The Offender Profile Index:

A User's Guide

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BACKGROUND

As drug abuse escalated during the 1980s, fueling already rising rates of crime across the United States, increasing numbers of drug-involved offenders began coming to the attention of all segments of the criminal justice system. The Drug Use Forecasting (DUF) program, for example, since its inception in 1986, has repeatedly demonstrated that the majority of arrestees in most major cities are drug-involved.[1] By the close of the decade, it had become readily apparent that the criminal justice process had become "drug-driven" in almost every respect. In the legislative sector, new laws were passed to deter drug use and to augment penalties for drug-related crime. In the police sector, increased federal, state, and local funding served to expand street-level drug enforcement initiatives. In the judicial sector, the larger flow of drug cases resulted in overcrowded dockets and court rooms, as well as the creation of new drug courts, special dispositional alternatives for drug offenders, and higher conviction and incarceration rates. In the correctional sector, there was further crowding of already overpopulated jails and penitentiaries, the establishment of liberal release policies, and experimentation with new prison-based drug treatment programs.[2]

As an outgrowth of these phenomena, combined with the research evidence that coerced treatment for drug dependence seems to yield higher retention and lower relapse rates than voluntary treatment,[3] criminal justice systems throughout the United States have expanded the number and variety of diversion programs that offer drug abuse treatment services in lieu of or as a supplement to traditional court sanctions. Most notable in this behalf are the Treatment Alternatives to Street Crime (TASC) programs, approaches designed to serve as liaisons between the local criminal justice systems and community treatment programs. In existence since 1972, TASC programs are operational in more than 100 jurisdictions in 28 states.[4] Because of the documented treatment needs of so many arrestees combined with jail and prison overcrowding, the judiciary has come to be supportive of treatment as an alternative to incarceration.

A related issue is the development of drug testing technologies--primarily urinalysis testing--with pre-trial arrestees. Studies of arrestees in Washington, D.C. and New York City found that persons who

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[1] The Drug Use Forecasting program (DUF) was established by the National Institute of Justice to measure the prevalence of drug use among those arrested for serious crimes. Since 1986, the DUF program has used urinalysis to test a sample of arrestees in selected major cities across the United States to determine recent drug use. Urine specimens are collected from arrestees anonymously and voluntarily, and tested so as to detect the use of ten different drugs, including cocaine, marijuana, PCP, methamphetamine, and heroin. See Leading Drug Indicators, ONDCP White Paper (Washington, DC: Office of National Drug Control Policy, 1990); Eric D. Wish, "Drug Testing and the Identification of Drug-Abusing Criminals," pp. 230-244 in James A. Inciardi (ed.), Handbook of Drug Control in the United States (Westport, CT: Greenwood Press, 1990).

[2] James A. Inciardi, Criminal Justice (Fort Worth: Harcourt Brace Jovanovich, 1993).

[3] Carl G. Leukefeld and Frank M. Tims (eds.), Compulsory Treatment of Drug Abuse: Research and Clinical Practice (Rockville, MD: National Institute on Drug Abuse, 1988).

[4] James A. Inciardi and Duane C. McBride, Treatment Alternatives to Street Crime: History, Experiences and Issues (Rockville, MD: National Institute on Drug Abuse, 1991).

tested positive by urinalysis at arrest for one or more "hard" drugs (usually heroin, cocaine, or PCP) had a greater number of rearrests than arrestees with a negative test result.[5] Importantly, these and related studies emphasized that extremely high proportions of arrestees were drug-involved, and that urinalysis appeared to be an effective technology for identifying the drug-using arrestee population. Furthermore, the expanded use of urinalysis in the District of Columbia and elsewhere to test and monitor pre-trial arrestees found that urinalysis surveillance reduced the rate of pre-trial misconduct, including rearrest.[6] These studies generated widespread support for drug testing as an adjunct to treatment for some offenders, and as an alternative to treatment for others. And it was within the context of these developments and findings that the Offender Profile Index evolved.

DEVELOPING THE OFFENDER PROFILE INDEX

As urinalysis became increasingly reliable, easy to use, and attractive to judges and policy makers, and as research documenting the effectiveness of drug abuse treatment accumulated, alternative sentences to treatment or drug testing were often considered. However, the judiciary struggled with questions of sorting and referral. How were judges to best determine the most appropriate course of intervention for any given arrestee? For which offenders was urine surveillance most appropriate? How intensive should treatment be for one drug-involved offender versus another?

The issues associated with the appropriate use of urinalysis testing and treatment for drug-involved arrestees resulted in the structuring of the Drug Testing Technology/Focused Offender Disposition Program (DTT/FOD). In 1987, the Bureau of Justice Assistance (BJA) approached the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to:

1. develop and test the utility and reliability of an assessment instrument that would sort drug-using offenders in a way that would enable the courts to make appropriate referrals for drug treatment, drug testing or other human services; and,

2. develop a program methodology that would demonstrate if there existed a drug-abusing offender population that might benefit from a course of drug testing only.

From the outset, the Offender Profile Index (OPI) was not intended to be a complex clinical assessment instrument that yielded a specific treatment plan. Rather, the purpose was to structure a broad "sorting" instrument that would suggest general treatment/intervention alternatives. In developing the instrument, NASADAD worked within "social control" and "stakes in conformity" perspectives found

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[5] Eric D. Wish and Bernard A. Gropper, "Drug Testing by the Criminal Justice System: Methods, Research, and Applications," pp. 321-391 in Michael Tonry and James Q. Wilson (eds.), Drugs and Crime (Chicago: University of Chicago Press, 1990).

[6] Eric D. Wish, Mary Cuadrado, and J.A. Martorana, "Estimates of Drug Use in Intensive Supervision Probationers: Results from a Pilot Study," Federal Probation, 50 (1986), pp. 10-13; C.A. Visher, Assessment of Pretrial Urine Testing in the District of Columbia: A Reanalysis (Washington, DC: National Institute of Justice, 1988); J.A. Carver, Drugs and Crime: Controlling Use and Reducing Risk Through Testing (Washington, DC: National Institute of Justice, September/October 1986).

in studies of prediction in criminology and substance abuse treatment outcome.[7] NASADAD utilized its workgroup, an expert panel of clinicians and researchers in the fields of drug abuse and criminology, to operationalize "stakes in conformity" into specific content areas and to develop specific measurement questions. The content areas included family support, education, school, employment, home/residential stability, criminal justice involvement, psychological functioning, and drug treatment history. In addition, a short "drug severity index" was developed that yielded a numerical score based on the types and frequency of drugs used.

