

Attachment A - C14

N-SSATS 2007 pretest debriefing guide

FORM APPROVED
OMB NO. 0930-XXXX
APPROVAL EXPIRES: XX/XX/XX
See OMB burden statement on last page

Record starting time here: ____:____

2007 N-SSATS QUESTIONNAIRE DEBRIEFING GUIDE

MPR ID _____

INTERVIEWER NAME _____

FACILITY _____ STATE _____

CONTACT PERSON _____

TELEPHONE _____

CRITERIA

(PLEASE CHECK ALL THAT APPLY)

- Hospital Inpatient
- Residential
- Outpatient
- State adopted ASAM
- Halfway House
- Network Facility (NF)
- Standalone
- State ATR approved
- Opioid Treatment Program (OTP)
- New Facility
- Pretest Version A or B (*CIRCLE ONE*)

A. GENERAL INFORMATION

1. The National Survey of Substance Abuse Treatment Services, or N-SSATS, is an annual survey sponsored by SAMHSA. Before completing the 2007 pretest questionnaire, did you ever personally complete an N-SSATS questionnaire?

- 1 YES
- 0 NO, NOT PERSONALLY

2. Approximately, how long did it take you to complete the questionnaire? Please include all the time you spent looking up requested information.

NUMBER OF MINUTES _____ or HOURS _____

3. On a scale of 1 to 10, where “1” means “not at all user friendly” and 10 means “very user friendly,” how would you rate this questionnaire? By “user-friendly” we mean. . . how easy or difficult it was to complete the questionnaire, given the size of the type, how the pages are laid out, how the questions are arranged, and so on.

Not at All User Friendly								Very User Friendly	
1	2	3	4	5	6	7	8	9	10

INTERVIEWER: PROBE FOR REASONS BEHIND THE RATING.

COMMENTS:

B. COVER PAGE

1. The front cover of the questionnaire lists your facility’s name, address, phone number and other information. Did you correct or fill in any information on the cover?

1 YES — Which information needed correction or completion?

0 NO

COMMENTS:

C. INSTRUCTION PAGE

1. Please turn to the Instruction Page on the inside of the questionnaire cover. Which parts of this page, if any, did you read before you started to complete the questionnaire?

- 1 NONE
- 2 ALL
- 3 TOP HALF
- 4 BOTTOM HALF
- 5 OTHER - DESCRIBE ↗

INTERVIEWER: PROBE FOR REASONS WHY UNREAD SECTIONS WERE NOT READ.

2. Did you notice the fourth bullet on the top half of the page that lists a website where you can find additional information about this survey?

- YES — SKIP TO #3
- NO

IF YES: Did you visit this site? (PROBE FOR THE REASON FOR VISITING OR NOT VISITING THE SITE)

IF SITE WAS VISITED: Which aspects of the site did you find most useful?

IF SITE WAS VISITED: Can you suggest additions to the site that you believe would be useful to this facility or others?

3. Now that you have completed the questionnaire, what do you think we could add or delete from the instruction page to make it more useful?

COMMENTS:

D. QUESTIONS

1. What are your responses to Q1?

	Y	N
1 Intake, assessment, or referral		
2 Detoxification.....		
3 Substance Abuse Treatment.....		
4 Recovery support services		
5 Any other substance abuse treatment services		

1a. Did you have any difficulty identifying the services offered by this facility from the list in Q1?

- 1 YES — Please explain the difficulty you had.
- 0 NO

COMMENTS:

2. How did you answer question 2?

- 1 YES
- 0 NO — SKIP TO #3

2a. Question 2a lists some common substances from which clients detox. Which substances did you mark “yes?”

- 1 Alcohol
- 2 Opiates
- 3 Cocaine
- 4 Other — **Which other substances did you specify?**

2b. How did you interpret question 2b?

COMMENTS:

3. How did you answer question 3?

- YES
- NO
- SKIPPED QUESTION 3

3a. Which question did you answer next? —

INTERVIEWER: IF NEXT QUESTION ANSWERED WAS IN ERROR, READ:
Can you explain what led you to complete question [fill from #3a] next?

