

UNIFORM FACILITY DATA SET (UFDS)

OCTOBER 1, 1998

DRUG AND ALCOHOL SERVICES INFORMATION SYSTEM (DASIS)

Is the information shown above complete and correct?

1 Yes

2 No ~~☞~~ PLEASE CROSS OUT THE INCORRECT INFORMATION AND
ENTER THE CORRECT INFORMATION

PLEASE READ BEFORE TURNING THE PAGE!

It is now possible for every facility to complete at least some portion of the questionnaire--even if an administrative unit or parent facility has answered for you in the past. Begin at Q1 and follow the instructions.

Why is completing this questionnaire important?

Your participation makes a difference. The UFDS survey is the **ONLY** source of data on ALL known substance abuse treatment and prevention programs in the nation. When substance abuse policy makers and program managers need up-to-date national information on characteristics of substance abuse programs and the numbers and types of clients served, they rely on the UFDS. UFDS data are used to formulate the Nation's annual drug control strategy and to make many other important decisions regarding substance abuse policy.

This survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Instructions

- The reference date for UFDS is October 1, 1998.
- Return the completed questionnaire in the envelope provided.

If you have any questions concerning this questionnaire, or if you need additional blank forms, contact:

MATHEMATICA POLICY RESEARCH, INC.

1-888-324-UFDS (8337)

1. On October 1, 1998, which of the following substance abuse services were provided by this facility, that is, the facility named on the front cover?

Please report for only this location

MARK "YES" OR "NO" FOR EACH YES NO

- a. Substance Abuse Treatment (services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)
b. Detoxification Services
c. Substance Abuse Prevention (prevention activities directed at individuals not identified to be in need of treatment, such as information dissemination or education)
d. Other Substance Abuse Services (such as intake, assessment, and referral)
e. Administrative Services (such as billing, personnel, and scheduling)

1a. Did you answer "yes" to any of the services above?

- 1 Yes -> SKIP TO Q2
2 No

1b. When did this facility stop providing substance abuse services? RECORD MONTH AND YEAR

MONTH: [] []
YEAR: 19 [] []
-1 Don't know
0 Never provided substance abuse services
SKIP TO Q38, PAGE 10

2. Who owns this facility?

MARK ONE ONLY

- 1 A private-for-profit organization
2 A private non-profit organization
3 State government
4 Local, county or community government
5 Tribal government
6 Federal government

SKIP TO Q3

2a. Which federal government agency?

MARK ONE ONLY

- 1 Department of Veterans Affairs
2 Department of Defense
3 Bureau of Prisons
4 Indian Health Service
5 Other, (Specify:)

3. Does this facility operate or participate in a hotline that provides substance abuse counseling and referral services?

911 is not considered a hotline

- 1 Yes
2 No -> SKIP TO Q4

3a. Please enter the facility's hotline telephone number(s) below.

HOTLINE TELEPHONE NUMBER(S)

()-

()-

4. Did you check "yes" to either "Substance Abuse Treatment" or "Detoxification Services" in Q1?

- 1 Yes
2 No -> SKIP TO Q38, PAGE 10

5. Which setting (or settings) BEST describes this substance abuse treatment facility?

• Please report for only the facility named on the front cover

HOSPITAL SETTING (may include an outpatient substance abuse unit on site)

- 1 General hospital
- 2 Psychiatric hospital
- 3 Other specialized hospital (for example, alcoholism, maternity, children's, orthopedic)

SPECIALTY SUBSTANCE ABUSE TREATMENT SETTINGS

- 4 OUTPATIENT facility specializing in substance abuse treatment
- 5 Halfway House
- 6 RESIDENTIAL (non-hospital) substance abuse treatment facility

Does this residential facility include a Therapeutic Community (TC)? A TC is a specific treatment approach used by some residential facilities.

- 1 Yes
- 2 No

OTHER SETTINGS

- 7 Community MENTAL health center or other mental health facility that provides a variety of services
- 8 Community Health Center, including Migrant Health Center, Urban Indian Program, Health Care for the Homeless Center
- 9 School (elementary, secondary, college/university)
- 10 Community or religious organization/agency that provides a variety of social services
- 11 Jail, prison or juvenile detention center
- 12 Other criminal justice (TASC, pretrial diversion, court referral, probation, parole, community corrections, drug courts)
- 13 Private practice—Group
- 14 Private practice—Solo
- 15 Other setting (*specify type:* _____)

6. Is this facility owned or operated by a managed care organization (for example, an HMO)?

- 1 Yes → **SKIP TO Q7, PAGE 3**
- 2 No

6a. On October 1, 1998, did this facility have letters of agreement or contracts with managed care organizations for providing substance abuse treatment services?

