

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**SAMHSA's
Treatment Improvement
Protocols**



**JUNE GIBBS BROWN
Inspector General**

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EXECUTIVE SUMMARY

PURPOSE

To determine the extent of dissemination, and practitioner's awareness and use of certain protocols for the treatment of individuals with alcohol and other drug abuse problems.

BACKGROUND

Treatment Improvement Protocols

Treatment Improvement Protocols (TIPs) are consensus-based "best practice" guidelines developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) for use in the treatment of individuals with alcohol and other drug problems. Since 1993, 23 TIPs have been developed and issued at an estimated average cost of approximately \$300,000 each.

Dissemination of TIPs

After each publication, SAMHSA disseminates a small number of TIPs to all State Alcohol and Substance Abuse Directors, to Addiction Technology Transfer Centers, to special/demonstration funded grantees that exist, and to individuals within the Department of Health and Human Services. It also provides some at conferences and has made some available on the Internet. However, the vast majority are made available through the National Clearinghouse for Alcohol and Drug Information (NCADI). SAMHSA provides the bulk of its inventory to the clearinghouse which provides them to others by request only.

Generally speaking, SAMHSA does not undertake any proactive advertising campaign covering availability of the TIPs. Except for the inclusion in the NCADI catalog and order form, they are not advertised in SAMHSA newsletters, professional publications/brochures, national/state medical associations' publications/journals, etc.

Methodology

Our study focused on five specific TIPs selected based on discussions and concurrence with SAMHSA policy and executive staff. These five covered topics were methadone treatment, pregnant substance-using women, alcohol and other drug abusing adolescents, screening for infectious diseases among abusers, and assessing and treating patients with coexisting mental illness and alcohol and other drug abuse.

To determine the extent of dissemination, we chose to survey a random sample of 770 health care providers representing a broad range of provider types. Our goal was to get an extended view of the knowledge, use of, and interest in TIPs. In addition, we wanted to provide SAMHSA with baseline information by which the agency could measure the extent or success of future dissemination efforts. We identified four provider groups to survey: (1) SAMHSA funded grantee service providers, the "target audience" for which TIPs are developed;

(2) narcotic/methadone treatment providers which administer methadone maintenance treatment and must be registered with the Food and Drug Administration (FDA); (3) treatment providers at Community Mental Health Centers (CMHCs) which, besides being Federally funded, offer a broad range of services including substance abuse counseling and treatment; and (4) physicians (hereinafter referred to as “customary providers”) which billed the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for alcohol and other drug abuse problems. This latter group of physicians serve a universal broad population over and above Medicare, including children, adults, and adolescents as well as elderly. Our sample sizes were based on certain factors which included the expected proportion of providers who would know about TIPs, a precision factor and confidence interval, the effective populations of each group, and an expected response rate.

FINDINGS

Thirty-two percent of the SAMHSA funded grantees reported they were aware of at least one of the five TIPs referenced in the survey.

Of the 137 SAMHSA funded grantees responding to the survey, 44 reported they were familiar with at least 1 of the 5 TIPs. Since SAMHSA considers these grantees their “target audience,” it was expected that this group would exhibit a much greater awareness of the protocols. Eighty-two percent of the grantees aware of TIPs indicated they were also using them in their practice. Of the 93 SAMHSA funded grantees that were not aware of TIPs, 74 percent reported that on becoming aware of them, they believe they could be useful in their practice. Generally, the positions held by the respondents were of six types. These included 97 Program Directors, 12 Program Coordinators, 10 Counselor/Registered Nurses, 4 Administrative Directors, 3 President/Vice President/Owners, 2 Team Leader/Interns, and 9 who did not provide their position.

Eighty-six percent of the FDA narcotic/methadone treatment providers responded that they were aware of at least one of the five TIPs referenced in the survey.

Sixty of the 70 FDA narcotic/methadone treatment providers responding to the survey reported that they were aware of at least 1 of the 5 TIPs. The broad familiarity was with the single protocol covering methadone treatment. Such a high level of awareness may well be due to the fact that these providers administer strictly methadone treatment. Also, 52 of the 60 (87 percent) indicated they were using this protocol in their practice. The ten providers not aware of any TIPs reported that on becoming aware of them, they believe they could be useful in their practice.

Thirty-two percent of Community Mental Health Centers reported they were aware of at least one of the five TIPs referenced in the survey.

