

**Alcohol and Drug Services Study
(ADSS), 1996-1999: [United States]**

*United States Department of Health and
Human Services. Substance Abuse and
Mental Health Services Administration.
Office of Applied Studies*

Questionnaire for Phase I Facility Interview

Terms of Use

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ALCOHOL AND DRUG SERVICES STUDY (ADSS) PHASE I FACILITY QUESTIONNAIRE

The Substance Abuse and Mental Health Services Administration (SAMHSA) is working with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to better describe and understand the national substance abuse treatment system. To improve our information base, SAMHSA is conducting a survey of a national sample of substance abuse treatment facilities covering a variety of issues regarding substance abuse treatment. Thank you for agreeing to cooperate with this survey.

This ADSS sample survey is coordinated with SAMHSA's **UFDS survey** of October 1, 1996, which should have been received by your facility in the fall. This ADSS questionnaire collects more detailed information on a smaller number of facilities. Because not all sampled facilities will have completed a UFDS form, it is necessary for SAMHSA to repeat a few basic categories in this ADSS questionnaire. If you have already answered an October 1, 1996 UFDS questionnaire, you may use the same client counts and funding information here.

PLEASE DO NOT MAIL THIS QUESTIONNAIRE.

We are mailing this questionnaire in advance so that you have an opportunity to review the questions and check your records. **Please do not mail back this questionnaire. An interviewer will call you in about a week to collect your answers over the phone.**

This questionnaire was designed to collect information on multiple types of care. You are asked only to complete this questionnaire for those types of care offered at your facility. Please complete as much of the questionnaire as possible before the call, referring to records when available. A glossary of terms is provided in the back of this questionnaire to assist you in understanding the questions. If information cannot be obtained or estimated, write a DK (Don't Know) next to the question. Your assistance is most valuable and can affect national policies directed to improving the ability of substance abuse treatment providers to serve their clients more effectively.

Call 1-800-557-1225 and ask for Sandy Johnson if you have any questions about which facility this questionnaire pertains to.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public burden for this collection of information is estimated to take, on average, 50 minutes per response to provide the information over the telephone and 3 hours per response for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: DHHS Reports Clearance Officer, Paperwork Reduction Project (0930-0179), Room 531-H, Humphrey Building, 200 Independence Avenue, S.W., Washington, DC. 20201.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0179.

A. FACILITY ORGANIZATION AND STAFFING

Remember: These questions ask about the substance abuse treatment facility on the label below. The label may contain a facility name such as the Fourth Street Treatment Center, or it may indicate a specific program or service such as the Fourth Street Treatment Center's Women's Residence, Methadone Program, or Detoxification Service. The "substance abuse treatment facility" selected for this survey is limited to whatever is named on the label.

(Attach label here.)

A1. As of October 1, 1996, for how many months or years has this treatment facility offered substance abuse treatment?

_____ MONTHS..... 1
NUMBER OF YEARS 2

A2. As of October 1, 1996, were any clients staying overnight at this substance abuse treatment facility?

YES 1 NO 2

A3. Of all the clients treated at this facility (the one named on the label) on October 1, 1996, what percentage were being treated for substance abuse?

_____ %

A4. On October 1, 1996, did this substance abuse treatment facility also provide:

| | YES | NO |
|-----------------------------------------------|----------------------------|----------------------------|
| a. Mental health treatment?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Medical treatment?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. A substance abuse prevention program? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A5. Which of the following describes the **setting** or location of this substance abuse treatment facility on October 1, 1996: (Check all that apply.)

- a. General hospital (inpatient and/or outpatient setting at a hospital) 01
- b. VA hospital (inpatient and/or outpatient setting at a hospital) 02
- c. Psychiatric or other specialized hospital (inpatient and/or outpatient setting at a hospital) 03
- d. Non-hospital residential facility (free-standing residential) 04
- e. Therapeutic community 05
- f. Halfway house 06
- g. Jail or prison 07
- h. Juvenile detention facility 08
- i. Other correctional facility 09
- j. Community mental health center..... 10
- k. Solo practice 11
- l. Group practice 12
- m. School 13
- n. Outpatient, other than the above..... 14
- o. Other (SPECIFY) _____ 88

A6. Please select the response that best describes the type of ownership of this substance abuse treatment facility on October 1, 1996. (Check only one box.)

