

**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 II Administrator  
Interview



## **Terms of Use**

The terms of use for this study can be found at:

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OMB #: 0930-0180

Exp. Date: 04-30-2000

FACILITY ID:

|\_|\_|\_|\_|\_|\_|\_|

INT. INITIALS: |\_|\_|\_|\_|

OUTCOME CODE: |\_|\_|\_|

# **ALCOHOL AND DRUG SERVICES STUDY**

## **ADMINISTRATOR INTERVIEW**

WESTAT, INC.

SAMHSA/BRANDEIS

### **NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN**

Public burden for this collection of information is estimated to take, on average, 45 minutes per response to complete the interview, and 1 hour per response for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and preparing for the face-to-face interview. 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 (0930-0180), Room 531-H, Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 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 0930-0180.

This questionnaire was designed to collect information from different types of facilities, providing different types of care. We will be asking you to respond to this interview on behalf of the facility and the types of care that I will review with you now.

[RESOLVE ANY DISCREPANCIES WITH RESPONDENT BEFORE PROCEEDING WITH THE INTERVIEW. IF NONE OF THE ITEMS AGREE, DO NOT PROCEED, CONTACT YOUR SUPERVISOR.]

Notice: The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel. This research is authorized under Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4).

DATE OF INTERVIEW: |\_|\_|-|\_|\_|-|\_|\_|  
 TIME BEGAN: |\_|\_| : |\_|\_| AM=1  
 PM=2

V1. The name of this facility is (READ SAMPLED FACILITY AND PROGRAM NAMES FROM FIS). Is that correct?

YES..... 1  
 NO..... 2 (Update FIS)

V2. The address of this facility is (READ LOCATION ADDRESS FROM FIS). Is that correct?

YES..... 1  
 NO..... 2 (Update FIS)

V3. On October 1, 1996, you offered the following types of care, with client numbers of (READ TYPE OF CARE AND CLIENT INFORMATION FROM FIS). Is that correct?

YES..... 1  
 NO..... 2 (Update FIS)

(ANY MAJOR DISCREPANCIES SHOULD BE NOTED IN THE COMMENTS SECTION OF THE FIS. IF POSSIBLE, PROCEED WITH INTERVIEW.)

I would like to update that information and ask you some additional questions about the types of care and policies of this substance abuse treatment facility. The types of care covered will be hospital inpatient, non-hospital residential, and outpatient care, including outpatient methadone treatment.

Q1. How many total clients are currently in substance abuse treatment at this facility?

|\_|\_|\_|\_|

Q2. Does this facility currently offer the following types of substance abuse treatment:		Q3. How many substance abuse clients are currently in that type of treatment?
TYPE OF CARE	YES NO	
a. Hospital inpatient treatment	1 2 (Q2b)	_ _ _ _
b. Non-hospital residential treatment	1 2 (Q2c)	_ _ _ _
c. Outpatient methadone treatment	1 2 (Q2d)	_ _ _ _
d. Outpatient non-methadone treatment	1 2 (Q4)	_ _ _ _
		TOTAL  _ _ _ _

**CALCULATOR**

INTERVIEWER: RECONCILE Q3 TOTAL WITH Q1 RESPONSE, IF DIFFERENT.

Q4. Below is a list of materials about your facility we would like to obtain. We would greatly appreciate it if you would provide us with copies. May we have a copy of:

	NO (REFUSED)	YES (COPY OBTAINED)	NOT APPLICABLE (DO NOT HAVE)
a. Copy audited financial statements (most current) .....	7	1	0
b. Detailed organizational chart.....	7	1	0
c. Annual statistical report.....	7	1	0
d. Year-end G/L Summary Report (most current).....	7	1	0
e. Methadone Annual Dispensing Summary .....	7	1	0
f. Personnel listing, including staff name, position, and degree (for counselors) .....	7	1	0
g. Facility and/or program brochures .....	7	1	0
h. Copy of discharge policy .....	7	1	0
i. Blank client admission form .....	7	1	0
j. Blank client discharge form .....	7	1	0
k. Client bill with client identifiers removed .....	7	1	0

## HOSPITAL INPATIENT

BOX A

IF HOSPITAL INPATIENT SUBSTANCE ABUSE CARE IS NOT OFFERED AT THIS FACILITY Q2a = 2, CHECK HERE  AND GO TO BOX B, PAGE 6. OTHERWISE, CONTINUE.