Of the 125 CMHCs responding to the survey, 40 reported they were aware of at least 1 of the 5 TIPs as well as others in general. Thirty-six (90 percent) of them responded that they were also using them in their practice. Eight-one percent (69) of the 85 centers that were not aware of TIPs indicated that on becoming aware of them, they believe they could be useful in their practice.

This high percentage of potential interest in TIPs by CMHCs shows that there are alcohol and other drug abuse treatment providers outside SAMHSA's "target audience" that, if aware, would make use of them.

Four percent of the "customary provider" group responded that they were aware of at least one of the five TIPs referenced in the survey.

Only 6 of the 142 "customary provider" group responding to the survey reported that they were aware of at least 1 of the 5 protocols as well as TIPs in general. Since these physicians serve a general broad population and provide a wide range of health care services, it was not surprising that they would be generally unaware of them. Of the 6 aware of TIPs, 2 indicated that they were using them as part of their practice. Of the 136 "customary providers" unaware of TIPs, 44 (32 percent) expressed an interest in TIPs after learning of them.

RECOMMENDATIONS

SAMHSA should take a more proactive approach to advertising the availability of all past and future TIPs.

Since less than half of the SAMHSA funded grantees that responded were aware of TIPs, this indicates that greater effort needs to be made to raise their level of awareness of them. However, their usefulness is supported by our data which shows that 84 percent of all survey respondents that were aware of any of the five TIPs were using them in their practice. While SAMHSA has made positive strides in disseminating the protocols, such as putting some on the Internet, distributing them at alcohol and other drug abuse conferences/seminars, and providing them to all State Alcohol and Substance Abuse Directors, there are additional awareness mechanisms that could be considered. Examples are advertising TIPs in pertinent publications, brochures, and professional journals, etc. They could also be noted in periodic newsletters/catalogs published by SAMHSA.

SAMHSA should consider expanding their "target audience."

In the process of expanding efforts in advertising TIPs, SAMHSA should look beyond their "target audience." It should consider including at minimum CMHCs as they develop future TIPs and advertise its current ones. Our survey results show that 81 percent of CMHCs that were previously not aware of any of the 5 TIPs, now had an interest in using them in their practice. This compares to 74 percent of SAMHSA funded grantees. Also, 32 percent of "customary providers" reported now that they are aware of TIPs they believe the TIPs could be useful. We believe this information infers that providers not commonly considered alcohol and other drug abuse treatment providers do have an interest in them and their application within their practice.

AGENCIES COMMENTS AND OIG RESPONSE

We received formal written comments from the SAMHSA Administrator and Assistant Secretary for Planning and Evaluation (ASPE) who agreed with our findings and recommendations. However, SAMH SA did raise several questions about our sampling methodology.

In response to SAMHSA's concern about our sampling technique, we note that our samples were scientifically drawn and at the sizes we selected, our precision is within six percent of each of the estimates. We have modified our report to include the confidence intervals for each of our main point estimates.

SAMHSA also raised a concern about including treatment programs in our population that were never targeted as the primary audience for the TIPs. The comments refer to a list of providers provided by SAMHSA's Office of Applied Studies. It was this office that had recommended that we use this list as it represented the "target population" for dissemination of TIPs. Nevertheless, the concern raised seemed important enough to review. We followed up on this by re-examining respondents information provided in our survey. Out of 137 respondents, all but 12 appeared to be potential users of the TIPs. The 12 possible exceptions identified themselves as prevention rather than treatment programs. In fact, we called six of these prevention respondents and three indicated an interest in TIPs. Overall, we believe the list was an appropriate one to have used for our analysis.

We recognize that the agency is undertaking its own evaluation and, towards that effort, we hope that our results will be helpful in planning and implementation. However, we believe that our recommendations of wider advertising and expansion of the target audience could be implemented before the larger study is completed.

We have attached actual comments from SAMHSA and ASPE in Appendix B.

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INTRODUCTION

PURPOSE

To determine the extent of dissemination, and practitioner's awareness and use of certain protocols for the treatment of individuals with alcohol and other drug problems.

BACKGROUND

Treatment Improvement Protocols

Treatment Improvement Protocols (TIPs) are consensus-based "best practice" guidelines developed by the Quality Assurance and Evaluation Branch of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). They are developed to promote the transfer of state-of-the-art protocols and guidelines for the treatment of alcohol and other drug abuse from acknowledged clinical, research, and administrative experts to the Nation's alcohol and other drug abuse treatment resources.

