Agency Name:	Person Completing:	Date:

Based on Treatment Guidelines for Gender Responsive Treatment of Women with Substance Use Disorders

Directions for computer completion: First, open the attachment, then hit "File-save as" and save the document in your usual document folder on your hard drive. Mouse click on the gray bar after "Agency Name", it will be black. Type in agency name, then click or tab to Person Completing and Date, typing in info. Then click or tab to first gray check box next to item #1. You can put in a check where you wish by clicking, hitting the "X" on the keyboard, or hitting the space bar. You can remove an "x" by doing the same thing once one is there. Be careful not to leave more than one "x". You can use the tab key or the mouse button to navigate to any gray field on the form. For the columns next to the self-rating, once you are on the text field bar it will turn black and you can type as much as you wish. Note that there is no spell check available in the form so please do not worry about typos. Also, the Page Up and Page Down keys won't work, instead you can use the scroll bar to the right, or, if your mouse has a track wheel that works well too.

1. Assessment and Engagement

	Assessment and Engagement Guideline			elf Rat	_	ı	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
		Nev	er		Α	lways		philosophical, clinical)
1.	Short waiting period for entry to services (<1 week).	1 0%	2 □ 25%	3 □ 50%	4 □ 75%	5 ☐ 95%		
2.	If greater than one week waiting period occurs, then there will be regular ongoing contacts with client until entry to service.	1 0%	2 □ 25%	3 50%	4 □ 75%	5 □ 95%		
3.	Capacity to include/welcome children throughout assessment process. (Childcare is available, and//or children attend assessment)	1 0%	2 □ 25%	3 50%	4 □ 75%	5 □ 95%		
4.	Initial assessment is completed within two weeks.	1 0%	2 □ 25%	3 □ 50%	4 □ 75%	5 □ 95%		

Assessment and Engagement Guideline	Self R (Check o	_	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never	Always		philosophical, clinical)
5. Assessment is strengths based. (Clearly defined client strengths that will aid in recovery are specified)	1 2 3	4 5		
Assessment includes the following areas, with at least a screening question, with further detail as needed:	Items 6-22 indicat area is included in over past year			
6. Mental health	1 2 3	4 5		
7. Substance abuse	1 2 3	4 5		
8. Relational context	1 2 3	4 5		
9. Parenting	1 2 3	4 5		
10. Trauma	1 2 3	4 5		
11. Grief/loss	1 2 3	4 5		
12. Domestic violence	1 2 3	4 5		

Assessment and Engagement Guideline	Self Rating (Check one box)	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never Always		philosophical, clinical)
13. Safety	1 2 3 4 5		
14. Sexuality	1 2 3 4 5 0% 25% 50% 75% 95%		
15. Life skills	1 2 3 4 5		
16. Vocational issues	1 2 3 4 5 0% 25% 50% 75% 95%		
17. Spiritual issues	1 2 3 4 5 0% 25% 50% 75% 95%		
18. Cultural issues	1 2 3 4 5		
19. Legal issues	1 2 3 4 5 0% 25% 50% 75% 95%		
20. Gambling	1 2 3 4 5		
21. Housing	1 2 3 4 5 0% 25% 50% 75% 95%		

Assessment and Engagement Guideline	Self Rating					As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Nev	er		Α	lways		philosophical, clinical)
22. Healthcare Insurance needs	1 0%	2	3	4	5 □ 95%		
23. Assessment is conducted in a manner that is sensitive to a history of possible sexual abuse or domestic violence and use an appropriate tool to explore these issues, with evidence of sensitivity to re-traumatization.	1 0%	2 	3 □ 50%	4	5 95%		
(Either a standardized tool is used, or a written protocol is in place to insure appropriate exploration of these issues)							
24. Assessment must include a process to identify priority areas for intervention incorporating the client's preferences for change.(Both priorities and client preferences are identified)	1 0%	2 □ 25%	3 50%	4 □ 75%	5		
25. Assessment must determine a level of care and modality of care that is responsive to the wishes and needs of the client. (Client's reaction/choice of modality/level of care noted)	1 □ 0%	2 □ 25%	3	4 □ 75%	5 □ 95%		
26. Contact with peers/other consumers occurs early in assessment process. (example: tours by client, client participation in assessment)	1 0%	2 25%	3 □ 50%	4 □ 75%	5 □ 95%		

