Drug Services Research Survey, 1990: [United States]

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

Phase I -- Facility Telephone Interview Questionnaire

Terms of Use

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

http://datafiles.samhsa.gov/terms-use-nid3422

OMB #: 0930-0139

Exp. Date: December 31, 1990

DRUG SERVICES RESEARCH SURVEY

The National Institute on Drug Abuse (NIDA) is working with the Office of National Drug Control Policy (ONDCP) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to better describe and understand the national drug abuse treatment system. To improve our information base, NIDA is conducting a survey of a national sample of treatment programs covering a variety of issues regarding drug abuse treatment. Thank you for agreeing to cooperate with this survey.

This questionnaire applies to units providing services directed at the drug problems of their clients (whether drugs are the principal diagnosis or are secondary to another problem).

PLEASE DO NOT MAIL THIS TO NIDA.

We will telephone you within a week to ask the questions that are shown in this questionnaire. Wait for the phone call, which will be made by a professional telephone interviewer who will go through the questions with you and record your answers. **Additional instructions and definitions are provided on the next two pages.**

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public response burden for this collection of information is estimated to range from 1 to 5 hours per response, including time for reviewing instructions, searching existing data sources, and gathering and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C. 20201; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0930-0139), Washington, D.C. 20503.

DRUG SERVICES RESEARCH SURVEY

MAIL QUESTIONNAIRE INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. **Please do not mail this to NIDA**. We are mailing this questionnaire in advance so that you have an opportunity to review the questions and ascertain the answers. **An interviewer will call you within a week to collect your answers over the phone**. Please complete as much of the questionnaire as possible before the call. If information cannot be obtained, 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. The confidentiality of the information you provide with this questionnaire will be carefully protected. If you need assistance in completing the questionnaire or have questions, please call the Survey Assistance Hotline at Brandeis University (1-800-677-1606).

Please complete this questionnaire in relation to the drug treatment facility at the address indicated on the label attached to Page 1 of the questionnaire. Throughout the questionnaire, the term "facility" refers only to that drug treatment facility at that address.

Page 1: On page 1 we ask you to specify **two 12-month periods** for which you can report data in **Section C** (client data) and **Section D** (financial data). These should be the most recent complete 12-month periods for which you have data available. They do not have to be the 12 months immediately prior to March 30, 1990. If, for any reason, you are unable to provide a full 12 months of data, please call the Survey Hotline (1-800-677-1606) to explain your situation. Transfer these dates from page 1 to the beginning of Sections C and D, as appropriate.

Section A: This Section asks questions about your facility's organization and staffing on **March 30, 1990.** Please complete as many of those questions as possible. Please note the response categories to Question A6 that require a call to the Survey Assistance Hotline before proceeding to complete the questionnaire.

Section B: This Section asks questions about your clients on **March 30, 1990. Please note that pages 11 through 14 are duplicate charts asking for the same patient demographics for specific treatment modalities**. You only need to complete the number of pages that apply to your facility. If your facility provides services under only one modality and environment, only one page needs to be completed.

WE THANK YOU FOR YOUR INTEREST AND PARTICIPATION IN THIS IMPORTANT PROJECT.

DEFINITIONS:

CAPACITY: The maximum number of individuals who could be enrolled as active clients as of March 30, 1990 given the unit's staffing, funding, and physical facility at that time. For residential and other 24-hour care units, treatment capacity is equal to the number of beds available at the unit. For outpatient units, treatment capacity reflects the maximum active client caseload a unit could carry. This maximum caseload would depend upon such factors as the percentage of total staff hours devoted to direct client care, the average length of counseling sessions, and the frequency of client visits to the unit. The data must be present in the calculation of utilization rates.

CERTIFICATION IN SUBSTANCE ABUSE TREATMENT: Any specialty certification for alcohol and drug abuse counselors recognized in your jurisdiction. This includes State certification and a national certified alcohol and drug counselor credential.

CLIENT: An individual who: (1) has been admitted to the treatment unit and for whom a treatment plan has been developed; (2) has 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 which may be adjusted to more appropriately reflect what constitutes an active client at the State level.

DRUG TREATMENT: Formal organized services for persons who have abused drugs either alone or in combination with 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 drug 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.

ELIGIBILITY: A policy in effect at the treatment unit which sets forth criteria for clients being allowed to enter treatment.

METHADONE TREATMENT: Refers to methadone maintenance or detoxification. Methadone maintenance is the continued administering of methadone, in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for 180 days or more. 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 from maintenance treatment.