QUESTION	ANSWER	NEXT QUESTION SHOULD BE
1.2 OR 1.3	YES	4
1.2 AND 1.3	NO	39 (Version A) 37 (Version B)

COMMENTS:

4. *IF A NETWORK FACILITY, READ:* Please read question 4. In your own words, what did you understand the phrase “this facility at this location” to mean?

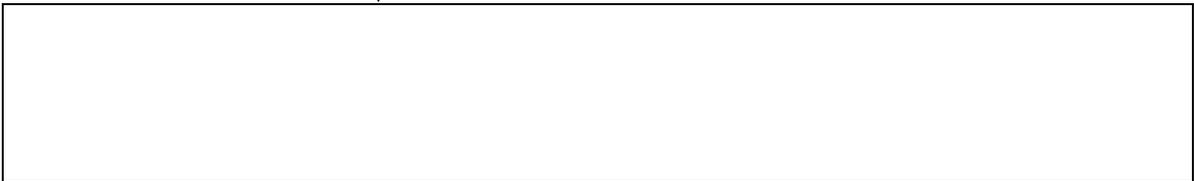
INTERVIEWER: IF NECESSARY, PROBE TO LEARN IF ALL FACILITIES IN THE ORGANIZATION WERE CONSIDERED, OR JUST THE FACILITY ON THE FRONT COVER.

COMMENTS:

5. **FOR NETWORKS ONLY: When you responded to question 12, page 3, did you consider services offered by this facility only or this facility plus others in your organization?**

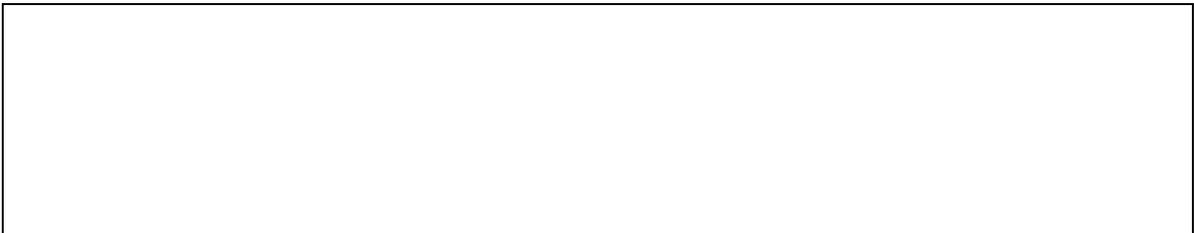
1 THIS FACILITY ONLY — **SKIP TO Q6**

2 THIS FACILITY PLUS OTHERS — **These questions are designed for the facility listed on the front cover only. Is there anything you can suggest that would make this point more clear?**



6. **Looking at question 13, were you able to mark the treatment approaches used at this facility from the list provided? IF NOT, please describe the difficulty you had.**

COMMENTS:



6a. **Which approaches did you mark “yes” in question 13?**

1 12-step approach

2 Bio-psychosocial

3 Cognitive behavioral

4 A combination of approaches

5 Other — **Which other approaches did you list here?**

7. **How did you interpret question 13a, and what was your response?**

COMMENTS:



7a. INTERVIEWER: THE APPROACH MARKED IN #7 MUST ALSO BE MARKED IN #6a. IF NOT, ASK: Please describe why you did not mark [fill category from #7] in question 13?

COMMENTS:

8. In question 14 we are asking about individual counseling and group counseling. Please describe any problems you had placing your clients into the categories listed.

COMMENTS:

8a. What percent of substance abuse treatment clients did you enter in each category?

1. BOTH INDIVIDUAL AND GROUP COUNSELING %

2. INDIVIDUAL ONLY %

3. GROUP ONLY %

9. Question 15 asks about the frequency this facility uses specific clinical practices. Which, if any, of these clinical practices are unfamiliar to you?

COMMENTS:

9a. Are there any other common clinical practices we should add to this list?

IF RESPONDENT WOULD ADD TO THE LIST, PROBE: What clinical practices would you add to this list?