- a. A private for-profit organization 1
- b. A private non-profit organization 2
- c. A city or county government agency 3
- d. A state government agency 4
- e. A federal government agency 5
- f. A tribal government 6

A7. On October 1, 1996, did this substance abuse treatment facility have licensing, approval, certification, or accreditation from the:

- | | YES | NO |
|--------------------------------------------------------------------------------------|----------------------------|----------------------------|
| a. State alcoholism and drug abuse agency?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. State mental health department? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. State public health department? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Hospital licensing authority?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Joint Commission on the Accreditation of Health Care Organizations (JCAHO)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Commission on the Accreditation of Rehabilitation Facilities (CARF)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. National Committee for Quality Assurance (NCQA)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. Any other state/local agency? (SPECIFY) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A8. As of October 1, 1996, did this substance abuse treatment facility have an operational computerized client information system?

- YES 1 NO 2

A9. In Columns 1-3, please indicate the number of full-time and part-time staff members on the payroll, and the number of contract staff and consultants providing **substance abuse treatment** at this facility in each of the following staff categories on October 1, 1996. (Full-time staff are those working 35 or more hours per week. Part-time staff are those working on a regular basis but fewer than 35 hours per week.) If any staff worked in more than one staff category listed, please put them in the one category in which they worked the most, i.e., spent the most time, during the week ending October 4, 1996.

If you can only report staff numbers in terms of full-time equivalents (FTE), check this box and record the number in Column 1.

| TYPE OF STAFF | (1) Number of Full-Time Staff on Payroll | (2) Number of Part-Time Staff on Payroll | (3) Number of Contract Staff and Consultants |
|-----------------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------------|
| a. Physicians (MD/DO; Psychiatrists) | | | |
| b. Registered Nurses (RN) | | | |
| c. Other Medical Personnel (LPN, PA, etc.) | | | |
| d. Doctoral Level Counselors (Psychologists, etc.) | | | |
| e. Masters Level Counselors (MSW, etc.) | | | |
| f. Other degreed counselors (BA, BS) | | | |
| g. Non-Degreed Counselors | | | |
| h. All Other Staff, including Administrative Staff. | | | |
| i. TOTAL | | | |

A10. How many of your staff are certified in substance abuse treatment?

RECORD NUMBER: _____

The next group of questions, A11 - A17, asks about other facilities that are related to this substance abuse treatment facility.

A11. On October 1, 1996, was this substance abuse treatment facility legally a part of another organization, like a parent facility?

YES 1 NO 2 (SKIP TO A16)

A12. Please provide the following information for the parent organization.

NAME: _____

ADDRESS: _____

DIRECTOR NAME: _____

DIRECTOR PHONE NUMBER: _____

A13. Is the parent organization named in A12:

- | | YES | NO |
|------------------------------------------------|----------------------------|----------------------------|
| a. a hospital?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. a substance abuse treatment facility? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. an administrative office? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. a government agency?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. other (specify)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A14. Was this parent organization a direct provider of the following types of treatment on October 1, 1996?

- | | YES | NO |
|--------------------------|----------------------------|----------------------------|
| a. substance abuse..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. mental health | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. medical..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A15. As of October 1, 1996, which of the following substance abuse related services were being provided to this substance abuse treatment facility by the parent organization named in A12?

- | | YES | NO |
|--------------------------------------------------|----------------------------|----------------------------|
| a. financial..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. personnel | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. pricing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. treatment protocols | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. waiting list | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. client intake/assessment..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. quality assurance or utilization review | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h. other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A16. On October 1, 1996, was this substance abuse treatment facility a parent organization with one or more facilities that provide substance abuse treatment services?

YES 1 NO 2 (SKIP TO B1)

A17. How many other substance abuse treatment facilities were legally a part of this substance abuse treatment facility?

_____ # OF FACILITIES

B. FACILITY CLIENT DATA

Please answer the following questions in relation to the substance abuse treatment facility on the label below. The label may contain a facility name such as the Fourth Street Treatment Center, or it may indicate a specific program or service such as the Fourth Street Treatment Center's Women's Residence, Methadone Program, or Detoxification Service. The "substance abuse treatment facility" selected for this survey is limited to whatever is named on the label.

(Attach label here.)

B1. ACTIVE CLIENTS* IN TREATMENT: In column 1, please indicate whether you offer the type of care listed. In column 2, for each type of care offered at this facility, please provide the number of active clients enrolled in substance abuse treatment on October 1, 1996. Be sure to provide totals for each major type of care that you offer (lines a, d, and g) and for the overall total at the bottom on line j, even if you cannot report the more detailed type of care. Also, for each type of care, enter in column 3 the number of clients who were dispensed methadone by this facility.

