacts using data ideally from the program. Unfortunately, the program collected little or no data on its participants, which prevented REPS from doing any kind of analytical or quantitative evaluation at the time. As a result, REPS did extensive review of therapeutic community approaches nationwide and found relevant validated evaluation tools from Texas Christian University's Institute of Behavioral Research (TCU-IBR). The original plan was only to insert a pre- and post-test into the KASHBOX program, which would then require REPS to wait at least one year before sufficient data would be gathered for evaluation. During this time, REPS developed a logic model describing the KASHBOX program (included as Appendix 1).

As REPS sought to gather additional information regarding KASHBOX participants, such as basic demographic information and background information, it became clear that the assessment tool the program currently used, a bio/psych/social tool, was insufficient. Responses were not standardized and questions were often vague, with many left unanswered. Around the same time, in a separate project, REPS was introducing a new assessment tool, also from TCU-IBR, to another PSD contracted substance abuse service from the Salvation Army. REPS introduced the TCU-IBR assessment tool to the PASA, who chose to replace the bio/psych/social tool with this new assessment. Both REPS and the PASA believed the new tool would improve the treatment provided but that counselors would need to be trained. The Comprehensive Intake Tool, the Pre-Test, and the Post-Test were computerized using a survey development application called Qualtrix®.

In order to help transition KASHBOX staff to these new tools and the computerized assessment, REPS developed a number of trainings, described below.

1. An initial all-day training was held at TSD on September 29, 2015. All KASHBOX staff attended, as well as a few members of the Salvation Army team. The training was divided into three main parts: 1) a discussion about why these new tools were important, and what program evaluation meant for the individuals in the room, 2) a question-by-question walk-through of the tools, and 3) a mock interview session where REPS team members paired up with attendees to go through the tools individually. Evaluations received back from the training expressed significant frustration with the new tools as well as a lack of understanding on how to proceed.
2. In response to feedback from the first training, REPS held a second all-day training at the KASHBOX facility at Waiawa on October 26, 2015. The goal of this second training was to set up a clear path forward and to spend more time with them going over the tool to help make them more comfortable. REPS staff helped staff set up their computers

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and showed them how to access the assessment tool. Evaluations from this training were positive. An example of a completed (paper copy) Comprehensive Intake Assessment is presented as Appendix 1.

3. A third training was held at KASHBOX on November 23, 2015. The goals were to 1) get feedback from staff after 3 weeks of interviews, 2) discuss the reports developed for counselors, and 3) observe assessments with inmates and certify counselors. However, the internet connection was down and REPS was not able to observe and certify. Most of the day was spent reviewing the reports that counselors would receive after an assessment was completed. The reports are included in Appendices 2, 3 & 4.
4. A final half-day training occurred on Jan 27, 2016, where REPS staff gave feedback on recorded interviews and observed in-person assessments. Most counselors received interview certification on this date.

Summary of Activities/Training Completed

REPS offered KASHBOX several products as a result of this effort. All data collected is accessible to staff via Qualtrics. Additionally, REPS developed a comprehensive summary report that was available to staff once assessments were completed. Ultimately, REPS intended to be able to publish a full evaluation of the program after one year of pre- and post-test data collection, around Fall or Winter of 2016.

- Worked cooperatively with PSD Substance Abuse Coordinator to provide a program evaluation framework for KASHBOX, an intensive long-term therapeutic community substance abuse treatment program located at WCF.
- Implemented the use of a structured, evidence-based background interview protocol (the Texas Christian University [TCU] Comprehensive Intake) for new KASHBOX enrollees to improve data quality.
- Implemented the use of an evidence-based measure of criminal traits and attitudes, the TCU Criminal Thinking Scales (CTS), before and after treatment.
- Implemented the use of the TCU Client Evaluation of Self and Treatment (CEST), a measure of treatment motivation, psychological functioning, social functioning, and client engagement, before and after treatment.
- Digitized all TCU measures using Qualtrics online survey software to improve data consistency, quality, and ease of use.
- Tested and adapted Qualtrics measures to improve functionality based on REPS staff and KASHBOX user feedback.
- Provided KASHBOX staff with approximately 14.5 hours of training on interview best practices, administration of the TCU Comprehensive Intake, CTS and CEST, and use of Qualtrics online survey software. Training occurred on three separate occasions and included two on-site trainings at the KASHBOX facility utilizing didactics techniques, role-play, and interview observations and feedback.
- With feedback from KASHBOX staff members, developed Qualtrics reports to display highlighted results of TCU measures in a user-friendly format.

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Survey Use and Administration.

Several weeks after the last training, REPS learned that KASHBOX counselors were not actually administering the survey as instructed. Rather, there was only one counselor administering the survey, not only to his own caseload, but at times for other counselors who were not doing the work. Evidently this continued over time. Recently when data was requested, the following reply was received from Jeffrey Hermes suggesting that survey procedures were not being systematically followed:

“Some things have been lost in communications over the year including motivation (severe staff shortages, loss of employees, loss to clerk) and an understanding of what we are doing. I.E. gathering information for a research project for Public Safety.” (Jan. 13, 2017)

It should be noted that the staff were distinctly informed that the project was NOT for research, rather it was implemented so that program evaluation data would be available to the PASA and other administrators.

In order to make the intake easier to administer, the Comprehensive Intake was divided into three separate sections on Qualtrics® so the intake did not have to be completed in one sitting (because Qualtrics didn't allow an option to save their progress and go back to where they left off). The problem with that is that it became hard to tell when an intake was completely done. It also appears to have resulted in a different number of completions for each section.

As of January 20, 2017, KASHBOX staff used the first part of the Comprehensive Intake 76 times since October of 2015. They've completed the second part 79 times, and the last part 78 times. They've done the pre-test 78 times and the post-test 11 times. The vast majority of the post-tests (10/11) were done on 1/12/17. One problem with that is that it becomes hard to tell when an intake was completely done. It also appears to have resulted in a different number of completions for each section. It also looks that about 13 people have had the last part of the intake completed since July yet were not entered on the Google sheet used to generate reports for KASHBOX and PASA.

Conclusions

Implementation. At this stage, several months after KASHBOX staff have been trained and certified, it seems unlikely that staff will administer the tools. Despite developing excellent rapport with KASHBOX staff, and having the full support of management, REPS faced significant challenges that will ultimately impede a successful program evaluation. They are described below.

Staff Competency. As evidenced by the number of trainings described above, REPS staff worked closely with KASHBOX counselors to both help explain the importance and value of program evaluation and to provide training. Through these efforts, it was clear that most of KASHBOX staff had no previous exposure to or understanding of best practices in their field of work. Beyond subject matter competency, there were general competency issues. For example, none of the counselors knew their email addresses, which then removed that as a

possible channel of communication). Many showed signs of computer illiteracy. It also does not seem that staff are using the reports created for them that contains helpful information that would help them in treatment provision.

Work Environment. Despite having support from management, it was incredibly difficult to get buy-in from staff. Staff repeatedly presented us with numerous obstacles that would prevent them from implementing the evaluation, ranging from inmates' abilities to respond to the questions, language barriers, lack of time, lack of resources, etc. REPS addressed all concerns presented throughout the course of our trainings, even offering additional trainings and resources. By the end of the last training, staff finally agreed that they were prepared to implement the evaluation.

To further compound this issue, there were major interpersonal conflicts amongst the KASHBOX team that severely hindered the work. There was animosity between counselors and between supervisors. We found that when the site supervisor instructed staff to do work, they would actually intentionally not do the task as assigned, often until the program administrator stepped in. Even then, it was only a temporary solution. One example of this had to do with REPS trainers request to see 10 of their current treatment plans. The plans were not provided until approximately 9 months later and only after a reminder of the request. Even then there was much confusion as to what exactly we needed and the reason for the request.

Recommendations

1. Move the Substance Abuse Program Administrator and Programs to the administrative auspices of the Health Care Division.
 - This allows MDs to work within the Substance Abuse programs.
 - Operate or Contract for Program Staff given the specificity of the curriculum
 - This gives the HCD the opportunity to hire CSAC certified staff and/or hire current staff who have CSAC competencies.
2. Do Selective Certification on all positions descriptions/new hires to require CSAC.
3. Consult with the staff's union on provision of training opportunities over a 3-7 year period which will require staff to be CSAC certified at the end of that time. Alternatively, individuals who do not qualify for positions in the HCD can be reassigned to the Residency Case Management Program.
4. Audit the Residential Therapeutic Community for conformance to the evidence-based model.
5. Provide regular monitoring of the KASHBOX substance abuse treatment sessions to see if they conform to the KASHBOX Program Curriculum and Lesson Plans as well as referenced exercises from The Change Companies® therapeutic workbooks.
6. REPS to provide monthly reports on the number of assessments completed to PASA, or transfer this responsibility to PASA.
7. Implement secure electronic medical records system to store and share data.
8. Create an initiative for KASHBOX to obtain accreditation by the National Commission on Correctional Health Care (NCCHC), or accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Appendices

1. KASHBOX Logic Model as developed by REPS
2. Comprehensive Intake Assessment (as completed for Inmate A1042878)
3. Summary Report from the Pre-Test Assessment
4. Pre-Test Scale Cheat Sheet: Criminal Thinking Scales; Treatment Motivation Scales; Psychological Functioning Scales; and Social Functioning Scales 0(as completed for Inmate A0247293).
5. Treatment Planning Score Sheet
6. KASHBOX Admit and Intake Report
7. PSD: TCU Comprehensive Intake, Criteria for Certification
8. NCCHC Statement on SA Tx

KASHBOX: A PSD (CPS-SA) program designed to reduce recidivism by addressing the needs of severe substance abuse users.

CONTEXT	TREATMENT	OUTPUTS	OUTCOMES	IMPACTS
<p>Participants</p> <ul style="list-style-type: none"> • 102 substance abuse offenders serving last two years of sentence <ul style="list-style-type: none"> ◦ meeting certain LSI-R and ASUS score criteria <p>Staff</p> <ul style="list-style-type: none"> • 8 primary counselors • 2 program managers • 1 program director • ACOs <p>Other</p> <ul style="list-style-type: none"> • Separate dorm • 9-12 months 	<p>Social learning community that teaches structure and accountability</p> <ul style="list-style-type: none"> • Regular routines • Formal lines of communication • Work crews with opportunity to become crew coordinator • Use of specific TC tools to reward /incentivize positive behaviors • Use of learning experiences to discourage negative behaviors <p>RDAP manualized curriculum designed to address linkage between substance abuse and criminal behavior</p> <ol style="list-style-type: none"> 0. Orientation: Why am I here and what will I get out of this? 1. Rational Thinking: How do my thoughts affect my behaviors and actions? How can I adjust/correct those thoughts? 2. Lifestyle balance: all parts of my life (relationships, physical and emotional health, work, community involvement) must be healthy to maintain recovery 3. Transition & Recovery Maintenance: What are the situations I should avoid and what will I do if I relapse? Who can I rely on to help me? <p>Counseling</p> <ul style="list-style-type: none"> • Motivational interviewing 	<p>PSD Certified LSI-R Trainers Program Completion</p> <ul style="list-style-type: none"> • Passes phase tests between each level (0-4) • Reasons for termination <p>Improved LSI-R scores</p> <p>Positive feedback from program staff and peers</p> <p>Client satisfaction survey to gauge likelihood of success after program</p> <ul style="list-style-type: none"> • Willingness to accept feedback; understands the role of feedback in recovery • Positive relationship with primary counselor • Transfer of external motivation to internal • Uses language of change 	<p>Improved social behavior</p> <ul style="list-style-type: none"> • Positive peers • Effective communicator • Anger management • Healthy relationships • Positive use of leisure time • Uses rational thinking <p>Reduced substance use</p> <p>Resiliency</p> <p>Meaningful employment</p> <p>Stable/happy housing</p> <ul style="list-style-type: none"> • Family reunification (if desired) • Success on furlough (if placed) 	<p>Reduced recidivism</p> <ul style="list-style-type: none"> • Offense severity • Sentence length • Ideally, no return

**State of Hawai'i
Dept of Public Safety
Substance Abuse Programs
Comprehensive Intake
Part 1**

The questions on this page can be filled in without questioning the client.

1. Interviewer (your) name:

Antonio Toafil

2. Client SID Number (8 characters, typically starts with A):

A1042878

3. Client Birthdate:

11/26/1979

4. Client Gender:

Female

Male

5. Which program is client participating in?

KASHBOX

CBIP

RIP

Other

5a. If other program, please specify.