The process begins with the recommendation of an alcohol and other drug abuse problem topic for consideration by a panel of experts including clinicians, researchers, and program managers, as well as professionals in such related fields as social services or criminal justice. Following the selection of a topic, CSAT forms a Federal resource panel to review the state-of-the-art in treatment and program management. Recommendations from this panel are then transferred to a second panel consisting of non-Federal experts who are very familiar with the topic. This group, known as a non-Federal consensus panel makes recommendations, defines protocols, and arrives at agreement on protocols. Its members represent alcohol and other drug abuse treatment programs, hospitals, community health centers, counseling programs, criminal justice and child welfare agencies, and private practitioners. The panel chairperson is charged with the responsibility for ensuring the resulting protocol reflects true group consensus.

Next, an evaluation of the proposed guidelines and protocol must be made by a third group whose members serve as expert field reviewers. Following review of their recommendations and responses, the document is approved for publication. The published TIP reflects alcohol and other drug abuse treatment guidelines to be used for provision of high quality and innovative treatment in public and private programs.

Since 1993, 23 TIPs have been developed and issued. SAMHSA estimates the average cost for developing each TIP to be approximately \$300,000, not including printing costs. This study focused on five specific TIPs. The five TIPs were selected based on discussions and concurrence with SAMHSA policy and executive staff. The five TIPs and year of publication are listed in the following table.

FIVE TIPs REFERENCED IN SURVEY

TIP #	Title	Year
1	State Methadone Treatment Guidelines	1993
2	Pregnant, Substance-Using Women	1993
4	Guidelines for the Treatment of Alcohol and Other Drug Abusing Adolescents	1993
6	Screening for Infectious Diseases Among Substance Abusers	1993
9	Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse	1994

Besides being some of the earliest TIPs published, it is believed that these particular protocols cover a wide range of treatment types as well as provider types and should have a better chance of being known by alcohol and other drug treatment providers.

Dissemination of TIPs

After each publication, SAMHSA disseminates approximately 300 TIPs to a number of individuals or components within the Department of Health of Health and Human Services, all State Alcohol and Substance Abuse Directors, the Addiction Technology Transfer Centers, and to any special or demonstration funded grantees that exist. There is no direct mailing of TIPs to the approximate 13,000 SAMHSA block grant/State funded grantees. The SAMHSA also provides TIPs at conferences and seminars and has made several of the TIPs available on the Internet. In the future it is their intent to have all of them on the Internet. All remaining inventory of TIPs is forwarded to the National Clearinghouse for Alcohol and Drug Information (NCADI) which is responsible for all other distribution of the protocols, though done by request only. The NCADI does include TIPs in its inventory catalog and in their brochure/order form which are also available upon request. The SAMHSA pays approximately one million dollars per year to the clearinghouse for this effort.

The SAMHSA does not undertake any proactive advertising campaign covering availability of the TIPs. Except for the inclusion in the NCADI catalog and its order form, TIPs are not referenced in periodic SAMHSA newsletters, professional publication/brochures, national/state medical associations' publications/journals, etc. At the time this study was initiated, there was an ample supply of the five protocols included in our study as well as the other TIPs. For the specific five protocols focused on in this study, inventory as of October 1997 ranged from TIP #1 with 13,000 copies to TIP #4 with 55,500 copies. The table below shows the quantity printed and the inventory available in October 1997 for each TIP in the study.

TIPs INVENTORY

TIP #	Quantity Printed	No. Available in October 1997
TIP # 1	51,095	13,000
TIP # 2	99,852	41,208
TIP # 4	101,170	55,500
TIP # 6	99,816	51,405
TIP # 9	98,806	32,150

THE OBJECTIVES OF THIS REPORT

The purpose of this report is to provide SAMHSA with a better understanding of the extent to which TIPs are actually disseminated throughout the alcohol and other drug abuse treatment health care community and other providers by determining the level of awareness of these protocols among the provider population. In addition, we want to advise SAMHSA to what extent the TIPs are being incorporated into providers' practices. We have not evaluated the effectiveness of the guidelines used by any of the providers or distinguished the strengths and weaknesses of the individual TIPs.

