UNIFORM FACILITY DATA SET (UFDS)

OCTOBER 1, 1999

DRUG AND ALCOHOL SERVICES INFORMATION SYSTEM (DASIS)

Is the information shown above complete and correct?

- 1 ~ Yes
- 2 ~ No L PLEASE CROSS OUT THE INCORRECT INFORMATION AND ENTER THE CORRECT INFORMATION

PLEASE READ BEFORE TURNING THE PAGE!

Every facility should complete its own questionnaire. Complete this booklet for only the facility and location listed above.

P T O A (Office Use Only)

Why is completing this questionnaire important?

Your participation makes a difference. The UFDS survey is the ONLY source of data on ALL known substance abuse treatment programs in the nation. When substance abuse policymakers and program managers need up-to-date national information on characteristics of substance abuse treatment programs and the numbers and types of clients served, they rely on the UFDS. UFDS data are used to formulate the Nation's annual drug control strategy and to make many other important decisions regarding substance abuse policy.

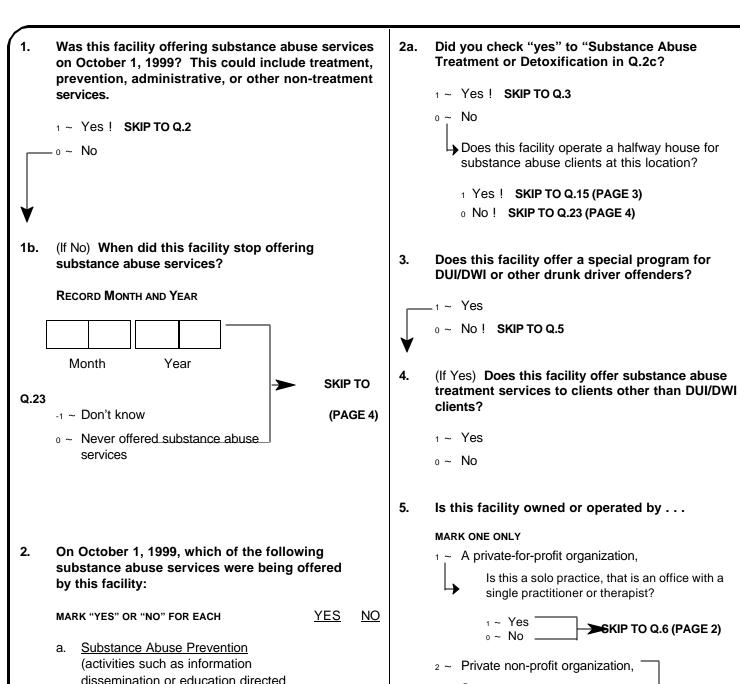
This survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Instructions

- 1. If your facility is administratively linked to other facilities, please answer for ONLY the facility printed on the cover.
- C Return the completed questionnaire in the envelope provided.

If you have any questions or need additional blank forms, contact Barbara Holland at:

MATHEMATICA POLICY RESEARCH, INC. 1-888-324-UFDS (8337)



at individuals not identified as

b. Intake, Assessment, or Referral

Services for substance abuse

c. Either Substance Abuse Treatment

initiating and maintaining an

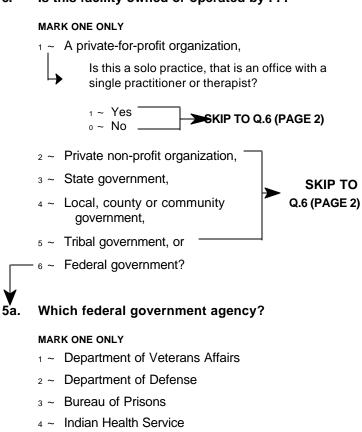
or Detoxification (By treatment, we mean services that focus on

individual's recovery from substance

d. Administrative Services such as billing,

abuse and averting relapse) 1 ~

personnel, and scheduling 1 ~



5 ~ Other (Specify:

6.	Does this facility operate or participate in a substance abuse hotline?	8b.	Is this facility located in, or operated by, a hospital?			
	C A hotline is a telephone service that provides		−ı ~ Yes			
V 6a.	information and referral and immediate counseling, frequently in a crisis situation		0 ~ No ! SKIP TO Q.9			
	C For the purpose of this study, 9-1-1 is not considered a hotline	8 c.	(If Yes) What type of hospital is it			
			MARK ONE ONLY			
	─ ₁ ~ Yes		1 ~ General hospital			
	0 ~ No! SKIP TO Q.7		2 ~ Psychiatric hospital			
			 Other specialized hospital (such as alcoholism maternity, children's, orthopedic) 	n,		
	(If Yes) Please enter this facility's hotline telephone number(s) below.	9.	Does this facility dispense methadone or LAAI this location?	M at		
	HOTLINE TELEPHONE NUMBER(S)		MARK ONE ONLY			
			1 ~ Yes			
	()		o ~ No			
	()	10.	Does this facility offer treatment for alcohol abdrug abuse or both?	ouse,		
			MARK ONE ONLY			
7.	Does this facility operate a halfway house for		1 ~ Both alcohol and drug abuse			
۲.	substance abuse clients at this location?		2 ~ Alcohol abuse only			
	1 ~ Yes		з ~ Drug abuse only			
	o ~ No					
		11.	Some facilities have specially designed substa abuse treatment programs or groups for partic			
8.	Is the primary focus of this facility to provide substance abuse treatment services, mental health services or something else?		kinds of clients. Does this facility offer a spec designed substance abuse treatment program group especially for			
	MARK ONE ONLY		MARK "YES" OR "NO" FOR EACH YES	<u>NC</u>		
	Substance Abuse Treatment Services! SKIP TO Q.8b		a. Adolescents?	0 ~		
	2 ~ Mental Health Service ! SKIP TO Q.8b		 b. Dually-diagnosed clients (both mental and substance abuse 			
	-₃ ~ Something Else		disorders)?	0 ~		
			c. Persons with HIV/AIDS? 1 ~	0 ~		
8 a.	What is the primary focus of this facility?		d. Pregnant or postpartum women? 1 ~	0 ~		
			e. Other women's groups?	0 ~		
_			f. Some other type of substance abuse client?	0 ~		
_			(Specify:)			
		ĺ				