This question was not displayed to the respondent.

6. Which county are the services taking place?

- Honolulu County
- Kauai County
- Maui County
- Hawaii County
- Out-of-State

7. Date of admission to KASHBOX

10/30/2015

[Read aloud to respondent.]

This interview usually takes a little over an hour to complete, depending partly on how clear and direct you can be in giving your answers. We have split the survey into three sections and I will be administering the first section now. If there is time today, we will continue to the next section, otherwise, we will continue another time.

In this section, I will be asking primarily about your personal and family background and your friends. It is very important that you be open and honest. Some questions may be sensitive or embarrassing to you, but they are important to help us understand your problems and plan your treatment. Your responses are protected under the same confidentiality guidelines that cover the rest of your participation at KASHBOX.

Do you have any questions before we start?

A1. What is your current age?

35

A2. What is your race, ethnicity, or origin? Select all that apply.

You may specify ethnicity(ies) or origin(s) below.

- White
- Black, African American
- Hispanic, Latino, or Spanish
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Prefer not to respond

A2a. If Asian, please specify ethnicity or origin (select all that apply):

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Pakistani
- Thai
- Vietnamese
- Other

A2b. If Native Hawaiian or Other Pacific Islander, please specify ethnicity or origin (select all that apply):

- Native Hawaiian/Part Hawaiian
- American Samoa
- Western Samoa
- Chamorro (i.e., Guam, Commonwealth of the Northern Mariana Islands, etc.)
- Federated States of Micronesia (FSM)
- Maori
- Republic of the Marshall Islands (RMI)
- Republic of Palau
- Tongan

Other Pacific Islander origins not listed above (e.g., Tahitian, Kiribati)

A2c. If Federated States of Micronesia (FSM), please specify ethnicity or origin:

This question was not displayed to the respondent.

A2d. Please specify race or ethnicity or origin.

[Read relevant examples as needed.]

For example:

If you select White, you may further specify German, Irish, Portuguese, Egyptian, etc.

If you selected Black or African-American, you may further specify Haitian, Nigerian, etc.

If you selected Hispanic, Latino, or Spanish, you may further specify Mexican, Puerto Rican, Cuban, etc.

If you selected American Indian or Alaska Native, you may further specify the name of your tribe: Navajo, Mayan, Inuit, etc.

This question was not displayed to the respondent.

A3. In what type of place were you living before entering prison?

- Your own house or apartment
- A family member's house or apartment ('ohana)
- Someone else's (not family) house or apartment
- In a shelter
- In a rooming house (i.e. daily/weekly rate)
- On the street/No regular place
- Another treatment program
- Other

A3a. If Other, please specify where you were living before entering prison:

This question was not displayed to the respondent.

A4. How long had you been living at that place?

Years

Months

Days

A5. Were you living at that place with a spouse or primary partner?

No

Yes

A6. How many children do you have?

A6a.

You said you have 1 child(ren).

How many of your children have (or had) their primary residence with you?

A6b. How many of your children receive (or have received) financial support from you?

A7. What is your current LEGAL marital status?

Never married

Legally married

Separated

Divorced

Widowed

A7a. How long have you been Never married?

This question was not displayed to the respondent

A8. What is the highest grade you have completed, not including a GED? Please include any college or

advanced degrees.

9th grade

A9. Have you –

	No	Yes
Graduated from high school?	<input checked="" type="radio"/>	<input type="radio"/>
Completed a vocational or technical training program?	<input checked="" type="radio"/>	<input type="radio"/>

A9a. Have you –

	No	Yes
Completed your GED?	<input checked="" type="radio"/>	<input type="radio"/>
Are you currently working on your GED or any type of vocational/technical training degree?	<input type="radio"/>	<input checked="" type="radio"/>

A10. Do you have a current, valid driver's license?

- No
- Yes

A11.

During most of the last 6 months before entering prison, which of the following best describes your employment status?

[Hand Employment Card – Card A to respondent.]

- 1. Employed full time (35+ hours per week)
- 2. Employed part time
- 3. Unemployed, looking for work
- 4. Unemployed, disabled
- 5. Unemployed, volunteer work
- 6. Unemployed, retired
- 7. Unemployed, not looking for work
- 8. Unemployed, in school
- 9. Homemaker

10. Other

We are finished with that card, so I'll put it away.

[Take back response card]

A11a. Please specify other employment status:

This question was not displayed to the respondent.

A12. What were all the different sources of financial support you had during the last 6 months before entering prison?

[Hand Financial Support Card – Card B to respondent]

During how many of those 6 months were you supported by [source of financial support]?

[Enter # of months between 0-6]

1. Your job or employment?	<input type="text" value="3"/>
2. Your spouse or ex-spouse (including child support)?	<input type="text" value="0"/>
3. A sexual partner (other than a spouse) or a friend?	<input type="text" value="0"/>
4. Your family?	<input type="text" value="0"/>
5. Unemployment compensation (for being laid off)?	<input type="text" value="0"/>
6. Retirement?	<input type="text" value="0"/>
7. Disability?	<input type="text" value="0"/>
8. Welfare or public assistance (food stamps, housing assistance, AFDC, TANF, general relief, Medicaid, SSI)?	<input type="text" value="0"/>
9. Selling drugs	<input type="text" value="2"/>
10. Selling or trading sex (prostitution)?	<input type="text" value="0"/>
11. Any other kind of illegal activities (other than prostitution or drugs)?	<input type="text" value="0"/>
12. Jail/prison, residential treatment program, or hospital?	<input type="text" value="0"/>
13. Anything else?	<input type="text" value="0"/>

A12a. If any other source of financial support, please specify:

This question was not displayed to the respondent.

A13.

Which one of these was your major (or largest) source of support during those 6 months?

- your job or employment?
- your spouse or ex-spouse (including child support)?
- a sexual partner (other than a spouse) or a friend?
- your family?
- unemployment compensation (for being laid off)?
- retirement?
- disability?
- welfare or public assistance (food stamps, housing assistance, AFDC, TANF, general relief, Medicaid, SSI)?
- selling drugs
- selling or trading sex (prostitution)?
- any other kind of illegal activities (other than prostitution or drugs)?
- jail/prison, residential treatment program, or hospital?
-

We are finished with that card, so I'll put it away.

[Take back response card]

Next, I would like to get some information about your relationships with your FAMILY – that is, parents, brothers/sisters, grandparents, aunts/uncles – during the last 6 months before entering prison. I am going to read several statements to you.

B1. Did you see any family in the last 6 months before entering prison?

- No
- Yes

B2. Why did you not see anyone from your family during that time? [Record verbatim]

Immediate family is deceased

[Hand Statement Response Card – Card F to respondent]

Please look at the card and tell me how strongly you agree or disagree.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
You got along together.	<input type="radio"/>				
You really enjoyed being together.	<input type="radio"/>				
You drank together.	<input type="radio"/>				
You got drunk together.	<input type="radio"/>				
You used other (illegal) drugs together.	<input type="radio"/>				
You had serious talks about each other's interests and needs.	<input type="radio"/>				
You helped each other with problems.	<input type="radio"/>				
You got blamed or fussed at about things YOU did or did not do.	<input type="radio"/>				
You had disagreements.	<input type="radio"/>				
You had big arguments or fights.	<input type="radio"/>				

Now I want to ask a few questions about the FRIENDS you had during the 6 months before you entered prison. Please look at the card and tell me how strongly you agree or disagree.

[FRIENDS = People you usually spent your time with during those 6 months]

C1. Click to write the question text

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
They worked regularly on a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
They felt hopeful about their future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
They spend time with their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
They liked being with their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
They got into loud arguments or fights.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They got drunk.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They used other (illegal) drugs.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They traded, sold, or dealt drugs.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They did other things against	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

the law.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They spent time with "gangs".	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They got arrested or had problems with the law.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished with that card, so I'll put it away.

[Take back response card.]

C2. Before entering prison, had you ever been a gang member?

- No
- Yes

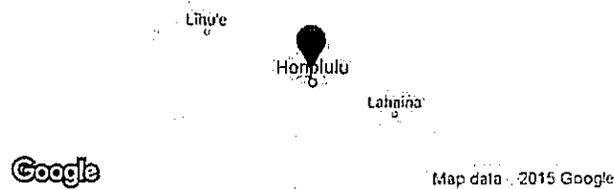
C2a. Are you currently a gang member?

- No
- Yes

Location Data

Location: (21.362899780273, -157.87269592285)

Source: GeoIP Estimation



**State of Hawai'i
Dept of Public Safety
Substance Abuse Programs
Comprehensive Intake
Part 2**

The questions on this page can be filled in without questioning the client.

1. Interviewer (your) name:

antonio Toafli

2. Client SID Number (8 characters, typically starts with A):

A1042878

[Read aloud to respondent.]

In this section, I will be asking primarily about your criminal and legal involvement, and your health. Many of my questions will refer to the "last 6 months" or the "last 30 days"— *that is that time before entering prison.*

It is very important that you be open and honest. Some questions may be sensitive or embarrassing to you, but they are important to help us understand your problems and plan your treatment. Your responses are protected under the same confidentiality guidelines that cover the rest of your participation at KASHBOX.

Do you have any questions before we start?

Tell me about your past ARRESTS – that is, the number of times and reasons.

["Arrested" means taken into custody or to police station]

D1. Altogether, about how many TIMES during your life have you ever been arrested?

30

D2.

About how many of these arrests were for things you did while using drugs or trying to get drugs?

15

D3. How old were you the first time you were arrested?

19

D3a. How many times were you arrested before you turned 18?

This question was not displayed to the respondent.

D4.

[Hand Crime Card -- Card C to respondent]

Look at this card and tell me how many times you were **EVER ARRESTED** for each of the reasons listed.

- | | |
|---|--------------------------------|
| [1]. Public intoxication from drinking alcohol? | <input type="text" value="0"/> |
| [2]. DW/DUI from drinking alcohol? | <input type="text" value="0"/> |
| [3]. Use of illegal drugs? (possession) | <input type="text" value="0"/> |
| [4]. Possession with intent to distribute? | <input type="text" value="0"/> |
| [5]. Possession of drug paraphernalia? | <input type="text" value="0"/> |
| [6]. Manufacturing of drugs (growing, chemical lab)? | <input type="text" value="0"/> |
| [7]. Sale or distribution of any drugs (not counting drug use or possession)? | <input type="text" value="0"/> |
| [8]. Forgery or fraud (writing bad checks, running con games)? | <input type="text" value="0"/> |
| [9]. Fencing or buying/receiving stolen property? | <input type="text" value="0"/> |
| [10]. Gambling, running numbers, or bookmaking? | <input type="text" value="0"/> |
| [11]. Prostitution or pimping? | <input type="text" value="0"/> |

[12]. Burglary or auto theft?	<input type="text" value="0"/>
[13]. Other theft (larceny, shoplifting)?	<input type="text" value="2"/>
[14]. Robbery (armed robbery, mugging)?	<input type="text" value="0"/>
[15]. Violence against other persons (homicide, aggravated assault, kidnapping, etc.)? [Does NOT include rape.]	<input type="text" value="0"/>
[16]. Arson offenses?	<input type="text" value="0"/>
[17]. Weapons offenses?	<input type="text" value="0"/>
[18]. Vandalism, vagrancy, loitering?	<input type="text" value="0"/>
[19]. Sex offenses (rape, aggravated sexual assault, indecent exposure)?	<input type="text" value="0"/>
[20]. Probation/Parole Violation	<input type="text" value="4"/>
[21]. Others not listed?	<input type="text" value="24"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">contempt of court</div>	
Total	<input type="text"/>

Interviewee indicated **30** lifetime arrests. Please make sure the total at the end of this question is AT LEAST that many. [It is ok if the client remembers he has had more arrests when presented with this list.]

D5. What about in the LAST 6 MONTHS before entering prison?

How much of your income or source of support during that time came from some kind of illegal activity?

- None
- Less than half
- About Half
- More than half
- All

D6. Altogether, how many TIMES were you arrested during that time?

D7.

Tell me how many times you were **ARRESTED IN THE LAST 6 MONTHS** for each of the reasons listed.