PRIORITY: A policy or condition which would allow an individual seeking treatment to be admitted prior to others seeking treatment at the same time.

UNIT: A facility having: (1) a formal structured arrangement for alcohol and drug abuse treatment or recovery using alcohol or drug-specified personnel; and (2) a designated portion of the facility (or resources) for treatment services; and (3) an allocated budget for such treatment services. A treatment unit must directly provide services to clients at the facility's location. The unit 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. This is also referred to as a recovery unit in some states.

DRUG SERVICES RESEARCH SURVEY

MAILOUT QUESTIONNAIRE

Please complete this questionnaire only in relation to:

(Attach label here.)

This questionnaire contains four sections:

Section A: Facility organization and staffing on **March 30, 1990** (1 day).

Section B: Facility client data on **March 30, 1990** (1 day).

Section C: Drug treatment program client services information for the **most recent complete 12-month period** for which data are available (12 months).

Section D: Drug treatment program costs and charges for the **most recent complete 12-month period** for which data are available (12 months).

Please enter below the dates that define those completed reporting periods for your facility.

CLIENT REPORTING PERIOD FOR SECTION C RESPONSES

What are the dates of your most recent complete 12-month reporting period on clients?

FROM: _____ / _____ / _____
MO DA YR

TO: _____ / _____ / _____
MO DA YR

FINANCIAL/COST REPORTING PERIOD FOR SECTION D RESPONSES

What are the dates of your most recent complete 12-month reporting period on finances/costs?

FROM: _____ / _____ / _____
MO DA YR

TO: _____ / _____ / _____
MO DA YR

A. FACILITY ORGANIZATIONAL DATA

Please answer the following questions as of March 30, 1990.

A1. As of March 30, 1990, for how many months or years had this facility offered a drug treatment program?

NUMBER OF
MONTHS ..... ☐
YEARS ..... ☐

A2. On March 30, 1990, was this facility owned by:

		YES	NO
a.	A private for-profit organization	☐	☐
b.	A private not-for-profit organization	☐	☐
c.	A public city or county organization	☐	☐
d.	A public state organization	☐	☐
e.	A public federal organization	☐	☐

A3. On March 30, 1990, was this facility managed by:

		YES	NO
a.	A private for-profit organization	☐	☐
b.	A private not-for-profit organization	☐	☐
c.	A public city or county organization	☐	☐
d.	A public state organization	☐	☐
e.	A public federal organization	☐	☐

A4. On March 30, 1990 did this facility have licensing/certification from:

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

_____

A5. On March 30, 1990 did this facility have accreditation from:

		YES	NO
a.	The Joint Commission on the Accreditation of Health Care Organizations	☐	☐
b.	Any other organization (SPECIFY)	☐	☐

_____

A6. Please indicate whether on March 30, 1990, your facility offered each of the following modalities of service:

		YES	NO
a.	HOSPITAL INPATIENT		
	1. Drug Detoxification	☐	☐
	2. Drug Maintenance	☐ *	☐
	3. Drug Free	☐	☐
b.	RESIDENTIAL		
	1. Drug Detoxification	☐	☐
	2. Drug Maintenance	☐ *	☐
	3. Drug Free	☐	☐
c.	OUTPATIENT		
	1. Drug Detoxification	☐	☐
	2. Drug Maintenance	☐	☐
	3. Drug Free	☐	☐
d.	ALCOHOL TREATMENT		
	1. All modalities and environments	☐ **	☐

* If you checked "Yes" for Hospital Inpatient Drug Maintenance or Residential Drug Maintenance, please call the Survey Assistance Hotline at 1-800-677-1606 before proceeding with this questionnaire.

**If Alcohol Treatment is the only modality for which you checked "Yes," please call the Survey Assistance Hotline at 1-800-677-1606 before proceeding with this questionnaire.