| TYPES OF CARE | (1) Types of Care for Substance Abuse Offered on October 1, 1996 | | (2) Total Active Substance Abuse Clients on October 1, 1996 | (3) Number of Clients from Col. (2) Who Were Dispensed Methadone |
|--------------------------------------|---------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| | NO ² | YES ¹ | | |
| a. TOTAL HOSPITAL INPATIENT | | | | |
| b. Hospital Inpatient Detoxification | | | | |
| c. Hospital Inpatient Rehabilitation | | | | |
| d. TOTAL RESIDENTIAL | | | | |
| e. Residential Detoxification | | | | |
| f. Residential Rehabilitation | | | | |
| g. TOTAL OUTPATIENT | | | | |
| h. Outpatient Methadone | | | | |
| i. Outpatient Non-methadone | | | | |
| j. TOTAL (ALL TYPES OF CARE) | | | | |

*Active clients are individuals who (1) have been admitted to this treatment facility and for whom a substance abuse treatment plan has been developed, (2) have been seen on a scheduled appointment basis for substance abuse treatment at least once during the preceding month OR were inpatients/residential patients on October 1, 1996, and (3) had not been discharged from treatment as of October 1, 1996.

B2. TOTAL SUBSTANCE ABUSE TREATMENT CLIENTS AS OF OCTOBER 1, 1996

Transfer the total active clients in each type of care from B1, column 2 on page 5 in the spaces provided in the table. For each subsection, the total number of clients should equal this total.

| | HOSPITAL INPATIENT CLIENTS | RESIDENTIAL CLIENTS | OUTPATIENT METHADONE CLIENTS | OUTPATIENT NON-METHADONE CLIENTS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Copy totals from B1, column 2 | Total from B1a = _____ | Total from B1d = _____ | Total from B1h = _____ | Total from B1i = _____ |
| a. # of clients who were: Male Female Unknown Total | _____ _____ _____ <input type="text"/> Same as total from B1a | _____ _____ _____ <input type="text"/> Same as total from B1d | _____ _____ _____ <input type="text"/> Same as total from B1h | _____ _____ _____ <input type="text"/> Same as total from B1i |
| b. # of clients who were: White, not Hispanic Black, not Hispanic..... Hispanic Asian or Pacific Islander..... American Indian or Alaskan Native .. Unknown Total | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1a | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1d | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1h | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1i |
| c. # of clients who at admission were: Under 18 years old 18-24 years old 25-34 years old 35-44 years old 45 and older Unknown Total | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1a | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1d | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1h | _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1i |
| d. # of clients whose <u>primary</u> expected source of payment was: No payment..... Client self payment..... Private health insurance, fee-for- service..... Private health insurance, HMO/PPO/Managed Care Medicaid..... Medicare Other public payment..... Unknown Total | _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1a | _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1d | _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1h | _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1i |
| e. # of client whose <u>principal</u> drug of abuse was: Heroin/other opiates Cocaine (including crack)..... Benzodiazepines..... Barbiturates..... Amphetamines Marijuana/hashish/THC..... PCP/LSD..... Alcohol Other drugs (not alcohol) Unknown Total | _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1a | _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1d | _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1h | _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="text"/> Same as total from B1i |

IF OUTPATIENT TREATMENT IS NOT OFFERED, SKIP TO B6.

B3. How many different outpatient substance abuse treatment clients visited this facility for treatment during the week ending October 4, 1996? (Count each person only once; this is a count of people, not visits.)

 # OF OUTPATIENT CLIENTS

B4. How many total outpatient visits for substance abuse services did those clients make during the week ending October 4, 1996? (If clients visited more than once, count each visit. Include each client in a group session as a visit.)

 # OF OUTPATIENT VISITS

B5. What percentage of outpatient visits were for individual therapy?

 % OF OUTPATIENT VISITS

B6. On October 1, 1996, what percentage of all active substance abuse treatment clients at that time had been referred by each of the following sources? (PERCENTAGES SHOULD ADD TO 100.)

| | % OF CLIENTS |
|---------------------------------------------------------|-----------------|
| a. Other treatment facility | _____ % |
| b. Criminal justice system | _____ % |
| c. Self-referred/voluntary..... | _____ % |
| d. Family | _____ % |
| e. Friend..... | _____ % |
| f. Employer | _____ % |
| g. Health care or mental health providers | _____ % |
| h. Welfare offices or other social service agencies ... | _____ % |
| i. Other (SPECIFY) _____ | _____ % |
| | 100% |

B7. On October 1, 1996, what percentage of all active substance abuse treatment clients were receiving treatment for each of the following? (PERCENTAGES SHOULD ADD TO 100.)

| | % OF CLIENTS |
|--------------------------------------------|-----------------|
| a. Alcohol abuse only (no drug abuse)..... | _____ % |
| b. Drug abuse only (no alcohol abuse)..... | _____ % |
| c. Both drug and alcohol abuse..... | _____ % |
| | 100% |

B8. On October 1, 1996, what percentage of all active substance abuse clients were injection drug users (IDUs)?