Assessment and Engagement Guideline		Self Ra neck on	_		As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never		P	lways		philosophical, clinical)
27. Assistance with transportation is provided when needed.	1 2	3 □ 50%	4 □ 75%	5 ☐ 95%		
28. Physical health screening that is gender specific is part of assessment with criteria for securing a full medical assessment if not completed within 1 year.	1 2	3	4 □ 75%	5		
29. Written material is available that explains program content, requirements, procedures in clear, non-technical language.	1 2	3 50%	4 □ 75%	5 □ 95%		
30. Accommodations are made so that non-English speaking clients can access written materials.	1 2	3 50%	4 □ 75%	5		
31. Where the client has difficulty engaging in the assessment process, there is evidence of outreach and other efforts to facilitate the client's involvement in the treatment program, including use of Recovery Centers or other nontraditional supports.	1 2 C C C C C C C C C C C C C C C C C C	3 	4 □ 75%	5 □ 95%		
32. The assessment process extends beyond the initial assessment as the client's comfort level increases and more information can be collected, resulting in evidence of a revised	1 2	3 □ 50%	4 □ 75%	5 □ 95%		

Assessment and Engagement Guideline		Self Rating (Check one box)		As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never		Always		philosophical, clinical)
working assessment and priorities for change that all share.					
33. If client does not qualify for services, assistance is provided with alternate care, or connected to an appropriate resource to provide support and assist with searching for services (e.g. local recovery center).	1 2		4 5		

Identify one area in the assessment and engagement category where you have made the most changes in the past 6 months and describe those changes:						

2. Recovery Planning

	Recovery Planning Guideline	Self Rating					As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
		Nev	er		A	lways		philosophical, clinical)
1.	An initial recovery plan is developed by the end of the assessment period by the program staff and client, in the client's words. The client is an active participant in this process.	1 0%	2 	3 □ 50%	4	5 □ 95%		
2.	The client signs the plan.	1 0%	2 25%	3 □ 50%	4 □ 75%	5 □ 95%		
3.	Client is given a copy of the plan.	1 □ 0%	2	3 □ 50%	4	5 □ 95%		
4.	The initial recovery plan includes concrete initial behaviorally oriented objectives that are practical and when achieved will advance the recovery process for the consumer.	1 □ 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		
5.	Objectives focus on issues client must contend with and coping strategies, versus symptoms or problems.	1 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		

Recovery Planning Guideline	Self Rating (Check one box)	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never Alway		philosophical, clinical)
6. Objectives and interventions promote self reliance.	1 2 3 4 5		
7. The recovery plan specifies services and interventions necessary to meet identified objectives.	1 2 3 4 5		
8. The recovery plan specifies non clinical supports necessary to meet identified objectives.	1 2 3 4 5		
9. The recovery plan specifies staff necessary to provide identified services, interventions and supports.	1 2 3 4 5		
10. A full individualized recovery plan is completed by the end of a month of care (or 5 outpatient sessions) that expands upon the initial plan.	1 2 3 4 5		
The recovery plan includes concrete, measurable objective(s) in each of the following domains, that are identified as priorities in the initial and ongoing assessment, representing a comprehensive	Items 11-25 indicate % of the time area is included in recovery plans for all clients seen during past year		

Recovery Planning Guideline	Self R (Check o	_	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety, philosophical, clinical)
scope of interventions addressing the realities of women's lives :	Never	Aiways		
11. Substance use recovery	1 2 3			
12. Mental health issues	1 2 3	4 5 		
13. Substance use and mental health objectives are coordinated and integrated, not discrete. (Evidence that mental health and substance abuse are provided in an integrated, coordinated manner, versus parallel)	1 2 3	4 5 		
14. Mental health objectives include symptom management strategies.	1 2 3	4 5 		
15. Trauma and/or PTSD	1 2 3	4 5 		
16. Grief/Loss	1 2 3	4 5 		
17. Domestic violence	1 2 3			