Decisions about categorical cutting points were made by members of the NASADAD expert panel and were based on their experience with the drug using criminal justice population. The summed scores yielded by the OPI recommended alternative treatment options--long term residential, short term residential, intensive or regular out-patient treatment, and urine monitoring only. In addition, but not a part of the scoring, was a brief HIV risk assessment.

TESTING THE OFFENDER PROFILE INDEX

In 1988, NASADAD solicited proposals to test the OPI. Fifteen cites submitted proposals, and the final participants were Phoenix (Arizona), Birmingham (Alabama), and Chicago (Illinois). In all three sites, the local Treatment Alternatives to Street Crime program was the participating organization. In all, more than 1,500 drug offenders referred to the project by the local courts were assessed with the OPI and directed to the designated intervention alternative.[8] Cutting points for scoring were recelebrated on several occasions during the project for the sake of refining the scoring and referral purposes of the instrument.

To determine the utility of the Offender Profile Index, extensive face-to-face interviews were conducted by NASADAD staff and consultants with virtually everyone associated with the DTT/FOD project--judges, probation officers, TASC administrators and case managers, and treatment program representatives. In addition, interviews were conducted samples of participating treatment program clients. Overall, the reviews were highly positive. Judges favored the OPI because its quantitative scoring mechanism provided an objective numerical assessment of treatment need upon which probation and diversion decisions could be made. It also supplied judges with information that was typically

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[7] See David P. Farrington and Roger Tarling, Prediction in Criminology (Albany: State University of New York Press, 1985); Don C. Gibbons, Changing the Lawbreaker: The Treatment of Delinquents and Criminals (Englewood Cliffs: Prentice-Hall, 1965); Travis Hirschi, Causes of Delinquency (Berkeley: University of California Press, 1969); James A. Inciardi and Dean V. Babst, "Predicting the Post-Release Adjustment of Institutionalized Narcotics Addicts," Bulletin on Narcotics, 23 (1971), pp. 33-39; L.C. Sobell and E. Ward (eds.), Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances (New York: Pergamon Press, 1980); Jackson Toby, "Social Disorganization and Stake in Conformity: Complementary Behaviors in the Predatory Behavior of Hoodlums," Journal of Criminal Law, Criminology, and Police Science, 46 (1957), pp. 12-17; Delbert S. Elliott, David Huizinga, and Suzanne S. Ageton, Explaining Delinquency and Drug Use (Beverly Hills: Sage Publications, 1985).

[8] For a full description of the full DTT/FOD experience, see Duane C. McBride, James A. Inciardi, and Beth A. Weinman, The Drug Testing Technology/Focused Offender Disposition Program (Washington, DC: National Association of State Alcohol and Drug Abuse Directors, 1992).

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unavailable to them at sentencing. Probation officers favored the OPI because it provided them with a comprehensive overview of a client's drug severity, as well as measurements of conformity domains that were easily verifiable from probation records and field visits. Officials at TASC sites, including several who were not part of the project but nevertheless has access to the instrument, preferred the OPI to their local assessment instrument because it yielded the same treatment referral recommendations in a less time consuming and efficient manner. In fact, the Birmingham TASC site modified their local assessment instrument by incorporating much of the OPI. Treatment program officials indicated that OPI-referred clients had been correctly referred.

By contrast, there were a few TASC case managers who disliked the OPI, for two reasons: 1) its numerical scoring precluded the use of clinical skills and insights in making treatment referral decisions; and, 2) the instrument failed to provide enough client data to construct a comprehensive treatment plan. These objections, however, were the result of a misunderstanding of the purpose of the OPI. It was never intended as a comprehensive appraisal of mental health and treatment planning. Rather, it was designed as a broad sorting instrument for general needs assessment.

As the project endured and the OPI became available to court and correctional practitioners across the country, it was generally viewed as an easily scored assessment instrument that provided general guidelines for treatment need. In 1992, furthermore, the State of Delaware adopted the OPI as the needs assessment tool for system-wide treatment planning.

USING THE OFFENDER PROFILE INDEX

To reiterate, the Offender Profile Index is not a clinically-oriented instrument designed to yield a comprehensive substance abuse treatment plan. Rather, it is a broad "sorting' or classification instrument appropriate for determining which type of drug abuse treatment intervention—long term residential, short-term residential, intensive outpatient, regular outpatient, or urine monitoring only. Diagnoses and assessments for comprehensive treatment planning are best accomplished at the particular program to which the client is directed.

The administering of the Offender Profile Index involves a face-to-face interview that can be completed in about 30 minutes. It can be administered by any trained professional with basic interviewing skills. The assessment is essentially self-scoring, and a numerical score corresponds with a specific referral recommendation. A complete copy of the instrument appears at the end of this document, and has been printed in a manner designed for easy reproduction.

As noted earlier, the Offender Profile Index and its associated service recommendations are based on "stakes in conformity." In this behalf, research findings have indicated that individuals with high stakes in conformity (as measured by educational attainment, employment history, living arrangements, and arrest history) are less likely to commit crimes than persons with low stakes in conformity. Data further indicate that persons with high stakes who do commit crimes are less likely to be recidivists than persons with low stakes, and therefore, require less supervision and fewer services.

The specific background data and stake in conformity indices that are included in the Offender Profile Index are:

1. Socio-demographic and Offense Characteristics
2. Drug Severity Index
3. Family/Support Sub-Index
4. Educational Stake Sub-Index
5. School Stake Sub-Index
6. Work Stake Sub-Index
7. Home Stake Sub-Index
8. Criminal Justice History Sub-Index
9. Psychological Stake Sub-Index
10. Treatment Stake Sub-Index
11. HIV Risk Behaviors Sub-Index

Each of the indices and their scoring are discussed in the pages that follow.

General Instructions

The OPI is basically self-explanatory. The interview should be conducted in as private an environment as possible to help ensure accurate answers. The interviewer should explain the basic purpose of the OPI to the subject, focusing on the need to determine the type and level of services required and the need for client cooperation. Answers to the specific questions are indicated by circling the appropriate response or writing it in.
Make sure ALL applicable items are answered and are legible.

Cover Page: Several items are to be entered on the cover page. The first is the client identification number. Since different institutions use different types of identifiers, an ID number arbitrarily consisting of 6 digits has been included here. this can be modified as necessary. The cover page also asks the interviewer to note whether or not verification of the client's criminal justice history has been conducted. This is done to help ensure accuracy in client self-report.