A7. For any drug treatment programs coded "YES" in question A6, how many staff members worked in each of the following positions on March 30, 1990? (Full-time employees are those working 35 or more hours per week. Part-time employees are those working on a regular basis but fewer than 35 hours per week.) *(If any staff worked in more than one of the categories listed, please put them in the one category in which they worked the most, i.e., spent the most time. Please exclude Alcohol Only treatment staff. If you cannot exclude Alcohol Only treatment staff, check here ☐.)*

DRUG TREATMENT PROGRAM STAFF	# OF PAID STAFF MEMBERS ON PAYROLL		# OF STAFF ON CONTRACT	# OF STAFF ON PAYROLL AND ON CONTRACT WHO ARE CERTIFIED IN SUBSTANCE ABUSE TREATMENT*
	FULL-TIME	PART-TIME		
a. Psychiatrists				
b. Other Physicians (MD's/DO's) (SPECIFY) _____				
c. Registered Nurses (RN's)				
d. Other Licensed Nurses (LPN's/LVN's)				
e. All Other Medical Personnel				
f. Psychologists (MS and above)				
g. Social Workers (MSW and above)				
h. Family Therapists (MS and above)				
i. Vocational Rehabilitation Specialists (BA and above)				
j. Other Degreed Counselors (BA and above) (SPECIFY) _____				
k. Non-Degreed Counselors (SPECIFY) _____				
l. Administrative or Support Staff				
m. All Other Staff				

***CERTIFICATION IN SUBSTANCE ABUSE TREATMENT:** Any specialty certification for alcohol and drug abuse counselors recognized in your jurisdiction. This includes State certification and a national certified alcohol and drug counselor credential.

A8. How many active volunteers (non-paid) were serving drug clients at your facility as of March 30, 1990?

_____
NUMBER

OF YOUR CLIENTS IN DRUG TREATMENT ON MARCH 30, 1990:

A9. What percentage do you estimate came from your city or town?

ESTIMATED CLIENT % ..... _____ %

A10. What percentage do you estimate came from outside your city but within your state?

ESTIMATED CLIENT % ..... _____ %

A11. What percentage do you estimate came from outside your state?

ESTIMATED CLIENT % ..... _____ %

100%

(Percents in A9, A10, and A11 should add to 100.)

B. RECENT FACILITY CLIENT DATA

B1. For each of the modalities of service offered by this facility (as you indicated in question A6), please complete this table using data on March 30, 1990:

(If FACILITY CAPACITY data are not differentiated by gender, check here ☐ and enter data only in the "Total" column for CAPACITY figures.)

MODALITY	FACILITY CAPACITY ON MARCH 30, 1990			ACTUAL # OF CLIENTS IN TREATMENT ON MARCH 30, 1990		
	a. Male	b. Female	c. Total	d. Male	e. Female	f. Total
HOSPITAL INPATIENT Drug Detoxification						
Drug Free						
RESIDENTIAL Drug Detoxification						
Drug Free						
OUTPATIENT Drug Detoxification						
Drug Maintenance						
Drug Free						
ALCOHOL TREATMENT (All environments and modalities)						
TOTALS						

B2. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B3. Do you usually have more applicants for drug treatment services than you have drug treatment availability/slots?

YES ☐ NO ☐

B4. If an individual had applied for drug treatment on March 30, 1990, how long would you estimate he or she would have to wait to enter treatment?

_____ OF
NUMBER

DAYS..... ☐
WEEKS..... ☐
MONTHS ..... ☐
YEARS ..... ☐

B5. On March 30, 1990, did this facility have a system for placing applicants for drug treatment on a waiting list?

YES ☐ NO ☐ (SKIP TO B12)

B6. On March 30, 1990, did this facility have a procedure for screening individuals for eligibility before they are put on a waiting list?

YES ☐ NO ☐

B7. On March 30, 1990, did this facility have a procedure for determining if people on the waiting list were still waiting for treatment?

YES ☐ NO ☐

B8. Must the applicant on the waiting list contact the facility on a regular basis to remain eligible?

YES ☐ NO ☐

B9. On March 30, 1990, did the waiting list contain:

a. The name of the client?

YES ☐ NO ☐

b. A means of contacting the client (phone number or address)?

YES ☐ NO ☐

B10. Please complete this table using data for drug treatment applicants on March 30, 1990. **Do not include data for Alcohol Only applicants.**
(If you cannot exclude Alcohol Only clients, check here ☐.)

In Columns "b" through "e," distribute the people in Column "a" by the length of time they had been on the waiting list. *(Figures in Columns "b," "c," "d," and "e," should add up to the number in Column "a.")*

MODALITY	a. TOTAL # OF APPLICANTS ON DRUG TREATMENT WAITING LIST AS OF MARCH 30, 1990	# OF APPLICANTS (FROM COLUMN a) WHO WERE ON WAITING LIST:			
		b. FOR LESS THAN 1 WEEK	c. FROM 1 WEEK UP TO 1 MONTH	d. FROM MORE THAN 1 MONTH UP TO 3 MONTHS	e. FOR MORE THAN 3 MONTHS
HOSPITAL INPATIENT Drug Detoxification					
Drug Free					
RESIDENTIAL Drug Detoxification					
Drug Free					
OUTPATIENT Drug Detoxification					
Drug Maintenance					
Drug Free					
TOTALS					

B11. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B12. On March 30, 1990, how much priority for admission was given to each of the following?