Now, I'm going to ask you a series of questions about clients receiving hospital inpatient substance abuse care at this facility. This includes clients in hospital inpatient detoxification and hospital inpatient rehabilitation treatment.

- Q5. a. How many hospital inpatient beds for substance abuse treatment does this facility have?
- Total hospital inpatient beds ..... |\_\_|\_\_|\_\_| **CALCULATOR**
- b. How many of those are for inpatient detoxification? ..... |\_\_|\_\_|\_\_|
- c. How many of those are for inpatient rehabilitation? ..... |\_\_|\_\_|\_\_|

- Q6. a. How many hospital inpatient admissions for substance abuse treatment were there during the most recent 12-month period for which you have data?  
 READ DEFINITION OF ADMISSIONS:
- "Admissions" refers to the count of persons entering or reentering 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 12-month period.
- Total hospital inpatient admissions ..... |\_\_|\_\_|\_\_| **CALCULATOR**
- b. How many of these were for inpatient detoxification ..... |\_\_|\_\_|\_\_|
- c. How many of these were for inpatient rehabilitation ..... |\_\_|\_\_|\_\_|

- Q7. a. During the 12-month period, what was the average length of stay in the hospital for the inpatient detoxification clients at this facility? Do not include leave days or aftercare treatment as part of the average stay.
- | NUMBER   | DAYS | WEEKS | MONTHS |
|----------|------|-------|--------|
| __ __ __ | 1    | 2     | 3      |
- b. During that period, what was the average length of stay in the hospital for the inpatient rehabilitation clients at this facility? Do not include leave days or aftercare treatment as part of the average stay.
- | NUMBER   | DAYS | WEEKS | MONTHS |
|----------|------|-------|--------|
| __ __ __ | 1    | 2     | 3      |



- c. IF RESPONDENT IS UNABLE TO GIVE AVERAGE FOR DETOXIFICATION AND REHABILITATION SEPARATELY, ASK:

During that period, what was the average length of stay in the hospital for all hospital inpatient substance abuse clients?

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>
_ _ _	1	2	3

Q8. What was the 12-month period used for the hospital inpatient information?

FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
 MONTH/DAY/YEAR MONTH/DAY/YEAR

Q9. a. During the same period, on average, how many individual counseling sessions did the hospital inpatient detoxification clients attend each week?

\_\_\_\_\_  
 SESSIONS IN WEEK

b. During the same period, on average, how many individual counseling sessions did the hospital inpatient rehabilitation clients attend each week?

\_\_\_\_\_  
 SESSIONS IN WEEK

c. During the same period, on average, how many group counseling sessions did the hospital inpatient detoxification clients attend each week?

\_\_\_\_\_  
 SESSIONS IN WEEK

d. During the same period, on average, how many group counseling sessions did the hospital inpatient rehabilitation clients attend each week?

\_\_\_\_\_  
 SESSIONS IN WEEK

Q10. What types of group counseling sessions are currently provided to hospital inpatients (either detoxification or rehabilitation) in substance abuse treatment?

Do you provide:

	<u>YES</u>	<u>NO</u>
a. Group Therapy Sessions	1	2
b. Group Educational Sessions	1	2
c. Self-help Group Meetings	1	2
d. Community or Governing Sessions	1	2
e. Other (Specify)	1	2
_____		

Q11. IF YES IN Q10: how many hospital inpatients are in a typical session?

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

**NON-HOSPITAL RESIDENTIAL**

BOX B

IF RESIDENTIAL CARE IS NOT OFFERED AT THIS FACILITY, Q2b = 2, CHECK HERE  AND GO TO BOX C, PAGE 9. OTHERWISE, CONTINUE.

Now I'm going to ask you a series of questions about clients receiving non-hospital residential substance abuse care at this facility. This includes clients in residential detoxification and residential rehabilitation.

Q12. a. How many non-hospital residential beds for substance abuse treatment does this facility have?

Total non-hospital residential beds ..... |\_\_|\_\_|\_\_|\_\_| **CALCULATOR**

b. How many of those are for residential detoxification? ..... |\_\_|\_\_|\_\_|\_\_|

c. How many of those are for residential rehabilitation? ..... |\_\_|\_\_|\_\_|\_\_|

Q13. a. How many non-hospital residential admissions for substance abuse treatment were there during the most recent 12-month period for which you have data?