- 1 Yes, had formal written agreements or contracts with managed care organizations
- 2 No formal written agreements or contracts with managed care organizations
- 1 Don't know _____

GO TO Q7, PAGE 3

6b. With how many managed care organizations did you have formal written agreements or contracts?

NUMBER:

--	--	--

7. As of October 1, 1998, which of these services were being provided at this facility?

MARK ALL THAT APPLY

Assessment Services

- 1 Comprehensive substance abuse assessment/diagnosis
- 2 Comprehensive mental health assessment/diagnosis (for example, psychological/psychiatric evaluation and testing)
- 3 Other (Specify: _____)

Therapy

- 4 Family counseling
- 5 Group therapy, not including relapse prevention
- 6 Individual therapy
- 7 Pharmacotherapies/prescription medication
- 8 Relapse prevention groups
- 9 Other (Specify: _____)

Testing (Include testing service even if specimen is sent to outside source for chemical analysis)

- 10 Blood alcohol testing (including breathalyzer)
- 11 Drug/alcohol urine screening
- 12 Hair analysis
- 13 Hepatitis testing
- 14 HIV testing
- 15 STD testing
- 16 TB screening
- 17 Other (Specify: _____)

Health Services

- 18 Family planning
- 19 Medical care (including physical exams)
- 20 Prenatal care
- 21 Perinatal care
- 22 TB treatment
- 23 Health education (for example, nutrition, contagious diseases, STD other than HIV/AIDS)
- 24 HIV/AIDS education/counseling/support
- 25 Smoking cessation
- 26 Other (Specify: _____)

Continuing Care

- 27 Aftercare counseling
- 28 Alumni(ae) groups
- 29 Other (Specify: _____)

Special Programs for Target Populations

- 30 Adolescents
- 31 Dually-diagnosed (mental and substance abuse disorders)
- 32 Persons with HIV/AIDS
- 33 Pregnant/Postpartum women
- 61 Other women's groups
- 34 Other (Specify: _____)

Transitional Services

- 35 Assistance with obtaining Social Services (i.e., Medicaid, WIC, SSI, SSDI)
- 36 Discharge planning
- 37 Employment counseling/training
- 38 Housing assistance
- 39 Referral to other services
- 40 Other (Specify: _____)

Community Outreach

- 41 Drug and alcohol education
- 42 Outreach/early intervention
- 43 Media presentations (T.V., radio, brochures)
- 44 Membership in a community partnership program
- 45 Other (Specify: _____)

Other Services

- 46 Academic education/GED classes
- 47 Acupuncture
- 48 Case management services
- 49 Child care
- 50 Communication skills
- 52 Domestic violence--family/partner violence services (physical, sexual and emotional abuse)
- 53 Home visits
- 54 Life skills for independent living
- 55 Outcome follow-up (post-discharge)
- 56 Parenting/family skills development
- 57 Self-help groups, including 12-step programs
- 58 Socialization/recreational services (for example, scheduled activities such as camping, sporting events)
- 59 Transportation assistance to treatment
- 60 Other (Specify: _____)

8. On October 1, 1998, which of the following types of substance abuse treatment were offered at this facility?

- MARK "YES" OR "NO" FOR EACH
- | | YES | NO |
|---|----------------------------|----------------------------|
| a. Outpatient detoxification | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Intensive outpatient treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. All other outpatient treatment | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Hospital inpatient detoxification | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Hospital inpatient rehabilitation | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Non-hospital residential (24 hour care) detoxification | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Non-hospital residential (24 hour care) rehabilitation | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

9. On October 1, 1998, was this facility part of a network of administratively-linked facilities that provide substance abuse treatment?

- 1 Yes
 2 No → SKIP TO Q12

10. The next questions ask about the number of clients treated at this facility on October 1, 1998. Which statement below best describes your ability to provide client count data for the facility named on the front cover?

MARK ONE ONLY

- 1 Can only provide client counts that combine this facility with others → GO TO Q11
- 2 Can provide separate client counts for this facility → SKIP TO Q12
- 3 Cannot provide any client counts for this facility; clients counts are only available from another facility in the network → RECORD NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR CLIENT COUNTS

Name:

Phone:

SKIP TO Q38, PAGE 10

11. How many facilities are included in the client data you will be reporting?

NUMBER OF FACILITIES:



PLEASE MARK THE FACILITIES COUNTED IN Q11 ON THE YELLOW **NETWORK FACILITY SHEET** INCLUDED IN YOUR QUESTIONNAIRE PACKET. THEN RETURN TO Q12 AND ANSWER THE REST OF THE QUESTIONNAIRE FOR THAT GROUP OF FACILITIES.