COMMENTS:

9b. Looking at the frequency ratings in the grid at question 15, did you mark any as:

	Yes	No
Rarely used?.....		
Sometimes used?.....		
Often used?		

IF YES, ASK: What frequency or range did you use to define each of these categories?

- (1) Rarely used _____
- (2) Sometimes used _____
- (3) Often used _____

10. Please look at question 16. What did you think we meant by the word “regular” in this question?

COMMENTS:

10a. Please describe any difficulty you had answering this question.

COMMENTS:

10b. In your own words, please describe what category 6 means to you.

COMMENTS:

10c. Which, if any, of the practices listed are a regular part of your procedures?

- 1 Required continuing education for staff
- 2 Periodic drug testing of clients
- 3 Regularly scheduled case review with a supervisor
- 4 Case review by an appointed quality review committee
- 5 Outcome follow-up after discharge
- 6 Periodic utilization review
- 7 Periodic client satisfaction surveys conducted by the facility

10d. How would you improve this question?

COMMENTS:

11. Please turn to page 6, the left-hand column. In your own words, please describe what this/these question(s) is/are asking.

PROBE IF NECESSARY: In your own words, how did you interpret the phrase [fill (version A) “specially designed programs or groups” OR (version B) “program or group designed exclusively for that type of client”]?

COMMENTS:

11a. Please tell me which types of clients you indicated as being accepted into treatment at this facility.

INTERVIEWER: MARK TYPES OF CLIENTS IN COLUMN A.

And for which types of clients did you indicate this facility offers a specially designed substance abuse treatment program or group?

INTERVIEWER: MARK TYPES OF CLIENTS OFFERED SPECIALLY DESIGNED PROGRAMS OR GROUPS IN COLUMN B.

	Column A	Column B
	<u>Accepted into Treatment</u>	<u>Specially Designed Program/Group</u>
1. Adolescents	<input type="checkbox"/>	<input type="checkbox"/>
2. Co-occurring mental and SA disorders	<input type="checkbox"/>	<input type="checkbox"/>
3. Criminal justice	<input type="checkbox"/>	<input type="checkbox"/>
4. Persons with HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Gays/lesbians	<input type="checkbox"/>	<input type="checkbox"/>
6. Seniors/older adults	<input type="checkbox"/>	<input type="checkbox"/>
7. Adult women	<input type="checkbox"/>	<input type="checkbox"/>
8. Pregnant/postpartum	<input type="checkbox"/>	<input type="checkbox"/>
9. Adult men.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Other	N/A	<input type="checkbox"/>

11b. INTERVIEWER: IF MORE THAN TWO SPECIALLY DESIGNED GROUPS ARE MARKED, ASK: You indicated that this facility offers specially designed programs or groups for the following types of clients: [FILL SPECIAL PROGRAMS/GROUPS]. Is that correct?

1 YES

0 NO — **For which types of clients listed do you offer specially designed programs or groups? INTERVIEWER: RECORD YOUR DISCUSSION.**

COMMENTS:

11c. INTERVIEWER: HOW MANY CATEGORIES WERE ORIGINALLY MARKED INCORRECTLY IN COLUMN B?

11d. INTERVIEWER: IF SOME CLIENT TYPES ARE MARKED IN COLUMN B AND NOT IN COLUMN A, ASK: **Could you tell me what led you to mark [FILL WITH CLIENT TYPE THAT IS NOT MARKED IN COLUMN A] as being offered a specially designed program or group?**

COMMENTS:

12. **Looking at the right-hand column of page 6, does this facility offer any of the Hospital Inpatient or Residential substance abuse services listed in this column?**

1 YES

0 NO — **SKIP TO #13**

12a. **Are the ASAM levels of care that are listed in this column familiar to you?**

1 YES

0 NO — **SKIP TO #12d**

12b. **Do you keep your client records based on the ASAM levels of care listed in this questionnaire or do you use different hospital inpatient or residential categories for your record keeping?**

1 ASAM LEVELS

2 DIFFERENT CATEGORIES — **SKIP TO #12d**

12c. **Please tell me about any differences in the definitions listed in this questionnaire for each ASAM level of care versus the definitions you use at your facility for each level of hospital inpatient or residential care.**

COMMENTS:

SKIP TO #13

12d. Please explain any difficulty you had trying to crosswalk the ASAM levels of care to the hospital inpatient or residential categories of care you use at your facility.