READ DEFINITION OF ADMISSIONS:

"Admissions" refers to the count of persons entering or reentering 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 12-month period.

Total non-hospital residential admissions ..... |\_\_|\_\_|\_\_|\_\_| **CALCULATOR**

b. How many of these are for residential detoxification? ..... |\_\_|\_\_|\_\_|\_\_|

c. How many of these are for residential rehabilitation? ..... |\_\_|\_\_|\_\_|\_\_|

Q14. Is this non-hospital residential facility a therapeutic community?

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

- Q15. a. During the 12-month period, what was the average length of stay in the facility for these residential detoxification clients at this facility? Do not include leave days or aftercare treatment as part of the average stay.

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>	<u>YEARS</u>
_ _ _	1	2	3	4

- b. During that period, what was the average length of stay in the facility for the residential rehabilitation clients at this facility? Again, do not include leave days or aftercare treatment.

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>	<u>YEARS</u>
_ _ _	1	2	3	4

- c. IF RESPONDENT IS UNABLE TO GIVE AVERAGE FOR DETOXIFICATION AND REHABILITATION SEPARATELY, ASK:

During that period, what was the average length of stay in the facility for all non-hospital residential substance abuse clients?

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>	<u>YEARS</u>
_ _ _	1	2	3	4

- Q16. What was the 12 month period used for the non-hospital residential information?

FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

- Q17. a. During the same period, on average, how many individual counseling sessions did the non-hospital residential detoxification clients attend each week?

\_\_\_\_\_  
SESSIONS IN WEEK

- b. During the same period, on average, how many individual counseling sessions did the non-hospital residential rehabilitation clients attend each week?

\_\_\_\_\_  
SESSIONS IN WEEK

- c. During the same period, on average, how many group counseling sessions did the non-hospital residential detoxification clients attend each week?

\_\_\_\_\_  
SESSIONS IN WEEK

- d. During the same period, on average, how many group counseling sessions did the non-hospital residential rehabilitation clients attend each week?

\_\_\_\_\_  
SESSIONS IN WEEK

Q18. What types of group counseling sessions are currently provided to non-hospital residential (either detoxification or rehabilitation) in substance abuse treatment?

Do you provide:

	<u>YES</u>	<u>NO</u>
a. Group Therapy Sessions	1	2
b. Group Educational Sessions	1	2
c. Self-help Group Meetings	1	2
d. Community or Governing Sessions	1	2
e. Other (Specify)	1	2
_____		

Q19. IF YES IN Q18: how many non-hospital residential clients are in a typical session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OUTPATIENT METHADONE**

BOX C

IF OUTPATIENT METHADONE CARE IS NOT OFFERED AT THIS FACILITY, Q2c = 2, CHECK HERE  AND GO TO BOX D, PAGE 11. OTHERWISE, CONTINUE.

Now I'm going to ask you a series of questions about clients receiving outpatient methadone substance abuse treatment at this facility.

Q20. How many admissions were there to outpatient methadone treatment during the most recent 12-month period for which you have counts? [READ DEFINITION OF ADMISSIONS]

"Admissions" refers to the count of persons entering or reentering 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 12-month period.

Total outpatient methadone admissions ..... |\_|\_|\_|\_|

Q21. During that same period, what was the average length of stay in treatment for outpatient methadone clients? This means the average stay from first visit to last visit. Do not include any aftercare period after discharge.

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>	<u>YEARS</u>
_ _ _ _	1	2	3	4

Q22. What is the 12-month period used for these methadone data?

FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
 MONTH/DAY/YEAR                      MONTH/DAY/YEAR

Q23. During that same period, on average, how many individual counseling sessions and how many group counseling sessions did outpatient methadone clients attend each week?

<u>NUMBER OF INDIVIDUAL SESSIONS</u>	<u>NUMBER OF GROUP SESSIONS</u>
_ _ _	_ _ _

Q24. What types of group counseling sessions are currently provided to outpatient methadone clients (either detoxification or maintenance) in substance abuse treatment?

Do you provide:

	<u>YES</u>	<u>NO</u>
a. Group Therapy Sessions	1	2
b. Group Educational Sessions	1	2
c. Self-help Group Meetings	1	2
d. Community or Governing Sessions	1	2
e. Other (Specify) _____	1	2

Q25. IF YES IN Q24: how many methadone clients are in a typical session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q26. For clients on a level methadone dosage for at least 2 weeks, what is the average daily dosage (in milligrams)?

