Program ____________________ **Respondent #** ______ **Role** ____ **Interviewer** ______________ **Date** ____________ .

CRITERION		RATINGS / ANCHORS (1)	(2)	(3)	(4)	(5)

HUMAN RESOURCES: STRUCTURE & COMPOSITION

	CRITERION	(1)	(2)	(3)	(4)	(5)
H1	SMALL CASELOAD: client/provider ratio of 10:1.	50 clients/clinician or more.	35 - 49	21 - 34	11 - 20	10 clients/clinician or fewer
H2	TEAM APPROACH: Provider group functions as team rather than as individual practitioners; clinicians know and work with all clients.	Fewer than 10% clients with multiple staff contacts in reporting week.	10 - 36%.	37 - 63%.	64 - 89%.	90% or more clients show contact with > 1 staff member in 1 week.
H3	PROGRAM MEETING: Program meets frequently to plan and review services for each client.	Program service-planning for each client usually occurs once/month or less frequently.	At least twice/month but less often than once/week.	At least once/week but less often than twice/week.	At least twice/week but less often than 4 times/week.	Program meets at least 4 days/week and reviews each client each time, even if only briefly.
H4	PRACTICING TEAM LEADER: Supervisor of front line clinicians provides direct services.	Supervisor provides no services.	Supervisor provides services on rare occasions as backup.	Supervisor provides services routinely as backup, or less than 25% of the time.	Supervisor normally provides services between 25% and 50% time.	Supervisor provides services at least 50% time.
H5	CONTINUITY OF STAFFING: program maintains same staffing over time.	Greater than 80% turnover in 2 years.	60-80% turnover in 2 years.	40-59% turnover in 2 years.	20-39% turnover in 2 years.	Less than 20% turnover in 2 years.
H6	STAFF CAPACITY: Program operates at full staffing.	Program has operated at less than 50% of staffing in past 12 months.	50-64%	65-79%	80-94%	Program has operated at 95% or more of full staffing in past 12 months.
H7	PSYCHIATRIST ON STAFF: there is at least one full-time psychiatrist per 100 clients assigned to work with the program.	Program for 100 clients has less than .10 FTE regular psychiatrist.	.10-.39 FTE per 100 clients.	.40-.69 FTE per 100 clients.	.70-.99 FTE per 100 clients.	At least one full-time psychiatrist is assigned directly to a 100-client program.

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	CRITERION	(1)	(2)	(3)	(4)	(5)
H8	NURSE ON STAFF: there are at least two full-time nurses assigned to work with a 100-client program.	Program for 100 clients has less than .20 FTE regular nurse.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two full-time nurses or more are members of a 100-client program.
H9	SUBSTANCE ABUSE SPECIALIST ON STAFF: a 100-client program includes at least two staff members with 1 year of training or clinical experience in substance abuse treatment.	Program has less than .20 FTE S/A expertise per 100 clients.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two FTEs or more with 1 year S/A training or supervised S/A experience.
H10	VOCATIONAL SPECIALIST ON STAFF: the program includes at least one staff member with =1 year training/experience in vocational rehabilitation and support.	Program has less than .20 FTE vocational expertise per 100 clients.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two FTEs or more with 1 year voc. rehab. training or supervised VR experience.
H11	PROGRAM SIZE: program is of sufficient absolute size to provide consistently the necessary staffing diversity and coverage.	Program has fewer than 2.5 FTE staff.	2.5 - 4.9 FTE	5.0 - 7.4 FTE	7.5 - 9.9	Program has at least 10 FTE staff.

ORGANIZATIONAL BOUNDARIES

	CRITERION	(1)	(2)	(3)	(4)	(5)
O1	EXPLICIT ADMISSION CRITERIA: Program has clearly identified mission to serve a particular population and has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Program has no set criteria and takes all types of cases as determined outside the program.	Program has a generally defined mission but the admission process is dominated by organizational convenience.	The program makes an effort to seek and select a defined set of clients but accepts most referrals.	Program typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure.	The program actively recruits a defined population and all cases comply with explicit admission criteria.

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CRITERION		RATINGS / ANCHORS (1)	(2)	(3)	(4)	(5)
O2	INTAKE RATE: Program takes clients in at a low rate to maintain a stable service environment.	Highest monthly intake rate in the last 6 months = greater than 15 clients/month.	13 -15	10 - 12	7 - 9	Highest monthly intake rate in the last 6 months no greater than 6 clients/month.
O3	FULL RESPONSIBILITY FOR TREATMENT SERVICES: in addition to case management and psychiatric services, program directly provides counseling / psychotherapy, housing support, substance abuse treatment, employment, and rehabilitative services.	Program provides no more than case management and psychiatric services.	Program provides one of five additional services and refers externally for others.	Program provides two of five additional services and refers externally for others.	Program provides three or four of five additional services and refers externally for others.	Program provides all five of these services to clients.
O4	RESPONSIBILITY FOR CRISIS SERVICES: program has 24-hour responsibility for covering psychiatric crises.	Program has no responsibility for handling crises after hours.	Emergency service has program-generated protocol for program clients.	Program is available by telephone, predominantly in consulting role.	Program provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement.	Program provides 24-hour coverage.
O5	RESPONSIBILITY FOR HOSPITAL ADMISSIONS: program is involved in hospital admissions.	Program has no involvement in fewer than 5% decisions to hospitalize.	5 - 34% of admissions are initiated through the program.	35 - 64% of admissions are initiated through the program.	65 - 94% of admissions are initiated through the program.	95% or more admissions are initiated through the program.
O6	RESPONSIBILITY FOR HOSPITAL DISCHARGE PLANNING: program is involved in planning for hospital discharges.	Program has involvement in fewer than 5% of hospital discharges.	5 - 34% of program client discharges are done in cooperation with the program.	35 - 64% of program client discharges are done in cooperation with the program.	65 - 94% of program client discharges are done in cooperation with the program.	95% or more discharges are planned jointly with the program
O7	TIME-UNLIMITED SERVICES: Program never closes cases but remains the point of contact for all clients as needed.	More than 90% of clients are expected to be discharged within 1 year.	From 38-90% of clients are expected to be discharged within 1 year.	From 18-37% of clients are expected to be discharged within 1 year.	From 5-17% of clients are expected to be discharged within 1 year.	All clients are served on a time-unlimited basis, with fewer than 5% expected to graduate annually.