_____ %

B9. On October 1, 1996, what percentage of all active clients were diagnosed with substance abuse and a mental disorder (dually diagnosed)?

_____ %

B10. On October 1, 1996, were any special substance abuse treatment programs offered to the following types of clients?

| | | SPECIAL PROGRAM? | |
|----|---------------------------------------------------------------------|----------------------------|----------------------------|
| | | YES | NO |
| a. | Women..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. | Pregnant women..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. | Adolescents..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. | DWI/DUI clients..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. | AIDS/HIV positive clients..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. | Dual diagnosis clients..... (substance abuse and mental illness) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

B11. Please copy total number of methadone clients from Table B1, row j, column 3 (IF NONE, SKIP TO C1):

 # OF CLIENTS

B12. Of the number of methadone clients specified in B11, how many were considered to be in:

- a. Detoxification using methadone?..... _____
 # OF CLIENTS
- b. Methadone maintenance?* (IF NONE, SKIP TO B16)..... _____
 # OF CLIENTS

B13. On October 1, 1996, how many substance abuse treatment clients on methadone maintenance were on a level dosage for at least 2 weeks? (IF NONE, SKIP TO B16.)

 # OF CLIENTS

B14. At that time, what was the average daily dosage (in milligrams) of methadone given to clients maintained for at least 2 weeks on a level dosage?

_____ mgs.

B15. At that time, how many clients on level doses for at least 2 weeks (from B13) were dispensed the following daily dosages (in milligrams) of methadone during those 2 weeks:

| | # OF CLIENTS |
|----------------------------|----------------------------------------------------------|
| a. Under 40 mgs.? | _____ |
| b. 40-59 mgs.? | _____ |
| c. 60-79 mgs.? | _____ |
| d. 80 mgs. or more ? | _____ |
| e. TOTAL (from B13)..... | <input style="width: 100px; height: 20px;" type="text"/> |

B16. On October 1, 1996, how long after clients started on methadone treatment were they typically encouraged to withdraw from methadone? (CHECK ONLY ONE BOX.)

- a. Within 6 months..... 1
- b. 7-12 months..... 2
- c. 13-24 months..... 3
- d. More than 24 months..... 4
- e. Unlimited time on methadone..... 5

* Methadone maintenance is defined as the continued administering of methadone, in conjunction with the provision of appropriate social and medical services, at relatively stable dosage levels. This includes clients who are being withdrawn from maintenance treatment.

C. 12-MONTH FACILITY CLIENT DATA

Please answer the following questions in relation to the substance abuse treatment facility on the label below. The label may contain a facility name such as the Fourth Street Treatment Center, or it may indicate a specific program or service such as the Fourth Street Treatment Center's Women's Residence, Methadone Program, or Detoxification Service. The "substance abuse treatment facility" selected for this survey is limited to whatever is named on the label.

(Attach label here.)

This section asks about substance abuse treatment clients and client services for a 12-month period that you specify. This 12-month period should be the most recent complete 12-month period for which you have client data available. It does not have to be the 12 months immediately prior to October 1, 1996.

C1. Please indicate the dates of the most recent 12-month reporting period for which this section of information on clients will be completed (you may use a more recent 12-month period or repeat the 12-month period used in the 1996 UFDS survey).

From: _____ / _____ / _____
 Month Day Year

Through: _____ / _____ / _____
 Month Day Year

C2. In the table below, please provide the following:

COLUMN 1 - ADMISSIONS: Provide the number of admissions to substance abuse treatment during the 12-month period reported in C1. "Admissions" refers to the count of persons entering or re-entering treatment at this facility. This includes all those starting a treatment program, whether or not the program is completed. Be sure to count each admission for clients entering treatment more than once or entering more than one type of care during the period.

COLUMN 2 - DISCHARGES: Provide the number of clients who left treatment through discharge, dropout, failure to comply, death, transfer, or other client disposition type during the 12-month period. This includes all those leaving a treatment program, whether or not the program was completed. If a client was admitted and discharged multiple times during the period, include each discharge.