[1]. Public intoxication from drinking alcohol?	<input type="checkbox"/>
[2]. DW/DUI from drinking alcohol?	<input type="checkbox"/>
[3]. Use of illegal drugs? (possession)	<input type="checkbox"/>
[4]. Possession with intent to distribute?	<input type="checkbox"/>
[5]. Possession of drug paraphernalia?	<input type="checkbox"/>
[6]. Manufacturing of drugs (growing, chemical lab)?	<input type="checkbox"/>
[7]. Sale or distribution of any drugs (not counting drug use or possession)?	<input type="checkbox"/>
[8]. Forgery or fraud (writing bad checks, running con games)?	<input type="checkbox"/>
[9]. Fencing or buying/receiving stolen property?	<input type="checkbox"/>
[10]. Gambling, running numbers, or bookmaking?	<input type="checkbox"/>
[11]. Prostitution or pimping?	<input type="checkbox"/>
[12]. Burglary or auto theft?	<input type="checkbox"/>
[13]. Other theft (larceny, shoplifting)?	<input type="checkbox"/>
[14]. Robbery (armed robbery, mugging)?	<input type="checkbox"/>
[15]. Violence against other persons (homicide, aggravated assault, kidnapping, etc.)? [Does NOT include rape.]	<input type="checkbox"/>
[16]. Arson offenses?	<input type="checkbox"/>
[17]. Weapons offenses	<input type="checkbox"/>
[18]. Vandallism, vagrancy, loitering?	<input type="checkbox"/>
[19]. Sex offenses (rape, aggravated sexual assault, indecent exposure)?	<input type="checkbox"/>
[20]. Probation/Parole Violation	<input type="checkbox"/>
[21]. Others not listed?	<input type="checkbox"/>
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="checkbox"/>
Total	<input type="checkbox"/>

. Interviewee indicated **1** arrests in the last 6 months. Please make sure the total at the question above is **at least** this number. [It is ok if the client remembers he has had more arrests when presented with

this list.]

D8.

Now tell me about the **LAST 30 DAYS** before entering prison.

How many days of those 30 DAYS were you involved in any kind of activities that were against the law? The activities we are talking about are listed on the card.

D9.

How many different days (in the last 30 days before entering prison) were you involved in each category of illegal activities listed on the card?

[1]. Public intoxication from drinking alcohol?	<input type="text" value="0"/>
[2]. DW/DUI from drinking alcohol?	<input type="text" value="1"/>
[3]. Use of illegal drugs? (possession)	<input type="text" value="30"/>
[4]. Possession with intent to distribute?	<input type="text" value="30"/>
[5]. Possession of drug paraphernalia?	<input type="text" value="30"/>
[6]. Manufacturing of drugs (growing, chemical lab)?	<input type="text" value="0"/>
[7]. Sale or distribution of any drugs (not counting drug use or possession)?	<input type="text" value="30"/>
[8]. Forgery or fraud (writing bad checks, running con games)?	<input type="text" value="0"/>
[9]. Fencing or buying/receiving stolen property?	<input type="text" value="0"/>
[10]. Gambling, running numbers, or bookmaking?	<input type="text" value="0"/>
[11]. Prostitution or pimping?	<input type="text" value="0"/>
[12]. Burglary or auto theft?	<input type="text" value="0"/>
[13]. Other theft (larceny, shoplifting)?	<input type="text" value="0"/>
[14]. Robbery (armed robbery, mugging)?	<input type="text" value="0"/>
[15]. Violence against other persons (homicide, aggravated assault, kidnapping, etc.)? [Does NOT include rape.]	<input type="text" value="0"/>
[16]. Arson offenses?	<input type="text" value="0"/>
[17]. Weapons offenses	<input type="text" value="0"/>
[18]. Vandalism, vagrancy, loitering?	<input type="text" value="0"/>
[19]. Sex offenses (rape, aggravated sexual assault, indecent exposure)?	<input type="text" value="0"/>
[20]. Probation/Parole Violation	<input type="text" value="1"/>
[21]. Others not listed?	<input type="text" value="0"/>

Total

D10. How many TIMES in the last 30 days before entering prison were you arrested?

[Include the most current arrest that led to this treatment.]

1

We are finished with that card, so I'll put it away.

[Take back response card.]

D11.

[If you are certain of this response, fill in answer without asking client.]

Are you currently locked-up (e.g., in prison)?

- No
 Yes

D11a. How long have you been in this lock-up facility?

Years	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Months	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Days	<div style="border: 1px solid black; padding: 2px;">7</div>

D11b.

How long have you been locked-up this time (include time in all facilities)?

Years	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Months	<div style="border: 1px solid black; padding: 2px;">7</div>

Days

D11c.

Before entering this treatment, had you received any other drug treatment since you have been locked up this time?

- No
 Yes

D11d.

[If client is currently in treatment, fill in answer without asking client.]

Are you currently in a drug treatment program?

- No
 Yes

D11e. How long have you been in your current treatment program?

Years
Months
Days

D12.

How many different TIMES during your whole life have you ever been in JAIL, PRISON, OR JUVENILE LOCKUP?

["in jail or prison" means locked behind bars]

D13. How old were you the first time you were in jail, prison, or juvenile lock-up?

D14. Altogether, how much time have you ever spent in jail, prison, or juvenile lock-up?

Years
Months
Days

D15. Were you "transferred" here from jail or prison just before you started this treatment program?

- No
 Yes

D15a. Where were you transferred from?

Halawa

D15b. How long had you been at that facility?

Years
Months
Days

D15c. What are the major charges from this current sentence?

[Record verbatim]

UCPV

D16.

In the last 6 months before entering prison, how many TIMES were you in jail or prison?

D17.

Altogether, on how many DAYS did you spend time in jail or prison during those 6 months?

This question was not displayed to the respondent.

D18.

And what about the last 30 days (of that period)?

That is, on how many of those 30 DAYS did you spend any time in jail or prison?

This question was not displayed to the respondent.

D19. What is your **CURRENT LEGAL STATUS?**

- None
- Currently Incarcerated
- Currently Incarcerated, on work furlough
- Currently Incarcerated, on probation with jail/prison sentence
- On probation with no jail/prison sentence
- On parole
- On pretrial release (awaiting charge, trial, or sentence)
- Other

D19a. Please specify "other" current legal status.

This question was not displayed to the respondent.

D20. Have you ever been under legal supervision?

This question was not displayed to the respondent.

D20a. How long have you been off legal supervision?

This question was not displayed to the respondent.

D21.

When does your current supervision (parole/probation, incarceration) end?

[Enter this value as MM/DD/YYYY.

If the day is unknown, please use 01; but month and year must be entered.

If on "lifetime parole", enter "12/01/1990"]

05/1/2018

E1. How would you rate your overall health right now?

- Poor
- Fair
- Good
- Very Good
- Excellent

E2.

Not counting the effects from alcohol or other drug use, in your lifetime have you ever experienced-

	Response	
	No	Yes
a lot of physical pain or discomfort?	<input type="radio"/>	<input checked="" type="radio"/>
serious depression	<input type="radio"/>	<input checked="" type="radio"/>
serious anxiety or tension	<input type="radio"/>	<input checked="" type="radio"/>
hallucinations (hearing or seeing things that others thought were imaginary)?	<input checked="" type="radio"/>	<input type="radio"/>
trouble understanding, concentrating, or remembering?	<input type="radio"/>	<input checked="" type="radio"/>
trouble controlling violent behavior?	<input checked="" type="radio"/>	<input type="radio"/>
serious thoughts of suicide?	<input checked="" type="radio"/>	<input type="radio"/>
attempts at suicide?	<input checked="" type="radio"/>	<input type="radio"/>

E3.

Not counting the effects from alcohol or other drug use, in the past 30 days have you ever experienced-

	Response	
	No	Yes
a lot of physical pain or discomfort?	<input checked="" type="radio"/>	<input type="radio"/>
serious depression	<input checked="" type="radio"/>	<input type="radio"/>
serious anxiety or tension	<input checked="" type="radio"/>	<input type="radio"/>
hallucinations (hearing or seeing things that others thought were imaginary)?	<input checked="" type="radio"/>	<input type="radio"/>
trouble understanding, concentrating, or remembering?	<input checked="" type="radio"/>	<input type="radio"/>
trouble controlling violent behavior?	<input checked="" type="radio"/>	<input type="radio"/>
serious thoughts of suicide?	<input checked="" type="radio"/>	<input type="radio"/>
attempts at suicide?	<input checked="" type="radio"/>	<input type="radio"/>

E3a.

How much have you been bothered by these problems in the past 30 days?

This question was not displayed to the respondent.

E4. During the 6 months before you entered prison -

	Response	
	No	Yes
Were you attacked with a weapon, beaten, sexually abused, or emotionally abused?	<input type="radio"/>	<input type="radio"/>
Did you have an argument in which you physically or verbally threatened someone?	<input type="radio"/>	<input type="radio"/>

E5. How many times have you given birth?

[Select N/A if respondent is male.]

N/A

E5a.

How many of these times was the baby born early or with health problems?

This question was not displayed to the respondent.

E6.

How many times in your life have you been hospitalized for psychiatric problems?

E7. How many times in your life have you been hospitalized for other health problems?

E8. During the past 30 days, did you receive Inpatient treatment for the following?

[Inpatient includes infirmary, specialized mental health housing unit, or any substance abuse unit.]

Response

#YES:

	No	Yes	Altogether, how many nights?
Physical complaint	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

E9. During the past 30 days, did you receive Outpatient treatment visit for the following?

[Outpatient includes health care unit visit or a cell-front visit.]

	Response		If YES:
	No	Yes	Altogether, how many nights?
Physical complaint	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

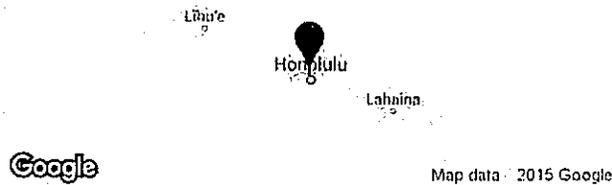
E10. During the past 30 days, did you receive Emergency Room treatment for the following?

	Response: No/Yes		If YES:
	No	Yes	Altogether, how many nights?
Physical complaint	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Location Data

Location: (21.362899780273, -157.87269592285)

Source: GeoIP Estimation



**State of Hawai'i
Dept of Public Safety
Substance Abuse Programs
Comprehensive Intake
Part 3**

The questions on this page can be filled in without questioning the client.

1. Interviewer (your) name:

Antonio Toafili

2. Client SID Number (8 characters, typically starts with A):

A1042878

[Read aloud to respondent.]

In this section, I will be asking primarily about your drug use history. When I ask about "other drugs" besides alcohol, I mean the use of any illegal drugs or anything else taken without a doctor's prescription. Many of my questions will refer to the "last 6 months" or the "last 30 days" – *that is that time before entering jail or prison.*

It is very important that you be open and honest. Some questions may be sensitive or embarrassing to you, but they are important to help us understand your problems and plan your treatment. Your responses are protected under the same confidentiality guidelines that cover the rest of your participation at KASHBOX.

Do you have any questions before we start?

F1.

[Hand Drug Card – Card D to respondent.]

Look over this list of drugs and please choose up to three drugs that have caused you the most serious

problems before you entered this treatment.

Which is the first most serious?
 Which, if any, is the second most serious?
 Which, if any, is the third most serious?

[Drag ONE item into each box.]

Items	First Most Serious
Alcohol	Methamphetamine/Speed/Ice/ Ecstasy/Crystal 1
Inhalants (glue, spray, paint, toluene, liquid paper, etc.)	
Hallucinogens/LSD/Psychedelics/ PCP/Mushrooms/Peyote	
Crack/Freebase	Tobacco 1
Cocaine (by itself)	
Heroin and Cocaine (mixed together)	
Heroin (by itself)	
Street Methadone (non-prescription)	
Other Opiates/Oplum/Morphine/ Demerol/Dilaudid/Percodan/ Vicodin/Oxycotin	
Other Amphetamines/Uppers/Diet Pills	Third Most Serious
Librium/Valium/Minor Tranquillizers	Marijuana/Hashish (Pakalolo) 1
Barbiturates	
Other Sedatives/Hypnotics/Quaalude	
Non-prescription GHB	
Ketamine	
Other (specify) <input type="text"/>	

F2.

For each drug that you have EVER USED (for non-medical use), tell me how old you were the first time you ever tried it (i.e., of your own choice).