Another objective of this report is to identify the potential for providers' interest after being made aware of them through this study. Additionally, we are identifying information by which SAMHSA can measure or evaluate the necessity for the expansion of future activities through expanded dissemination and advertising their availability.

METHODOLOGY

To determine the extent of dissemination and SAMHSA's advertising techniques, we chose to survey a broad sample of health care providers to get an extended view of the knowledge, use of, and interest in TIPs for treatment of alcohol and other drug abuse problems. We identified four provider groups to survey: (1) SAMHSA funded grantee service providers, the "target audience" for which TIPs are developed; (2) narcotic/methadone treatment providers which administer methadone maintenance treatment and must be registered with the Food and Drug Administration (FDA); (3) treatment providers at Community Mental Health Centers (CMHCs) which offer a broad range of services including substance abuse counseling and treatment; and (4) physicians, hereinafter referred to as "customary providers," which had billed the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) for alcohol and other drug abuse problems. These "customary providers" serve a universal broad population over and above Medicare, including children, adults, and adolescents as well as elderly.

Some providers were of a specialty that would unquestionably treat alcohol and other drug abuse problems whereas others were of an unrelated specialty but received some payment for treating these type problems. Therefore, the extent to which these four provider types treated alcohol and other drug abuse problems could vary substantially. We believe that these four provider types ensured we had the broadest possible representative sample groups of alcohol and other drug abuse service providers.

The SAMHSA funded grantee listing, which numbered 13,394, was provided to us by SAMHSA's Office of Applied Studies. Since this group of alcohol and other drug abuse treatment providers is SAMHSA's "target audience" when developing TIPs, SAMHSA strongly suggested that they be included in our study. We randomly sampled 198 of these providers.

The FDA narcotic treatment providers which administer strictly methadone maintenance treatment must register with the FDA. Additionally, because of the specificity of the treatment provided by this group, they were also suggested by SAMHSA to be included in our study. While these narcotic treatment providers are not specifically a subset of the SAMHSA funded grantees, there is a substantial amount of overlap of these groups. Of the 70 FDA narcotic treatment providers responding to the survey, 58 (74 percent) were also included in the SAMHSA funded grantees total listing. Our universe of FDA narcotic treatment providers numbered 862 and we randomly sampled 110 of them.

Community Mental Health Centers were selected because of their Federal funding and broad range of services, including individual and group counseling, psycho social rehabilitation, therapeutic education, life skills training, day programs, and substance abuse counseling and treatment. Our universe included 549 CMHC's, of which we randomly sampled 163. We were particularly interested in CMHCs' possible awareness of and interest in TIPs.

Our fourth group, which included a listing of 8,486 "customary providers" from CHAMPUS was selected to determine if they were being overlooked as health care providers having a possible interest in TIPs. According to CHAMPUS, these physicians had submitted at least one claim for diagnostic codes related to alcohol and other drug abuse treatment. We randomly sampled 299 physicians from this "customary provider" group.

Each of these 770 health care providers was mailed an individual survey. Overall, 62 percent of our sample responded to the survey. We were unable to perform a nonrespondent analysis for the CMHC, FDA, or "customary provider" groups. We did, however, perform a nonrespondent analysis for the SAMHSA funded grantee provider group and concluded that there is minimal effect due to the nonresponders (see appendix A for details on our analysis). The number of surveys mailed to each provider type and the number of responses received is shown in the following table.

**Number of TIPs Surveys Mailed
and Responses Received
by Provider Type**

Provider Type	No. Mailed	No. Responded	Percentage
SAMHSA	198	137	69%
FDA	110	70	64%
CMHC	163	125	77%
CHAMPUS	299	142	47%
Total	770	474	62%

Our sample sizes were based on certain factors which included the expected proportion of providers who would know about TIPs, a precision factor and confidence interval, the effective populations of each provider type, and an expected response rate of sixty percent. Our survey document included both closed- and open-ended questions which were primarily specific to the five protocols selected for the study. A follow-up survey was mailed to each provider not responding to our initial mailing.

We conducted our review in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

Thirty-two percent of the SAMHSA funded grantees reported they were aware of at least one of the five TIPs referenced in the survey.