Recovery Planning Guideline	Self Ra (Check on	-	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never	Always		philosophical, clinical)
18. Safety	1 2 3	4 5		
19. Parenting	1 2 3	4 5		
20. Relationships/sexuality	1 2 3	4 5		
21. Cultural issues	1 2 3	4 5		
22. Spirituality	1 2 3	4 5		
23. Life skills	1 2 3	4 5		
24. Vocational skills	1 2 3 0% 25% 50%	4 5		
25. Legal issues	1 2 3	4 5		
26. Safe housing	1 2 3	4 5		

Recovery Planning Guideline		Self (Checl	f Rat k one	•)	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never	-		А	lways		philosophical, clinical)
27. Each recovery plan lists specific strengths and assets of the client including how these will be used to address issues and challenges and achieve recovery objectives.	1 □ 0%	2 □ 25%	3 	4	5 □ 95%		
28. The recovery plan identifies clearly those objectives that are critical for discharge from care or transfer to a lower level of care.	1	2	3 □ 50%	4	5		
29. The recovery plan identifies community resources that will need to be developed to support the client's discharge from the treatment program and continue the recovery process.	1 □ 0%	2	3 □ 50%	4	5 □ 95%		
30. If certain high priority areas of the overall recovery process for a client are beyond the scope of the treatment program, these areas are included in the recovery plan with identification of how they will be addressed through other community resources.		2 	3 □ 50%	4 □ 75%	5 □ 95%		
31. The recovery plan is reviewed and revised on an ongoing basis with active participation of the client, goals are achieved or modified, but at a minimum every 90 days.	1	2	3 □ 50%	4	5 □ 95%		

Identify one area in the recovery planning category where you have made the most changes in the past 6 months and describe those changes:								

3. Clinical Treatment Program Design

Clinical Treatment Program Design Guideline	Charle and have				l	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Nev	er		A	lways		philosophical, clinical)
1. The therapeutic/environment model is safe, inviting, non-institutional, homelike, welcoming, with appropriate cultural features. (This refers primarily to physical features of setting)	1 □ 0%	2	3 □ 50%	4	5 □ 95%		
2. Various treatment and intervention models are available, depending on individual needs, including behavioral, cognitive, relational, affective and systems approaches. (Evidence of different approaches for different clients)	1	2 	3	4	5 □ 95%		
3. Approaches are respectful, supportive and empowering, not authoritarian, attacking or demeaning. (Particularly how clients are dealt with when they are non-compliant or engaged in treatment interfering behaviors)	1 □ 0%	2 □ 25%	3 □ 50%	4 □ 75%	5 □ 95%		
4. Treatment is strength (asset) based, with ongoing opportunities for women to experience, practice and explore positive capabilities. (Evidence of how client strengths are used in program)	1 □ 0%	2 25%	3 	4 	5 □ 95%		

CI	linical Treatment Program Design Guideline			elf Rat	_)	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
		Neve	er		А	lways		philosophical, clinical)
en co in the (Th	there are multiple opportunities for impowerment of women within the community and within the program, acluding opportunities for input to the program operation and design. There are specific vehicles, immittees processes for women to twe input into program)	1 □ 0%	2 25%	3 50%	4 □ 75%	5 □ 95%		
av tre (Tl	reatment in all-women groups is vailable at different stages/levels of eatment. This is particularly relevant to co-ed ograms)	1 □ 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		
	froups are led by female therapists and counselors.	1 □ 0%	2 25%	3 □ 50%	4 □ 75%	5		
ch ide or is pr (Fo	amily therapy/incorporation of hildren or significant others as lentified by the client, using solution riented, family systems approaches, available and provided within the rogram. Samily therapy is provided or, other ents that include family and gnificant others take place regularly)	1 □ 0%	2 □ 25%	3 □ 50%	4 □ 75%	5 □ 95%		
9. Vo	ocational assessment is available to comen within the program.	1 □ 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		