		DO NOT TREAT	NO SPECIAL PRIORITY	SOME PRIORITY
a.	IV drug users	☐	☐	☐
b.	HIV positive	☐	☐	☐
c.	Pregnant women	☐	☐	☐
d.	Polydrug users	☐	☐	☐
e.	Adolescents	☐	☐	☐
f.	Dual diagnosis clients	☐	☐	☐
g.	Self pay	☐	☐	☐
h.	Private insurance pay	☐	☐	☐
i.	Medicaid pay	☐	☐	☐
j.	Other public pay	☐	☐	☐

B13. On March 30, 1990, what percentage of your clients at that time had been referred by each of the following sources? (Percents should add to 100.)

		% OF CLIENTS
a.	Self-referred	_____ %
b.	Family	_____ %
c.	Employer	_____ %
d.	Employee Assistance Program (EAP)	_____ %
e.	Criminal justice system by court order	_____ %
f.	Private physician/Community mental health center/Other health professional or provider	_____ %
g.	Schools	_____ %
h.	Clergy	_____ %
i.	Other (SPECIFY) _____ _____	_____ %
		100%

B14. Question B13 was completed using *(Select only one response for method used for majority of figures)* _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B15. On March 30, 1990, what percentage of your clients at that time were receiving services for each of the following? (Percents should add to 100.)

		% OF CLIENTS
a.	No drug abuse (alcohol abuse only)	_____ %
b.	Single drug abuse (no alcohol abuse)	_____ %
c.	Single drug abuse (with alcohol abuse)	_____ %
d.	Abuse of 2 or more drugs (no alcohol abuse)	_____ %
e.	Abuse of 2 or more drugs (with alcohol abuse)	_____ %
		100%

B16. On March 30, 1990, what percentage of your clients were intravenous drug users (IVDU's)?

_____ %

B17. On March 30, 1990, what percentage of your clients had a dual diagnosis of substance abuse and mental illness?

_____ %

B18. Questions B15-B17 were completed using *(Select only one response for method used for majority of figures)* _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B19. On March 30, 1990, how many drug treatment clients were receiving methadone? (IF NONE, SKIP TO INSTRUCTIONS ON PAGE 10.)

_____

B20. Of the number of clients specified in B19, how many were considered to be in:

a. Detoxification? ..... _____

b. Maintenance? (IF NONE, SKIP TO INSTRUCTIONS ON PAGE 10.)..... _____

B21. At that time, what was the maximum daily dosage (in milligrams) of methadone given to a single client on maintenance?

_____ mgs.

B22. At that time, what was the minumum daily dosage (in milligrams) of methadone given to a single client on maintenance?

_____ mgs.

B23. At that time, what was the average daily dosage (in milligrams) of methadone given to clients on maintenance?

_____ mgs.

B24. At that time, how many clients on maintenance received the following daily dosages (in milligrams) of methadone?

		# OF CLIENTS
a.	1-19 mgs.	_____
b.	20-39 mgs.	_____
c.	40-54 mgs.	_____
d.	55-69 mgs.	_____
e.	70 mgs. or more	_____

B25. At that time, how many clients on maintenance received their take home supply of methadone in each of the following categories?

☐ NO TAKE HOME SUPPLY (SKIP TO B26)

OR

		# OF CLIENTS
a.	1 day supply	_____
b.	2 day supply	_____
c.	3 day supply	_____
d.	4 day supply	_____
e.	5 day supply	_____
f.	6 day supply	_____
g.	7 day or more supply	_____
h.	Other (SPECIFY) _____	_____

B26. At that time, what was this facility's typical length of time for a client to be maintained on methadone?

_____ NUMBER OF
WEEKS ..... ☐
MONTHS ..... ☐
YEARS ..... ☐

B27. At that time, what was the maximum length of time a client could be maintained on methadone at this facility?

☐ INDEFINITE, NO MAXIMUM (SKIP TO INSTRUCTIONS ON PAGE 10.)