Of the 137 SAMHSA grantees responding to the survey, 44 reported they were familiar with at least 1 of the 5 TIPs referenced in the survey. At the 90 percent confidence interval, this produced an actual value estimated to lie between 25 and 39 percent. This is increased to 36 percent if we include those that reported they were aware of them in general. Since SAMHSA considers these grantees as their “target audience,” it was expected that this group of providers would exhibit a much greater awareness of the protocols. Eighty-two percent of the grantees aware of TIPs reported they were also using them in their practice. Of the 93 SAMHSA grantee respondents that were not aware of any TIPs, 74 percent reported that on becoming aware of them through our survey, they believe they could be useful in their practice. Generally, the positions held by the respondents were of six types. These included 97 Program Directors, 12 Program Coordinators, 10 Counselors/Registered Nurses, 4 Administrative Directors, 3 President/Vice President/Owners, 2 Team Leader/Interns, and 9 who did not provide their position.

Eighty-six percent of the FDA narcotic/methadone treatment providers responded that they were aware of at least one of the five TIPs referenced in the survey.

Sixty of the 70 FDA narcotic/methadone treatment providers responding to the survey reported that they were aware of at least 1 of the 5 TIPs referenced in the survey, with familiarity being specifically with protocol #1 which covers methadone treatment guidelines. At the 90 percent confidence interval, the actual value was estimated to lie between 78 and 93 percent. We believe that this high level of awareness of TIPs may well be due to the fact that these narcotic providers specifically administer methadone treatment and would therefore be aware of the TIP covering this topic.

Fifty-two of the 60 (87 percent) FDA narcotic/methadone treatment providers aware of TIP # 1 indicated that they were using it in their practice. Although not specifically included in the SAMHSA “target audience,” both groups are using TIPs at similar levels.

The 10 FDA narcotic/methadone treatment providers not aware of TIPs reported that on becoming aware of them through the survey, they believe they could be useful in their practice.

Thirty-two percent of community mental health centers reported they were aware of at least one of the five TIPs referenced in the survey.

Of the 125 CMHCs responding to the survey, 40 reported that they were aware of at least 1 of the 5 TIPs referenced in the survey as well as other TIPs in general. At the 90 percent confidence interval for this sample, the actual value was estimated to lie between 26 and 38 percent. Of the 40 respondents aware of the 5 TIPs, 36 (90 percent) were using them in their practice. Eighty-one percent of the 85 CMHCs that reported they were not aware of TIPs indicated that on

becoming aware of them through the survey, they believe TIPs could be useful in their practice. This high percentage of interest in these protocols by CMHCs shows that there are alcohol and other drug abuse treatment providers outside SAMHSA's "target audience" that would use them if they were aware of them.

Four percent of the "customary provider" group responded that they were aware of at least one of the five TIPs referenced in the survey.

Six of the 142 "customary provider" group responding to the survey reported that they were aware of at least 1 of the 5 protocols referenced in the survey as well as TIPs in general. At the 90 percent confidence interval, the actual value was estimated to lie between 1 and 7 percent. Since these physicians serve a general broad population and provide a broad range of health care services, it was expected that they would be generally unaware of them. Of the 6 "customary providers" aware of TIPs, 2 (33 percent) indicated that they were using them as part of their practice. Also, of the 136 "customary providers" reporting they were unaware of TIPs, 44 (32 percent) expressed an interest in TIPs after learning of them.

RECOMMENDATIONS

We conclude from survey results that there is a need to raise the level of awareness of TIPs throughout the alcohol and other drug abuse treatment health care community. Our data shows a potential use of them by other than the SAMHSA funded grantees and a substantial interest in TIPs by the various provider types once they become aware of them. In addition, our survey has provided baseline information by which SAMHSA can measure the extent or success of future dissemination efforts. Overall, we would conclude that the ample inventory of TIPs which currently exists permits SAMHSA the potential to look at various alternatives to enhance awareness of providers who serve the alcohol and other drug abuse patient.

SAMHSA should take a more proactive approach to advertising all past and future TIPs.

SAMHSA should take a more proactive approach to making all possible alcohol and other drug abuse treatment providers aware of TIPs. Since less than half of the SAMHSA targeted provider group were aware of them, this indicates that greater effort needs to be made to raise their awareness level. This is also supported by our data showing that 84 percent of all survey respondents that were aware of any of the five TIPs were also using them in their practice.