[Record age below]

- | | |
|---|---------------------------------|
| 1. Alcohol | <input type="text" value="12"/> |
| 2. Tobacco | <input type="text" value="12"/> |
| 3. Inhalants (glue, spray paint, toluene, liquid paper, etc.) | <input type="text" value="12"/> |
| 4. Marijuana/Hashish (Pakalolo) | <input type="text" value="0"/> |
| 5. Hallucinogens/LSD/Psychedelics/PCP/Mushrooms/Peyote | <input type="text" value="0"/> |
| 6. Crack/Freebase | <input type="text" value="22"/> |
| 7. Cocaine (by itself) | <input type="text" value="22"/> |

- | | |
|--|---------------------------------|
| 8. <u>Heroin and Cocaine</u> (mixed together) | <input type="text" value="0"/> |
| 9. <u>Heroin</u> (by itself) | <input type="text" value="0"/> |
| 10. <u>Street Methadone</u> (non-prescription) | <input type="text" value="0"/> |
| 11. <u>Other Opiates</u> /Opium/Morphine/Demerol/Dilaudid/Percodan/Micodoln/Oxycotin | <input type="text" value="0"/> |
| 12. <u>Methamphetamine</u> /Speed/Ice/Ecstasy/Crystal | <input type="text" value="19"/> |
| 13. <u>Other Amphetamines</u> /Uppers/Diet Pills | <input type="text" value="0"/> |
| 14. Librium/Valium/Minor Tranquillizers | <input type="text" value="0"/> |
| 15. <u>Barbiturates</u> | <input type="text" value="0"/> |
| 16. <u>Other Sedatives</u> /Hypnotics/Quaaludes | <input type="text" value="0"/> |
| 17. <u>Non-prescription GHB</u> | <input type="text" value="0"/> |
| 18. <u>Ketamine</u> | <input type="text" value="0"/> |

We are finished with that card, so I'll put it away.

[Take back response card.]

F2a. Have you used other drugs that are not listed on that card?

- Yes
 No

Please specify other drugs used and the age of first use.

	Other drugs	Other drugs	Did you ever inject this drug?	
	Name of drug	Age of first use	No	Yes
Other drug	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Other drug 2	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Other drug 3	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

F2c.

[Hand Frequency of Use Card – Card E to respondent]

Using answers from this card, tell me how often during the LAST 6 MONTHS before entering prison you used each drug.

Frequency

1. Alcohol

5. About 2-6 times per WEEK

2. <u>Tobacco</u>	8. About 4 or more times per DAY
3. <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.)	0. Never/Not Used
4. <u>Marijuana/Hashish</u> (Pakalolo)	
5. <u>Hallucinogens/LSD/Psychedelics/PCP/Mushrooms/Peyote</u>	
6. <u>Crack/Freebase</u>	0. Never/Not Used
7. <u>Cocaine</u> (by itself)	0. Never/Not Used
8. <u>Heroin and Cocaine</u> (mixed together)	
9. <u>Heroin</u> (by itself)	
10. <u>Street Methadone</u> (non-prescription)	
11. <u>Other Opiates/Oplum/Morphine/Demerol/Dilaudid/Percodan/Vlocodin/Oxycotin</u>	
12. <u>Methamphetamine/Speed/ice/Ecstasy/Crystal</u>	3. About 2-3 times per MONTH
13. <u>Other Amphetamines/Uppers/Diet Pills</u>	
14. <u>Librium/Vallium/Minor Tranquilizers</u>	
15. <u>Barbiturates</u>	
16. <u>Other Sedatives/Hypnotics/Quaaludes</u>	
17. <u>Non-prescription GHB</u>	
18. <u>Ketamine</u>	
19a.	
19b.	
19c.	

F2d. In the LAST 30 DAYS before entering prison, how often did you use these drugs?

	Frequency
1. <u>Alcohol</u>	5. About 2-6 times per WEEK
2. <u>Tobacco</u>	8. About 4 or more times per DAY
3. <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.)	0. Never/Not Used
4. <u>Marijuana/Hashish</u> (Pakalolo)	
5. <u>Hallucinogens/LSD/Psychedelics/PCP/Mushrooms/Peyote</u>	

6. <u>Crack/Freebase</u>	0. Never/Not Used
7. <u>Cocaine</u> (by itself)	0. Never/Not Used
8. <u>Heroin and Cocaine</u> (mixed together)	
9. <u>Heroin</u> (by itself)	
10. <u>Street Methadone</u> (non-prescription)	
11. <u>Other</u> Opiates/Opium/Morphine/Demerol/Dilaudid/Percodan/Vicodin/Oxycotin	
12. <u>Methamphetamine/Speed/Ice/Ecstasy/Crystal</u>	3. About 2-3 times per MONTH
13. <u>Other Amphetamines/Uppers/Diet Pills</u>	
14. Librium/Vallium/Minor Tranquillizers	
15. <u>Barbiturates</u>	
16. <u>Other Sedatives/Hypnotics/Quaaludes</u>	
17. <u>Non-prescription GHB</u>	
18. <u>Ketamine</u>	
19a.	
19b.	
19c.	

Q77. Have you ever injected any of these drugs?

- No
 Yes

F2e.

How old were you the first time you injected (drug name)?
[Write 0 if never injected]

This question was not displayed to this respondent.

In the last 30 days before entering prison, how often did you INJECT these drugs?

Frequency

We are finished with that card, so I'll put it away.

[Take back response card.]

. Tell me about your ALCOHOL USE in the last 30 days before entering prison.

F3.

Altogether, on how many of those last 30 days before entering prison did you drink any beer, wine, wine coolers, or hard liquor?

["hard liquor" includes whiskey, rum, vodka, gin, etc.]

6

F3a. On how many of those 30 days did you drink any BEER?

6

F3b.

How many cans or bottles of beer did you generally drink on each of those days?

[Record verbatim, probe for size of can or bottle]

6 beers

F3c. On how many of those 30 days did you drink any WINE?

0

F3d.

How much wine did you generally drink on each of those days?

[Record verbatim, probe for amount and type. indicate whether wine or wine cooler.]

This question was not displayed to the respondent.

F3e. On how many of those 30 days did you drink any **HARD LIQUOR**, such as whiskey, rum, vodka, gin, etc?

0

F3f.

How many drinks (or bottles) of hard liquor did you generally drink on each of those days?
[Usually a "drink" is 1.5 oz. (shotglass) of liquor; record verbatim. probe for amount and type or proof of liquor]

This question was not displayed to the respondent.

F3g. What about your **PATTERN** of drinking in the last 30 days before entering prison -

	# of days
On how many of those days did you have a drink as soon as you woke up in the morning -- that is, before eating or going to work/school?	0
On how many days did you have any shakes or tremors because you needed a drink?	0
On how many days did you drink more alcohol than you really intended or wanted to?	0
On how many of those days did you ever have 3 or more drinks within a 1-hour period? [A "drink" is equal to a 12-oz. bottle of beer, a mixed drink, a "shot" glass (1.5 oz.) of hard liquor, or a glass of wine.]	1

. Think about the last 6 months before entering prison and tell me how often your use of alcohol or other drugs caused PROBLEMS for you.

F4.

[Hand Statement Response Card -- Card F to respondent.]

Please tell me how much you agree or disagree with each of the following statements about alcohol use. Your alcohol use has affected...

[Complete "Alcohol Use" questions]

Please tell me how much you agree or disagree with each of the following statements about other drug use. Your other drug use has affected...

[Complete "Other Drug Use" questions]

	Alcohol Use					Other Drug Use				
	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
your physical health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your relations with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your general attitude or emotional health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your attention and concentration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
going to work or finding a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
money and finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fight or arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
police or legal trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished with that card, so I'll put it away.

[Take back response card.]

F5. How many times have you ever overdosed on drugs?

F5a. How long has it been since the last time?

This question was not displayed to the respondent

F5b. How many times have you intentionally overdosed on drugs?

This question was not displayed to the respondent

F6. How many TIMES have you ever quit alcohol or any other drugs for at least 3 months or longer?

10

F6a. How many times did you quit –

[Enter number of times.]

on your own "cold turkey"? 3
in a treatment program? 7
in jail/prison? 0
some other way? na
Enter NA if not applicable

F6b. Please specify some other way of quitting.

This question was not displayed to the respondent.

F6c. What is the longest time you were ever able to stay clean?

3 years

F7. How many TIMES before now have you ever been in a drug abuse treatment program?

[Do not include treatments that were only for alcohol problems]

4

F7a. What kinds of treatment? How many TIMES have you been in –

[Enter 0 if none.]

	Times Entered
(1) <u>Inpatient treatment</u> (in a hospital setting)?	4
(2) <u>Residential/therapeutic</u> community?	2
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?	0
(4) <u>Outpatient drug-free</u> ?	0

(5) Outpatient methadone?

(6) Other?

F7b. Please ask the following for each item.

	How old were you the first time you entered the following types of treatment? Enter Age	Altogether, how many months have you been treated in this type of treatment? Enter # of months treated
(1) Inpatient treatment (in a hospital setting)?	<input type="text" value="26"/>	<input type="text" value="6"/>
(2) Residential/therapeutic community?	<input type="text" value="28"/>	<input type="text" value="2"/>
(3) Other institutional treatment (such as VA or state hospital or In-prison program)?	<input type="text"/>	<input type="text"/>
(4) Outpatient drug-free?	<input type="text"/>	<input type="text"/>
(5) Outpatient methadone?	<input type="text"/>	<input type="text"/>
(6)	<input type="text"/>	<input type="text"/>

F8.

Before now, how long has it been since the last time you were in a treatment program for drug problems? How many months has it been?

F9. And which treatment program was that?

Residential/Therapeutic community

F9a. Name and location of last treatment:

F10. Who was mainly responsible for you entering your current drug treatment?

- Judge
- Court officer
- Substance Abuse Referral unit
- Parole Board
- Other criminal justice officer
- Other

F10a. Please specify other individual responsible for you entering treatment here:

This question was not displayed to the respondent.

F11.

How many TIMES have you ever been in any kind of treatment program for drinking or alcohol problems?

[Do not include AA groups]

0

F11a. How long ago was the last time you were in an alcohol treatment program? How many months has it been?

This question was not displayed to the respondent.

F12. Have you ever gone to self-help meetings like AA, NA, CA, etc.?

- No
- Yes

F12a. How old were you when you first went to a meeting?

19

F12b. About how many meetings have you ever attended? Was it –

- 1-5
- 6-10

- 11-25
- 26-100
- Over 100

F12c. How long ago did you FIRST attend a self-help meeting?

Years	<input type="text" value="16"/>
Months	<input type="text"/>
Days	<input type="text"/>

Q78. How long ago did you LAST attend a self-help meeting?

Years	<input type="text"/>
Months	<input type="text" value="10"/>
Days	<input type="text"/>

Q79. What is the longest period of time that you attended self-help meetings regularly?

Years	<input type="text" value="2"/>
Months	<input type="text"/>
Days	<input type="text"/>

F12d. Did you attend any self-help group meetings in the last 30 days before entering prison?

- No
- Yes

F13. Do you have any type of medical insurance?

- No
- Yes

F13a. What kind of insurance do you have?

This question was not displayed to the respondent.

In this last set of questions, I need to get information about your drug use and sexual activities that could have exposed you to HIV, the virus that causes AIDS. A few questions are highly personal, but it is very important that you be open and honest in your answers.

G1.

[Hand Frequency of Use Card – Card E to respondent.]

In the 6 months before entering prison, how often did you inject drugs with a needle?

- 0. Never/Not Used
- 1. Only 1-3 times in the past 6 months
- 2. About 1 time per month
- 3. About 2-3 times per month
- 4. About 1 time per week
- 5. About 2-6 times per week
- 6. About 1 time per day
- 7. About 2-3 times per day
- 8. About 4 or more times per day

G2.

During that time, how often did you use needles or syringes that were "dirty" – that is, that someone else had used and were not sterilized or cleaned with bleach before you used them?

This question was not displayed to the respondent.

G3.

And how often did you use the same cooker, cotton, or rinse water that someone else had already used?

This question was not displayed to the respondent.

We are finished with that card, so I'll put it away.

[Take back response card.]

This question was not displayed to the respondent.

G4.

Altogether, how many PEOPLE did you share the same works with during those 6 months? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did?

This question was not displayed to the respondent.

G5.

In the last 30 days before entering prison, how many TIMES did you inject drugs with a needle?

This question was not displayed to the respondent.

G6.

During that time, how many times did you inject with "dirty" needles or syringes – those that had already been used by someone else but not cleaned?

This question was not displayed to the respondent.

G7.

How many of the times you injected in those 30 days did you use the same cooker, cotton, or rinse water that someone else had already used?