Clinical Treatment Program Design Guideline	Self Rating					As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Neve	er		Α	lways		philosophical, clinical)
10. Vocational training and experience is available to women within the program (e.g. computer training), where program duration allows.	1 0%	2 □ 25%	3 □ 50%	4	5		
11. Assistance is provided with search for paid employment in the community. (Assistance provided to find employment and/or job placements are arranged, monitored or supervised)	1 0%	2 25%	3 50%	4 □ 75%	5 □ 95%		
12. Volunteer, mentoring or paid employment opportunities are available within the organization as the client progresses through and leaves the treatment program.	1 0%	2 25%	3 50%	4	5 □ 95%		
13. Treatment incorporates unique cultural characteristics, strengths and potential supports for each participant.	1 0%	2 □ 25%	3 □ 50%	4 □ 75%	5 □ 95%		
14. Children are screened or assessed for behavioral health and developmental challenges.	1 0%	2 □ 25%	3 □ 50%	4 	5		

Clinical Treatment Program Design Guideline	Self Ra (Check o	-	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety, philosophical, clinical)
15. Specific focus of treatment includes individualized interventions for each area identified in Recovery Planning (see Recovery Planning items 11-26 above), using the best available evidenced based approaches for those areas. (Degree to which various program	1 2 3	4 5		
treatment approaches use evidence based models)				
Individualized services should address multiple areas of functioning on an individual, family and community level that all contribute to a woman's overall quality of life, including the following areas (#16-19):	Items 16-19 indicated area of functioning by services for clied past year	is addressed		
16. Mental health and substance use issues (Services are provided that address these issues, e.g. Relapse prevention group, trauma group)	1 2 3	4 5		
17. Practical needs, including housing, financial, transportation, child care, vocational training, education, job placement. (e.g. Financial counseling, assistance	1 2 3	4 5		
with housing vouchers) 18. Parenting education, child development and relationship/reunification with children. (e.g. parenting classes)	1 2 3	4 5		

Clinical Treatment Program Design Guideline	Self Rating)	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Neve	er		A	lways		philosophical, clinical)
19. Primary health concerns. (e.g. assistance with primary care visits)	1 0%	2 25%	3 □ 50%	4 □ 75%	5 □ 95%		
20. Level of care and modality of care remains flexible, with different modalities and intensities of treatment available over time in a seamless manner, for example, intensive outpatient, and outpatient, group and individual.	1	2 □ 25%	3 □ 50%	4 □ 75%	5 □ 95%		
(Evidence of treatment changing over time with progress)							
21. A flexible approach to hours of treatment provided is used that satisfies criteria prescribed for each level of care by state funders and other payers.	1 0%	2 	3 	4 	5 □ 95%		
(Evidence that treatment hours and schedule are tailored to meet clients needs even when state requires certain levels)	070	2370	2070	7570	7570		
22. Direct services for other family members and children is available within the program. (This guideline refers to treatment needs of other family members apart from issues related to the program participant.)	1	2 25%	3 □ 50%	4	5 □ 95%		

Clinical Treatment Program Design Guideline	(Check one box))	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Nev	er		A	llways		philosophical, clinical)
23. Direct services for other family members and children is arranged with closely affiliated or integrated providers. (When treatment of others is provided outside of program, evidence that this is well integrated into client's treatment)	1 0%	2 25%	3 □ 50%	4 □ 75%	5 □ 95%		
24. Care can be provided in conjunction with an opiate replacement program, if appropriate. Participation in such a program is not a basis for exclusion from treatment program.	1	2	3 □ 50%	4	5 □ 95%		
25. Coordination of care – active coordination of care takes place with other providers with whom client is or will be involved.	1 0%	2 25%	3 □ 50%	4	5 □ 95%		
26. Coordination of care involves the client, e.g. client participates in care coordination meetings.	1 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		
27. Planning for discharge from the treatment program is evident from the initial assessment throughout the treatment process.	1 0%	2 □ 25%	3 50%	4	5 □ 95%		