Finally, the cover page asks the results of a preliminary urinalysis test, to be taken before the client is interviewed. This urinalysis is another attempt to ensure client accuracy in self-report. Having the pre-OPI urinalysis report available at the time of the interview allows the interviewer to fully probe the extent of a client's drug use history.

Background Questions

The first series of questions in Part I of the OPI focuses on basic background and socio-demographic characteristics.

Jurisdiction: This item specifies the jurisdiction or court where the case is being handled.

Socio-Demographic Characteristics: The next few items include a variety of client identifiers—name, social security number, date of birth, age, sex, and ethnicity. These items provide basic information that will assist in describing the populations served.

Offenses: These refer to charges in the client's current case. If the client has more than four criminal charges, list only the four primary ones. Since exact terminology for offenses tends to vary from one jurisdiction to the next, these items are left for the interviewer to fill in.

Client Cooperation: This item asks about a client's general state of cooperation. Uncooperative clients are those who refuse to answer the questions posed during the interview process. A client is also deemed uncooperative if he or she refuses the intervention strategy recommended. However, denial of drug use should not be automatically considered as uncooperative behavior. Should the client have a "possession" charge, or exhibit "track marks" or the burns and sores about the mouth typical of chronic crack smokers, but denies drug use, perhaps urinalysis or a restatement of the purpose of the interview is in order. Mentally disoriented clients are those who exhibit extreme confusion, or bizarre behaviors that prohibit the conducting of a meaningful interview. Individual clients deemed uncooperative or mentally disoriented should be referred for psychiatric assessment, or returned to court for an alternate disposition.

Signature and Date of Interview: A signature is recommended for the sake of identifying who conducted the interview should some question rise at a later date. Signatures must be legible. The date of the interview should include month, day, and year.

Drug Severity Index

The Drug Severity Index was developed after reviewing the many attempts to scale drug use patterns described in the research literature.[9] It examines types of drugs used and frequency of use to assign an index score. Drug severity should be based on a client's last 90 days on the street, whether that be prior to arrest or while on probation. Descriptive information on age of first use and first continued use, although not scored, is useful for better understanding the characteristics of the overall target population.

At first glance the drug severity index might appear quite complex since there are drugs, drug groups, frequency codes, and severity codes. Some explanation plus a little practice with the instrument will demystify it all rather quickly.

First, there are 17 drugs grouped into four major categories. Category A includes alcohol and marijuana. Category B includes inhalants, hallucinogens, and sedative pills. Category C includes stimulant pills, non-intravenous (IV) cocaine, amphetamines and ice, crack, oral opiates, and basuco (coca paste). Category D includes all forms of IV drug use, speedballing, and the use of street methadone. Categories A through D reflect a progression of involvement in drug abuse.

Second, there are four drug frequency codes, all of which are self-evident.

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[9] For example, see Robert M. Bray, William S. Schlenger, S. Gail Craddock, Robert L. Hubbard, and J. Valley Rachal, Approaches to the Assessment of Drug Use in the Treatment Outcome Prospective Study (Research Triangle Park, NC: Research Triangle Institute, 1982); Richard R. Clayton and Harwin L. Voss, Young Men and Drugs in Manhattan: A Causal Analysis (Rockville, MD: National Institute on Drug Abuse, 1981).

Third, there are seven possible drug severity scores, ranked from 6 to 0. Code 6 indicates minimal drug use, and hence, low drug severity. At the other end, code 0 indicates the intravenous (IV) use of heroin, and thus, extremely high drug severity. More specifically:

6 =   code 0 in A through D
              or
        code 1 in A and B

A client receives a drug severity score of 6 if he or she does not use any of the drugs listed (a frequency code of 0) or uses any of the drugs in categories A or B less than once a week (a frequency code of 1). These individuals are considered light or non-users.

5 =   code 2 in A
              or
        code 0 or 1 in B

A client receives a drug severity score of 5 if he or she uses alcohol or marijuana (category A) no more than once a week (a frequency code of 2), and uses any of the drugs in category B less than once a week or not at all (frequency code of 0 or 1). These individuals are considered moderate to heavy alcohol and/or marijuana users.

4 =   code 3 in A
              or
        code 2 or 3 in only one drug in B

A client receives a drug severity score of 4 if he or she uses alcohol or marijuana daily (frequency code of 3 in category A), or uses no more than one drug in category B once a week or more (a frequency code of 2 or 3). These individuals are considered heavy alcohol and/or marijuana users, who may also use one other drug fairly regularly.

3 =   code 2 or 3 in 2 or more drugs in B
              or
        code 1 in C

A client receives a drug severity score of 3 if he or she uses 2 or more drugs in category B at least weekly (frequency code of 2 or 3). A person may also receive a drug severity score of 3 if he or she uses any drug in category C less than once per week. These individuals are considered moderate to heavy poly-drug abusers.

2 =   code 2 or 3 in C

A client receives a drug severity score of 2 if he or she uses speed, crank, or some other form of stimulant pills, snorts cocaine, and/or smokes crack, ice or basuco (category C) once a week or more (a frequency code of 2 or 3). These individuals are considered regular amphetamine or cocaine users, but do not use their drugs intravenously.

1 =   code 1 in D

A client receives a drug severity score of 1 if he or she uses any drugs intravenously or illegal methadone (category D) less than once a week (a frequency code of 1). These individuals are considered light IV drug users.

$$0 = \text{codes 2 or 3 in D}$$

A client receives a drug severity score of 0 if he or she uses illegal methadone at least weekly or takes other drugs intravenously at least weekly (a frequency code of 2 or 3 in category D). These individuals are considered heavy IV users.

As noted earlier, although the drug severity index may appear confusing at first, its logic becomes readily apparent after it is administered a few times. Moreover, with most clients there are scoring short-cuts. For example, if the client's drug use is limited to alcohol or marijuana, then the drug severity score is either a 5 or a 6. If the client is an IV drug user, then the severity score is automatically a 0 or 1. Likewise, there are other patterns that will emerge after repeated use of the instrument. The appropriate drug severity score is to be entered in the space provided at the lower right corner of the page.

Family/Support Stake Sub-Index

The purpose of the family/support stake sub-index is to document the stability of the client's human relationships as well as the crime or substance use problems of those with whom he or she is close. This sub-index is based on 4 specific items: living arrangements; stability of living arrangements; proportion of friends who have been incarcerated 30 days or more; and the pro-portion of friends who have received or are receiving alcohol or other drug treatment.