This question was not displayed to the respondent.

G8.

And how many of the times that you injected drugs were you with other people who were also injecting?

This question was not displayed to the respondent.

G9.

Altogether, how many PEOPLE did you share the same works with in those 30 days? This means all the people who used the same needles or syringes, cooker, cotton, or rinse water before you did?

This question was not displayed to the respondent.

G10.

How many TIMES did you give or loan your used needles or syringes to someone else, who then used them without cleaning them with bleach?

This question was not displayed to the respondent.

G11.

What about **SEX** (including vaginal, oral, or anal) in the **6 months** before entering prison?

How many PEOPLE did you have sex with during that time?

3

G12.

During those months, how often did you have sex **WITHOUT USING A CONDOM** while --

	Never	Only a few times	1-3 times a month	1-5 times a week	About every day
with someone who was not your spouse or primary partner?	<input type="radio"/>				
with someone who shot drugs with needles?	<input type="radio"/>				
trading, giving, or getting sex for drugs, money, or gifts?	<input type="radio"/>				

G13.

And what about **SEX** in the **30 days** before entering prison?

How many PEOPLE did you have any kind of **sex** with during that month (including vaginal, oral, or anal)?

1

G14.

How many of your partners were **female** and how many were **male**?

Female

Male

G15.

Altogether, **how many TIMES** did you have sex that month?
[do not include masturbation]

4

G16.

And **how many times** did you have sex **without** using a condom?

3

G17. When you had sex without using a condom that month, how many times was it –

	# of times
with someone who is not your spouse or primary partner?	4
with someone who shot drugs with needles?	
with someone who sometimes smokes crack/cocaine?	
while you or your partner were "high" on drugs or alcohol?	3
while trading (giving/getting) sex for drugs, money, or gifts?	
Involving vaginal sex (penis to vagina)?	3
Involving oral sex (mouth to penis/vagina)?	1
Involving anal sex (penis to anus)?	0

G18.

How many PEOPLE have you known personally who have been infected with the AIDS virus (including those who now have AIDS or have died of AIDS)?

2

G19. How many of them ever shared a needle or works with you?

0

G20. How many of them ever had sex with you?

0

END OF INTERVIEW

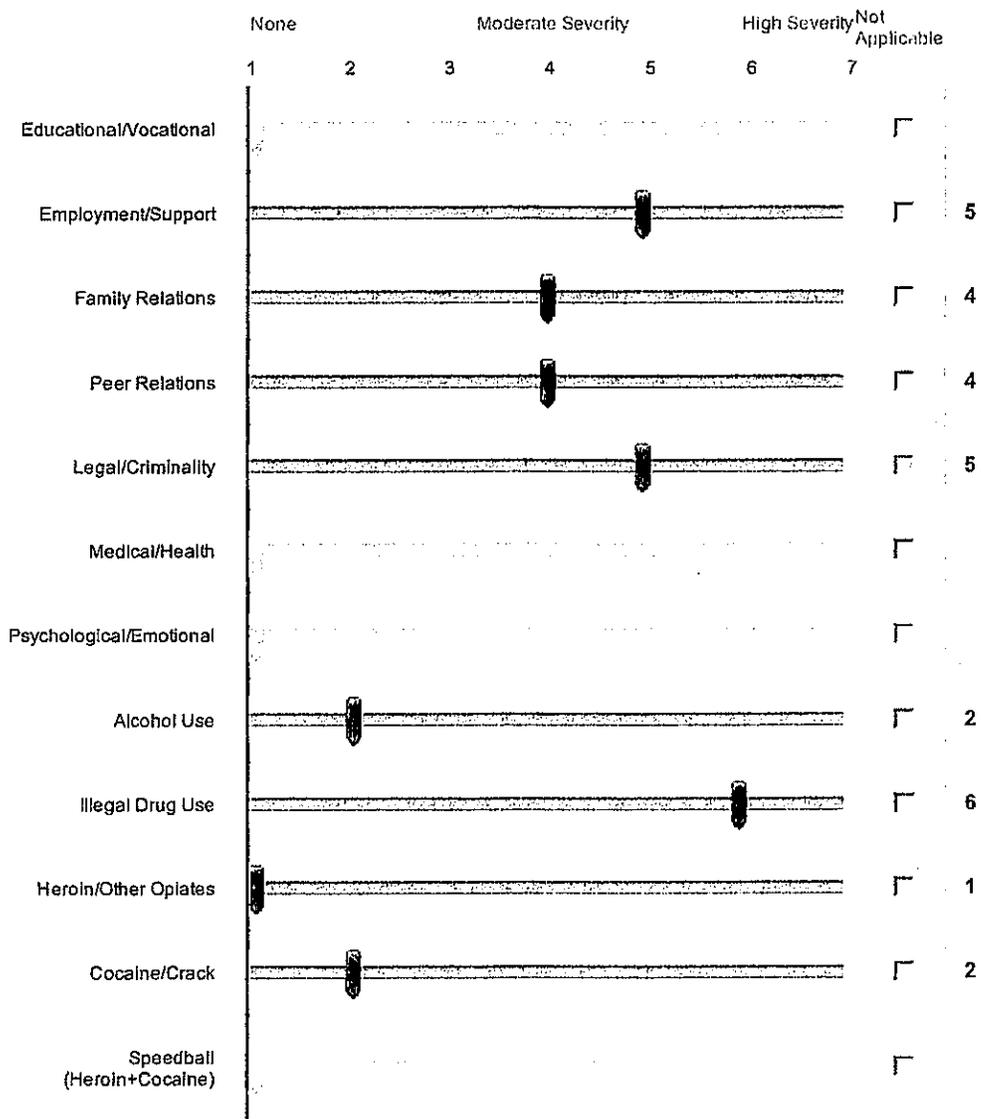
THANK YOU

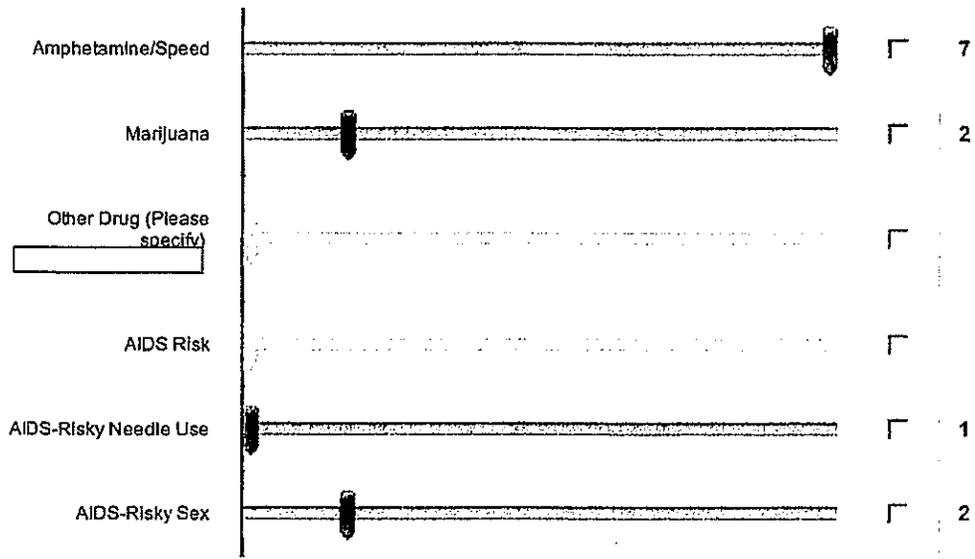
[INTERVIEWER: Please continue to next page for interviewer assessment.]

Q179.

This page should be completed immediately after the intake process to summarize the interviewer's clinical assessments. The ratings should indicate global severity of problems which may need to be addressed through programs or services (either at this agency or through referral). The rating scale ranges from "1" (no severity) to "7" (high severity); intermediate ratings of "3", "4" or "5" identify symptoms of moderate severity.

Q180. Please rate severity of the following problem areas for this client.

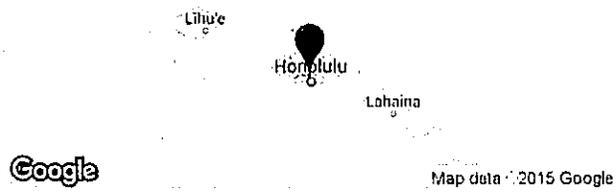




Location Data

Location: [21.362899780273, -157.87269592285]

Source: GeoIP Estimation



Results of Pre-Test for A0170520

Hi Norman,

Congratulations on completing your first intake! For this first one, I put together a template for interpreting this inmate's scores. I encourage you to use this template for future clients.

First, I've organized the scales on pages 11-15 into three categories: Low, Medium, and High—based on the inmate's score relative to the percentile scores. For example, Inmate A0170520 scored only 30 on the Desire for Help scale, which is below the 25th percentile score of 33.33, so I placed Desire for Help in the Low Levels Category. (You can see this on graphic on page 13 of the report under the Treatment Motivation table.)

Below 25th Percentile (LOW levels)	Between 25-75th Percentile (MEDIUM levels)	Above 75th Percentile (HIGH levels)
Cold-Heartedness	Entitlement	Risk-Taking
Desire for Help	Justification	
Treatment Readiness	Personal Irresponsibility	
Anxiety	Power Orientation	
	Criminal Rationalizations	
	Depression	
	Self-Esteem	
	Decision-Making	
	Hostility	

Then, I referred to the cheat sheet on the next page to determine the strengths and weaknesses of this inmate.

A low score on Cold-Heartedness à Strength	A high score on Risk-Taking à Weakness
A low score on Desire for Help à Weakness	
A low score on Treatment Readiness à Weakness	
A low score on Anxiety à Strength	

Finally, I organized by strengths and weaknesses:

Strengths:	Weaknesses:
Not Cold-Hearted	Does not want help
Low Anxiety	Not ready for help
	High Risk-Taking

I hope this helps! Let me know if you have any questions.

Thanks,

Linh

PRE-TEST SCALE CHEAT SHEET

LOW SCORE	CRIMINAL THINKING SCALES	HIGH SCORE
strength	ENTITLEMENT	weakness
strength	JUSTIFICATION	weakness
strength	POWER ORIENTATION	weakness
strength	COLD-HEARTEDNESS	weakness
strength	CRIMINAL RATIONALIZATIONS	weakness
strength	PERSONAL IRRESPONSIBILITY	weakness

LOW SCORE	TREATMENT MOTIVATION SCALES	HIGH SCORE
weakness	PROBLEM RECOGNITION	strength
weakness	DESIRE FOR HELP	strength
weakness	TREATMENT READINESS	strength
N/A	PRESSURES FOR TREATMENT	N/A

LOW SCORE	PSYCHOLOGICAL FUNCTIONING SCALES	HIGH SCORE
weakness	SELF-ESTEEM	strength
strength	DEPRESSION	weakness
strength	ANXIETY	weakness
weakness	DECISION-MAKING	strength

LOW SCORE	SOCIAL FUNCTIONING SCALES	HIGH SCORE
strength	CHILDHOOD PROBLEMS	weakness
strength	HOSTILITY	weakness
strength	RISK-TAKING	weakness

Client SID Number

A0170520

Family and Peer Relationships

Total scores for these scales vary. Items scores range from 1-5. An item score of 1 on an item means that the inmate strongly disagrees with the statement. A score of 3 means that the inmate is uncertain about his/her agreement. A score of 5 means that s/he strongly agrees with the statement.

Positive Family Relationships

For the statements below, the total possible score is **20**. Higher scores indicate more positive family relationships and lower scores indicate less positive family relationships.

	Score
You got along together.	5
You really enjoyed being together.	5
You had serious talks about each other's interests and needs.	5
You helped each other with problems.	5
Total	20

Negative Family Relationships

For the statements below, the total possible score is **30**. Higher scores indicate more negative family relationships and lower score indicate less negative family relationships.

	Score
You drank together.	2
You got drunk together.	2
You used other (illegal) drugs together.	2
You got blamed or fussed at about things YOU did or did not do.	4
You had disagreements.	5
You had big arguments or fights.	4
Total	19

Positive Peer Relationships

For the statements below, the total possible score is **20**. Higher scores indicate more positive peer relationships and lower scores indicate more negative peer relationships.

	Score
They worked regularly on a job.	5
They felt hopeful about their future.	5
They spend time with their families.	5
They liked being with their families	5
Total	20

Negative Peer Relationships

For the statements below, the total possible score is **35**. Higher scores indicate more negative peer relationships and lower scores indicate less negative peer relationships.