\_\_\_\_\_

mgs.

**OUTPATIENT NON-METHADONE**

BOX D

IF OUTPATIENT NON-METHADONE CARE IS NOT OFFERED, Q2d = 2,  
CHECK HERE  AND GO TO Q38, PAGE 13. OTHERWISE, CONTINUE.

Now I'm going to ask you a series of questions about clients receiving outpatient non-methadone substance abuse care at this facility. This includes clients in outpatient non-methadone detoxification and outpatient non-methadone rehabilitation.

Q27. How many admissions were there to outpatient non-methadone treatment during the most recent 12-month period for which you have counts? [READ DEFINITION OF ADMISSIONS]

"Admissions" refers to the count of persons entering or reentering 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 12-month period.

Total outpatient non-methadone admissions..... |\_|\_|\_|\_|

Q28. During that same period, what was the average length of stay in treatment for outpatient non-methadone clients? This means the average stay from first visit to last visit. Do not include any aftercare period after discharge.

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>	<u>YEARS</u>
_ _ _	1	2	3	4

Q29. Does this facility provide outpatient detoxification?

YES..... 1  
NO..... 2 (Q32)

Q30. About what percentage of the admissions in the 12-month period were for detoxification only?

\_\_\_\_\_ %

Q31. On average, how long did the detoxification-only patients stay in treatment at this facility?

<u>NUMBER</u>	<u>DAYS</u>	<u>WEEKS</u>	<u>MONTHS</u>
_ _ _	1	2	3

Q32. What is the 12-month period used for these outpatient non-methadone data?

FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

Q33. During that same period, on average, how many individual counseling sessions and how many group counseling sessions did outpatient non-methadone clients attend each week?

NUMBER OF INDIVIDUAL SESSIONS      NUMBER OF GROUP SESSIONS  
|\_|\_|\_|      |\_|\_|\_|

Q34. What types of group counseling sessions are currently provided to outpatient non-methadone clients (either detoxification or rehabilitation) in substance abuse treatment?

Do you provide:

	<u>YES</u>	<u>NO</u>
a. Group Therapy Sessions	1	2
b. Group Educational Sessions	1	2
c. Self-help Group Meetings	1	2
d. Community or Governing Sessions	1	2
e. Other (Specify) _____	1	2

Q35. IF YES IN Q34: how many non-methadone clients are in a typical session?

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

Q36. Does this facility have an intensive outpatient program?

YES ..... 1  
NO ..... 2 (Q38)

Q37. On average, how many hours per week do intensive outpatient clients attend the program?

|\_|\_|  
HOURS



**ALL TYPES OF CARE**

Now I'd like to ask you several questions that apply to all the types of care we've discussed.

Q38. On average, how many clients at this facility dropped out of treatment each month over the past year prior to completing the full course of treatment?

\_\_\_\_\_  
# OF CLIENTS PER MONTH

Q39. On average, how many clients at this facility drop out of treatment each month after completing only the intake interview or one day or session of treatment?

\_\_\_\_\_  
# OF CLIENTS PER MONTH

Q40. Does this substance abuse treatment facility offer the following types of aftercare services at this location for clients who have been discharged from treatment:

	<u>YES</u>	<u>NO</u>
a. Outpatient counseling? .....	1	2
b. Self-help groups? .....	1	2
c. Alumni groups? .....	1	2

The next several questions relate to client records for all types of care.

Q41. Does this facility maintain any computerized information on individual substance abuse treatment clients?

YES..... 1  
 NO..... 2 (Q44)

Q42. Does the computerized information contain any of the following?

	<u>YES</u>	<u>NO</u>
a. Client descriptive information, such as age or sex .....	1	2
b. Drugs of abuse.....	1	2
c. Client treatment history .....	1	2
d. Diagnosis.....	1	2
e. Services received, such as individual or group therapy .....	1	2
f. Number of bed days for inpatients .....	1	2
g. Number of visits or encounters for outpatients .....	1	2
h. Reasons for discharge .....	1	2
i. Source of payment for that client .....	1	2
j. Billing information .....	1	2

YES    NO

Q43. Can computerized client records on services received during a visit, such as individual therapy or group therapy, be linked to computerized records on billing? .....