COMMENTS:

12e. What hospital inpatient or residential categories or descriptions of care are used at your facility that coincide with each of the ASAM levels of care listed in this question:

Levels IV-D and III.7-D _____

Levels IV and III.7 _____

Level III.2-D _____

Level III.5 _____

Levels III.3 and III.1 _____

12f. Do you have any other comments about this question, that is, the categories listed, how confusing or clear it might be, or anything else?

COMMENTS:

13. Please turn to page 7, the left-hand column. Does this facility offer any of the outpatient substance abuse services listed in this column?

1 YES

0 NO — SKIP TO #14

13a. Are the ASAM levels of care that are listed in this column familiar to you?

1 YES

0 NO — SKIP TO #13d

13b. Do you keep your client records based on the ASAM levels of care and the descriptions listed in this questionnaire or do you use different categories for your record keeping?

1 ASAM LEVELS

2 DIFFERENT CATEGORIES — SKIP TO #13d

13c. Please describe any differences in the definitions listed in this questionnaire for each ASAM level of care versus the definitions you use at your facility for each level of outpatient care.

COMMENTS:

SKIP TO #14

13d. Please explain any difficulty you had trying to crosswalk the ASAM levels of care to the outpatient categories you use at your facility?

COMMENTS:

13e. What outpatient categories or descriptions of care are used at your facility that coincide with each of the ASAM levels of care listed in this question:

Levels I-D and II-D	_____
Level II.5	_____
Level II.1	_____
Level I	_____
Opioid maintenance therapy	_____

13f. Do you have any other comments about this question, that is, the categories listed, how confusing or clear it might be, or anything else?

COMMENTS:

14. Please look at the last question on page 7 regarding types of payments accepted. Please describe any difficulty you had completing this question.

COMMENTS:

(Ask Only in ATR States:)

- 14a. How familiar are you with Access to Recovery vouchers, as mentioned in category 8?

COMMENTS:

15. On page 8, how did you answer question [fill Version A is Q.30. Version B is Q.29]?

- 1 THIS FACILITY ONLY
- 2 THIS FACILITY COMBINED WITH OTHERS
- 3 CLIENT COUNTS WILL BE REPORTED BY ANOTHER FACILITY

16. Turning to page 9, please describe any difficulty you had placing your hospital inpatients or residential clients into the categories listed in question(s) [fill version A is Q.31a and Q.32a. Version B is Q.30a].

COMMENTS:

16a. Are there any hospital inpatient or residential categories that we did not include?

COMMENTS:

16b. Did you have any difficulty placing clients in only one category? IF YES: Please describe the difficulty you had.

COMMENTS:

16c. How many hospital inpatient and residential clients did you record in the TOTAL BOX?

INPATIENT/RESIDENTIAL TOTAL(S)

INTERVIEWER: IF RESPONSES FROM THE 2005 SURVEY ARE AVAILABLE, COMPARE THIS YEAR'S INPATIENT/RESIDENTIAL TOTAL(S) WITH LAST YEAR'S TOTALS. IS THERE MORE THAN A 10 PERCENT DIFFERENTIAL?

1 YES

0 NO — SKIP TO #16e

LAST YEAR'S INPATIENT TOTAL _____

LAST YEAR'S RESIDENTIAL TOTAL + _____

INPATIENT/RESIDENTIAL TOTAL = _____

(record prior to beginning debriefing)

16d. Last year, you reported having [fill #] hospital inpatient and/or residential clients on March 31. Please describe what caused the differential in your number of clients between last year and this year.

COMMENTS:

16e. How could we make responding to this/these question(s) easier or more meaningful for you?

COMMENTS:

17. On page 10, please describe any difficulty you had placing your outpatients into the categories listed in question [fill Version A is Q.33a. Version B is Q31a].

COMMENTS:

17a. Are there any outpatient categories that we did not include?

COMMENTS:

17b. Did you have any difficulty placing clients in only one category? IF YES: Please describe the difficulty you had.