	Score
They got into loud arguments or fights.	2
They got drunk.	1
They used other (illegal) drugs.	1
They traded, sold, or dealt drugs.	1
They did other things against the law.	1
They spent time with gangs.	1
They got arrested or had problems with the law.	1
Total	8

Client SID Number

A0170510

Criminal History

How long have you been locked-up this time
(include time in all facilities)?

Have you received drug treatment during
this sentence?

Years	Months	Days	No	1
	3	4	Yes	0

Where were you transferred from?

KCCC HCCC MCCC OCCC Kulani Waiawa Halawa Women's Saguario Other



How long had you been there?

What were the major charges?

Years	Months	Days
	3	

Parole violation

Altogether, how much time have you ever spent in
jail, prison, or juvenile lock-up?

In the last 6 months before entering prison (on
this sentence), how many days were you locked
up?

Years	Months	Days
18		10

When does your current supervision
end?

03/09/2016

Client SID Number

A0170510

Alcohol Use Quality & Pattern

Altogether, on how many of those last 30 days did you drink any beer, wine, wine coolers, or hard liquor?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30



On how many of those 30 days did you drink any BEER?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On how many of those 30 days did you drink any WINE?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On how many of those 30 days did you drink any HARD LIQUOR, such as whiskey, rum, vodka, gin, etc?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On how many of those days did you have a drink as soon as you woke up in the morning?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On how many days did you have any shakes or tremors because you needed a drink?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On how many days did you drink more alcohol than you really intended or wanted to?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

On how many of those days did you ever have 3 or more drinks within a 1-hour period?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

How many cans/bottles per day?

How much wine per day?

How much hard liquor per day?

Client SID Number

A0170510

Substance Use Related Problems

Item scores range between 1-5. A score of 1 means that the inmate strongly disagrees with the statement. A score of 5 means that s/he strongly agrees with the statement.

A high score means that the client feels strongly that substance abuse (alcohol and other drugs) has led to problems in the following areas, while a low score indicates that the inmate thinks the substance has had little impact on the following areas.

Your alcohol use affected...

Your drug use affected...

	Score		Score
your physical health.	2	your physical health.	1
your relations with family or friends.	2	your relations with family or friends.	1
your general attitude or emotional health.	1	your general attitude or emotional health.	1
your attention and concentration.	3	your attention and concentration.	1
going to work or finding a job.	5	going to work or finding a job.	1
money and finances.	4	money and finances.	0
fighting or arguments.	1	fighting or arguments.	0
police or legal trouble.	4	police or legal trouble.	0

How many times have you ever overdosed on drugs?

How long has it been since the last overdose?

How many times have you intentionally overdosed on drugs?

Years Months Days

How many TIMES have you ever quit alcohol or other drugs for at least 3 months or longer?

How many times did you quit?

What is the longest time you were ever able to stay "clean"?

2

on your own "cold turkey"?

1

in a treatment program?

in jail/prison?

1

some other way?

na

10years

Client SID Number

A0170510

Substance Use Treatment History

How many TIMES before now have you ever been in a drug abuse treatment program?

of times entered into...

Inpatient treatment (in a hospital setting)	Residential/therapeutic community	Other institutional treatment (e.g., VA, state hospital, in-prison program)	Outpatient drug-free	Outpatient methadone	Other
---	-----------------------------------	---	----------------------	----------------------	-------

Altogether, how many months have you been treated in this type of treatment?

Inpatient treatment (in a hospital setting)	Residential/therapeutic community	Other institutional treatment (e.g., VA, state hospital, in-prison program)	Outpatient drug-free	Outpatient methadone	Other
---	-----------------------------------	---	----------------------	----------------------	-------

How old were you the first time you entered the following types of treatment?

Inpatient treatment (in a hospital setting)	Residential/therapeutic community	Other institutional treatment (e.g., VA, state hospital, in-prison program)	Outpatient drug-free	Outpatient methadone	Other
---	-----------------------------------	---	----------------------	----------------------	-------

How many months has it been since you were last in a treatment program for drug problems?

And which treatment program was that?

Inpatient treatment (in a hospital setting)	Residential/therapeutic community	Other institutional treatment (e.g., VA, state hospital, in-prison program)	Outpatient drug-free	Outpatient methadone	Other
---	-----------------------------------	---	----------------------	----------------------	-------

Name and location of last treatment:

Client SID Number

A0170510

Substance Use Treatment History

Who was mainly responsible for you entering your current drug treatment?

Judge	Court officer	Substance Abuse Referral unit	Parole Board	Other criminal justice officer	Other
-------	---------------	-------------------------------	--------------	--------------------------------	-------

How many TIMES have you ever been in any kind of treatment program for drinking or alcohol problems? [not including AA groups]

How long ago was the last time you were in an alcohol treatment program? How many months has it been?

Have you ever gone to self-help meetings like AA, NA, CA, etc.?

No Yes

How old were you when you first went to a meeting?

About how many meetings have you ever attended?

1-5 6-10 11-25 26-100 Over 100

Over how many months did you attend these meetings?

Did you attend any self-help group meetings in the last 30 days before this treatment?

No Yes

What kind of insurance do you have?

Client SID Number

A0170510

Global Severity of Problems

Scores range from 0 to 7. A score of 0 indicates no problem in this area, a score of 4 indicates a moderate problem in this area, and a score of 7 indicates a severe problem in this area.

	Score
Educational/Vocational	2
Employment/Support	6
Family Relations	2
Peer Relations	-
Legal/Criminality	5
Medical/Health	-
Psychological/Emotional	-
Alcohol Use	2
Illegal Drug Use	3
Heroin/Other Opiates	-
Cocaine/Crack	2
Speedball (Heroin+Cocaine)	-
Amphetamine/Speed	-
Marijuana	3
Other Drug (Please specify)	5
AIDS Risk	-
AIDS-Risky Needle Use	-
AIDS-Risky Sex	-

CRIMINAL THINKING SCALES

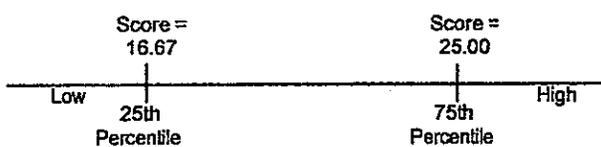
Total scores range between 10-50. Higher total scores on each subscale indicate a stronger sense of the measured sentiment and lower scores indicate a weaker or absent sense of that sentiment. For example, a score of 50 on the Entitlement scale indicates a strong sense of entitlement.

A score of 1 on an item means that the inmate strongly disagrees with the statement. A score of 3 means that the inmate is uncertain about his/her agreement. A score of 5 means that s/he strongly agrees with the statement.

Entitlement

Justification

	Score		Score
You have paid your dues in life and are justified in taking what you want.	2	You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?"	2
You feel you are above the law.	2	When being asked about the motives for engaging in crime, you point out how hard your life has been.	2
It is okay to commit crime in order to pay for the things you need.	2	You find yourself blaming the victims of some of your crimes.	2
Society owes you a better life.	2	Breaking the law is no big deal as long as you do not physically harm someone.	2
Your good behavior should allow you to be irresponsible sometimes.	2	You find yourself blaming society and external circumstances for the problems in your life.	2
it is okay to commit a crime in order to live the life you deserve.	2	You justify the crime you commit by telling yourself that if you had not done it, someone else would have.	2
	20		20



CRIMINAL THINKING SCALES

Power Orientation

	Score
When people tell you what to do, you become aggressive.	3
When not in control of a situation, you feel the need to exert power over others.	2
You argue with others over relatively trivial matters.	4
If someone disrespects you then you have to straighten them out, even if you have to get physical.	2
You like to be in control.	4
You think you have to pay back people who mess with you.	2
The only way to protect yourself is to be ready to fight.	2

27.14



Cold-Heartedness

	Score
You get upset when you hear about someone who has lost everything in a natural disaster.	2
Seeing someone cry makes you sad.	2
You are sometimes so moved by an experience that you feel emotions you cannot describe.	2
You feel people are important to you.	2
You worry when a friend is having problems.	2
You think you have to pay back people who mess with you.	2

20



Criminal Rationalizations

	Score
Anything can be fixed in court if you have the right connections.	2
Bankers, lawyers, and politicians get away with breaking the law every day.	4
This country's justice system was designed to treat everyone equally.	4
Police do worse things than do the "criminals" they lock up.	3
It is unfair that you are locked-up when bankers, lawyers, and politicians get away with their crimes.	2
Prosecutors often tell witnesses to lie in court.	4

31.67



Personal Irresponsibility

	Score
You are locked-up because you had a run of bad luck.	2
The real reason you are locked-up is because of your race.	1
Nothing you do here is going to make a difference in the way you are treated.	3
You are not to blame for everything you have done.	4
Laws are just a way to keep poor people down.	2
You may be a criminal, but your environment made you that way.	2

23.33



TREATMENT MOTIVATION SCALES

Total scores range between 10-50. Higher total scores on each subscale indicate a stronger sentiment in that domain and lower scores indicate a weaker or absent sentiment in that domain. For example, a score of 50 on the Treatment Readiness scale indicates a strong sense of readiness for treatment.

A score of 1 on an item means that the inmate strongly disagrees with the statement. A score of 3 means that the inmate is uncertain about his/her agreement. A score of 5 means that s/he strongly agrees with the statement.

Problem Recognition

	Score
Your drug use is a problem for you.	3
Your drug use is more trouble than it's worth.	2
Your drug use is causing problems with the law.	2
Your drug use is causing problems in thinking or doing your work.	2
Your drug use is causing problems with your family or friends.	2
Your drug use is causing problems in finding or keeping a job.	2
Your drug use is causing problems with your health.	2
Your drug use is making your life become worse and worse.	2
Your drug use is going to cause your death if you do not quit soon.	4
	23.33

Desire for Help

	Score
You need help in dealing with your drug use.	4
It is urgent that you find help immediately for your drug use.	1
You will give up your friends and hangouts to solve your drug problems.	2
Your life has gone out of control.	3
You are tired of the problems caused by drugs.	4
You want to get your life straightened out.	4
	30

Problem Recognition Score Interpretation Guide

Not available



Treatment Readiness

	Score
You need to stay in treatment.	2
This treatment is giving you a chance to solve your drug problems.	2
This kind of treatment program is not helping you.	2
This treatment program can really help you.	2
You want to be in drug treatment.	4
You have too many outside responsibilities now to be in this treatment program.	2
You are in this treatment program only because it is required.	5
This treatment program seems too demanding for you.	3
	27.5

Pressures for Treatment

	Score
You have family members who want you to be in treatment.	3
You are concerned about legal problems.	2
You feel a lot of pressure to be in treatment.	4
You could be sent to jail or prison if you are not in treatment.	2
You have serious drug-related health problems.	2
You have legal problems that require you to be in treatment.	2
	25



Pressure for Treatment Score Interpretation Guide

Not available

PSYCHOLOGICAL FUNCTIONING SCALES

Total scores range between 10-50. Higher total scores on each subscale indicate a stronger sentiment in that domain and lower scores indicate a weaker or absent sentiment in that domain. For example, a score of 50 on the Self-Esteem scale indicates a strong sense of self-esteem.

A score of 1 on an item means that the inmate strongly disagrees with the statement. A score of 3 means that the inmate is uncertain about his/her agreement. A score of 5 means that s/he strongly agrees with the statement.

Self-Esteem

	Score
You have much to be proud of.	4
You feel like a failure.	4
You wish you had more respect for yourself.	4
You feel you are basically no good.	4
In general, you are satisfied with yourself.	4
You feel you are unimportant to others.	4
	40



Depression

	Score
You feel interested in life.	2
You feel sad or depressed.	2
You feel extra tired or run down.	2
You worry or brood a lot.	2
You feel hopeless about the future.	2
You feel lonely.	2
	20



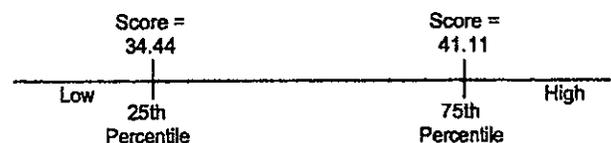
Anxiety

	Score
You have trouble sleeping.	2
You have trouble concentrating or remembering things.	2
You feel afraid of certain things, like elevators, crowds, or going out alone.	2
You feel anxious or nervous.	2
You have trouble sitting still for long.	2
You feel tense or keyed-up.	2
You feel tightness or tension in your muscles.	2
	20



Decision Making

	Score
You consider how your actions will affect others.	5
You plan ahead.	4
You think about probable results of your actions.	4
You think about what causes your current problems.	4
You think of several different ways to solve a problem.	4
You have trouble making decisions.	4
You make decisions without thinking about consequences.	3
You make good decisions.	3
You analyze problems by looking at all the choices.	4
	38.89



SOCIAL FUNCTIONING SCALES

Total scores range between 10-50. Higher total scores on each subscale indicate a stronger sentiment in that domain and lower scores indicate a weaker or absent sentiment in that domain. For example, a score of 50 on the Hostility scale indicates a strong sense of hostility.