1        2

The next several questions deal with administrative and financial issues for all types of care.

Q44. Are annual audited financial statements prepared for this substance abuse treatment facility?

YES ..... 1  
NO ..... 2 (Q46)

Q45. Is this financial statement only for this substance abuse treatment facility, or does it include information about other entities?

THIS FACILITY ONLY ..... 1 (Q46)  
INCLUDES OTHER ENTITIES ..... 2 (Q45b)

b. How many other entities?

|\_|\_|\_|\_|

c. How many of these provide substance abuse treatment?

|\_|\_|\_|\_|

Q46. Does this substance abuse treatment facility receive any in-kind contributions? Here are some examples: Furniture, equipment, food, bedding, clothing, space, tax relief, discounted facility rental rates, volunteer services.

YES ..... 1  
(Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_) )  
NO ..... 2

Q47. IN COLUMNS 1-3, THE INTERVIEWER WILL ASK THE ADMINISTRATOR TO UPDATE THE DATA COLLECTED IN THE PHASE I FACILITY QUESTIONNAIRE, ITEM A9. THE INTERVIEWER WILL COLLECT NEW INFORMATION IN COLUMN 4. INTERVIEWER SHOWS RESPONDENT XEROX COPY OF FACILITY RESPONSE TO ITEM A9 FROM PHASE I.

In Phase I, you or someone at your facility provided the following information about the number and type of staff providing substance abuse treatment at this facility on October 1, 1996. Now, I would like to update this information. Please review this chart and indicate whether these counts are now the same or different. If the staff counts are different, please provide updated numbers.

In columns 1-3, please indicate the number of full-time and part-time staff members involved in substance abuse treatment. Count staff on the payroll, contract staff and consultants currently providing **substance abuse treatment** at this facility in each of the following staff categories. (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 past week.

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

In column 4, indicate the total number of hours worked by all full-time and part-time staff on payroll, contract staff, and consultants at this facility during the last 7-day period for which you have records.

TYPE OF STAFF	(1)	(2)	(3)	TOTAL NUMBER OF HOURS WORKED IN SUBSTANCE ABUSE TREATMENT DURING THE LAST FULL 7-DAY PERIOD FOR WHICH YOU HAVE RECORDS
	Number of Full-Time Staff on Payroll	Number of Part-Time Staff on Payroll	Number of Contract Staff and Consultants	(4) 1-Week Staff Hours
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				

**CALCULATOR**



Q51. Does this substance abuse treatment facility offer any of the following services to any substance abuse clients?

Please indicate the percentage of your substance abuse clients who received this service over the past 12 months.

	(1) NO		(2) YES	(3) Percent of substance abuse clients who received this service
a. Comprehensive assessment/diagnosis?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
b. Child care?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
c. Transportation?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
d. Self-help or mutual-help groups?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
e. Individual therapy?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
f. Group therapy, not including relapse prevention?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
g. Relapse prevention groups.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
h. Family counseling?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
i. Employment counseling/training?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
j. Academic education/GED classes?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
k. HIV/AIDS education/counseling/support?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
l. Combined substance abuse and mental health treatment?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
m. TB screening?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
n. Prenatal care?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
o. Smoking cessation?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
p. Acupuncture?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
q. Aftercare?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____
r. Outcome followup?.....	<input type="checkbox"/>	.....	<input type="checkbox"/>	_____

Q52. What is the 12-month substance abuse treatment revenue or funding for this facility? Include all sources such as client payments, insurance, contracts, grants, government funds, budget allocations, and donations. If possible, count only income related to substance abuse treatment.

\$ \_\_\_\_\_ .00

Q53. What is the 12-month time period to which the revenue or funding refers?

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ THROUGH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

Q54. IF RESPONDENT IS UNABLE TO REPORT REVENUE OR FUNDING IN Q52 FOR SUBSTANCE ABUSE TREATMENT ONLY, CHECK THIS BOX  AND ASK:

What percentage of the revenue you reported would you estimate is related to substance abuse treatment.

\_\_\_\_\_ %

Q55. What are the 12-month total substance abuse treatment costs for this facility? 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

Q56. IF RESPONDENT IS UNABLE TO REPORT COSTS IN Q55 FOR SUBSTANCE ABUSE TREATMENT ONLY, CHECK BOX HERE  AND ASK:

What percentage of the total costs you reported would you estimate are related to substance abuse treatment.