COLUMN 3 - COMPLETED TREATMENT: Provide the approximate percentage of the discharged clients in column 2 who completed their planned treatment and/or otherwise met program criteria for discharge.

| TYPE OF CARE | (1) Number Of Admissions During 12-month Period | (2) Number of Discharges During 12-month Period | (3) Percent of Discharges in Column 2 Which Had Completed Planned Treatment |
|------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| a. HOSPITAL INPATIENT | | | % |
| b. RESIDENTIAL | | | % |
| c. TOTAL OUTPATIENT | | | % |
| d. Outpatient Methadone | | | % |
| e. Outpatient Non-methadone | | | % |
| f. TOTAL (ALL TYPES OF CARE) | | | |

NOTE: Clients entering and leaving in the same 12-month period will be counted in both columns 1 and 2. Therefore, the number of admissions (column 1) and number of discharges (column 2) will be similar, though not necessarily identical, at many facilities.

C3. For each type of care provided at this substance abuse treatment facility (as reported in B1) please estimate the average length of time that clients remained in substance abuse treatment over the most recent 12-month period in:

| | <u>NUMBER OF:</u> | <u>DAYS</u> | <u>WKS</u> | <u>MOS</u> |
|----------------------------------------|-------------------|----------------------------|----------------------------|----------------------------|
| a. Hospital inpatient treatment? | _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Residential treatment? | _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Outpatient methadone treatment? | _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Outpatient non-methadone treatment? | _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

C4. During the 12-month period, did this facility admit any of the following types of substance abuse clients? If so, how many were admitted?

| | NO | YES | <u># OF CLIENTS ADMITTED</u> |
|--------------------------------|----------------------------|----------------------------|----------------------------------|
| a. Pregnant females..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| b. SSI or SSDI clients | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| c. Active-TB clients | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| d. HIV-positive clients | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| e. AIDS-diagnosed clients..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |

C5. During that 12-month period, did this substance abuse treatment facility conduct any urine screening for drugs? (Include services contracted.)

YES 1 NO 2 (GO TO C7)

C6. During that 12-month period, did this substance abuse treatment facility routinely test for alcohol or other drugs:

| | <u>ALCOHOL</u> | | <u>DRUGS</u> | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | YES | NO | YES | NO |
| a. At admission? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. During treatment? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C7. During that 12-month period, did this substance abuse treatment facility offer medical detoxification services?

YES 1 NO 2 (GO TO C9)

C8. During that 12-month period, how long did it typically take clients at this substance abuse treatment facility to detoxify from:

| | <u># OF DAYS</u> |
|-------------------|------------------|
| a. Alcohol?..... | _____ |
| b. Cocaine? | _____ |
| c. Heroin?..... | _____ |

C9. During that 12-month time period, did this substance abuse treatment facility offer any of the following services to any substance abuse clients:

| | NO | YES |
|----------------------------------------------------------------|----------------------------------|----------------------------|
| a. Comprehensive assessment/diagnosis? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. Child care? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. Transportation? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d. Self-help or mutual-help groups? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| e. Detoxification? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| f. Individual therapy? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| g. Group therapy, not including relapse prevention? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| h. Relapse prevention groups? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| i. Family counseling? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| j. Employment counseling/training? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| k. Academic education/GED classes? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| l. HIV/AIDS education/counseling/support? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| m. Combined substance abuse and mental health treatment? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| n. TB screening? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| o. Prenatal care? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| p. Smoking cessation? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| q. Acupuncture? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| r. Aftercare? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| s. Outcome followup? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

D. FINANCIAL DATA

Please answer the following questions in relation to the substance abuse treatment facility on the label below. The label may contain a facility name such as the Fourth Street Treatment Center, or it may indicate a specific program or service such as the Fourth Street Treatment Center's Women's Residence, Methadone Program, or Detoxification Service. Income and costs referred to in Section D should relate to the substance abuse treatment facility named on the label. It may be helpful to have the financial director of this substance abuse treatment facility complete Section D of this questionnaire.

(Attach label here.)

Questions D1-D6 refer to managed care, a health care delivery system designed to control access, utilization, cost, and quality of care by using an organized network of providers sharing financial risks or incentives. Examples of managed care organizations include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and specialty carve-out organizations for which mental health and chemical dependency benefits are bundled together and managed apart from other health benefits.

D1. As of October 1, 1996, did this facility have any formal written arrangements or contracts with managed care organizations (MCOs) for the provision of substance abuse treatment?

YES 1 NO 2 (GO TO INTRO BEFORE D7)

D2. As of October 1, 1996, with how many separate managed care organizations (MCOs) did this facility have contract arrangements for substance abuse treatment?

 # OF ORGANIZATIONS

D3. Sometimes substance abuse treatment providers have multiple contracts with the same managed care organization. As of October 1, 1996, how many total contracts did this facility have with the MCOs reported in D2? (Note: the response should be equal to or greater than D2).

 # OF CONTRACTS

D4. Considering the active substance abuse clients in care in your facility as of October 1, 1996 (Question B1), estimate the percentage of clients who were covered through a managed care plan where this facility had a formal written contract as a designated provider?