IF YOU DID NOT RECEIVE THE YELLOW **NETWORK FACILITY SHEET**, CALL THE UFDS HOTLINE AT 1-888-324-UFDS (8337). ONE WILL BE FAXED TO YOU IMMEDIATELY. UPON RECEIPT OF THE FORM, FOLLOW THE INSTRUCTIONS ABOVE.

12. 12 Month Unduplicated Client Count. In the 12 months between October 1, 1997 and September 30, 1998, (or the most recent 12-month period for which data are available), how many individual clients received substance abuse treatment at this facility?

- Count all clients who received any treatment during the 12-month period, even if their treatment began before that time
- Count each client only once

NUMBER: ,

13. 12 Month Admissions. During the 12 months between October 1, 1997 and September 30, 1998 (or the most recent 12-month period for which data are available), how many admissions for substance abuse treatment were there at this facility?

- If a client was admitted more than once during this 12-month period, count each time that person was admitted. For example, if the same person was admitted three times during the year, count this as three admissions
- Moving to a different level of care also counts as an admission

NUMBER: ,

14. Were outpatient substance abuse treatment services offered on October 1, 1998? (See Q8, PAGE 4)

- ¹ Yes → GO TO Q15 BELOW
² No → SKIP TO Q18, PAGE 6

15. In the 30 days between September 1 and October 1, 1998, how many clients at this facility received the following outpatient substance abuse treatment services . . .

- Only count those still enrolled on October 1, 1998
- For each category with no clients, enter zero, "0".

	NUMBER
a. <u>Outpatient detoxification</u> . . .	[][] , [][][]
b. <u>Intensive outpatient care</u> (Include persons who received services for 2 or more hours per day on 3 or more days per week)	[][] , [][][]
c. <u>Other outpatient care</u> (excluding intensive)	[][] , [][][]
d. TOTAL OUTPATIENTS (add a, b, & c)	[][] , [][][] (Q15d)

(IF Q15d EQUALS ZERO: SKIP TO Q18, PAGE 6)

16. On October 1, 1998, how many of the **TOTAL OUTPATIENTS** reported in Q15d were receiving methadone or LAAM at this location?

- THIS FACILITY DOES NOT DISPENSE METHADONE OR LAAM → GO TO Q17

	NUMBER
a. Methadone clients at this location	[][] , [][][]
b. LAAM clients at this location	[][] , [][][]

17. How many of the total outpatients in Q15d were in each of the following gender, race/ethnicity, and age categories?

- For each category with no clients, enter zero, "0".

17a. GENDER

a. Male	[][] , [][][]
b. Female	[][] , [][][]
c. Don't know	[][] , [][][]
TOTAL OUTPATIENTS (add a-c) . . .	[][] , [][][]
[Should equal the number in Q15d, if not please reconcile.]	

17b. RACE/ETHNICITY

a. White	[][] , [][][]
b. Black or African American	[][] , [][][]
c. Hispanic	[][] , [][][]
d. Asian or Pacific Islander	[][] , [][][]
e. American Indian or Alaska Native	[][] , [][][]
f. Other	[][] , [][][]
g. Don't know	[][] , [][][]
TOTAL OUTPATIENTS (add a-g) . . .	[][] , [][][]
[Should equal the number in Q15d, if not please reconcile.]	

17c. AGE

a. Under 18 years	[][] , [][][]
b. 18-20	[][] , [][][]
c. 21-24	[][] , [][][]
d. 25-34	[][] , [][][]
e. 35-44	[][] , [][][]
f. 45-64	[][] , [][][]
g. 65 and over	[][] , [][][]
h. Don't know	[][] , [][][]
TOTAL OUTPATIENTS (add a-h) . . .	[][] , [][][]
[Should equal the number in Q15d, if not please reconcile.]	

18. Were hospital inpatient substance abuse treatment services offered on October 1, 1998?
(See Q8, PAGE 4)

- 1 Yes → GO TO Q19 BELOW
2 No → SKIP TO Q23, PAGE 7

19. On October 1, 1998, how many beds were designated for hospital inpatient substance abuse treatment clients? This is often referred to as "maximum capacity."

- Include both occupied beds and unoccupied beds

MAXIMUM CAPACITY: ,

20. On October 1, 1998, how many clients at this facility received the following hospital inpatient substance abuse treatment services . . .