\_\_\_\_\_ %

**HOSPITAL INPATIENT**

**INTERVIEWER:  
COPY 12-MONTH PERIOD REPORTED IN Q8 TO THE DATE FIELDS IN Q57a. COPY TOTAL HOSPITAL  
INPATIENT ADMISSIONS FROM Q6a TO THE TOTAL BOX IN Q57b.**

Q57a. During the 12-month period, from _____ through _____, MONTH/DAY/YEAR MONTH/DAY/YEAR did this facility provide hospital inpatient services to clients through the following payment mechanisms? [INTERVIEWER: READ ALL THE PAYMENT TYPES THROUGH FIRST.]			Q57b. Approximately how many hospital inpatient admissions were primarily paid by (CATEGORY) during that 12-month period?	
PRIMARY PAYMENT CATEGORY	YES	NO	NUMBER OF ADMISSIONS*	PERCENTAGE OF ADMISSIONS
1. Client self payment.....	1	2	_____	_____ %
2. Private health insurance, fee-for-service.....	1	2	_____	_____ %
3. Private health insurance, HMO/PPO/Managed Care .....	1	2	_____	_____ %
4. Criminal justice system, federal, state or local .....	1	2	_____	_____ %
5. Medicaid.....	1	2	_____	_____ %
6. Medicare .....	1	2	_____	_____ %
7. Other public payment .....	1	2	_____	_____ %
8. No payment.....	1	2	_____	_____ %
9. Other/Specify largest type _____ .....	1	2	_____	_____ %
10. Unknown .....	1	2	_____	_____ %
INTERVIEWER: COPY TOTAL FROM Q6a _____ →			_ _ _ _  TOTAL ADMISSIONS	1 0 0  %

***CALCULATOR***

(\*If you cannot give the number of admissions by payment type, please estimate the percentage of admissions for each payment type.)



**NON-HOSPITAL RESIDENTIAL**

**INTERVIEWER:  
COPY 12-MONTH PERIOD REPORTED IN Q16 TO THE DATE FIELDS IN Q58a. COPY TOTAL NON-HOSPITAL RESIDENTIAL ADMISSIONS FROM Q13a TO THE TOTAL BOX IN Q58b.**

Q58a. During the 12-month period, from _____ through _____, MONTH/DAY/YEAR MONTH/DAY/YEAR did this facility provide non-hospital residential services to clients through the following payment mechanisms? [INTERVIEWER: READ ALL THE PAYMENT TYPES THROUGH FIRST.]			Q58b. Approximately how many non-hospital residential admissions were primarily paid by (CATEGORY) during that 12-month period?	
PRIMARY PAYMENT CATEGORY	YES	NO	NUMBER OF ADMISSIONS*	PERCENTAGE OF ADMISSIONS
1. Client self payment.....	1	2	_____	_____ %
2. Private health insurance, fee-for-service.....	1	2	_____	_____ %
3. Private health insurance, HMO/PPO/Managed Care .....	1	2	_____	_____ %
4. Criminal justice system, federal, state or local .....	1	2	_____	_____ %
5. Medicaid.....	1	2	_____	_____ %
6. Medicare .....	1	2	_____	_____ %
7. Other public payment .....	1	2	_____	_____ %
8. No payment.....	1	2	_____	_____ %
9. Other/Specify largest type _____ .....	1	2	_____	_____ %
10. Unknown .....	1	2	_____	_____ %
INTERVIEWER: COPY TOTAL FROM Q13a →			 TOTAL ADMISSIONS	1   0   0   %

***CALCULATOR***

(\*If you cannot give the number of admissions by payment type, please estimate the percentage of admissions for each payment type.)

