

**Drug Services Research Survey,  
1990: [United States]**

*United States Department of Health and  
Human Services. National Institute on  
Drug Abuse*

Phase II -- Administrator Interview  
Questionnaire



## **Terms of Use**

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Facility ID

# **DRUG SERVICES RESEARCH SURVEY**

## **ADMINISTRATOR INTERVIEW**

MAIN STUDY

SEPTEMBER 1990

WESTAT, INC.

NIDA/BRANDEIS

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The purpose of this interview is: to verify some information obtained during the telephone interview, to ask you about any significant changes in some numbers, and to gain a clearer understanding of your service unit's organization and policies.

Q1. The survey completed for us by telephone indicates that the name of your service unit is ( \_\_\_\_\_ ). Is this correct?

SERVICE UNIT NAME

- YES ..... 1  
NO ..... 2 (ENTER CORRECT NAME)

NAME

Q2. Are both drug and alcohol dependent clients treated at this service unit?

- DRUG ONLY ..... 1 (GO TO Q6)  
ALCOHOL ONLY ..... 2 (GO TO Q6)  
BOTH ..... 3

Q3. Does this service unit physically separate drug clients from alcohol clients in treatment?

- YES ..... 1  
NO ..... 2

Q4. Does this service unit have different treatment protocols for drug and alcohol clients?

- YES ..... 1  
NO ..... 2 (GO TO Q6)

Q5. Briefly describe these different treatment protocols.

DRUG PROTOCOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALCOHOL PROTOCOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q6. The telephone interview indicates your total capacity on March 30 for (SERVICE UNIT) was (\_\_\_\_\_). Is that correct?  
CAPACITY

YES ..... 1 (GO TO Q7)  
NO ..... 2 (GO TO Q6a)  
DK ..... 8 (GO TO Q7)

Q6a. What was the total capacity on March 30?

CAPACITY ..... |\_|\_|\_|\_|

Q7. And the actual number of clients in treatment at (SERVICE UNIT) on March 30 was (\_\_\_\_\_). Is that correct?  
# CLIENTS

YES ..... 1 (GO TO Q8)  
NO ..... 2 (GO TO Q7a)  
DK ..... 8 (GO TO Q8)

Q7a. What was the actual number of clients in treatment on March 30?

# CLIENTS ..... |\_|\_|\_|\_|  
NONE ..... 0000

Q8. How many clients would you estimate are in treatment at (SERVICE UNIT) as of today?

# CLIENTS ..... |\_|\_|\_|\_| (GO TO Q10)  
NONE ..... 0000 (GO TO Q10)  
DK ..... 9998

Q9. How does the actual number of clients in treatment at (SERVICE UNIT) on March 30, that is (\_\_\_\_\_), compare to today?  
# IN Q.7.

Would you say the actual number of clients in treatment today is:

More ..... 1  
Less, or ..... 2  
About the same? ..... 3

Q10. Now I would like to ask you some questions about the types of treatment and policies of your service unit.

10a. Does your service unit offer the following types of drug treatment?			10b. [If 10a = YES] Do you have a waiting list policy for this type of treatment?			10c. [IF 10b = YES] How many clients are on the waiting list today?	
TYPE OF TREATMENT	YES	NO	DK	YES	NO	DK	DK = 998
1. Hospital Inpatient Drug Detoxification	1	2	8	1	2	8	_ _ _ _
2. Hospital Inpatient Drug Free	1	2	8	1	2	8	_ _ _ _
3. Residential Drug Detoxification	1	2	8	1	2	8	_ _ _ _
4. Residential Drug Free	1	2	8	1	2	8	_ _ _ _
5. Outpatient Drug Detoxification	1	2	8	1	2	8	_ _ _ _
6. Outpatient Drug Maintenance	1	2	8	1	2	8	_ _ _ _
7. Outpatient Drug Free	1	2	8	1	2	8	_ _ _ _

Q11. [FOR EACH TYPE OF TREATMENT ANSWERED "YES" IN Q10b]. Please briefly describe the waiting list policy for (TYPE OF TREATMENT).