A score of 1 on an item means that the inmate strongly disagrees with the statement. A score of 3 means that the inmate is uncertain about his/her agreement. A score of 5 means that s/he strongly agrees with the statement.

Childhood Problems

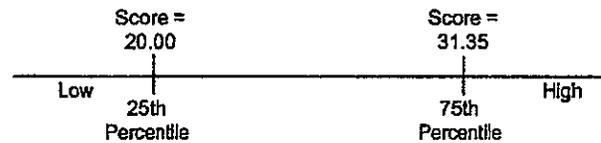
	Score
You skipped school while growing up.	2
You took things that did not belong to you when you were young.	4
You had good relations with your parents while growing up.	2
You had feelings of anger and frustration during your childhood.	2
You got involved in arguments and fights while growing up.	4
While a teenager, you got into trouble with school authorities or the police.	4
You had good self-esteem and confidence while growing up.	2
You were emotionally or physically abused while you were young.	2
	27.5

Hostility

	Score
You have carried weapons, like knives or guns.	4
You feel a lot of anger inside you.	3
You have a hot temper.	4
You like others to feel afraid of you.	2
You feel mistreated by other people.	2
You get mad at other people easily.	2
You have urges to fight or hurt others.	2
Your temper gets you into fights or other trouble.	3
	27.5

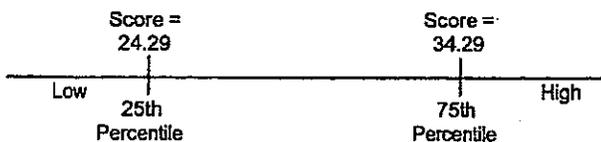
Childhood Problems Interpretation Guide

Not Available



Risk-Taking

	Score
You only do things that feel safe.	2
You avoid anything dangerous.	4
You are very careful and cautious.	2
You like to do things that are strange or exciting.	4
You like to take chances.	4
You like the "fast" life.	4
You like friends who are wild.	4
	34.29



Client SID Number

A0170510

Substance Use Rank

Inmate's ranking of most problematic drug use before entering jail or prison

1st Most Serious 2nd Most Serious 3rd Most Serious

Alcohol

Tobacco

Inhalants (glue, spray, paint, toluene, liquid paper, etc.)

Marijuana/Hashish (Pakalolo)

Hallucinogens/LSD/Psychedelics/ PCP/Mushrooms/Peyote

Crack/Freebase

Cocaine (by itself)

Heroin and Cocaine (mixed together)

Heroin (by itself)

Street Methadone (non-prescription)

Other Opiates/Opium/Morphine/
Demerol/Dilaudid/Percodan/ Vicodin/Oxycotin

Methamphetamine/Speed/Ice/ Ecstasy/Crystal

Other Amphetamines/Uppers/Diet Pills

Librium/Valium/Minor Tranquilizers

Barbiturates

Other Sedatives/Hypnotics/Quaalude

Non-prescription GHB

Ketamine

Other (specify)

Crime Chart*Inmate's history of arrests and illegal activity before entering jail or prison*

Reason for Arrest or Type of Illegal Activity	# Times arrested EVER In lifetime	# Times arrested In last 6 months	# Days illegal act In last 30 days
Public intoxication from drinking alcohol	0	-	0
DWI/DUI from drinking alcohol	0	-	0
Use of illegal drugs (possession)	0	-	0
Possession with intent to distribute	0	-	0
Possession of drug paraphernalia	2	-	0
Manufacturing of drugs (growing, chemical lab)	0	-	0
Sale or distribution of any drugs (not counting drug use or possession)	0	-	0
Forgery or fraud (writing bad checks, running con games)	0	-	0
Fencing or buying/receiving stolen property	0	-	0
Gambling, running numbers, or bookmaking	0	-	0
Prostitution or pimping	0	-	0
Burglary or auto theft	14	-	0
Other theft (larceny, shoplifting)	0	-	0
Robbery (armed robbery, mugging)	2	-	0
Violence against other persons (homicide, aggravated assault, kidnapping, etc.) [Does NOT include rape.]	0	-	0
Arson offenses	0	-	0
Weapons offenses	0	-	0
Vandalism, vagrancy, loitering	0	-	0
Sex offenses (rape, aggravated sexual assault, indecent exposure)	0	-	0
Probation/Parole Violation	3	-	1
Others not listed	0	-	0

KASHBOX ADMIT AND INTAKE REPORT

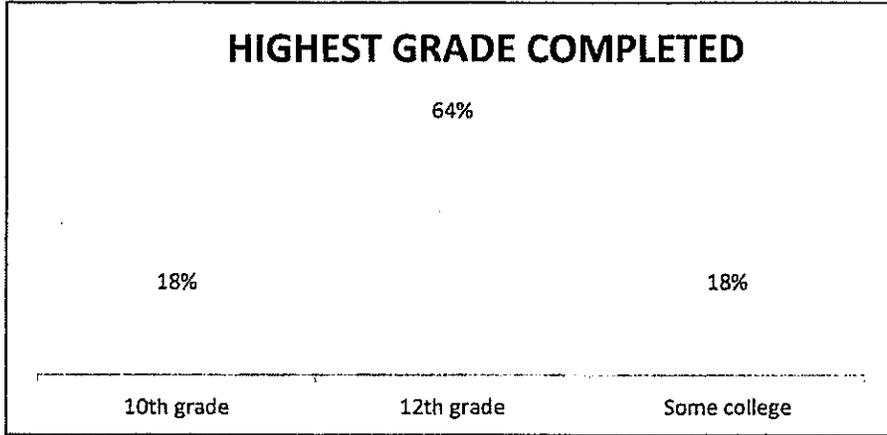
AVERAGE AGE OF OFFENDERS

37

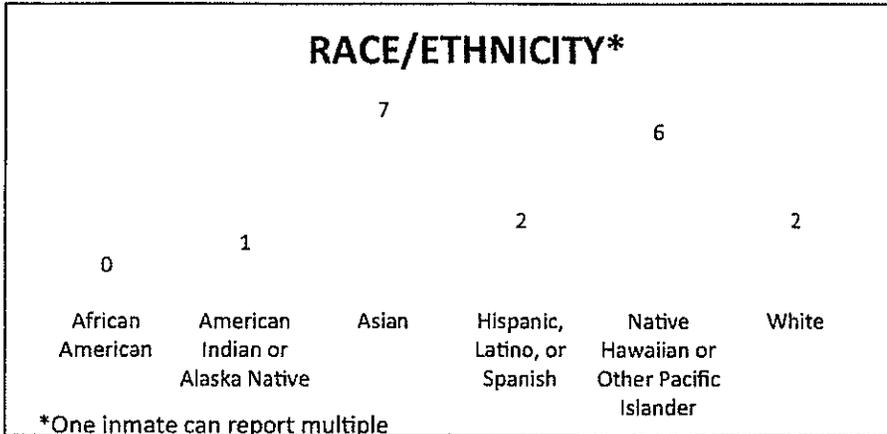
OF OFFENDERS IN GANGS

1

HIGHEST GRADE COMPLETED

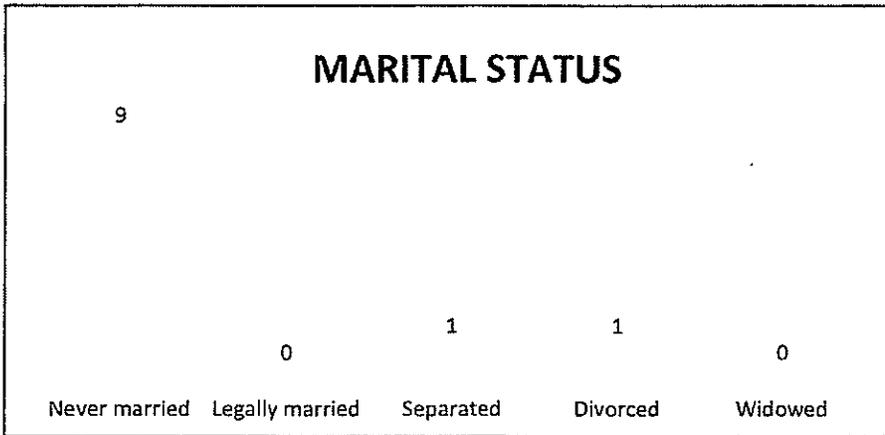


RACE/ETHNICITY*



*One inmate can report multiple

MARITAL STATUS



KASHBOX ADMIT AND INTAKE REPORT

REPORTING DATES 2/24/16 - 3/23/16

NEW OFFENDERS

20

DISCHARGED OFFENDERS

1

SID OF ADMITTED OFFENDERS

200202185	A0701754
200305147	A1042878
201311210	A1052684
A0133760	A1059301
A0150078	A4011557
A0204684	A4024246
A0224651	A6005046
A0226460	A6013193
A0231183	A6018401
A0260708	A6065684

SID OF DISCHARGED OFFENDERS

A0083506	

AVERAGE DAYS BETWEEN ADMISSIONS & ASSESSMENT

16.64

OF INTAKES PER COUNSELOR

	# Intakes
Dang, Phat	0
Kala	3
Norman	3
Tony	3
Cy	2
Total	11

SID OF INTAKES

A0149103	
A3006624	
A3006624	
A6013193	
A0224651	
A6005046	
A0150078	
A4011557	
A4013304	
A4024246	
A1052684	

**Public Safety Department
TCU Comprehensive Intake
Criteria for Certification**

Use the online questionnaire as directed

- Be prepared with the information to be filled in on the first page before the beginning of the interview.
- Read all prompts and dialogue as written.
- Read the transition prompts between sections of the survey.
- Give and collect answer cards as appropriate.
- Record answers accurately.

REPS NOTES:

- Well prepared with Intake on computer and Answer Cards.
- For the most part, read prompts and dialogue as written. Need to strive for smoother reading of items. Sometimes when reading from long lists of choices (Crime Chart and Drug History Chart) you read the descriptions continuously so that the descriptions sounded like a string of items rather than separate items with several examples—might pause between each item when the items have lists of several examples.
- Read the transition prompts between sections.
- Good job of giving answer cards at appropriate times for respondent's use.

Establish rapport

- Address the limits of confidentiality by reading the instruction text at the beginning of each survey and be prepared to answer questions.
- Ask for a preferred name and use it during the interview.
- Monitor and be responsive to changes in attention, impatience, defensiveness, and fatigue during interview.
- When appropriate, provide positive feedback and appreciation for responses.
- Avoid being judgmental, confrontational or adversarial.

- Avoid expressing your own opinions and viewpoints during the interview.

REPS NOTES:

- Very good job of reading instructions, addressing limits of confidentiality.
- Monitored attention of respondent, established positive rapport with appropriate feedback; very considerate of the needs of the respondent throughout the interview.
- Avoided being judgmental, confrontational or adversarial—very positive.
- Avoided expressing own opinions and viewpoints.
- Did not hear if asked for preferred name.

Avoid bias

- Read each question fully and as written.
- Use a neutral, non-judgmental tone.

REPS NOTES:

- For the most part read each question fully, though at times changed the sentence structure without changing meaning.
- Used non-judgmental tone, though for a couple of items sounded like a private joke was passed between you and respondent related to item with sexual content.

Use appropriate probes

- Probe when you get no answer, "I don't know," an incomplete answer, a vague or confusing answer, or an irrelevant/off-topic answer.
- Pause before using a probe.
- As appropriate:
 - Repeat the question slowly and fully.
 - Repeat the respondent's answer to prompt.
 - Repeat the frame of reference for the question.
- Use probes suggested on the Probe Pointers handout.