- Do not count those discharged on October 1, 1998
- For each category with no clients, enter zero, "0".

	NUMBER
a. Hospital inpatient--detoxification	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Hospital inpatient--rehabilitation	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. TOTAL INPATIENTS (add a & b)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Q20c)

(IF Q20c EQUALS ZERO: SKIP TO Q23, PAGE 7)

21. On October 1, 1998, how many of the **TOTAL INPATIENTS** reported in Q20c were receiving methadone or LAAM at this location?

- THIS FACILITY DOES NOT DISPENSE METHADONE OR LAAM → GO TO Q22

	NUMBER
a. Methadone clients at this location	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. LAAM clients at this location	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

22. How many of the total hospital inpatients in Q20c were in each of the following gender, race/ethnicity, and age categories?

- For each category with no clients, enter zero, "0".

22a. GENDER

a. Male	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Female	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Don't know	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL INPATIENTS (add a-c)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
[Should equal the number in Q20c, if not please reconcile.]	

22b. RACE/ETHNICITY

a. White	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Black or African American	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Hispanic	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Asian or Pacific Islander	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. American Indian or Alaska Native	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Other	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Don't know	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL INPATIENTS (add a-g)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
[Should equal the number in Q20c, if not please reconcile.]	

22c. AGE

a. Under 18 years	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. 18-20	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. 21-24	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. 25-34	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. 35-44	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. 45-64	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. 65 and over	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Don't know	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL INPATIENTS (add a-h)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
[Should equal the number in Q20c, if not please reconcile.]	

23. Were non-hospital residential substance abuse treatment services offered on October 1, 1998? (See Q8, PAGE 4)

- Yes → GO TO Q24 BELOW
- No → SKIP TO Q28, PAGE 8

24. On October 1, 1998, how many beds were designated for non-hospital residential substance abuse treatment clients? This is often referred to as "maximum capacity."

- Include both occupied beds and unoccupied beds

MAXIMUM CAPACITY: ,

25. On October 1, 1998, how many clients at this facility received the following non-hospital residential (24-hour care) substance abuse treatment services . . .

- Only count those not discharged on October 1, 1998
- For each category with no clients, enter zero, "0".

	NUMBER
a. Residential (24 hr)--detoxification	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b. Residential (24 hr)--rehabilitation	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c. TOTAL RESIDENTIAL (add a & b)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> (Q25c)

(IF Q25c EQUALS ZERO: SKIP TO Q28, PAGE 8)

26. On October 1, 1998, how many of the **TOTAL RESIDENTIAL** clients reported in Q25c were receiving methadone or LAAM at this location?

- THIS FACILITY DOES NOT DISPENSE METHADONE OR LAAM → GO TO Q27

	NUMBER
a. Methadone clients at this location	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b. LAAM clients at this location	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

27. How many of the total residential clients in Q25c were in each of the following gender, race/ethnicity, and age categories?

- For each category with no clients, enter zero, "0".

27a. GENDER

a. Male	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b. Female	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c. Don't know	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL RESIDENTIAL CLIENTS (add a-c)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
[Should equal the number in Q25c, if not please reconcile.]	

27b. RACE/ETHNICITY

a. White	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b. Black or African American	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c. Hispanic	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
d. Asian or Pacific Islander	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
e. American Indian or Alaska Native	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
f. Other	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
g. Don't know	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL RESIDENTIAL CLIENTS (add a-g)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
[Should equal the number in Q25c, if not please reconcile.]	

27c. AGE

a. Under 18 years	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b. 18-20	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c. 21-24	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
d. 25-34	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
e. 35-44	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
f. 45-64	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
g. 65 and over	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
h. Don't know	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL RESIDENTIAL CLIENTS (add a-h)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
[Should equal the number in Q25c, if not please reconcile.]	