Living arrangements: Question 1 asks the client to indicate with whom he or she is currently living. A score of 2 is recorded in the space provided to the right of the question if the client is living with a spouse, sex partner, or family. A score of 1 is recorded if the client is living alone or with friends, and a score of 0 is noted if he or she lives on the street or in some type of institution.

Stability of living arrangements: Question 2 asks about the length of time the client has been in his or her current living pattern. If it has been 1 year or more, a score of 2 is recorded; if it has been 6-12 months a score of 1 is recorded; and if it has been less then 6 months a score of 0 should be recorded.

Questions 3 and 4 focus on whether the client's spouse, sex partner, or whomever else he or she is living with has been treated for an alcohol or drug problem or has gone through detoxification. "Detox" is mentioned separately here since many street drug users don't consider it to be "treatment." Whether or not the client's spouse, sex partner, or whomever else he or she is living with has been incarcerated for 30 days or longer is also asked.

Question 5 asks the client about the number of his or her close friends, prior to his or her arrest. "Close friends" has not been operationally defined here because it is a subjective designation that will likely vary from one individual to the next. For one client it may be a crime partner or "running" partner. For another it may be a drinking or bowling friend. For still others it may include people in whom they can confide. In any case, most people consider "close" friends to be persons with whom they

have considerable contact, identify with, look up to, or in some other way have a significant relationship. (It should be noted here that the answers to Questions 3, 4, and 5 are not used to score the family/support stake sub-index. For analytical purposes, however, the information is important.)

Proportion of friends incarcerated 30 days or more: Question 6 focuses on how many of the client's close friends (the friends numbered in Question 5) have served time in jail or prison. If half or more have been incarcerated for 30 days or longer then a score of 0 is recorded; if it is none or almost none then a score of 2 is recorded.

Proportion of friends receiving treatment: Question 7 focuses on the number of close friends who have been treated (including detox.) for substance abuse. If half or more have been treated, a score of 0 should be recorded in the space provided; if it is less than half, a 1 should be recorded; and if it is none or almost none, then a score of 2 should be recorded.

Computing the Family/Support Sub-Index Score. As is indicated on the OPI, the Family/Support Sub-index score is computed by totaling the scores in questions 1, 2, 6, and 7. If that figure totals 6 to 8, circle the 2 in the Family/Support score line (the last line on the page). This score indicates that the client has a high degree of stable non-deviant relationships, and thus, a <u>high</u> family/support stake in conformity. If the summed score is 4 or 5, circle the 1 on the last line. This indicates a <u>moderate</u> stake. If the summed score is 3 or less, circle the 0. This indicates that the client has <u>minimal or no</u> stable relationships with non-drug users or non-criminals.

Educational Stake Sub-Index

The purpose of the Educational Stake Sub-Index is to document the educational attainment of the client. Those who have higher educational levels are assumed to have higher stakes in conventional behavior.

The four questions in this sub-index simply ask for the total number of years of normal education (question 1). If the client has less than 12 years of schooling (i.e., less than the completion of high school), questions 2 and 3 determine if he or she has a GED or has had any vocational or technical training. Question 4 asks for the specific vocational/technical courses completed: ·

In filling out this section, one needs first to record the number of grades completed in the space provided to the right of question 1. If this number is 12 or more, proceed directly to the scoring. If it is less than 12, ask questions 2, 3, and 4. Record the answers to 2 and 3 by circling the appropriate item. The answer to question 4 should be entered clearly and concisely in the space provided.

Computing the Educational Stake Sub-Index Score. A score of 2 is circled if the client has completed 12 or more years of education; <u>or</u> has earned a GED ("yes" in question 2); <u>or</u> has completed 9 or more years, plus vocational or technical training ("yes" in question 3). These individuals are seen as having a <u>high</u> educational stake. A score of 1 is circled if the client has completed 9-11 years of education but has not earned a GED, <u>and</u> has not had any vocational or technical training. These individuals are seen as having a <u>moderate</u> educational stake.

A score of 0 is circled if the client has completed 8 years of education or less. These individuals are seen as having a <u>low</u> educational stake.

School Stake Sub-Index

Because of the relatively young age of many offenders, it is possible that some might still be attending high school or a vocational training program at the time of processing, rather than having full or part-time employment. Thus, it is important to determine if they have a current school stake. The fact that someone makes the effort to attend classes suggests some level of stake in conformity.

Question 1 asks if the client is currently attending school. If the answer is <u>no</u>, item 2 on this page instructs you to circle 0 in the school stake score at the bottom of the page and proceed to the next sub-index (Employment). If the answer is <u>yes</u>, ask question 3. Question 3 attempts to determine if the client is currently a full- or part-time student. If he or she is full-time, circle 2 in the School Stake Score. If he or she is part-time then circle 1.

The enrollment verification is obtained by recording the specific name of the school, as well as its address and school telephone number. No less than a 10 percent random sample of cases should be verified. Please note at the bottom of the page if the information was verified and whether it was accurate.

Work Stake Sub-Index

The Work Stake Sub-Index is intended to document the client's current or recent employment activity. Question 1 asks how many weeks the client worked during the past year either outside the home or as a homemaker with responsibilities for others. In the space provided below and to the right of question 1, assign a weight of <u>2</u> for 35 weeks or more; a weight of <u>1</u> for 20-34 weeks; and a weight of <u>0</u> for less than 20 weeks.

Question 2 asks if the client is currently employed. Circle the appropriate answer. If yes, ask question 3; if no, ask question 4.

Question 3 asks the client to indicate how many hours he or she typically works outside the home or as a homemaker. In the space provided below and to the right of question 3, assign a weight of <u>2</u> if the client works 35 hours or more a week; a weight of <u>1</u> if the client works 14-34 hours a week, and a weight of <u>0</u> if the client works less than 15 hours a week.

Question 4 is asked of those who are not currently employed, focusing on their most recent job—inside or outside the home. Assign a weight of <u>2</u> in the space provided below and to the right of question 4 for those who worked 35 hours or more per week; a weight of <u>1</u> for those who worked 15-34 hours per week; and a weight of <u>0</u> for those who worked less than 15 hours per week at their last job.

Space is provided to record the client's current or last employer, address, telephone number, and supervisor's name. For a homemaker, the pre-sentence investigation report (if available) can be used to verify client information. No less than 10 percent of the clients should have their employment verified. Since a recent pay stub serves as adequate verification, <u>all</u> clients should be asked if they can provide one. At the bottom of the page indicate if there was verification and if the information was accurate.