OR

_____ NUMBER OF
WEEKS ..... ☐
MONTHS ..... ☐
YEARS ..... ☐

B28. Which of the following determined this maximum length of time?

		YES	NO
a.	State regulations	☐	☐
b.	Facility policy	☐	☐
c.	Clinical need	☐	☐
d.	Other (SPECIFY)	☐	☐

_____

INSTRUCTIONS FOR PAGES 11 THROUGH 14

Complete one of the following pages for each modality of drug treatment service you offered on March 30, 1990 as reflected in your responses to question A6 on page 2. Indicate the appropriate modality by checking the appropriate box at the top of each page. Then transfer the figures for the "actual number of clients" for each modality from question B1 to the top of each page. Complete the chart for those clients. The sum of each subsection of the chart (a, b, c, d, and e) should equal the figure entered at the top of the page. Use only the number of pages you need.

If you are unable to provide separate figures by modality, you may provide combined figures in these charts, as necessary. In this circumstance, please check all appropriate modalities at the top of each chart used.

B29. Check the first modality for which you answered "YES" in A6 on page 2. Please complete this table using data on March 30, 1990 for that modality only.

- ☐ Hospital Inpatient Drug Detoxification
- ☐ Hospital Inpatient Drug Free
- ☐ Residential Detoxification
- ☐ Residential Drug Free
- ☐ Outpatient Detoxification
- ☐ Outpatient Maintenance
- ☐ Outpatient Drug Free
- ☐ Alcohol Treatment

Transfer the actual number of clients in the modality checked above from B1 on page 5, column f: ..... _____ Total

The total number of clients for each subsection below (a, b, c, d, and e) should equal this total.

	# OF CLIENTS
a. # of clients who were:	
White, not Hispanic	
Black, not Hispanic	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Other	
b. # of clients who at admission were:	
Under 15 years old	
15-17 years old	
18-24 years old	
25-34 years old	
35-44 years old	
45-64 years old	
65 and older	
c. # of clients who at admission were:	
Employed	
Not employed	

	# OF CLIENTS
d. # of clients who used the following principal drug other than alcohol:	
Heroin/other opiates	
Crack (If unable to separate, combine with cocaine)	
Cocaine	
Benzodiazepines	
Barbiturates	
Amphetamines	
Marijuana/hashish	
PCP/LSD	
Other drugs (not alcohol)	
e. # of clients whose primary expected source of payment was:	
No payment	
Self payment	
Private health insurance	
Medicaid	
Medicare	
Other public payment	

B30. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B31. Check the second modality for which you answered "YES" in A6 on page 2. Please complete this table using data on March 30, 1990 for that modality only.

- ☐ Hospital Inpatient Drug Detoxification
- ☐ Hospital Inpatient Drug Free
- ☐ Residential Detoxification
- ☐ Residential Drug Free
- ☐ Outpatient Detoxification
- ☐ Outpatient Maintenance
- ☐ Outpatient Drug Free
- ☐ Alcohol Treatment

Transfer the actual number of clients in the modality checked above from B1 on page 5, column f: ..... _____ Total

The total number of clients for each subsection below (a, b, c, d, and e) should equal this total.

	# OF CLIENTS
a. # of clients who were:	
White, not Hispanic	
Black, not Hispanic	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Other	
b. # of clients who at admission were:	
Under 15 years old	
15-17 years old	
18-24 years old	
25-34 years old	
35-44 years old	
45-64 years old	
65 and older	
c. # of clients who at admission were:	
Employed	
Not employed	

	# OF CLIENTS
d. # of clients who used the following principal drug other than alcohol:	
Heroin/other opiates	
Crack (If unable to separate, combine with cocaine)	
Cocaine	
Benzodiazepines	
Barbiturates	
Amphetamines	
Marijuana/hashish	
PCP/LSD	
Other drugs (not alcohol)	
e. # of clients whose primary expected source of payment was:	
No payment	
Self payment	
Private health insurance	
Medicaid	
Medicare	
Other public payment	

B32. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B33. Check the third modality for which you answered "YES" in A6 on page 2. Please complete this table using data on March 30, 1990 for that modality only.

- ☐ Hospital Inpatient Drug Detoxification
- ☐ Hospital Inpatient Drug Free
- ☐ Residential Detoxification
- ☐ Residential Drug Free
- ☐ Outpatient Detoxification
- ☐ Outpatient Maintenance
- ☐ Outpatient Drug Free
- ☐ Alcohol Treatment

Transfer the actual number of clients in the modality checked above from B1 on page 5, column f: ..... _____ Total

The total number of clients for each subsection below (a, b, c, d, and e) should equal this total.