It is understood that direct mailings to all possible alcohol and other drug abuse treatment providers is not feasible simply because demand would be greater than supply. However, inventories are certainly large enough to send them to all SAMHSA grantee service providers, its principal “target audience.” Furthermore, with a proactive information campaign many of those unaware of TIPs could learn about them and where applicable to their practice, could request them. Some respondents unaware of TIPs indicated that our survey served as a good mechanism to make them aware of the protocols. Suggestions made by respondents included advertising TIPs through pertinent publications, brochures, professional journals, etc. TIPs could be referenced in periodic newsletters and/or catalogs published by SAMHSA. It could also advise the various pertinent national/state medical associations for their notification to members. Such an expanded communication network should build upon SAMHSA’s efforts to produce a valuable treatment tool and should raise providers' awareness of the treatment protocols.

SAMHSA should also continue to expand its efforts in such areas as putting TIPs on the Internet and distributing them at National and Regional alcohol and other drug abuse conferences/seminars.

SAMHSA should consider expanding their “target audience.”

In the process of expanded efforts in advertising TIPs, SAMHSA should look beyond their “target audience.” It should consider including at minimum CMHCs as they develop future TIPs and advertise its current ones. Our survey results show that 81 percent of CMHCs that were previously not aware of any of the 5 TIPs, now had an interest in using them in their practice.

This compares to 74 percent of SAMHSA funded grantees. Also, 32 percent of the “customary physicians” reported now that they are aware of TIPs they believe they could be useful. We believe the data clearly supports that other health care providers not commonly considered alcohol and other drug abuse treatment providers do have an interest in them and their application within their practice.

AGENCIES COMMENTS AND OIG RESPONSE

We received formal written comments from the SAMHSA Administrator and Assistant Secretary for Planning and Evaluation (ASPE) who agreed with our findings and recommendations. However, SAMHSA did raise several questions about our sampling methodology.

OIG Response to SAMHSA Comments

In response to SAMHSA's concern about our sampling technique, we note that our samples were scientifically drawn and at the sizes we selected, our precision is within six percent of each of the estimates. We have modified our report to include the confidence intervals for each of our main point estimates.

SAMHSA also raised a concern about including treatment programs in our population that were never targeted as the primary audience for the TIPs. The comments refer to a list of providers provided by SAMHSA's Office of Applied Studies. It was this office that had recommended that we use this list as it represented the "target population" for dissemination of TIPs. Nevertheless, the concern raised seemed important enough to review. We followed up on this by re-examining respondents' information provided in our survey. Out of 137 respondents, all but 12 appeared to be potential users of TIPs. The 12 possible exceptions identified themselves as prevention rather than treatment programs. In fact, we called six of these prevention respondents and three indicated an interest in TIPs. Overall, we believe the list was an appropriate one to have used for our analysis.

We recognize that the agency is undertaking its own evaluation and, towards that effort, we hope that our results will help in planning and implementation. However, notwithstanding the agency evaluation, we believe that our specific recommendations of wider advertising and expansion of the target audience could be implemented before the larger study is completed.

We have attached actual comments from SAMHSA and ASPE in Appendix B.

APPENDIX A

NONRESPONDENT ANALYSIS

We conducted an analysis to determine if the survey's nonrespondents are different from the respondents. If the nonrespondents are significantly different, bias may be introduced into the results. We used data file information on the 198 facilities included in the SAMHSA funded grantee sample group. We analyzed the facilities with respect to their number of active clients, whether they provide substance abuse treatment, and whether they provide methadone to their clients, all as of October 1, 1995. These are all categorical variables and were tested using the chi-square test statistic.

We found the results are not biased with respect to the size of the facility or whether the facility provides substance abuse treatment. The chi-square test statistic was not significant in the analysis of these two variables.

The methadone facilities are under represented being only approximately 5 percent of the total surveys and 10 percent of the nonrespondents. This difference is statistically significant. However, we believe that this difference does not materially affect our conclusions.

The following tables demonstrate the results of our analysis. Included in the tables are the number of respondents and nonrespondents that fall within each of the variable categories. The chi-squared test statistic and the associated degrees of freedom are noted on each table.