<u>Computing the Work Stake Sub-Index Score.</u> The Work Stake Sub-index is scored by summing the weights derived from the answers in questions 1, and 3 <u>or</u> 4. At the bottom of the page,

circle 2 for when the sum of scores is equal to 4; circle 1 when the sum or scores is 2 or 3; and circle 0 for those with 0 or 1. Those with a score of 2 are considered to have a <u>high</u> work stake; those with a 1 have a <u>moderate</u> work stake, and those with a 0 are considered to have a <u>low</u> work stake.

Home Stake Sub-Index

The purpose of this sub-index is to document the type and stability of the client's residence during the past year. Question 1 asks for the client's current residence and telephone number. Please record the information clearly. <u>This should be verified for all clients</u>. A recent bill or postmarked letter with the client's name and address will suffice, and it should be the responsibility of the client to get this type of document to the interviewer.

Questions 2 and 3 solicit the length of time at the residence in question 1. If the client has lived at the current address at least 12 months, proceed to question 5. Question 5 asks if the client contributed to the payment of his or her lodging—whether it be rent or mortgage. Check the appropriate space indicating if the client contributes "all," "some," or "none" of the rent or mortgage money.

Space is provided for verification. As noted above, the most recent residence of <u>all</u> clients residences should be verified. In addition, the date of the residence check, the name of the checker, and the results of the check must be indicated in the space provided.

<u>Computing the Home Stake Sub-Index Score</u>. The Home Stake Sub-index score is computed on the basis of three items: contributions to rent or mortgage, number of residences, and validity of residence information.

A score of 2 is circled if the client pays <u>all</u> of the rent or mortgage (question 5), has had less than four residences in the last 12 months (questions 3 & 4), and the residence has been verified as correct. All <u>three</u> of these conditions must be met!
A score of 2 is considered to indicate a <u>high</u> home stake.

A score of 1 is circled if the client made <u>some</u> contribution to his or her housing costs (question 5), had less than 6 residences in the last 12 months (question 4), and provided correct residence information. All <u>three</u> of these conditions must be met! A score of 1 is considered to indicate a <u>moderate</u> home stake.

A score of 0 is circled if the client made <u>no</u> contribution to his or her housing costs (question 5), <u>or</u> had 6 or more residences in the last year (question 4), <u>or</u> if the residence information was found to be false. As such, if <u>any</u> of these three conditions are met the score becomes 0, and is considered to indicate a <u>low</u> home stake.

Should a client or a member of his or her household be unable to provide residence verification information, the score becomes 0. Different residence information yielded by the verification process should be recorded.

Criminal Justice History Sub-Index

The Criminal Justice History Sub-Index is designed to indicate the extent of client involvement with the criminal justice system. The questions are very straight forward. Question 1 asks the client to indicate the total number of arrests he or she has had in the last 5 years. Question 2 asks for the total number of convictions in the last 5 year. Question 3 asks for the total time served in detention, jail, or prison (in months) during the past 5 years. The client's self report should be comparable to the criminal justice verification of arrests done by the interviewer.

Computing the Criminal Justice History Sub-Index Score. A score of 2 is circled for the Criminal Justice History Sub-Index if the client has had 2 arrests or less and/or no more than 45 days incarcerated. A score of 2 is considered to indicate a relatively high stake in non-criminal behavior.

A score of 1 is circled if the client has had 3-10 arrests and/or 46 days to 6 months of incarceration in the last 5 years.
A score of 1 is considered to indicate a moderate stake in non-criminal behavior.

A score of 0 is circled if the client has had 11 or more arrests and/or has been incarcerated for more than 6 months in the last 5 years--reflecting a low stake in non-criminal behavior.

In scoring this sub-index, time incarcerated should weigh more heavily than the number of arrests, since time incarcerated usually indicates the severity of crimes committed.

Psychological Stake Sub-Index

The general focus of the various sub-indices thus far has been on objective behaviors and verifiable facts. However, it is also important to include one sub-index that focuses on emotional health. This is not a psychiatric diagnostic tool, but rather a simple attempt to give a rough indicator of emotional functioning.

Question 1 asks the respondent to indicate if he or she has ever acted out of control--even when not on drugs. A score of 2 is recorded on the line to the right and below question 1 if the client indicates there have been no such "out of control" episodes. A score of 1 is recorded if there was 1 such episode, and a score of 0 if there were 2 or more episodes.

Question 2 asks if the client ever attempted or seriously considered suicide. A score of 2 is recorded in the space to the right and below question 2 if the client answered "no" to both parts of question 2. A score of 1 is recorded if the client considered suicide but never attempted it. A score of 0 is recorded if the client attempted suicide.

Question 3 asks about treatment for nervous or mental problems. A score of 2 is recorded in the space to the right and below question 3 if the client has never been treated for nervous or mental problems. A score of 1 is recorded if the client has been treated once, and a score of 0 is recorded if the client has been treated more than once.

Computing the Psychological Stake Sub-Index Score. First sum the scores recorded for questions 1, 2, and 3. This is the total composite score for this sub-index, and should be recorded in the

space provided. A Psychological Stake Sub-Index Score of 0 is circled if the total composite score is 0 or 1. This score is considered to indicate potentially severe psychological problems. A score of 1 is circled if the total composite score is 2, 3, or 4. This score is considered to indicate a moderate level of psychological problems. A score is considered indicative of a high degree of stable emotional functioning.

Treatment Stake Sub-Index

This brief sub-index consists of only one question: "How many months have you spent in treatment during the past 5 years?" Circle 2 if the client has been in treatment 12 months or more in the last 5 years, and circle 0 if the client has been in treatment for less than 12 months.

Although the logic of this scoring may appear a bit peculiar at first, it is based on the research finding that individuals who have spent 12 months or more in drug abuse treatment are more likely to have positive treatment outcomes than those who have not. A treatment stake score of 2 is considered to indicate a high stake in successful treatment outcome. A score of 0 is considered to indicate a low stake in successful treatment outcome.