_____ %

D5. As of October 1, 1996, which payment methods for substance abuse treatment services provided under the managed care contracts noted in D2 were used and approximately for what percentage of your active substance abuse clients did you receive payment on this basis?

| | NO | YES | % CLIENTS |
|-------------------------------------|----------------------------|----------------------------|-----------|
| a. Fee schedule per service? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| b. Capitated rate per member? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| c. Case-based rate? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |
| d. Another arrangement? | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | _____ |

(SPECIFY) _____

D6. Which of the following quality management mechanisms was this substance abuse treatment facility using on a regular basis as of October 1, 1996? (Check all that apply.)

- a. Regular weekly staff meetings and case review..... 1
- b. Separate quality review committee..... 2
- c. Required continuing medical education for staff..... 3
- d. Urine testing of clients 4
- e. Client outcome followup 5
- f. Other (SPECIFY) 8

INTRODUCTION TO ANNUAL REVENUE AND COST DATA

- In order to complete many of the following questions, we would like you to use the most recent annual financial statement available (preferably audited) for the substance abuse treatment facility named on the label above.
- If this is a government-owned facility or other facility which operates on an allocated budget, use your most recent annual budget to complete the following questions.
- If no financial statement or detailed budget is available for this substance abuse treatment facility, please use whatever records are available or, if necessary, provide your best estimates.
- To the extent possible, revenue and costs should relate only to substance abuse treatment services at this facility.
- Total revenue or funding refers to all private and public money you receive for substance abuse treatment, i.e., actual revenue after discounts have been taken out.

ANNUAL REVENUE OR FUNDING

D7. What is the total substance abuse treatment revenue or funding for this facility? Report revenue or funding for the most recent 12-month period available, or you may repeat the 12-month period used in the UFDS survey. Include all sources such as client payments, insurance, contracts, grants, government funds, budget allocations, and donations. If these data are obtained from a financial report in thousands of dollars, add three zeros to convert to dollars. Count only revenue or funding related to substance abuse treatment.

TOTAL \$ _____ .00

D8. What dollar amount or percentage of substance abuse treatment revenue or funding reported in D7 came from the following revenue or funding sources?

| SOURCE OF REVENUE OR FUNDING | DOLLAR AMOUNT | OR ESTIMATED PERCENT |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|
| a. Client fees (include self payment, deductibles, copayments, etc.)..... | \$ _____ | _____ % |
| b. Private health insurance, fee-for-service..... | \$ _____ | _____ % |
| c. Private health insurance, HMO/PPO/Managed Care | \$ _____ | _____ % |
| d. Medicaid, not specified | \$ _____ | _____ % |
| e. Medicaid managed care..... | \$ _____ | _____ % |
| f. Medicare | \$ _____ | _____ % |
| g. Other federal government funds (VA, CHAMPUS, etc.) ... | \$ _____ | _____ % |
| h. Other public funds (Federal, State and local block grants, contracts, grants, and other funds, but not Medicaid) | \$ _____ | _____ % |
| i. Other (include philanthropy and in-kind contributions) .. | \$ _____ | _____ % |
| j. Unknown | \$ _____ | _____ % |
| TOTAL..... | \$ | 100% |

(from D7 above)

D9. What is the time period to which the revenue or funding reported in Question D7 refers?

FROM: _____ / _____ / _____ THROUGH: _____ / _____ / _____
Month Day Year Month Day Year

D10. If unable to report revenue or funding in D7 for substance abuse treatment only, check this box and provide what percentage of the revenue reported in Question D7 you would estimate is related to substance abuse treatment services.

_____ %

D11. Question D7 was completed using primarily (check only one box):

- a. Audited financial statement for the substance abuse treatment facility on the label..... 1
- b. Unaudited financial statement for the substance abuse treatment facility on the label 2
- c. Annual budget for the substance abuse treatment facility on the label 3
- d. Financial statement, budget, or records from another facility or facilities 4
- e. Estimates based on records, budgets, or statements 5
- f. Other estimates 6

D12. Please provide a breakdown (in actual dollar amounts or percentages) of the revenue or funding reported in Question D7 for substance abuse treatment by the types of care generating the revenue or supported by that revenue or funding.

| TYPE OF CARE | DOLLAR AMOUNT | OR | ESTIMATED PERCENT |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|
| a. Hospital Inpatient | \$ _____ | or | _____ % |
| b. Residential | \$ _____ | or | _____ % |
| c. Outpatient | \$ _____ | or | _____ % |
| d. Total Revenue or Funding | COPY TOTAL FROM D7 \$ | | 100% |

IF NO OUTPATIENT REVENUE OR PERCENTAGE IS REPORTED IN D12c, GO TO D14.