Clinical Treatment Program Design Guideline	Neve	(Che	elf Rat	e box)	lways	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety, philosophical, clinical)
28. Prior to discharge the client has confirmed appointments with treatment providers who will be providing continuing care in the client's community.	1 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		
29. By discharge from the program there is a stable housing plan in place.	1 □ 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		
30. Specific relapse prevention interventions and plans are developed and written with the client in understandable terms.	1 □ 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		
31. Re-entry to treatment, if necessary, is available and accessible. (Once discharged there is a protocol that will allow for re-entry unless clinically contra-indicated)	1 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		

Identify one area in the clinical treatment program design category where you have made the most changes in the past 6 months and describe those changes:

4. Recovery Supports

Recovery Supports Guideline			elf Rat	ting e box)	ı	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Nev	er		Α	lways		philosophical, clinical)
Use of peer supports within the program are established clearly. (e.g. women in more advanced levels of treatment mentoring those beginning)	1 0%	2 25%	3 □ 50%	4	5 □ 95%		
2. There is provision for compensation or employment of clients.	1	2	3	4	5		
(When clients perform peer supports or other program duties there is compensation for some or all of this activity)	0%	2 	50%	75%	95%		
3. Links to recovery supports in the community are identified and begun or expanded, including local Recovery Center if available. (Evidence that supports are actually	1 0%	2 □ 25%	3 	4	5 □ 95%		
 put into use for client) 4. Each client is given the option to participate in an appropriate group peer support system (e.g. AA, NA, AlAnon, or other recovery meetings) including having a sponsor or mentor before discharge. 	1 0%	2 □ 25%	3 □ 50%	4	5 □ 95%	(List specific peer groups used)	
5. Supports and appropriate assistance for the entire family and for family members including partners and children are part of the overall program and planning.	1 0%	2 □ 25%	3 □ 50%	4 □ 75%	5		

Recovery Supports Guideline	Self Rating (Check one box) Never Always	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety, philosophical, clinical)
6. Clients are assisted to connect to local family support and/or advocacy groups prior to discharge.	1 2 3 4 5		
7. Upon client's request, assistance provided to engage in faith based supports.	1 2 3 4 5 □ □ □ □ □ □ 0% 25% 50% 75% 95%		
Program assists client to develop a vocational plan, or connection to appropriate vocational supports.	1 2 3 4 5		
9. Program assists client to have a viable housing plan that will support recovery.	1 2 3 4 5		
10. Assistance is provided to help client maximize healthcare coverage.	1 2 3 4 5		

Identify one area in the recovery supports category where you have made the most changes in the past 6 months and describe those changes:

5. General program environmental features

(General Program Environmental Features Guideline	Charle and have					As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
		Neve	er		Α	lways		philosophical, clinical)
1.	Program environment/setting is safe and secure. (Entry to program is protected,	1	2 25%	3 □ 50%	4	5		
	security procedures in place)							
2.	Physical setting includes culturally diverse elements and décor.	1 0%	2	3 □ 50%	4	5		
3.	There are a majority of female staff members.	1 0%	2	3 □ 50%	4	5		
4.	Staff reflects the cultural diversity of the consumer population.	1 0%	2	3 □ 50%	4	5		
5.	Program includes positive cultural experiences and materials.	1	2 	3 □ 50%	4 □ 75%	5		
6.	There is comfortable play space for children in the program and areas for mothers and children to interact naturally	1 0%	2 □ 25%	3 □ 50%	4 □ 75%	5 □ 95%		
7.	There are age-appropriate activities designed for children.	1 0%	2	3 □ 50%	4 □ 75%	5		
8.	On-site therapeutic child care is provided.	1 0%	2 □ 25%	3 □ 50%	4	5 □ 95%		