HIV Risk Behaviors Sub-Index

This section of the OPI is designed to provide information on the AIDS-related risk behaviors of the client population. The information obtained is not used in computing the final OPI score. Rather, it represents a step in documenting the distribution of risk behaviors of those coming to the attention of the local criminal justice system. The questions are straight-forward, self-explanatory, and require that the appropriate answer be circled in each instance. Five specific risk behaviors are focused on:

1. The number of sex partners
2. The use of condoms
3. Anal penetration
4. The sharing of needles
5. The cleaning of needles

There are separate questions for males, females, and IV drug users. Questions 1 and 2 are for everyone. Questions 3 through 6 are for males only; questions 7 and 8 are for females only; and questions 9 through 13 are for IV drug users of both sexes. At the bottom of page 12, the interviewer is asked to indicate if the client is at high risk for HIV infection. A client is considered to be at high risk for HIV infection if he or she:

1. had unprotected sex with multiple partners during the past year;
2. had any sexual contacts with IV drug users;
3. shared drug paraphernalia with IV drug users and did not properly clean them before use; and,
4. engaged in sex involving anal penetration.

Profile Summary

Part IV of the OPI involves the actual computation of the total score and the determination of recommended services. The drug use severity score and the stake in conformity scores for each of the 8 sub-indices can be obtained from the bottoms of the appropriate pages in the instrument. Sum the 8 sub-index scores and record as indicated adjacent to the line labeled "Total Stake in Conformity Score."

The higher stake in conformity scores combined with less serious and less frequent drug use results in a recommendation of less intensive services. At the other end of the continuum, low stake in conformity scores and/or IV drug use result in a recommendation of long term, residential treatment.

Services Recommended

1. Long-term Residential Treatment: Long-term residential treatment is recommended for any client who uses illegal methadone or any drugs intravenously—heroin, other narcotics, cocaine, or amphetamines.

    Intravenous (IV) drug use has been found to be the culmination of a drug-using career. Given the many psychological, behavioral, and physical consequences associated with IV drug use, the intense supervision and services of long-term residential care are required.

2. Short-term Residential Treatment: Short-term residential treatment is recommended for any client with a drug use severity score of 2, and a stake in conformity of less than 12. These individuals use non-IV stimulants or oral opiates on a weekly basis and require the services and supervision provided within the context of short-term residential care.

3. Intensive Outpatient Treatment: Intensive outpatient treatment is recommended in two situations.

    (1) The first involves persons with a Drug Use Severity score of 3 and a stake in conformity score of less than 12. While this person may be using several drugs regularly, he or she may not yet need the more rigid monitoring of a short-term facility; thus, he or she is placed in the most stringent of the non-residential categories.

    (2) The second involves persons with a Drug Use Severity score of 2 and a high stake in conformity (12 or higher). These persons are somehow able to maintain a job and stable living arrangements, while using non-IV cocaine, crack, amphetamines or oral opiates on a weekly basis. Therefore, these individuals require some level of intensive attention, but do not require residential treatment.

4. Outpatient Treatment: Outpatient treatment is recommended in two situations.

    (1) The first involves persons with a Drug Use Severity score of 4 and a total stake in conformity of less than 12. These individuals are daily users of alcohol and/or marijuana who also use one Category B drug and have low to moderate stakes in conformity. Because drug use has apparently progressed beyond experimental or social, recreational levels combined with less than optimal stakes in conformity, it is believed that the additional supervision and services of outpatient treatment are required.

(2)   The second involves the client with a more serious drug problem, e.g., a Drug Use Severity of 3. Clients in this group are poly-drug users. Even with a high stake in conformity score (12 or better), outpatient treatment is recommended for these typically non-recreational users.

5.   Urine only: Urine monitoring only is recommended in two situations.

(1)   The first includes clients with a Drug Severity Score of 5 or 6. Individuals with this drug severity score only use alcohol and/or marijuana, or use other drugs (including sedatives, inhalants, and hallucinogens) less than once a week. Since they are non-users of other drugs, they qualify for urine only regardless of their stake in conformity score.

(2)   The second includes clients who have a total stake in conformity score 12 or more (and thus a high stake), and have a Drug Severity Score of 4, (daily users of alcohol and/or marijuana plus one drug in category B) also qualify for urine only. Because of their minimal illegal drug use and/or their relatively high stakes in conformity, they are considered the best candidates for a urine monitoring program.

The Need For AIDS Education/Intervention

If the conclusion was reached that the client is at high risk for HIV infection, then "yes," should be circled at the end of the instrument, and HIV/AIDS prevention/intervention services should be provided. At a minimum, AIDS prevention literature should be made available to all clients.

OFFENDER PROFILE INDEX

CASE # __ __ __ __ __ __

CRIMINAL JUSTICE VERIFICATION

Arrests Verified: _____

Date of Verification: _____

Not Verified: _____

URINALYSIS RESULTS (PRELIMINARY):

Negative for All Drugs: ____

Positive for:

Cocaine	_____
Opiates	_____
Amphetamines	_____
THC	_____
Benzodiazepines	_____
Barbiturates	_____
Phencyclidine	_____

Date of Test: _____

Confirmed: Yes __ No __

PART I: Background Information

Jurisdiction: _____

Client's Name: _____
               Last   First   Middle

Social Security Number: __ __ __ - __ __ - __ __ __ __

Date of Birth: __ __ / __ __ / __ __
             Month Day Year

Age: ____

Please circle appropriate responses:

Sex: 1. Male   2. Female

Ethnicity:

1. White		6. Asian or Pacific Islander
2. Black American		7. Hispanic/Mexican
3. Black/Haitian		8. Hispanic/Cuban
4. Black/Other Caribbean		9. Hispanic/Puerto Rican
5. Native American		10. Hispanic/Other

Type of Client:

1. Pre-Sentencing
2. Sentencing
3. Post-Sentencing

Offenses:

1. _____   3. _____
2. _____   4. _____

UNCOOPERATIVE/DISORIENTED CLIENTS: If client refuses to cooperate or appears too disoriented to provide the information requested, the interview should be terminated and the appropriate indicator circled.

Client was:

1. Mentally Disoriented
2. Uncooperative
3. Cooperative, continue interview

_____
Interviewer's Signature

_____
Date of Interview

PART II: DRUG SEVERITY INDEX

Illegal Drugs and/or Non-Medical Use of Prescription Drugs	Age of 1st Use	Age of 1st Continued Use	CODING FREQUENCY: 3=daily 2=1/wk or more 1=less than 1/wk
A.			
1. ALCOHOL	___	___	___
2. MARIJUANA, kif hashish, etc.	___	___	___
B.			
3. INHALANTS, glue solvents, etc.	___	___	___
4. HALLUCINOGENS lsd, pcp, etc.	___	___	___
5. PILLS, downers, prescribed sedatives, tranquilizers	___	___	___
C.			
6. PILLS, uppers, speed, crank	___	___	___
7. AMPHETAMINES, Ice, crystals	___	___	___
8. OPIATES, pills, Dilaudid, codeine, T's and Blues	___	___	___
9. COCAINE, non-IV, inhalation, snorting	___	___	___
10. CRACK, freebase	___	___	___
11. BASUCO, coca paste	___	___	___

D.