11a.	Does this facility offer a specially designed substance abuse treatment program or group for criminal justice clients?		Which of the following types of payments are accepted by this facility:			
	•		MAI	RK "YES" OR "NO" FOR EACH YES	<u>NO</u>	
	-1 ~ Yes 0 ~ No! SKIP TO Q.12		a.	Cash or self-payment? 1 ~	0 ~	
	(If Yes) Does this facility only treat persons who are currently incarcerated in a prison, jail or detention center? 1 ~ Yes 0 ~ No		b.	Medicare payments?	0 ~	
\			C.	Medicaid payments?	0 ~	
11b.			d.	State-administered health insurance plan other than Medicaid? 1 ~	0 ~	
			e.	Federal military insurance, such as CHAMPUS, CHAMP-VA or TRICARE?	0 ~	
			f.	Private health insurance?	0 ~	
12.	On October 1, 1999 which of the following <u>hospital</u> <u>inpatient</u> substance abuse services did this facility offer?		g.	Indian Health Service programs? 1 ~	0 ~	
	MARK ONE ONLY		_		_	
	₁ ~ Both detoxification and rehabilitation	16.	Does this facility receive any other public funds such as federal, state, county, or local government			
	2 ~ Detoxification only		fun	funds to subsidize substance abuse treatment		
	3 ~ Rehabilitation only		programs?			
	o ~ Neither		1 ~	Yes		
			0 ~	No		
13.	On October 1, 2000 which of the following <u>non-hospital residential</u> substance abuse services did this facility offer?	17.		es this facility offer fully subsidized or fre some or <u>all</u> of its clients?	e care	
	MARK ONE ONLY 1 ~ Both detoxification and rehabilitation					
			1 ~	Some clients are fully subsidized		
	2 ~ Detoxification only		2 ~	All clients are fully subsidized		
	3 ~ Rehabilitation only		3 ~	No clients are fully subsidized		
	o ~ Neither					
14.	On October 1, 2000 which of the following outpatient substance abuse treatment services did this facility offer?	17b.	Do	es this facility use a sliding fee scale?		
			1 ~	Yes		
			0 ~	No		
	MARK ALL THAT APPLY					
	1 ~ Ambulatory detoxification	18.	On October 1, 1999, did this facility have			
	2 ~ Day treatment/partial hospitalization program		agreements or contracts with managed care organizations for providing substance abuse treatment services?			
	3 Intensive outpatient treatment					
	What minimum number of hours per week defines intensive outpatient treatment at this facility?			Yes		
	4 ~ Any other outpatient treatment		0 ~	No		
	o ~ Neither					

19.	A variety of organizations accredit or certify substance abuse facilities. Is this facility accredited, certified, or otherwise approved by any of the following MARK "YES" OR "NO" FOR EACH YES NO			Does this facility have a Web site? - 1 ~ Yes 0 ~ No! SKIP TO Q.23	
			▼		
	a.	Joint Commission of Accreditation of Health Care Organizations or J-C-A-H-O?	22.	(If Yes) What is the home page address or URL?	
	b.	Commission on Accreditation of Rehabilitation Facilities or CARF? 1 ~ 0 ~			
	C.	National Committee on Quality Assurance or N-C-Q-A?	23.	In case we have any questions, please provide the following information about the person primarily responsible for completing this form.	
19d.	Is this facility licensed or certified by your state substance abuse agency?			Name:	
	1 ~	Yes		Phone Number: ()	
	0 ~	No		FAX Number: (
19e.	Are any staff members at this facility licensed or certified addiction counselors?			OR ~ No FAX Number E-mail Address:	
	1 ~	Yes		OR ~ No E-mail Address	
	0 ~	No			
20.	What telephone number(s) should a potential client call to schedule an intake appointment? INTAKE TELEPHONE NUMBERS ()		24.	Facilities participating in this survey that are licensed or approved through their State substance abuse agency will be listed in SAMHSA's National Directory of Drug Abuse and Alcoholism Treatment Programs. This Directory will be available on SAMHSA's Internet Web site. The Internet address is www.samhsa.gov/oas. Currently, you can view the 1998 National Directory at this same Internet address. Would you also like to receive a paper copy of the 1999 Directory when it is published?	
				1 ~ Yes	
				o ~ No	

Thank you for your participation. Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:

MATHEMATICA POLICY RESEARCH, INC.
ATTN: Barbara Holland
P.O. Box 2393
Princeton, NJ 08543-2393