- Only provide definitions or concept explanations included on the definition list.
- Do not ask leading questions (e.g., “you’ve never thought about killing yourself, have you?”).
- Do not suggest answers or finish the respondent’s sentence, even when you think you know what s/he will say.

REPS NOTES:

- Used appropriate probes when response was not clear—smoothly done.
- Appropriately used the probes as suggested in the handout.
- Kept to the definitions or explanations that were included in the interview and did an excellent job of keeping to the wording of the interview items.
- Did excellent job of avoiding asking leading questions or suggesting answers to the respondent.

Introduction

Scientific evidence has firmly established that substance use disorders represent a chronic, relapsing disease requiring effective treatment with a view toward long-term management. This position statement reflects this science and new national guidelines for treatment of opioid use disorder and is intended to ensure that people with substance use disorders in custody receive evidence-based care in accordance with national medical standards.

This position statement primarily focuses on alcohol, benzodiazepine, and opioid use disorders because of the high rates of death from withdrawal and overdose from these substances. However, the principles of screening, evaluation, provision of evidence-based treatment, and prerelease coordination of care apply to all substance use disorders. While pharmacotherapy options differ among types of substances use disorders, the general principles are similar.

Effective treatment for substance use disorders, including pharmacotherapy (referred to here as medication-assisted treatment [MAT]), particularly when coupled with evidence-based behavioral treatment, improves medical and mental health outcomes and reduces relapses and recidivism¹ (Amato et al., 2005; Bird, Fischbacher, Graham, & Fraser, 2015; Egli, Pina, Skovbo Christensen, Aebi, & Killias, 2011). Care for opioid use disorder has evolved such that MAT and medication-assisted withdrawal (when indicated) with approved medications have become the national medical standard (Amato et al., 2005; Kampman & Jarvis, 2015). Unfortunately, many jails and other facilities do not use MAT, or provide it only in limited circumstances.

Opioid withdrawal in pregnancy can lead to miscarriage, preterm birth, stillbirth, and other adverse outcomes. Therefore, withdrawal, including medically assisted withdrawal, must be avoided through the use of MAT. Among pregnant women, facilities must ensure continuation of MAT or initiate MAT to prevent withdrawal.

Drug use is known to occur in correctional facilities. Consequences of drug use in prison and jail may include drug-related overdose deaths, suicides, increased criminal activity related to drugs and distribution, disciplinary actions, self-harm, and spread of bloodborne infections through needle sharing. Effective treatment for substance use disorders, including long-term MAT, has been shown to reduce these problems in correctional institutions.

Inmates released from prison without MAT have more than 10 times higher risk of dying from overdose in the first 2 weeks following their release than the general population (Binswanger et al., 2007; Merrall et al., 2010). MAT significantly reduces postrelease overdose deaths (Bird et al., 2015; Gisev et al., 2015). While both methadone and buprenorphine treatment pose some risk for diversion within prisons and jails, some evidence suggests that overall rates of illicit drug use decline following introduction of MAT (Larney et al., 2014).

Although pharmacological treatments have an important role in the treatment of individuals with substance use disorders, the greatest success is seen when psychosocial treatments are

combined with pharmacological treatment as part of a comprehensive treatment plan. Behavioral therapies (e.g., contingency management), cognitive behavioral therapy, motivational interviewing, and other types of individual, group, and family psychotherapies have proven effective. Treatment includes many types of additional psychosocial interventions in a variety of treatment settings. Community-based self-help support groups such as Alcoholics Anonymous, Narcotics Anonymous, and other peer-to-peer and self-help approaches represent a potentially important adjunct, but are not a substitute for evidence-based pharmacological and behavioral treatment for substance use disorders.

Individuals entering correctional facilities with opioid dependence are at high risk for opioid withdrawal syndrome (OWS). Suboptimal treatment for OWS creates risk for suffering; potential interruption of life-sustaining medical treatments, such as HIV treatment; exacerbation or masked symptoms from other life-threatening illness; and in some cases death.

With the exception of buprenorphine, the U.S. Drug Enforcement Administration (DEA) holds that it is illegal for a physician to write a prescription for any other opioid, including methadone, for the treatment of opioid dependence except in a licensed treatment program. Thus, it is important for facilities to predetermine how they are going to meet the needs of inmate-patients by continuing or initiating MAT, whether through coordination with an existing licensed treatment program, by seeking stand-alone licensing, or by physician licensing for prescribing buprenorphine.

Clonidine is an antihypertensive medication that is helpful for less severe OWS. However, it is not appropriate during pregnancy or for patients with severe vomiting, diarrhea, and worsening dehydration where hypotension can be fatal.

Persons with alcohol and sedative dependence who enter a correctional facility are at high risk for alcohol withdrawal syndrome (AWS) and related sedative withdrawal syndrome. If not recognized and adequately treated, such withdrawal can progress to delirium tremens and death. AWS is prevalent among those entering holding centers and jails, often beginning during the first 24 hours following the person's last drink. It complicates management of medical and psychiatric problems. Importantly, withdrawal is associated with suicide, an important preventable cause of death in corrections.

The American Society of Addiction Medicine National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use establishes a national benchmark for treatment. Providers in correctional settings should follow these guidelines when treating people with substance use disorders. Effective treatment of those with substance use disorders is key to halting the national epidemic of drug abuse, particularly opioid use disorder, and interrupting the costly cycle of recidivism resulting from this underlying disorder.

NCCHC POSITION STATEMENT

The National Commission on Correctional Health Care advocates the following principles for care of adults and adolescents with substance use disorders in correctional facilities; these principles reinforce and expand on principles articulated in NCCHC's Standards for Health Services. Several points are of primary medical focus in this position statement: screening and identification, continuation or initiation of MAT while incarcerated, monitoring and withdrawal according to national medical standards (if needed), prerelease initiation of treatment and care coordination, and linkage of medication treatment programs with nonpharmacological treatment options.

Screening, Evaluation, and Care Coordination Upon Entry

1. Universal screening of all inmates for risk factors and symptoms of withdrawal must be conducted upon entry into the facility from the community. Valid screening instruments for alcohol, benzodiazepine, and opioid withdrawal should be used; these are available from a variety of sources (e.g., National Institute on Drug Abuse; see also NCCHC standard E-02 Receiving Screening).
2. All inmates who screen positive should receive a medical evaluation that includes the following:
 - a. Evaluation of current use and status, including current enrollment in a substance use disorder treatment program, e.g., opioid treatment program (OTP), primary care-based buprenorphine treatment, or alcohol treatment program.
 - b. Pregnancy test, at minimum for all females reporting opioid use, and conversely, opiate use history for all pregnant females. Facilities should follow national medical standards of care in providing appropriate MAT (methadone or buprenorphine), and not withdrawal, to pregnant women with opiate dependence.
 - c. Assessment for comorbidity and confirmation of medications and dosing, including those used to treat substance use disorders, e.g., naltrexone, acamprosate, methadone, and buprenorphine.
 - d. Formal assessment for withdrawal severity using validated, standardized instruments such as the Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar), Clinical Institute Withdrawal Assessment for Benzodiazepines (CIWA-B), and the Clinical Opiate Withdrawal Scale (COWS).

Medication-Assisted Treatment

3. Continuation of prescribed medications for substance use disorders: Continuation of opioid agonist treatment treats the physiological and psychological symptoms of dependence and minimizes risk from opioid withdrawal, failure to reinstate treatment, and relapse due to unexpected inmate release. As with many ongoing medical conditions, stability of

treatment and medical condition is important. Continuation of maintenance medications and therapies for substance use disorders in incarcerations of less than 6 months has proven beneficial to the patient in medical evidence based on randomized controlled studies (Rich et al., 2015). Longer-term stays (when expected confinement is more than 6 months) have less evidence, and the treatment plan, including decisions about continuation, should be evaluated on a case-by-case basis. MAT offers the potential to reduce illicit opioid use inside correctional facilities, which may benefit the individual and the facility.

4. Inmates not receiving MAT prior to entry, or whose MAT is discontinued while incarcerated (which is not preferred), should be offered MAT prerelease when postrelease continuity can be arranged (Kampman & Jarvis, 2015). Use of methadone or buprenorphine avoids medication-assisted withdrawal and improves engagement in treatment upon release (Rich et al., 2015). Some facilities may opt to withdraw inmates with expected confinements that exceed 6 months. In these cases, opioid agonist treatment should be initiated 30 days prior to release to prevent postrelease death from overdose and promote engagement in treatment. Use of naltrexone (an opioid antagonist) requires complete withdrawal before initiation.
5. Appropriate prerelease planning with community OTPs and community buprenorphine prescribers is critical to ensure there is no interruption of treatment. Where there are no community programs, inmates should undergo medication-assisted withdrawal prior to release.
6. Correctional facilities should have several strategies for provision of buprenorphine or methadone to inmates, including during pregnancy. These strategies differ in the level of planning and licensing required.
 - a. Transport inmates to community OTPs or a hospital (this is sometimes used during pregnancy). OTPs may obtain waivers for use of takeout doses under the custody of the jail or prison in order to minimize the number of transports.
 - b. Partner with community OTPs for dosing of inmates within the facility. In this case, the dosing is done under the license of the community OTP.
 - c. Have correctional physicians obtain buprenorphine licenses. This license permits use of buprenorphine for MAT as well as for medication-assisted withdrawal.
 - d. Obtain an OTP license for the facility. This permits use of methadone and buprenorphine for both treatment and withdrawal. (Note: NCCHC accredits facilities for OTP.)
 - e. Obtain state and DEA licensing as a health care facility. This entitles the facility to the same exemptions as hospitals for use of methadone or buprenorphine during pregnancy or to ensure treatment of other conditions, e.g., HIV, mental illness.

7. Attention to the needs of pregnant women with substance use disorders, including following national standard of care² to provide MAT, and not withdrawal, to pregnant women with opiate dependence, is essential. Treatment should be provided by clinicians with expertise in this area. Initiation of MAT may require inpatient hospitalization. Other opioid medications, such as acetaminophen with codeine, hydrocodone, or oxycodone, should not be substituted for appropriate medication-assisted treatments because of risk to mother and fetus.

Psychosocial Treatments

8. Correctional facilities should provide nonmedication-based therapies as part of a comprehensive substance use disorder treatment plan.

Medication-Assisted Withdrawal When Indicated

9. Inmates with clinically significant alcohol, opiate, or other drug withdrawal should be treated with evidence-based effective medications, including opioid agonists for severe withdrawal.
10. Inmates should be evaluated and appropriately treated for physical and mental health comorbidity, including concurrent mental health disorders, by qualified health care professionals trained and experienced in managing comorbid disorders.
11. If a patient is on pharmacotherapy for substance use disorders while incarcerated, referral and coordination of community resources is provided for continued treatment for substance use and mental health disorders after release.
12. For individuals who screen positive for substance abuse and are not already involved in a community treatment program, a prerelease evaluation should occur to determine referral and coordination of community resources for treatment for substance use and mental health disorders.
13. Facilities ensure the availability of naloxone (Narcan[®]) and personnel trained to use it when opioid overdoses occur. Consideration may be given to providing naloxone to high-risk inmates upon release.
14. NCCHC supports high-quality research regarding best practices related to treatment of substance use disorders in corrections. Although a substantial evidence base exists for such treatment, there is a high need for research to determine the best practices for provision of treatment in different types of correctional facilities. Such research is needed to inform optimal treatment type, intensity, timing, and postrelease coordination for different populations (e.g., adolescents, those with chronic persistent mental illness, and those with different types of substance use disorders). Research should also address issues related to risk stratification as well as composition and training of substance use disorder teams.

***Adopted by the National Commission on Correctional Health Care Board of Directors
October 23, 2016***

NOTES

1. For more information on MAT, visit the Substance Abuse and Mental Health Services Administration at <http://www.samhsa.gov/medication-assisted-treatment>

2. Current medical guidelines are available from the following sources:

National Center on Substance Abuse and Child Welfare. Treatment for Opioid Dependence During Pregnancy.

<https://www.ncsacw.samhsa.gov/resources/resources-mat.aspx>

American College of Obstetricians and Gynecologists. Women's Health Care Physicians Committee Opinion. Opioid Abuse, Dependence, and Addiction in Pregnancy. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Opioid-Abuse-Dependence-and-Addiction-in-Pregnancy>

3. By law, buprenorphine is the only opioid agonist-type drug that physicians can prescribe (outside of an OTP) to treat opioid dependence in any patient, regardless of pregnancy. The law allows for prescribers to write for up to three days as a bridge to MAT.

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