	# OF CLIENTS
a. # of clients who were:	
White, not Hispanic	
Black, not Hispanic	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Other	
b. # of clients who at admission were:	
Under 15 years old	
15-17 years old	
18-24 years old	
25-34 years old	
35-44 years old	
45-64 years old	
65 and older	
c. # of clients who at admission were:	
Employed	
Not employed	

	# OF CLIENTS
d. # of clients who used the following principal drug other than alcohol:	
Heroin/other opiates	
Crack (If unable to separate, combine with cocaine)	
Cocaine	
Benzodiazepines	
Barbiturates	
Amphetamines	
Marijuana/hashish	
PCP/LSD	
Other drugs (not alcohol)	
e. # of clients whose primary expected source of payment was:	
No payment	
Self payment	
Private health insurance	
Medicaid	
Medicare	
Other public payment	

B34. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B35. Check the fourth modality for which you answered "YES" in A6 on page 2. Please complete this table using data on March 30, 1990 for that modality only.

- ☐ Hospital Inpatient Drug Detoxification
- ☐ Hospital Inpatient Drug Free
- ☐ Residential Detoxification
- ☐ Residential Drug Free
- ☐ Outpatient Detoxification
- ☐ Outpatient Maintenance
- ☐ Outpatient Drug Free
- ☐ Alcohol Treatment

Transfer the actual number of clients in the modality checked above from B1 on page 5, column f: _____ Total

The total number of clients for each subsection below (a, b, c, d, and e) should equal this total.

	# OF CLIENTS
a. # of clients who were:	
White, not Hispanic	
Black, not Hispanic	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Other	
b. # of clients who at admission were:	
Under 15 years old	
15-17 years old	
18-24 years old	
25-34 years old	
35-44 years old	
45-64 years old	
65 and older	
c. # of clients who at admission were:	
Employed	
Not employed	

	# OF CLIENTS
d. # of clients who used the following principal drug other than alcohol:	
Heroin/other opiates	
Crack (If unable to separate, combine with cocaine)	
Cocaine	
Benzodiazepines	
Barbiturates	
Amphetamines	
Marijuana/hashish	
PCP/LSD	
Other drugs (not alcohol)	
e. # of clients whose primary expected source of payment was:	
No payment	
Self payment	
Private health insurance	
Medicaid	
Medicare	
Other public payment	

B36. Table was completed using *(Select only one response for method used for majority of figures)* _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

C. 12-MONTH FACILITY CLIENT DATA

COPY CLIENT REPORTING PERIOD FROM PAGE 1: From: _____/_____/_____ To: _____/_____/_____

C1. Please complete this table only for the drug treatment facility identified on the label attached to page 1 of this questionnaire, using records for the completed 12-month client reporting period above. **Do not include clients categorized as Alcohol Only.** *(If you cannot exclude Alcohol Only clients, check here* ☐ *.)*

Note: *Figures in Column "a" may include multiple counts for a single client served in more than one modality. Figures in Columns "c," "d," and "e" should add up to the number in Column "b."*

MODALITY	a. # OF CLIENTS ADMITTED DURING ABOVE 12-MONTH REPORTING PERIOD	b. # OF CLIENTS ENDING TREATMENT DURING ABOVE 12-MONTH REPORTING PERIOD	OF CLIENTS ENDING TREATMENT DURING REPORTING PERIOD (COLUMN b), HOW MANY: c. COMPLETED PLANNED DRUG TREATMENT PROGRAM	d. LEFT TREATMENT BEFORE COMPLETION (BY OWN CIRCUMSTANCES)*	e. LEFT TREATMENT BEFORE COMPLETION (BY FACILITY CHOICE)**
HOSPITAL INPATIENT					
Drug Detoxification					
Drug Free					
RESIDENTIAL					
Drug Detoxification					
Drug Free					
OUTPATIENT					
Drug Detoxification					
Drug Maintenance					
Drug Free					
TOTALS					

* Includes client decision, incarceration, moving, or death.

**Includes facility termination of treatment because of client's failure to comply with facility policy.

C2. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

C3. During the 12-month time period indicated in "CLIENT REPORTING PERIOD" on page 1, what was the typical overall length of treatment planned for each modality (in days, weeks, months, or years) and what was the usual length of time clients actually remained in treatment?