12. HEROIN, (IV)	___	___	___
13. COCAINE, (IV)	___	___	___
14. SPEED, (IV)	___	___	___
15. OTHER IV NARCOTICS	___	___	___
16. COCAINE/HEROIN (IV) speedball	___	___	___
17. ILLEGAL METHADONE	___	___	___

SCORING:

6 = 0 in A - D OR 1 in A
5 - 2 in A OR 1 in B
4 = 3 in A OR 2 or 3 in only 1 drug in B
3 = 2 or 3 in TWO or more drugs in B OR 1 in C
2 = 2 or 3 in C
1 = 1 in D
0 = 2 or 3 in D

DRUG SEVERITY SCORE _____

PART III: STAKE IN CONFORMITY INDEX

A.   Family/Support Stake Sub-Index

1.   With whom are your currently living?   ___
    a.   spouse/sex partner   = 2
    b.   parents/family   = 2
    c.   alone/friends   = 1
    d.   street/institution   = 0

2.   If (a) or (b) above, how long have you been living in that arrangement?   ___
    1 year or longer   = 2
    6 to 12 months   = 1
    less than 6 months   = 0

3.   Has your spouse/sex partner or any of the people with whom you are currently living
    EVER been incarcerated for 30 days or longer? (1) Yes (2) No   ___

4.   Has your spouse/sex partner or any of the people with whom you are living ever been
    treated for a drug or alcohol problem or gone through detox?
    (1) Yes (2) No   ___

5.   How many close friends do or did you have prior to your arrest? ___ (not scored)

6.   How many of these friends have EVER been incarcerated for 30 days or
    longer?   ___
                half or more   = 0
                less than half   = 1
                none or almost none   = 2

7.   How many of these friends have ever been treated for a drug or alcohol problem, or have
    gone through detox?   ___
                half or more   = 0
                less than half   = 1
                none or almost none   = 2

TOTAL COMPOSITE SCORE for questions 1, 2, 6, 7 above: ___

Family/Support Stake Sub-Index Scoring

    Assign a weight of 0 for a composite score of 0 - 3
    Assign a weight of 1 for a composite score of 4 - 5
    Assign a weight of 2 for a composite score of 6 or greater

FAMILY/SUPPORT STAKE SCORE (circle the appropriate score): 0 1 2

B. Educational Stake Sub-Index

1. What is the highest grade in school that you completed?
(If 12 years or more, proceed to scoring below) ___

2. If less than 12, did you receive a GED? 2) Yes 1) No (If client received GED, proceed to scoring below)

3. Have you attended any vocational/technical courses? (If no, proceed to scoring 2) Yes 1) No below)

4. If yes, what courses or training programs did you complete?

_____

_____

Educational Stake Sub-Index Scoring

Assign a weight of 2 for: 12 or more years of schooling, or GED, or 9 or more years + completed skills training

Assign a weight of 1 for: 9 - 11 years without completed skills training

Assign a weight of 0 for: 8 years or less

EDUCATIONAL STAKE SCORE (circle the appropriate score): 0 1 2

C.   School Stake Sub-Index

    1.   Are you currently attending school? 2) Yes 1) No

    2.   If **No**, score 0 below and go to Work Stake Sub-Index

    3.   If **Yes**, is schooling full- or part-time?

        If Full-time, score 2 below

        If Part-time, score 1 below

Interviewer: Obtain enrollment verification information below:

        1) Not Verified 2) Inaccurate 3) Accurate

Enrollment Verification Information

Name of School: _____

Address: _____

_____

Telephone Number: _____

SCHOOL STAKE SCORE (circle the appropriate score): 0 1 2

D.   Work Stake Sub-Index

1.   How many weeks have you worked outside the home and/or as a
     homemaker (with responsibility for others) during the past 12 months?   ___

     Assign a weight of 2 for 35 weeks or more
     Assign a weight of 1 for 20 - 34 weeks
     Assign a weight of 0 for less than 20 weeks   ___

2.   Are you currently employed outside the home and/or as a homemaker
     (with responsibility for others)?   2) Yes   1) No

3.   If YES, how many hours a week do you typically work?   ___

     Assign a weight of 2 for 35 or more hours/week
     Assign a weight of 1 for 15 - 34 hours/week
     Assign a weight of 0 for less than 15 hours/week   ___

4.   If NO, how many hours a week did you work on your last job?   ___

     Assign a weight of 2 for 35 hours or more/week
     Assign a weight of 1 for 15 - 34 hours/week
     Assign a weight of 0 for less than 15 hours/week   ___

INTERVIEWER: Obtain employment verification information below

<u>Employment Verification Number</u>

Name of Employer: _____

Address: _____

Telephone Number: _____

Supervisor's Name: _____

        1) Not Verified   2) Inaccurate   3) Accurate

Work Stake Sub-Index Scoring

Sum of Scores (from questions 1 <u>and</u> 3 or 4) =   ___

        Assign a weight of 2 for a composite score of   4
        Assign a weight of 1 for a composite score of 2 - 3
        Assign a weight of 0 for a composite score of 0 - 1

WORK STAKE SCORE (circle the appropriate score): 0 1 2

E. Home Stake Sub-Index

1. What is your most recent residence:

_____
Street

_____
City   State   Zip Code
Telephone: _____

2. Dates you resided there: From _____ to _____

3. Number of months at that residence: _____
    (If 12 months or more, proceed to question #5)

4. How many residences have you had during the past 12 months?   ___

5. During the past 12 months, how much were you contributing to the rent or
    mortgage of the place(s) you were living?
    1) ___ none 2) ___ some 3) ___ all

VERIFICATION

___ place of last residence verified as correct
___ dates of last residence verified as correct
___ place of last residence verified as incorrect
___ dates of last residence verified as incorrect
___ residence not verified

Date of residence check: _____

Name of checker: _____

Home Stake Sub-Index Scoring

Assign a weight of 0 if the client: made no contribution to the rent of mortgage during the past
12 months or had 6 or more residences, or if most recent residence was false.