**OUTPATIENT METHADONE**

**INTERVIEWER:  
COPY 12-MONTH PERIOD REPORTED IN Q22 TO THE DATE FIELDS IN Q59a. COPY TOTAL  
OUTPATIENT METHADONE ADMISSIONS FROM Q20 TO THE TOTAL BOX IN Q59b.**

Q59a. During the 12-month period, from _____ through _____, MONTH/DAY/YEAR MONTH/DAY/YEAR did this facility provide outpatient methadone services to clients through the following payment mechanisms? [INTERVIEWER: READ ALL THE PAYMENT TYPES THROUGH FIRST.]			Q59b. Approximately how many outpatient methadone admissions were primarily paid by (CATEGORY) during that 12-month period?	
PRIMARY PAYMENT CATEGORY	YES	NO	NUMBER OF ADMISSIONS*	PERCENTAGE OF ADMISSIONS
1. Client self payment.....	1	2	_____	_____ %
2. Private health insurance, fee-for-service.....	1	2	_____	_____ %
3. Private health insurance, HMO/PPO/Managed Care .....	1	2	_____	_____ %
4. Criminal justice system, federal, state or local .....	1	2	_____	_____ %
5. Medicaid.....	1	2	_____	_____ %
6. Medicare .....	1	2	_____	_____ %
7. Other public payment .....	1	2	_____	_____ %
8. No payment.....	1	2	_____	_____ %
9. Other/Specify largest type _____ .....	1	2	_____	_____ %
10. Unknown .....	1	2	_____	_____ %
INTERVIEWER: COPY TOTAL FROM Q20 _____ →			 TOTAL ADMISSIONS	1   0   0   %

***CALCULATOR***

(\*If you cannot give the number of admissions by payment type, please estimate the percentage of admissions for each payment type.)

Q60. What was the total cost of methadone dispensed during this same 12-month period?

\$ \_\_\_\_\_ .00

**OUTPATIENT NON-METHADONE**

**INTERVIEWER:  
COPY 12-MONTH PERIOD REPORTED IN Q32 TO THE DATE FIELDS IN Q61a. COPY TOTAL  
OUTPATIENT NON-METHADONE ADMISSIONS FROM Q27 TO THE TOTAL BOX IN Q61b.**

<p>Q61a. During the 12-month period, from _____ through _____, MONTH/DAY/YEAR MONTH/DAY/YEAR did this facility provide outpatient non-methadone services to clients through the following payment mechanisms? [INTERVIEWER: READ ALL THE PAYMENT TYPES THROUGH FIRST.]</p>	<p>Q61b. Approximately how many outpatient non-methadone admissions were primarily paid by (CATEGORY) during that 12-month period?</p>																																																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: left;">PRIMARY PAYMENT CATEGORY</th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 15%;">NUMBER OF ADMISSIONS*</th> <th style="width: 20%;">PERCENTAGE OF ADMISSIONS</th> </tr> </thead> <tbody> <tr> <td>1. Client self payment.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>2. Private health insurance, fee-for-service.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>3. Private health insurance, HMO/PPO/Managed Care .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>4. Criminal justice system, federal, state or local .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>5. Medicaid.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>6. Medicare .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>7. Other public payment .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>8. No payment.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>9. Other/Specify largest type _____ .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td>10. Unknown .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">_____</td> <td align="center">_____ %</td> </tr> <tr> <td colspan="3" style="padding: 5px;">                     INTERVIEWER: COPY TOTAL FROM Q27 →                 </td> <td style="padding: 5px; text-align: center;">                      _ _ _ _  TOTAL ADMISSIONS                 </td> <td style="padding: 5px; text-align: center;">                      1 0 0  %                 </td> </tr> </tbody> </table>	PRIMARY PAYMENT CATEGORY	YES	NO	NUMBER OF ADMISSIONS*	PERCENTAGE OF ADMISSIONS	1. Client self payment.....	1	2	_____	_____ %	2. Private health insurance, fee-for-service.....	1	2	_____	_____ %	3. Private health insurance, HMO/PPO/Managed Care .....	1	2	_____	_____ %	4. Criminal justice system, federal, state or local .....	1	2	_____	_____ %	5. Medicaid.....	1	2	_____	_____ %	6. Medicare .....	1	2	_____	_____ %	7. Other public payment .....	1	2	_____	_____ %	8. No payment.....	1	2	_____	_____ %	9. Other/Specify largest type _____ .....	1	2	_____	_____ %	10. Unknown .....	1	2	_____	_____ %	INTERVIEWER: COPY TOTAL FROM Q27 →			_ _ _ _  TOTAL ADMISSIONS	1 0 0  %	
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***CALCULATOR***

(\*If you cannot give the number of admissions by payment type, please estimate the percentage of admissions for each payment type.)

TIME ENDED: |\_|\_| : |\_|\_| AM=1  
PM=2