SIZE OF FACILITY

Size of Facility	Respondents	%	Nonrespondents	%	Total
0 - 18 Active Clients	30	27%	10	19%	40
19 - 39 Active Clients	28	25%	13	25%	41
40 - 108 Active Clients	31	27%	12	22%	43
109 - 109+ Active Clients	24	21%	18	34%	42
<i>Total</i>	113	100%	53	100%	166

Chi-squared test statistic=3.512

Degrees of freedom=3

p-value=0.319

SUBSTANCE ABUSE TREATMENT

Facility Provides Substance Abuse Treatment	Respondents	%	Nonrespondents	%	Total
Yes	114	84%	53	86%	167
No	22	16%	9	14%	31
<i>Total</i>	136	100%	62	100%	198

Chi-squared test statistic=0.089
 Degrees of freedom=1
 p-value=0.766

METHADONE TREATMENT

Facility Provides Methadone Treatment	Respondents	%	Nonrespondents	%	Total
Yes	4	3%	6	10%	10
No	95	71%	33	53%	128
Don't know	14	10%	18	29%	32
Non-treatment	21	16%	5	8%	26
<i>Total</i>	134	100%	62	100%	196

Chi-squared test statistic=16.560
 Degrees of freedom=3
 p-value<0.001

A P P E N D I X B

A G E N C I E S C O M M E N T S



JAN 13 1998

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857

To: June Gibbs Brown
Inspector General

From: Administrator, SAMHSA

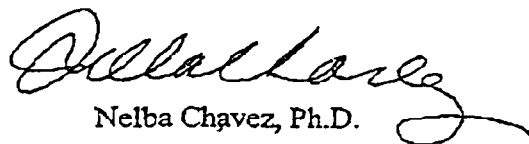
Subject: OIG Draft Report: "SAMHSA's Treatment Improvement Protocols"
DEI-07-96-0030

Thank you for the opportunity to comment on the subject draft report. The Substance Abuse and Mental Health Services Administration (SAMHSA), through its Center for Substance Abuse Treatment (CSAT), is proud of its role in the development of the Treatment Improvement Protocols (TIPs) that have, over the last five-years, produced 24 consensus-based documents related to improving publicly-funded substance abuse treatment services and systems.

With regard to the report developed by the Office of the Inspector General (OIG), SAMHSA expressed its concerns prior to the study, and reiterates again, that the primary sample of funded grantees drawn to determine the impact and usefulness of the TIPs was extraordinarily small (198 of 13,349 providers), with many of the sampled programs consisting of alcohol-only, prevention-only, or miscellaneous potential recipients (e.g., Boy's Clubs/Girl's Clubs, a penitentiary, a medical school, a research institute, and a church group) which were never targeted as the primary audience for these treatment-oriented protocols. The result was a lower than anticipated positive response (32 percent) to the TIPs. Conversely, where CSAT specifically directed a TIP on methadone services to national narcotic treatment programs, over 86 percent of responding units were aware of this protocol.

Overall, SAMHSA accepts the conclusions and recommendations of the OIG report. In fact, even prior to the beginning of the study, CSAT had committed itself to conducting, and has subsequently implemented, a 4-year, \$3.2 million study to improve the development and dissemination of the TIPs. This study will be conducted with attention to appropriate and rigorous sampling, both quantitative and qualitative, with the intention of improving the viability, dissemination, and use of these important guidelines and materials. Central to this study will be the effort to improve the targeting of the TIPs to specialized populations and the expansion of the target audiences, as recommended by the OIG report.

Thank you again for the opportunity to comment. We look forward to receiving your final report.


Nelba Chavez, Ph.D.



TO: June Gibbs Brown
Inspector General, DHHS

FROM: Cheryl Austein *Cheryl Austein*
Division Director
Public Health Policy, ASPE

DATE: February 6, 1998

SUBJECT: Clearance of OIG Draft Report "SAMHSA's Treatment Improvement Protocols"
(OEI-07-96-00130)

Thank you for the opportunity to review a draft version of the report evaluating SAMHSA's Treatment Improvement Protocol (TIP) series. A member of my staff familiar with SAMHSA programs has examined the report and concurs with its publication. In general, my staff found the methodological and sampling approach reasonable, if not entirely representative. The report's conclusions and recommendations appear justified and based firmly upon the study findings. Moreover, my staff is aware that SAMHSA accepts the report's conclusions and recommendations, and is currently implementing a more extensive study of the TIP series in an attempt to improve the viability, dissemination, and use of these guidelines. It is likely that the recommendations of the report from your office will provide important information to SAMHSA's current evaluation efforts in this area.