General Program Environmental Features Guideline	(Check one box)					As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never Always			Α	lways		philosophical, clinical)
9. Transportation supports are available for women.	1 0%	2 □ 25%	3 □ 50%	4	5		
10. Outreach to women with transportation challenges is an available option.	1 0%	2	3 □ 50%	4 □ 75%	5 □ 95%		

	Identify one area in the general program environment features category where you have made the most changes in the past 6 months and describe those changes:
ı	

6. Staff competencies and training

Staff Competencies and Training Guideline		Rating one box)	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never	Always		philosophical, clinical)
The program staff have demonstrated competencies in the following areas:	Items 1-7 indicate staff who have co specified area	e the % of current ompetency in		
Substance abuse	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			
2. Mental health	1 2 3			
3. Co-occurring disorders	1 2 3			
4. Women's issues	1 2 3			
5. Trauma	1 2 3			
6. Child/family.	1 2 3			
7. Cultural issues	1 2 3			

Staff Competencies and Training Guideline	Self R (Check o	•	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never	Always		philosophical, clinical)
8. There is written policy in place regarding physical contact and boundaries between staff and clients to prevent re-traumatizing clients.	1 2 3	4 5		
9. There is written policy in place regarding physical contact and boundaries between clients.	1 2 3	4 5		
A comprehensive staff in-service training program must be in place with the following elements (#10-18):	Items 10-18 indicate area is covered by i	-		
10. Current theory of women's development from childhood through adulthood	1 2 3	4 5		
11. Unique characteristics of women with behavioral health and substance abuse issues	1 2 3	4 5		
12. Common pathways for women to develop behavioral health challenges	1 2 3	4 5		
13. Key values and principles in working with women	1 2 3	4 5		

Staff Competencies and Training Guideline	Self Rati (Check one	•	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
	Never	Always		philosophical, clinical)
14. Impact of cultural issues on gender specific programming		4 5		
15. The role of trauma and issues of retraumatizing		4 5		
16. Sexuality		4 5		
17. Sexual abuse		4 5		
18. Family violence		4 5		
19. Traditional and nontraditional community supports.		4 5		
20. Supports are in place to enhance staff morale and provide care for the caregivers.		4 5		

Identify one area in the staff competencies and training category where you have made the most changes in the past 6 months and describe those changes:

7. Program Evaluation

Program Evaluation Guideline	Self Ratin (Check one b	•	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,
1. Dungage evaluation is in place to	Never	Always		philosophical, clinical)
 Process evaluation is in place to ensure appropriate utilization of gender responsive treatment services and elements as identified in these guidelines. (Data is collected around services provided that demonstrates use of 		4 5		
services specified in gender responsive treatment guidelines)				
Outcome evaluation is in place to measure short and long-term impact of interventions on program participants during treatment and/or at discharge. Data is collected on the following areas (#2-11):	Items 2-11: indicated de which item is included data collected	•		
Level of program participation or completion		4 5		
3. Alcohol/drug recovery		4 5		
4. Educational attainment		4 5		
5. Employment		4 5		
6. Housing		4 5		
7. Improved family relationships		4 5		

Program Evaluation Guideline Self Rating (Check one box)		ı	As evidenced by: (process, protocol, policy, document or other source of data that reflects achievement of guideline)	What will help you achieve guideline? Obstacles to achieving guideline? (e.g. fiscal, licensing, staffing, safety,			
	Nev	er		Α	lways		philosophical, clinical)
Parenting and reunification with child	1 0%	2 	3 □ 50%	4 75%	5		
9. Physical Health	1 0%	2	3	4	5		
10. Mental Health	1 0%	2	3 □ 50%	4	5		
11. Criminal justice recidivism	1 0%	2	3 □ 50%	4	5		
	•						
Identify one area in the program evaluation category where you have made the most changes in the past 6 months and describe those changes:							

Please comment on the process of completing this survey, including how long it took and any issues or difficulties you encountered in completing it (this will help with future revisions of the self-assessment)