COMMENTS:

17c. How many outpatients did you record in the TOTAL BOX?

OUTPATIENT TOTAL

INTERVIEWER: IF RESPONSES FROM THE 2005 SURVEY ARE AVAILABLE, COMPARE THIS YEAR'S OUTPATIENT TOTAL WITH LAST YEAR'S TOTAL. IS THERE MORE THAN A 10 PERCENT DIFFERENTIAL?

1 YES

LAST YEAR'S OUTPATIENT TOTAL _____

0 NO — SKIP TO #17e

(record prior to beginning debriefing)

17d. Last year, you reported having [fill #] outpatients on March 31. Please describe what caused the differential in your number of clients between last year and this year.

COMMENTS:

17e. How could we make responding to this question easier or more meaningful for you?

COMMENTS:

17f. How did you respond to question [fill Version A is Q33d. Version B is Q.31d]?

OUTPATIENT CAPACITY ON MARCH 31, 2006

17g. Please describe how you decided on the number to record for this question.

COMMENTS:

18. Please look at Page 11, the second question in the left-hand column about the percent of clients diagnosed with a co-occurring substance abuse and mental health disorder. Could you describe how you calculated this response?

COMMENTS:

19. Did you respond to the first question in the right-hand column of page 11?

- 1 YES — What number did you enter in the box? _____
- 0 NO

Code without asking:
State Code __ __

Is this an ATR state? (CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY)

YES

NO

19a. INTERVIEWER: IF #19 IS "YES" AND NUMBER RECORDED IS GREATER THAN 0 AND THIS IS NOT AN ATR STATE, ASK: **We intended that only facilities from states approved to receive ATR grants would complete this question. Your state is not known to have that approval. Please describe what led you to respond to this question.**

COMMENTS:

RECORD COMMENTS AND THEN GO TO #19c

19b. INTERVIEWER: IF #19 IS "NO" AND THIS IS IS AN ATR STATE , ASK: **We had intended that facilities from states approved to receive ATR grants would complete this question. Since your state is approved to receive an ATR grant, please describe what led you to leave this question blank.**

COMMENTS:

RECORD COMMENT AND THEN GO TO #20

19c. Please describe how you calculated the number you reported in this question.

COMMENTS:

20. How did you respond to question [fill Version A is Q.37. Version B is Q.35] on page 11?

- 1 ONLY THIS FACILITY
- 2 THIS FACILITY PLUS OTHERS

IF RESPONDED AS "THIS FACILITY PLUS OTHERS," ASK:

What number did you record in the third box, labeled TOTAL FACILITIES?

21. INTERVIEWER: ARE RESPONSES TO QUESTION [fill Version A is Q.30. Version B is Q.29] CONSISTENT WITH #20 ABOVE?

- 1 YES
- 0 NO — ASK: Question [fill Version A is Q.30. Version B is Q.29] should be consistent with question [fill Version A is Q.37. Version B is Q.35]. Please review these questions and tell us how the wording in these questions could be changed to result in more consistent responses.

COMMENTS:

22. Please look at the top, right-hand column on page 12. How did you answer the first question?

- 1 YES — SKIP TO #23
- 0 NO

22a. Are you familiar with National Provider Identifiers?

- 1 YES
- 0 NO — SKIP TO #23

22b. When do you anticipate this facility will apply for their NPI?

RECORD ANTICIPATED DATE: _____

23. Do you have any final thoughts or suggestions about how we might improve the questionnaire or any comments about your experience completing it that you would like me to record?

COMMENTS:

END. Thank you for helping us with the pretest. Please mail your completed questionnaire to Mathematica in the pre-addressed, postage-paid envelope you received with the pretest packet.

NOTE: IF RESPONDENT NO LONGER HAS THE ENVELOPE, ASK THEM TO MAIL IT TO:

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

Record time ended here:

ELAPSED TIME: ____:____

RESPONDENT'S NAME: _____

DATE: _____

Public burden for this collection of information is estimated to average 45 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 SAMHSA Reports Clearance Officer; Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is 0930-XXXX.