28. Approximately what percent of all the substance abuse treatment clients enrolled at this facility on October 1, 1998 were being treated for:

THIS FACILITY HAD NO SUBSTANCE ABUSE TREATMENT CLIENTS ON OCTOBER 1, 1998: → **SKIP TO Q30, PAGE 9**

- Include all substance abuse clients reported at Q15d (outpatients), Q20c (hospital inpatients), and Q25c (non-hospital residential)
- Your response should add to 100 percent

a. Both Alcohol and Drug Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
b. Alcohol Abuse Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
c. Drug Abuse Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
100%				

29. Approximately what percent of all the substance abuse treatment clients enrolled at this facility on October 1, 1998, were in the following categories:

- Include all substance abuse clients reported at Q15d (outpatients), Q20c (hospital inpatients), and Q25c (non-hospital residential)
- Clients can be counted in more than one category

	Percent	Or	Don't Know
a. Injection drug users at the time of admission	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
b. <u>Known to have</u> an active case of Tuberculosis (TB)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
c. HIV positive	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
d. Had previously received substance abuse treatment from this or another facility	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
e. Covered by managed care arrangements	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
f. Criminal justice referred clients (excluding DUI/DWI)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
g. Pregnant women**	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
h. Mothers with dependent children under 18 years old**	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

****BASE THIS PERCENTAGE ON ALL CLIENTS, NOT ONLY THE FEMALE CLIENTS**

30. What was this facility's **total substance abuse treatment revenue or funding** for the MOST RECENT 12-month fiscal reporting period for which data are available? Include all sources such as client payments, insurance, government funds, and donations.

- If substance abuse treatment revenue is combined with other revenue, please provide your best estimate of the substance abuse treatment portion

Total Substance Abuse Treatment Revenue or Funding: \$

31. From which of the following sources did this facility receive the substance abuse treatment revenue or funding reported above? Mark Yes or No for each.

- Even if you cannot provide a revenue or funding total in Q30, please mark the sources and estimate percentages below
- If you marked category "6" (Federal government) in Q2, you should have revenues to report in category "e1" below
- FOR EACH SOURCE MARKED "YES": Enter the dollar amount or estimated percentage of substance abuse treatment revenue or funding received directly from that source

REVENUE SOURCES	MARK YES OR NO FOR EACH		DOLLAR AMOUNT	OR	ESTIMATED PERCENT
	Yes	No			
a. <u>Client payments</u> (self-payment, deductibles, copayments)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
b. <u>Private health insurance</u>					
1. Fee-for-service (not HMO, PPO, or managed care)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
2. HMO/PPO/Managed care payments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
3. Private health insurance, unspecified**	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
c. <u>Medicaid</u>					
1. Not managed care--Title XIX, including all Federal, State, and local matching Medicaid funds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
2. Managed care payments--Title XIX, including all Federal, State, and local matching Medicaid funds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
3. Medicaid, unspecified**	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
d. <u>Medicare</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
e. <u>Government funds</u>					
1. Federal (for example, VA, CHAMPUS--not including Medicare)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
2. State--including Federal block grant funds funneled through the State and any State-only medical assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
3. Local--not including Medicaid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
f. <u>Other public funds</u> , source unspecified	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
g. <u>Other funds</u> (such as funds from charities, donations, fund-raising events) - (specify largest source: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
h. <u>Unknown</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____		 %
TOTAL					* 100%

** Unspecified: Only use if you are unable to distinguish between revenue from managed care and non-managed care sources. DO NOT DOUBLE COUNT REVENUE.

*Should Equal Q30 Revenue or Funding Amount

32. What 12-month reporting period was used to answer Q30?

DID NOT ANSWER Q30 → SKIP TO Q35

FROM: 19
Month Year

TO: 19
Month Year

33. Does Q30 report revenue or funding for only this facility or for this facility and others?

1 Only this facility → SKIP TO Q37

2 This facility and others

34. Are the facilities you included in Q30 the same facilities you included in your client counts (Q11)?

1 All of the facilities are the same

2 Some of the facilities are the same

-1 Don't know

SKIP TO Q37

35. Is there another organization that can provide the revenue or funding information for your facility?

1 Yes

2 No → SKIP TO Q37

36. Please provide the following information for that organization.

Name of Organization _____

Name of Contact Person _____

Telephone (_____) - _____

Ext. (if any) _____

37. In addition to funding received for providing substance abuse treatment services, did you receive any **Federal or State funding earmarked for prevention activities** during the same 12-month period reported in Q30 or your most recent fiscal year?

1 Yes

2 No

-1 Don't Know

38. Please provide the following information about the person primarily responsible for completing this form.

Name: _____

Telephone Number: (_____) - _____

FAX Number: (_____) - _____

OR No FAX Number

Internet Address: _____

OR No Internet Address

39. When completed, the *1998 National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs* and the *1998 UFDS Data Report* will be available on SAMHSA's home page at www.samhsa.gov. If you would like to receive a paper copy of the *National Directory* or the *UFDS Data Report*, please indicate below.

1 Yes, I would like to receive a copy of the Directory

2 Yes, I would like to receive a copy of the 1998 UFDS Data Report

Thank you for your participation. Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:

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