	TYPICAL LENGTH OF PLANNED TREATMENT (Number)	UNIT (Days, Weeks, Months, Years)	USUAL LENGTH OF ACTUAL TREATMENT (Number)	UNIT (Days, Weeks, Months, Years)
a. HOSPITAL INPATIENT				
Drug Detoxification	_____ of	_____	_____ of	_____
Drug Free	_____ of	_____	_____ of	_____
b. RESIDENTIAL				
Drug Detoxification	_____ of	_____	_____ of	_____
Drug Free	_____ of	_____	_____ of	_____
c. OUTPATIENT				
Drug Detoxification	_____ of	_____	_____ of	_____
Drug Maintenance	_____ of	_____	_____ of	_____
Drug Free	_____ of	_____	_____ of	_____

C4. Question C3 was completed using *(Select only one response for method used for majority of figures)* _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

C5. During the 12-month time period indicated in "CLIENT REPORTING PERIOD" on page 1, did this facility treat pregnant females?

YES ☐ NO ☐ (SKIP TO C8)

C6. How many pregnant females were treated during that 12-month time period?

_____

C7. During that 12-month time period, did this facility offer the following services/programs to pregnant females?

		YES	NO
a.	Family Planning Education	☐	☐
b.	Prenatal Care	☐	☐
c.	Prenatal Education	☐	☐
d.	After Care	☐	☐
e.	Birthing	☐	☐
f.	Child Care for Client's Children	☐	☐
g.	Parenting Skills Education	☐	☐
h.	Housing Services	☐	☐
i.	Vocational Education	☐	☐
j.	Transportation	☐	☐

SKIP TO C9

C8. If your answer to C5 was "NO", please answer "YES" for each of the reasons which apply:

		YES	NO
a.	No pregnant females requested treatment at this facility	☐	☐
b.	The staff at this facility are not trained to treat drug-addicted pregnant females	☐	☐
c.	This facility is not physically equipped to provide for the special needs of pregnant females	☐	☐
d.	Other (SPECIFY) _____	☐	☐

C9. During the 12-month time period indicated in "Client Reporting Period" on page 1, did this facility refer pregnant females to drug treatment programs at other drug treatment facilities?

YES ☐ NO ☐ (SKIP TO C11)

C10. How many pregnant females were referred to other drug treatment facilities during that 12-month time period?

_____

C11. During that 12-month time period, did this facility refer pregnant female clients to prenatal care services outside the facility?

YES ☐ NO ☐

C12. During that 12-month time period, did this facility conduct any pregnancy tests?

YES ☐ NO ☐ (SKIP TO C14)

C13. During that 12-month time period, how many female drug treatment clients tested positive in the pregnancy tests?

_____

C14. During that 12-month time period, did this facility conduct HIV/AIDS tests on clients?

YES ☐ NO ☐

C15. During that 12-month time period, even if tested elsewhere, how many clients were . . .

		# OF CLIENTS
a.	HIV seropositive (not confirmed AIDS)	_____
b.	AIDS diagnosed	_____
c.	Suspected to be HIV positive	_____

C16. During that 12-month time, did this facility conduct blood alcohol concentration tests on clients?

YES ☐ NO ☐

C17. During that 12-month time, did this facility conduct any drug tests (other than alcohol tests) on clients? (Include services contracted.)

YES ☐ NO ☐ (SKIP TO C25)

C18. During that 12-month time period, which type(s) of tests were used for testing drugs (other than alcohol)?

		YES	NO
a.	Urine tests	☐	☐
b.	Blood tests	☐	☐
c.	Other tests (SPECIFY) _____	☐	☐

C19. During that 12-month time period, was the drug test analysis done:

		YES	NO
a.	On the premises	☐	☐
b.	Contracted out to a laboratory certified by the National Institute on Drug Abuse	☐	☐
c.	Contracted out to another laboratory	☐	☐

C20. During that 12-month time period, for which of the following drugs did you test at each of the times specified? *(Check the box for each drug and testing time.)*

		AT ADMISSION	DURING TREATMENT	AT DISCHARGE
a.	Marijuana/Hashish	☐	☐	☐
b.	Cocaine	☐	☐	☐
c.	Heroin and Other Opiates	☐	☐	☐
d.	Barbiturates	☐	☐	☐
e.	Benzodiazepines	☐	☐	☐
f.	Amphetamines	☐	☐	☐
g.	PCP	☐	☐	☐
h.	LSD	☐	☐	☐
i.	Other (SPECIFY)	☐	☐	☐

_____

_____

_____

IF NO TESTS WERE CONDUCTED DURING TREATMENT, SKIP TO C25.