1. HOSPITAL INPATIENT DRUG DETOXIFICATION .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. HOSPITAL INPATIENT DRUG FREE .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. RESIDENTIAL DRUG DETOXIFICATION .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. RESIDENTIAL DRUG FREE .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. OUTPATIENT DRUG DETOXIFICATION .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. OUTPATIENT DRUG MAINTENANCE .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. OUTPATIENT DRUG FREE .....   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q12. Does (SERVICE UNIT) offer special programs for members of different ethnic groups or cultures such as:

	YES	NO	DK
a. Blacks .....	1	2	8
b. Hispanics .....	1	2	8
c. Native Americans .....	1	2	8
d. Others (SPECIFY) _____	1	2	8

Q13. Does your service unit offer treatment to any of the following types of clients?				Q13a. [IF YES]. Does your service unit offer special programs for [TYPE OF CLIENT]?		
[TYPE OF CLIENT]	YES	NO	DK	YES	NO	DK
a. Teens	1	2	8	1	2	8
b. Pregnant women	1	2	8	1	2	8
c. IV Drug Users	1	2	8	1	2	8
d. Dual Diagnosis Clients	1	2	8	1	2	8
e. People with AIDS	1	2	8			

Q14. Does your service unit offer special programs for any of the following types of clients?

	YES	NO	DK
a. Cocaine users.....	1	2	8
b. Crack users .....	1	2	8
c. Polydrug users .....	1	2	8

Q15. Do you have any drug treatment counselors with special certification?

YES .....	1
NO .....	2 (GO TO Q16)
DK .....	8 (GO TO Q16)

Q15a. [IF YES] Briefly describe the kind of special certification your drug treatment counselor(s) have.

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Q16. Now I would like to ask you some questions about your records system. Do you have a computerized system for client records?

YES ..... 1  
 NO ..... 2 (GO TO Q18)  
 DK ..... 9 (GO TO Q18)

Q17. [IF YES] Do you have the following types of information in your computer system:

	YES	NO	DK
a. Demographic.....	1	2	8
b. Treatment.....	1	2	8
c. Laboratory test results.....	1	2	8
d. Billing.....	1	2	8

We're also interested in understanding the organization of your service unit.

Q18. Is this service unit primarily . . .

a. Publicly owned or .....	1
b. Privately owned, non-profit, or.....	2
c. Privately owned, for-profit? .....	3

Q19. Is this service unit licensed/certified by . . .

	YES	NO	DK
a. A state agency or office .....	1	2	8
b. A county agency or office.....	1	2	8
c. A city agency or office .....	1	2	8
d. The Food and Drug Administration (FDA) .....	1	2	8
e. The Drug Enforcement Agency (DEA) .....	1	2	8
f. Any other organization (SPECIFY).....	1	2	8

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Q20. Is this service unit accredited by . . .

	YES	NO	DK
a. JCAHO, .....	1	2	8
b. CARF, .....	1	2	8
c. Another accrediting group? (SPECIFY) .....	1	2	8

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Q21. Are there other drug and/or alcohol abuse treatment service units that operate at this address?

YES ..... 1  
 NO ..... 2  
 DK ..... 3

Q22. Are you a member of a multi-site drug and/or alcohol abuse facility that has service units located at other addresses?

YES ..... 1  
 NO ..... 2  
 DK ..... 3

Q23. If you have the following materials available, we would greatly appreciate if you would provide us with copies.

		DO NOT HAVE	REFUSED
		GIVEN	GIVEN
<b>A. ORGANIZATION/PROGRAMS</b>			
1.	An organization chart .....	1	2 7
2.	A staffing list with position title and degrees .....	1	2 7
3.	Program description narratives .....	1	2 7
4.	An example of a methadone treatment plan required by JCAHO, CARF .....	1	2 7
5.	The table of contents for policy and procedures manuals, including treatment, personnel, and fiscal manuals .....	1	2 7
<b>B. ADMISSION/FINANCE</b>			
1.	Admission criteria, including financial, fiscal and clinical policies .....	1	2 7
2.	A written waiting list policy .....	1	2 7
3.	Fee schedules, including sliding fee schedule or adjustments .....	1	2 7
4.	An example of a client bill with client identifiers removed .....	1	2 7
5.	The annual budget, with sources of revenues and expenses .....	1	2 7
<b>C. REPORTING</b>			
1.	Blank forms which make up client charts such as admission, treatment and discharge forms .....	1	2 7
2.	One example of a routine report if you have a computerized MIS info system, .....	1	2 7
3.	An example of a major annual report produced for your major funding source .....	1	2 7

Thank you very much for your time and cooperation.

TIME ENDED: \_\_\_\_\_