

UNIFORM FACILITY DATA SET (UFDS)

OCTOBER 1, 1999

DRUG AND ALCOHOL SERVICES INFORMATION SYSTEM (DASIS)

Is the information shown above complete and correct?

- 1 ~ Yes
- 2 ~ No L PLEASE CROSS OUT THE INCORRECT INFORMATION AND
ENTER THE CORRECT INFORMATION

PLEASE READ BEFORE TURNING THE PAGE!

Every facility should complete its own questionnaire. Complete this booklet for only the facility and location listed above.

P T O A (Office Use Only)

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 programs in the nation. When substance abuse policymakers and program managers need up-to-date national information on characteristics of substance abuse treatment 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

1. If your facility is administratively linked to other facilities, please answer for ONLY the facility printed on the cover.
- C Return the completed questionnaire in the envelope provided.

If you have any questions or need additional blank forms, contact Barbara Holland at:

MATHEMATICA POLICY RESEARCH, INC.
1-888-324-UFDS (8337)

1. Was this facility offering substance abuse services on October 1, 1999? This could include treatment, prevention, administrative, or other non-treatment services.

1 ~ Yes ! SKIP TO Q.2

0 ~ No

1b. (If No) When did this facility stop offering substance abuse services?

RECORD MONTH AND YEAR

Month Year

Month Year

SKIP TO (PAGE 4)

Q.23

-1 ~ Don't know

0 ~ Never offered substance abuse services

2. On October 1, 1999, which of the following substance abuse services were being offered by this facility:

MARK "YES" OR "NO" FOR EACH

YES NO

a. Substance Abuse Prevention (activities such as information dissemination or education directed at individuals not identified as needing treatment) 1 ~ 0 ~

b. Intake, Assessment, or Referral Services for substance abuse treatment 1 ~ 0 ~

c. Either Substance Abuse Treatment or Detoxification (By treatment, we mean services that focus on initiating and maintaining an individual's recovery from substance abuse and averting relapse) 1 ~ 0 ~

d. Administrative Services such as billing, personnel, and scheduling 1 ~ 0 ~

2a. Did you check "yes" to "Substance Abuse Treatment or Detoxification in Q.2c?

1 ~ Yes ! SKIP TO Q.3

0 ~ No

Does this facility operate a halfway house for substance abuse clients at this location?

1 Yes ! SKIP TO Q.15 (PAGE 3)

0 No ! SKIP TO Q.23 (PAGE 4)

3. Does this facility offer a special program for DUI/DWI or other drunk driver offenders?

1 ~ Yes

0 ~ No ! SKIP TO Q.5

4. (If Yes) Does this facility offer substance abuse treatment services to clients other than DUI/DWI clients?

1 ~ Yes

0 ~ No

5. Is this facility owned or operated by . . .

MARK ONE ONLY

1 ~ A private-for-profit organization,

Is this a solo practice, that is an office with a single practitioner or therapist?

1 ~ Yes 0 ~ No SKIP TO Q.6 (PAGE 2)

2 ~ Private non-profit organization,

3 ~ State government,

4 ~ Local, county or community government,

5 ~ Tribal government, or

6 ~ Federal government?

SKIP TO Q.6 (PAGE 2)

5a. 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:

6. Does this facility operate or participate in a substance abuse hotline?

C A hotline is a telephone service that provides information and referral and immediate counseling, frequently in a crisis situation

C For the purpose of this study, 9-1-1 is not considered a hotline

- 1 ~ Yes
- 0 ~ No ! **SKIP TO Q.7**

6a. (If Yes) Please enter this facility's hotline telephone number(s) below.

HOTLINE TELEPHONE NUMBER(S)

()-_____

()-_____

7. Does this facility operate a halfway house for substance abuse clients at this location?

- 1 ~ Yes
- 0 ~ No

8. Is the primary focus of this facility to provide substance abuse treatment services, mental health services or something else?

MARK ONE ONLY

- 1 ~ Substance Abuse Treatment Services ! **SKIP TO Q.8b**
- 2 ~ Mental Health Service ! **SKIP TO Q.8b**
- 3 ~ Something Else

8a. What is the primary focus of this facility?

8b. Is this facility located in, or operated by, a hospital?

- 1 ~ Yes
- 0 ~ No ! **SKIP TO Q.9**

8c. (If Yes) What type of hospital is it . . .

MARK ONE ONLY

- 1 ~ General hospital
- 2 ~ Psychiatric hospital
- 3 ~ Other specialized hospital (such as alcoholism, maternity, children's, orthopedic)

9. Does this facility dispense methadone or LAAM at this location?

MARK ONE ONLY

- 1 ~ Yes
- 0 ~ No

10. Does this facility offer treatment for alcohol abuse, drug abuse or both?

MARK ONE ONLY

- 1 ~ Both alcohol and drug abuse
- 2 ~ Alcohol abuse only
- 3 ~ Drug abuse only

11. Some facilities have specially designed substance abuse treatment programs or groups for particular kinds of clients. Does this facility offer a specially designed substance abuse treatment program or group especially for . . .