D13. Please provide a further breakdown (in actual dollar amounts or percentages) for outpatient substance abuse treatment revenue in Question D12 by type of outpatient care.

| TYPE OF OUTPATIENT CARE | DOLLAR AMOUNT | OR | ESTIMATED PERCENT |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|
| a. Outpatient Methadone | \$ _____ | or | _____ % |
| b. Outpatient Non-methadone | \$ _____ | or | _____ % |
| c. Total Outpatient | COPY TOTAL OUTPATIENT REVENUE FROM D12c \$ | | 100% |

ANNUAL COSTS

D14. What are the total substance abuse treatment costs for this facility? Report 12-month costs. If these data are obtained from a financial report in thousands of dollars, add three zeros to convert to dollars. Count only costs related to substance abuse treatment.

\$ _____ .00

D15. What dollar amount (or percentage) of substance abuse treatment costs reported in D14 were for the following expenses:

| EXPENSE | DOLLAR AMOUNT | OR | ESTIMATED PERCENT |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|
| a. Employee personnel (include salaries, fringe benefits, payroll taxes, and unemployment taxes, etc.) | \$ _____ | or | _____ % |
| b. Other personnel (consultants and contract personnel) | \$ _____ | or | _____ % |
| c. Non-personnel (include expenses not related to personnel such as rent, utilities, etc.) | \$ _____ | or | _____ % |
| d. Total Costs | COPY TOTAL FROM D14 \$ | | 100% |

GLOSSARY OF TERMS

Active Client - An individual who (1) has been admitted to this treatment facility and for whom a substance abuse treatment plan has been developed, (2) has been seen on a scheduled appointment basis for substance abuse treatment at least once during the last month OR was an inpatient/residential patient on October 1, 1996 and (3) had not been discharged from treatment as of October 1, 1996.

Aftercare - Supportive services provided after the cessation of routine treatment.

Certification for Substance Abuse Treatment - A counselor with any special certification for substance abuse treatment recognized in your jurisdiction. This includes State certification and/or a national substance abuse counselor credentialing.

Child Care - Services that provide care for minor children of active clients, including supervised activities.

Client - An individual who: (1) has been admitted to the treatment facility and for whom a treatment plan has been developed; (2) should have been seen on a scheduled appointment basis at least once during the past 30 days; and (3) has not been discharged from treatment, i.e., continued care is expected to be given this client. This is a general definition; if your state uses a different definition of an active client, that definition may be used.

Combined Substance Abuse and Mental Health Treatment - Assessment and treatment of client with concurrent diagnosis of alcoholism/drug addiction and one or more psychiatric diagnoses, e.g., personality, affective, or anxiety disorders(s); schizophrenia or organic brain disorder(s).

Comprehensive Assessment/Diagnosis - Includes activities usually done at intake to assess the history, current situation and needs of clients presenting for services. Specific activities may include interviewing the client, significant others and/or other caregivers to obtain a psychosocial history and a history of medical problems and alcohol and other drug problems experienced by the client, establishing an initial diagnosis, and evaluating the client's strengths, problems and needs.

DWI/DUI - Programs designed to educate or provide referral or treatment services to persons who are arrested for Driving While Intoxicated (DWI) or Driving Under the Influence (DUI). In California, these offenses are known as first-offender and multi-offender drinking driver programs.

Employment Counseling/Training - Assisting a client to secure temporary or permanent employment. Examples of specific activities include contacting employers and employment agencies about job vacancies, providing a client with information and referrals about job vacancies, assisting the client to prepare a resume or fill out employment applications, setting up a job club and coaching clients for job interviews.

Family Counseling - Services provided during the same session to members of a family/collateral group.

Federal Funds - Funds made available to the States or treatment providers from any Federal department (e.g., Department of Justice, Department of Veterans Affairs, Department of Defense, Bureau of Community Health Services, Indian Health Service, or other Department of Health and Human Services agencies).

Group Therapy - Services provided to a group of clients by provider staff. These include, but are not limited to, psychotherapy, insight therapy, reality therapy, transactional analysis, and the various types of expressive groups.

Hispanic - A person of Cuban, Mexican, Puerto Rican, or any other Spanish/Hispanic culture or origin, regardless of race (includes Central and South America and Spain).

Hospital Inpatient Detoxification - Twenty-four hour per day medical acute care services in a hospital setting for persons with alcohol and/or drug dependency who are at risk of severe reactions or medical complications associated with withdrawal. Detoxification provides for safe withdrawal and transition to ongoing treatment.