C21. For clients tested during treatment, was testing done at regular intervals?

YES ☐ NO ☐ (SKIP TO C24)

C22. For clients tested during treatment, what was the usual frequency and interval?

_____ TIMES PER

DAY ☐
WEEK ☐
MONTH ☐
YEAR ☐

C23. For clients tested during treatment, was the interval of testing adjusted for client need?

YES ☐ NO ☐

C24. For clients tested during treatment, was the testing done randomly at a time unknown to the client?

YES ☐ NO ☐

C25. During that 12-month time, other than for pregnant females, did this facility offer any specific programs for special populations? (E.g., programs for teens, IV drug users, polydrug users, crack users, etc.)

YES ☐ NO ☐ (SKIP TO C27)

C26. What programs for special populations were offered by this facility during that 12-month time period?

_____

_____

_____

C27. Does this facility offer any of the following services to treatment clients?

		YES, WITHIN PROGRAM	YES, BY REFERRAL	NO
a.	Medical care (other than for substance abuse conditions)	☐	☐	☐
b.	Legal counseling	☐	☐	☐
c.	Outreach	☐	☐	☐
d.	Housing services	☐	☐	☐
e.	Vocational education	☐	☐	☐
f.	Transportation	☐	☐	☐
g.	Crisis intervention	☐	☐	☐
h.	Family/friends counseling	☐	☐	☐
i.	After care	☐	☐	☐
j.	Followup appointments	☐	☐	☐
k.	Relapse prevention	☐	☐	☐
l.	Other (SPECIFY) _____	☐	☐	☐

D. 12-MONTH DRUG TREATM. PROGRAM FINANCIAL DATA

COPY FINANCIAL/COST REPORTING PERIOD FROM PAGE 1: From: _____/_____/_____ To: _____/_____/_____

Please answer the following questions only for the drug treatment facility identified in the label below, using records for the completed 12-month FINANCIAL/COST REPORTING PERIOD above. **Do not include clients categorized as Alcohol Only.** *If you cannot exclude Alcohol Only clients, check here* ☐.

(Attach label here.)

D1. What were your total drug treatment costs (i.e., how much did your facility spend to provide drug treatment) for each modality indicated in question A6 on page 2?

	TOTAL DRUG TREATMENT COSTS INCLUDING OVERHEAD AND OPERATING COSTS
a. HOSPITAL INPATIENT	
Drug Detoxification	$ _____
Drug Free	$ _____
b. RESIDENTIAL	
Drug Detoxification	$ _____
Drug Free	$ _____
c. OUTPATIENT	
Drug Detoxification	$ _____
Drug Maintenance	$ _____
Drug Free	$ _____
d. TOTAL COSTS	$ _____

D2. Question D1 was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

D3. During the 12-month time period indicated in "FINANCIAL/COST REPORTING PERIOD" above, was this drug treatment program certified by Medicaid?

YES ☐ NO ☐ (SKIP TO D6)

D4. During that 12-month time period, what was the total dollar amount this facility received from Medicaid for drug treatment?

$ _____

☐ NONE (SKIP TO D6)

D5. During that 12-month time period, for how many drug treatment clients did the facility receive money from Medicaid?

NUMBER OF CLIENTS: _____

D6. During that 12-month time period, what were the total drug treatment revenues or income for this facility?

TOTAL $ AMOUNT: $_____

D7. During that 12-month time period, what percent of this facility's drug treatment revenues or income came from the following sources? (Percents should add to 100.)

		ESTIMATED %
a.	ADAMHA Block Grant funds	_____ %
b.	Other State Alcohol - Drug Agency funds	_____ %
c.	Other state funds (not Medicaid)	_____ %
d.	Local funds	_____ %
e.	Client fees (self payment)	_____ %
f.	HMO payments and other prepaid plans	_____ %
g.	Other private health insurance	_____ %
h.	Medicaid	_____ %
i.	Medicare	_____ %
j.	CHAMPUS	_____ %
k.	Philanthropy	_____ %
l.	Other sources	_____ %
		100%

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

PLEASE KEEP THIS QUESTIONNAIRE UNTIL OUR TELEPHONE INTERVIEWER CALLS YOU. HE OR SHE WILL COLLECT THE INFORMATION OVER THE TELEPHONE AT THAT TIME.