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	CRITERION	RATINGS / ANCHORS (1)	(2)	(3)	(4)	(5)
	NATURE OF SERVICES					
S1	IN-VIVO SERVICES: program works to monitor status, develop community living skills in vivo rather than in office.	Less than 20% time in community.	20 - 39%.	40 - 59%.	60 - 79%.	80% of total service time in community
S2	NO DROPOUT POLICY: program engages and retains clients at mutually satisfactory level.	Less than 50% of the caseload is retained over a 12-month period.	50- 64%.	65 - 79%.	80 - 94%.	95% or more of caseload is retained over a 12-month period.
S3	ASSERTIVE ENGAGEMENT MECHANISMS: as part of assuring engagement, program uses street outreach, as well as legal mechanisms (e.g., representative payees, probation/parole, OP commitment) as indicated.	Program passive in recruitment and re-engagement; almost never uses street outreach legal mechanisms.	Program makes initial attempts to engage but generally focuses efforts on most motivated clients.	Program attempts outreach and uses legal mechanisms only as convenient.	Program usually has plan for engagement and uses most of the mechanisms that are available.	Program demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate.
S4	INTENSITY OF SERVICE: high total amount of service time as needed.	Average of less than 15 min/week or less per client.	15 - 49 minutes / week.	50 - 84 minutes / week.	85 - 119 minutes / week.	Average of 2 hours/week or more per client.
S5	FREQUENCY OF CONTACT: high number of service contacts as needed.	Average of less than 1 contact / week or fewer per client.	1 - 2 / week.	2 - 3 / week.	3 - 4 / week.	Average of 4 or more contacts / week per client.
S6	WORK WITH SUPPORT SYSTEM: with or without client present, program provides support and skills for client's support network: family, landlords, employers.	Less than .5 contact per month per client with support system.	.5-1 contact per month per client with support system in the community.	1-2 contact per month per client with support system in the community.	2-3 contacts per months per client with support system in the community.	Four or more contacts per month per client with support system in the community.
S7	INDIVIDUALIZED SUBSTANCE ABUSE TREATMENT: one or more members of the program provide direct treatment and substance abuse treatment for clients with substance use disorders.	Clients with substance use disorders average fewer than 3 minutes / week in substance abuse treatment.	From 3 to 9 minutes / week.	From 10 to 16 minutes / week.	From 17 to 23 minutes / week.	Clients with substance use disorders spend 24 minutes / week or more in substance abuse treatment.

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	CRITERION	RATINGS / ANCHORS (1)	(2)	(3)	(4)	(5)
S8	DUAL DISORDER TREATMENT GROUPS: program uses group modalities as a treatment strategy for people with substance use disorders.	Fewer than 5% of the clients with substance use disorders attend at least one substance abuse treatment group meeting during a month.	5 - 19%	20 - 34%	35 - 49%	50% or more of the clients with substance use disorders attend at least one substance abuse treatment group meeting during a month.
S9	DUAL DISORDERS (DD) MODEL: program uses a stage-wise treatment model that is non-confrontational, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	Program fullly based on traditional model: confrontation; mandated abstinence; higher power, etc.	Program uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehabilitation; recognizes need for persuasion of clients in denial or who don't fit AA.	Program uses mixed model: e.g., DD principles in treatment plans; refers clients to persuasion groups; uses hospitalization for rehab.; refers to AA, NA.	Program uses primarly DD model: e.g., DD principles in treatment plans; persuasion and active treatment groups; no hospitalization for rehab. nor detox except for medical necessity; refers out some s/a treatment.	Program fully based in DD treatment principles, with treatment provided by program staff.
S10	ROLE OF CONSUMERS ON TREATMENT TEAM: Consumers are involved as members of the team providing direct services.	Consumers have no involvement in service provision in relation to the program.	Consumer(s) fill consumer-specific service roles with respect to program (e.g., self-help).	Consumer(s) formally assist in provision of direct services (e.g., co-lead groups).	Consumer(s) work in case management roles with reduced responsibility.	Consumer(s) are employed as clinicians (e.g., case managers) with full professional status.