## **APPENDIX A: Telephone Survey Instrument**

- **1.** Program contact information:
  - a. Contact Name:
  - b. Contact Title/Role:
  - c. Contact Phone Number:
  - d. Program Name:
  - e. Program Location:
  - f. Year of Service Initiation

2.	Primary funding source(s) for the program? (1=Yes; 2=No; 3=Don't Know) a. Billable Revenue:				
	b.	Contracts:			
	d.	Grants:			
	e.	(From where?)			
	f.	Plans in place for continuation funding?			
3.	Does the program have an Assertive Community Treatment team with the				
	following key components? (1=Yes; 2=No; 3=Don't Know)				
	a.	In-vivo service delivery?			
	b.	Time-unlimited services?			
	с.	High staff to patient ratio (1:10 or higher)?			
	d.	High psychiatrist to client ratio (1:100 or higher)?			
	e.	24-hour, 7 day availability?			
	f.	Substance abuse counselor on staff?			
	g.	DACTS (Dartmouth ACT Scale) score, if available?			
	h.	Describe the main area(s) where fidelity to the ACT model is lacking:			
4.	Diagn	ostic breakdown of ACT team clients:			
	a.	Approximately what % of clients have schizophrenia or schizoaffective disorder?			
	b.				
	о. с.	Approximately what % of clients have opport disorder?			
	с.	use disorder?			
	d.				
		disorder?			
	e.	Approximately what % of clients have antisocial personality traits?			
	f.	Does your program provide cognitive behavioral treatment for			
		antisocial beliefs, attitudes and cognitions? (1=Yes; 2=No;			
		3=Don't Know			

If so, describe:

5. Crimi	nal Justice History:	(1=Yes; 2=No;	3=Don't Know)
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- a. Is history of criminal justice system involvement a requirement for admission to your ACT team? If so, describe how:
- b. Approximately what % of clients served by your ACT team have been in jail or prison?
- c. Approximately what % of clients served by your ACT team have histories of felony convictions?
- d. Are clients with histories of violent crime (assault, rape, murder) eligible for ACT team enrollment?
- f. Does your program use any standardized tool such as the Level of Service Inventory to assess the risk of criminal recidivism among your clients?
- 6. Approximately what % of clients are on probation (a) or parole (b) on admission? a. \_\_% b. \_\_%
- Approximately what % of clients served by your ACT team are men?
  \_\_%
- 8. Approximately what % of clients served by your ACT team re non-white?

(African-American, Hispanic, Native American, Asian American, Other)

- 9. Approximately what % of ACT team staff working directly with clients are nonwhite? (African-American, Hispanic, Native American, Asian American, Other)
- **10.** Approximately what % of clients served by your ACT team are homeless on admission? \_\_\_\_\_%
- 11. Number of clients currently enrolled in your ACT team?
- Maximum program capacity? (How many clients can it enroll at one time given current funding and staffing)
- **13.** Primary Referral Sources?
  - a. #1: \_\_\_\_\_\_ b. #2: \_\_\_\_\_\_ c. #3
- **14.** Does your program offer special residential services beyond those that currently exist in the community? (1=Yes; 2=No; 3=Don't Know)

If so, please describe:

\_\_\_\_

**15.** Does your ACT team have any special working arrangements with criminal justice agencies to divert clients from jail? (1=Yes; 2=No; 3=Don't Know). If so, describe.

<ul><li>a. Law Enforcement?</li><li>b. If so, describe</li></ul>	_
<ul><li>c. Probation?</li><li>d. If so, describe</li></ul>	_
<ul><li>e. Parole?</li><li>f. If so, describe</li></ul>	—
<ul><li>g. Pre-trial Services?</li><li>h. If so, describe</li></ul>	_
<ul><li>i. Courts?</li><li>j. If so, describe</li></ul>	—
<ul><li>k. Corrections?</li><li>l. If so, describe</li></ul>	—
<ul><li>m. Other?</li><li>n. If so, describe</li></ul>	_

## IF THE ACT TEAM DOES NOT COLLABORATE WITH PROBATION OFFICER(S), STOP HERE: "THANK YOU FOR YOUR TIME"

- **16.** Are clients in your program who are on probation assigned to "special" probation officer or to "regular" probation officers? (1=Special; 2=Regular)
- **17.** If special probation officers are involved, describe what makes them special (1=Yes; 2=No; 3=Don't Know)

**18.** For probation officers who work closely with the ACT Team, please describe their role including how many hours they spend each week and their primary responsibilities:

a. Weekly hours? \_\_\_\_

b. Primary Responsibilities:

**19.** a. Please describe how the idea to include probation officers who work closely with the ACT Team came about (who decided it, a mental health or probation official? Was it part of a special grant or program?):

b. For how many years has probation worked closely with the ACT team?

20. Does the probation officer who works closely with the ACT Team perform outreach? Please describe:a. Outreach? (1=Yes; 2=No; 3=Don't Know)

b. Description:

**21.** Does the probation officer who works closely with the ACT Team only provide input on patients who are on probation? (1=Yes; 2=No; 3=Don't Know)

b. What percentage of the patients on the ACT team are currently on probation or parole?

- **22.** How often do ACT team clinicians and the probation officer agree on how to manage patients *in general*?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
- **23.** How often do ACT team clinicians and the probation officer agree *about when to use legal sanctions such as arrest and incarceration* upon patients on the team?

- a. Never
- b. Rarely
- c. Sometimes
- d. Usually
- e. Always
- **24.** How helpful has it been to have a probation officer work closely with the ACT team in the general management of patients?
  - a. Not Helpful
  - b. Rarely Helpful
  - c. Sometimes Helpful
  - d. Usually Helpful
  - e. Always Helpful
- **25.** What impact has having a probation officer working closely with the ACT team had on the risk of patients being psychiatrically hospitalized?
  - a. Very negative patients are at much higher risk for hospitalization
  - b. Negative patients are at higher risk for hospitalization
  - c. None patients are at some risk for hospitalization
  - d. Positive patients are at lower risk for hospitalization
  - e. Very Positive patients are at much lower risk for hospitalization
- **26.** What impact has having a probation officer working closely with the ACT team had on the risk of patients being arrested?
  - a. Very negative patients are at much higher risk for arrest
  - b. Negative patients are at higher risk for arrest
  - c. None patients are at some risk for arrest
  - d. Positive patients are at lower risk for arrest
  - e. Very Positive patients are at much lower risk for arrest
- **27.** How *available* has the probation officer been in collaborating with ACT team clinicians about the care of patients on the team?
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Exceptionally
- **28.** To what extent to ACT Team clinicians and the probation officer *collaborate* together in planning the care of patients on the team?
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Exceptionally

- **29.** To what extent does the probation officer *listen* to ACT Team clinicians' thoughts and opinions about the care of the patients on the team?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
- **30.** To what extent does the probation officer *respect* the perspective of ACT Team clinicians as mental health professionals?
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Exceptionally
- **31.** a. How are probation officers that work closely with the ACT team paid? (Dept of Corrections? Community Mental Health Center? The Court?)

b. Are the officers housed in the same building as the ACT team, or are they housed at another location?

- **32.** Please describe the primary barriers or challenges that you have encountered with having a probation officer work closely with your ACT Team?
- **33.** a. Do you have evidence of the effectiveness of the team? (1=Yes, 2=No, 3=Don't know)
  - b. If so, how?
- **34.** a. Have you ever heard of "Forensic Assertive Community Treatment?" (1=Yes; 2=No; 3=Don't Know)
  - a. Do you consider yourself to be a FACT program?