MARK "YES" OR "NO" FOR EACH

YES NO

- a. Adolescents? 1 ~ 0 ~
- b. Dually-diagnosed clients (both mental and substance abuse disorders)? 1 ~ 0 ~
- c. Persons with HIV/AIDS? 1 ~ 0 ~
- d. Pregnant or postpartum women? 1 ~ 0 ~
- e. Other women's groups? 1 ~ 0 ~
- f. Some other type of substance abuse client? 1 ~ 0 ~

(Specify: _____
_)

11a. Does this facility offer a *pecially designed substance abuse treatment* program or group for criminal justice clients?

- 1 ~ Yes
- 0 ~ No ! **SKIP TO Q.12**

11b. (If Yes) Does this facility *only* treat persons who are currently incarcerated in a prison, jail or detention center?

- 1 ~ Yes
- 0 ~ No

12. On October 1, 1999 which of the following hospital inpatient substance abuse services did this facility offer?

MARK ONE ONLY

- 1 ~ Both detoxification and rehabilitation
- 2 ~ Detoxification only
- 3 ~ Rehabilitation only
- 0 ~ Neither

13. On October 1, 2000 which of the following non-hospital residential substance abuse services did this facility offer?

MARK ONE ONLY

- 1 ~ Both detoxification and rehabilitation
- 2 ~ Detoxification only
- 3 ~ Rehabilitation only
- 0 ~ Neither

14. On October 1, 2000 which of the following outpatient substance abuse treatment services did this facility offer?

MARK ALL THAT APPLY

- 1 ~ Ambulatory detoxification
- 2 ~ Day treatment/partial hospitalization program
- 3 ~ Intensive outpatient treatment
 - ↳ What minimum number of hours per week defines intensive outpatient treatment at this facility? _____
- 4 ~ Any other outpatient treatment
- 0 ~ Neither

15. Which of the following types of payments are accepted by this facility:

MARK "YES" OR "NO" FOR EACH

YES NO

- a. Cash or self-payment? 1 ~ 0 ~
- b. Medicare payments? 1 ~ 0 ~
- c. Medicaid payments? 1 ~ 0 ~
- d. State-administered health insurance plan other than Medicaid? 1 ~ 0 ~
- e. Federal military insurance, such as CHAMPUS, CHAMP-VA or TRICARE? 1 ~ 0 ~
- f. Private health insurance? 1 ~ 0 ~
- g. Indian Health Service programs? 1 ~ 0 ~

16. Does this facility receive any other public funds such as federal, state, county, or local government funds to subsidize substance abuse treatment programs?

- 1 ~ Yes
- 0 ~ No

17. Does this facility offer fully subsidized or free care to some or all of its clients?

- 1 ~ Some clients are fully subsidized
- 2 ~ All clients are fully subsidized
- 3 ~ No clients are fully subsidized

17b. Does this facility use a sliding fee scale?

- 1 ~ Yes
- 0 ~ No

18. On October 1, 1999, did this facility have agreements or contracts with managed care organizations for providing substance abuse treatment services?

- 1 ~ Yes
- 0 ~ No

19. A variety of organizations accredit or certify substance abuse facilities. Is this facility accredited, certified, or otherwise approved by any of the following . . .

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

- a. Joint Commission of Accreditation of Health Care Organizations or J-C-A-H-O? 1 ~ 0 ~
- b. Commission on Accreditation of Rehabilitation Facilities or CARF? 1 ~ 0 ~
- c. National Committee on Quality Assurance or N-C-Q-A? 1 ~ 0 ~

19d. Is this facility licensed or certified by your state substance abuse agency?

- 1 ~ Yes
- 0 ~ No

19e. Are any staff members at this facility licensed or certified addiction counselors?

- 1 ~ Yes
- 0 ~ No

20. What telephone number(s) should a potential client call to schedule an intake appointment?

INTAKE TELEPHONE NUMBERS

()-_____

()-_____

21. Does this facility have a Web site?

- 1 ~ Yes
- 0 ~ No ! **SKIP TO Q.23**

22. (If Yes) What is the home page address or URL?

RECORD BELOW

23. In case we have any questions, please provide the following information about the person primarily responsible for completing this form.

Name: _____

Phone Number: () - -

FAX Number: () - -

OR ~ No FAX Number

E-mail Address: _____

OR ~ No E-mail Address

24. Facilities participating in this survey that are licensed or approved through their State substance abuse agency will be listed in SAMHSA's National Directory of Drug Abuse and Alcoholism Treatment Programs. This Directory will be available on SAMHSA's Internet Web site. The Internet address is www.samhsa.gov/oas. Currently, you can view the 1998 National Directory at this same Internet address. Would you also like to receive a paper copy of the 1999 Directory when it is published?

- 1 ~ Yes
- 0 ~ No

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:

MATHEMATICA POLICY RESEARCH, INC.
ATTN: Barbara Holland
P.O. Box 2393
Princeton, NJ 08543-2393

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