Assign a weight of 1 if the client: made some contribution to the rent or mortgage during the past
12 months or had 4 - 5 residences, and most recent residence was verified as correct.

Assign a weight of 2 if the client: made the total contribution to the rent or mortgage, and had
less than 4 residences, and the residence was verified as correct.

HOME STAKE SCORE (circle the appropriate score): 0 1 2

F.   Criminal Justice History Sub-Index

      1.   Total arrests in last 5 years: —

      2.   Total convictions in last 5 years: —

      3.   Total time served (months) in last 5 years: —

Criminal Justice History Scoring

      Assign a weight of 2 if client: no more than 2 arrests and/or 45 days incarcerated in the last 5 years

      Assign a weight of 1 if client: 3 to 10 arrests and/or 6 months incarcerated in the last 5 years

      Assign a weight of 0 if client: 11 or more arrests and/or more than 6 months incarcerated in the last 5 years

NOTE: In scoring, time incarcerated should weigh more heavily than # of arrests.

CRIMINAL JUSTICE SCORE (circle the appropriate score): 0 1 2

G. Psychological Stake Sub-Index

1. Have you ever felt if you had acted out of control, or have others told you that you had acted out of control, at any time when you were NOT under the influence of alcohol or drugs? 1) Yes 2)No

   If "YES," how many times in the last year?   ____

   > Score 2 if none
   > Score 1 if only 1 time
   > Score 0 if 2 or more times   ____

2. Have you ever attempted suicide? 1) Yes 2) No

   If "NO," have you ever seriously considered suicide?
   1) Yes 2) No

   > Score 2 if no to both questions
   > Score 1 if yes to considered
   > Score O if yes to attempted   ____

3. Have you ever been treated for nervous or mental problems? 1) Yes 2) No

   If "YES," how many times did you receive treatment?   ____
   > Score 2 if never treated
   > Score 1 if treated once
   > Score 0 if treated 2 or more times   ____

TOTAL COMPOSITE SCORE FOR QUESTIONS 1 - 3 ABOVE: ____

Psychological Stake Sub-Index Scoring

> Assign a weight of 2 for a composite score of 5 - 6
> Assign a weight of 1 for a composite score of 2 - 4
> Assign a weight of 0 for a composite score of 0 - 1

PSYCHOLOGICAL STAKE SCORE (circle appropriate score): 0 1 2

H.   **Treatment Stake Sub-Index**

    1.   How many months have you spent in drug abuse treatment during the past 5 years?   ___

    Assign a weight of 2 for 12 months or more
    Assign a weight of 0 for less than 12 months

TREATMENT STAKE SCORE (circle the appropriate score): 0 1 2

I. **HIV Risk Behaviors Sub-Index**

1. How many sex partners have you had in the last year?   ___

2. What proportion of the time were condoms used?
   1. None
   2. About a quarter
   3. About half
   4. About three-quarters
   5. Almost all

FOR MALES ONLY

3. What proportion of your sex partners were prostitutes?
   1. Almost all
   2. About three-quarters
   3. About half
   4. About a quarter
   5. None

4. What proportion of these sex partners were IV drug users?
   1. Almost all
   2. About three-quarters
   3. About half
   4. About a quarter
   5. None

5. What proportion of these sex partners were males?
   1. Almost all
   2. About three-quarters
   3. About half
   4. About a quarter
   f. None

6. If any were males, what proportion of the time did sexual contact involve anal penetration?
   1. Almost all
   2. About three-quarters
   3. About half
   4. About a quarter
   5. None

FOR FEMALES ONLY

7. What proportion of your sexual partners were IV drug users?
   1. Almost all
   2. About three-quarters
   3. About half

4. About a quarter
 5. None

8. What proportion of the time did sexual intercourse involve anal penetration?
 1. Almost all
 2. About three-quarters
 3. About half
 4. About a quarter
 5. None

ASK BOTH MALES AND FEMALES (IV DRUG USERS ONLY)

9. When you had your own works, how often did you share them with others?
 1. More than half the time
 2. About half the time
 3. About a quarter of the time
 4. Almost never

10. After sharing your works, how often did you clean them before using them yourself?
 1. Almost never
 2. About a quarter of the time
 3. About half the time
 4. More than half the time
 5. Never shared

11. What do you usually use to clean your works?
 1. Never clean them
 2. Other (specify) _____
 3. Water
 4. Alcohol
 5. Bleach

12. When you did not have your own works, how often did you clean the works you borrowed?
 1. Almost never
 2. About a quarter of the time
 3. About half the time
 4. More than half the time

13. On these occasions, how did you clean these works?
 1. Never clean them
 2. Other (specify) _____
 3. Water
 4. Alcohol
 5. Bleach

INTERVIEWER: Is client at high risk for HIV infection? Yes   No

PART IV: PROFILE SUMMARY

1. Drug Use Severity (from page 3)   ___

2. Stake in Conformity
        A. Family/Support Score (from page 5)   ___

        B. Educational Stake Score (from page 6)   ___

        C. School Stake Score (from page 7)   ___

        D. Work Stake Score (from page 8)   ___

        E. Home Stake Score (from page 9)   ___

        F. Criminal Justice Stake Score (from page 10)   ___

        G. Psychological Stake Score (from page 11)   ___

        H. Treatment Stake Score (from page 12)   ___

TOTAL STAKE IN CONFORMITY SCORE   ___

OPI-15

Profiles (circle one)

1. **Long-term**
    Residential Treatment

    0 or 1 drug severity

2. **Short-term**
    Residential Treatment

    2 in drug severity <u>plus</u>
    conformity stake of less
    than 12

3. **Intensive Outpatient**
    Treatment (must have
    contact with client in
    a therapeutic session
    of at least one hours
    duration, 3 times/week
    or more)

    a) 3 in drug severity plus
       conformity stake of less
       than 12
           OR
    b) 2 in drug severity plus
       conformity stake of at
       least 12

4. **Outpatient Treatment**
    (must have contact with
    client in a therapeutic
    session of at least one
    hours duration, no less
    than one time/week

    a) 4 in drug severity plus
       conformity stake of less
       then 12
           OR
    b) 3 in drug severity plus
       conformity stake of at
       least 12

5. **Urine Only**

    a) 5 or 6 drug severity
           OR
    b) 4 drug severity plus
       conformity stake of at
       least 12

Is AIDS prevention/intervention indicated? Yes   No

In completing the interview it has been determined that the client experiences overriding mental health
problems and is not suitable for drug intervention. *(Circle)*   *Yes*   *No*