Hospital Inpatient Rehabilitation - Twenty-four hour per day alcohol and/or drug abuse treatment services in a hospital setting to restore the health and useful activity of persons with medical complications and alcohol and/or drug abuse/dependency.

Individual Therapy - Services provided to a client on a one-to-one basis by provider staff.

Intensive Outpatient Treatment - Services provided to a client that last two or more hours per day for three or more days per week. Daycare and/or day treatment is included in this category.

Local Government (e.g., City, County) Funds or Contracts - Funds provided by local government to render drug abuse or alcoholism treatment services on a program or unit level. This includes appropriations from local government entities, such as cities, other municipalities, special tax districts, and counties.

Managed Care Organizations - Health insurance plans that use strategies such as selection of providers, review of provider treatment decisions, coordination of client services, and monitoring of client service utilization to control health care costs and maintain or improve quality of services. Managed care plans may use techniques such as pre-certification of care, concurrent review, and/or retrospective review to pursue their goals. Examples of managed care plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Exclusive Provider Organizations (EPOs), and specialty carve-out plans for which mental health and chemical dependency benefits are bundled together and separated out from other health benefits.

Medicaid - Benefits paid through Title XIX.

Medicare - Benefits paid through Title XVIII.

Outcome Followup - Contact with patient after discharge to determine post-treatment status in terms of drug or alcohol use and social functioning.

Outpatient - Treatment/recovery/aftercare or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and supportive services. This also is known as nonresidential services in the alcoholism field.

Outpatient Methadone - Outpatient care (see definition of outpatient) which provides methadone maintenance or detoxification. *Methadone maintenance* is the continued administration of methadone, in conjunction with provision of appropriate social and medical services at relatively stable dosage levels. Methadone is used as an oral substitute for opiates during the rehabilitative phase of treatment. This category also includes those clients who are being withdrawn (i.e., detoxified) from maintenance treatment.

Private For-Profit - Includes ownership by an individual, partnership, or corporation.

Private Non-Profit - Includes church-related, nonprofit corporation, or other nonprofit organizations from which no stockholder, manager, or trustee can legally take profit, and which often is wholly or partially exempt from federal and some state and local taxes due to the nature of their socially and legislatively approved activities.

Relapse Prevention Groups - Assists clients to identify situations and events that foster relapse, to recognize the signs and symptoms associated with relapse, and to practice techniques that help interrupt relapse progression.

Residential Detoxification - Twenty-four hour per day medically monitored services in a non-hospital residential setting for persons with alcohol and/or drug dependency who are not thought to be at risk of severe reactions or medical complications associated with withdrawal. Detoxification provides for safe withdrawal and transition to ongoing treatment.

Residential Rehabilitation - Twenty-four hour per day alcohol and/or drug abuse treatment services in a non-hospital residential setting to restore the health and useful activity of persons with alcohol and/or drug abuse/dependency.

Self-Help or Mutual-Help Groups - Independent support groups or fellowships organized by and for drug abusers, alcoholics, or their collaterals to help members achieve and maintain abstinence from and/or cope with the effects of licit or illicit drugs and alcohol. Examples are Alcoholics Anonymous, Narcotics Anonymous, Women for Sobriety, Al Anon, or other nonprofessionally led groups such as Al Anon-Adult Children of Alcoholics.

Substance Abuse Treatment - Formal organized services for persons who have abused drugs and/or alcohol. These services are designed to alter specific physical, mental, or social functions of persons receiving care by reducing client disability or discomfort, and ameliorate the signs or symptoms caused by substance abuse. For purposes of this survey, detoxification services are considered to be a treatment. This is also referred to as recovery services in some states.

Substance Abuse Treatment Facility - A facility having (1) a formal structured arrangement for alcohol and/or drug abuse treatment or recovery using alcohol and/or drug-specified personnel, (2) a designated portion of the facility (or resources) for treatment services, and (3) an allocated budget for such treatment services. The provider usually offers some form of initial evaluation or diagnosis of its clients and, thereafter, may include a wide range of different services, such as counseling, job placement, or other rehabilitation services.

TB Screening - Services designed to identify persons infected with tuberculosis.

Therapeutic Community (TC) - In general, therapeutic communities are residential programs that are highly structured blends of resocialization, milieu therapy, behavioral modification practices, progression through a hierarchy of occupational training and responsibility within the TC, community re-entry, and a variety of social services. Most TC programs include an absolute prohibition on any illicit drug use or violent behavior by clients during treatment.

Transportation - A service designed to provide a client with transportation to or from treatment.

Utilization Review - Utilization review evaluates the medical necessity of various tests, treatments, and procedures based on guidelines for various diagnoses.