Drug and Alcohol Services Information System (DASIS) (Domain II) 2011 OTP Pretest Report

Final Report

July 30, 2010

Melissa Krakowiecki
Dawn Nelson
Larry Vittoriano

MATHEMATICA
Policy Research, Inc.

Contract Number:
HHSS283200700048I/HHSS28342001T

Mathematica Reference Number:
06667.815

Submitted to:
Substance Abuse and Mental Health
Services Administration (SAMHSA)
Office of Applied Studies (OAS)
1 Choke Cherry Road
Rockville, MD 20857
Project Officer: Cathie Alderks

Submitted by:
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005
Project Director: Melissa Krakowiecki

Drug and Alcohol Services Information System (DASIS) (Domain II) 2011 OTP Pretest Report

Draft Report

July 30, 2010

Melissa Krakowiecki
Dawn Nelson
Larry Vittoriano

MATHEMATICA
Policy Research, Inc.

CONTENTS

2011 OTP QUESTIONNAIRE PRETEST DEBRIEFING RESULTS
July 29, 2010

OTP FACILITY TYPE PLEASE CHECK ALL THAT APPLY		
☐ Hospital Inpatient	☐ Network Facility	☐ Methadone Only
☐ Residential	☐ Parent	☐ Buprenorphine Only
☐ Outpatient	☐ Child	☐ Both Methadone & Buprenorphine
	☐ Stand Alone	

R Response

S3 Residential Detoxification, Outpatient, Networked Facility, Buprenorphine Only.
S4 Outpatient Only, Networked Facility, Methadone Only.
S5 Outpatient Only, Standalone Facility, Methadone Only.
S7 Outpatient Only, Standalone Facility, Methadone Only.
S8 Outpatient Only, Standalone Facility, Methadone Only.
S9 Hospital Inpatient, Outpatient, Networked Facility, Methadone Only.
S10 Outpatient Only, Networked Facility, Both Methadone & Buprenorphine*.
S11 Outpatient Only, Networked Facility, Methadone Only.
S12 Outpatient Only, Networked Facility, Methadone Only.

GENERAL INFORMATION

1. Do you have a copy of your completed OTP pretest questionnaire in front of you?

☐ **Yes**

☐ **No** → **IF THE RESPONDENT'S COMPLETED OTP PRETEST FORM IS NOT AVAILABLE, CONFIRM THE FAX NUMBER, FAX A BLANK COPY, AND CALL BACK TO COMPLETE THE INTERVIEW.**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

SUMMARY: Nine pretest participants completed both a questionnaire and debriefing:

- all nine had outpatient facilities;
- one also provided hospital inpatient services;
- one also provided residential detoxification;
- none offered halfway house services;
- six were in networks with one to twenty other facilities;
- three were standalones;
- seven facilities currently provided Methadone only;
- one facility provided Buprenorphine only.

***NOTE** While S10 self-identifies as providing Methadone and Buprenorphine, currently they have suspended dispensing Buprenorphine, but plan to begin again soon.

2. In the future it will be possible to complete the OTP questionnaire on the web, by phone or on paper, as you just did. Based on your experience with the questionnaire, which way do you think you would prefer?

- ☐ **Paper**
- ☐ **Web**
- ☐ **Telephone**

R	Response	R	Response
S3	*Web*	*S9*	*Web*
S4	*Web*	*S10*	*Web*
S5	*Paper*	*S11*	*Paper*
S7	*Paper*	*S12*	*Web*
S8	*Web*		

SUMMARY: Six respondents preferred to complete the questionnaire on the web and three preferred paper.

3. Did you complete the OTP questionnaire by yourself or did you consult with others, for example, to collect some of the information or run computer inquires?

- ☐ **Completed by self**
- ☐ **Consulted others → With whom did you consult and for what information?**

R Response

S3 Consulted with others – Data specialist and administrative staff.

S4 Consulted with others – Administrative Program Manager.

S5 Consulted with others – Statistics Department to confirm Section B.

S7 Consulted with others – Nursing Supervisor.

S8 Consulted with others – Medical Supervisor.

S9 Consulted with others – Got someone to run numbers. Questionnaire never left her hands.

S10 Consulted with others – Staff in IT Department.

S11 Consulted with others – R used her computer SMART system and ran it for numbers on June 30th, the dosage breakdowns how many take homes, age, race, genders.

S12 Consulted with others – to get reports. Completed questionnaire himself.

SUMMARY: All respondents consulted with other staff, to some degree, to complete this questionnaire. Those consulted were primarily asked about information for Section B.

4. Including all the time you spent researching the information, approximately how long did it take you to complete the questionnaire?

R	Response	R	Response
S3	*2 hours*	*S9*	*45 minutes*
S4	*90 minutes*	*S10*	*2 – 3 hours*
S5	*1 hour*	*S11*	*60 minutes*
S7	*20 minutes*	*S12*	*3 hours***
S8	*90 minutes**		

Comments

* S8 3 - 3.5 hours with interruptions. Not counting the interruptions, it's hard to say, getting the statistical information was what took the time … maybe 1.5 hours (90 min).

**S12 While they have computer reports, the data they get from those reports cannot be customized and some of the data in the questionnaire still requires hand tabulating.

SUMMARY: Completion time for the questionnaire took from 20 minutes to 3 hours. The average completion time was 87 minutes.

RECOMMENDATIONS: In order to reduce respondent burden, revisions will need to be made to the questionnaire. The questions requiring detailed counts are the most time consuming for the respondents, especially for those who do not have a reporting system programmed to output this specific level of detail. Once the OTP survey becomes a regularly occurring federal survey, then the OTP respondents may adapt their reporting systems to match the fields requested in the survey form. Until that time, many respondents may end up adopting response strategies similar to some of the pretest respondents to offset the response burden, such as "guesstimating" a response or replying "Don't Know" when asked for the detailed information.

5. The front cover of the questionnaire has a label with information about your facility. Did you check to see if the information was all correct?

☐ **Yes**

☐ **No → What instruction could we add to encourage respondents to verify the information?**

R	Response	R	Response
S3	*Yes*	*S9*	*No*
S4	*No*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

Comments

S4 Suggested that we make this instruction a part of the survey, or at very least, make the instructions bold and larger.

S9 Made a mistake. Answered for all 18 methadone programs (18 facilities). There are two major methadone programs, the largest being at 1825 Park Avenue. The other 16 are small clinics. Electronic programs are set up to consolidate the methadone programs. (3603459 is only a small program with about 5 clients at a time.) Continued debriefing based on answering for all 18 facilities.

SUMMARY: Seven respondents read the information on the front cover of the pretest, while 2 ignored it.

RECOMMENDATIONS: We recommend changing the wording to 1) ***PLEASE REVIEW THE INFORMATION BELOW AND MAKE CORRECTIONS***; 2) use a large font; and 3) put an extra border around the instructions.

6. The inside cover of the questionnaire included a number of notices and instructions. How much of that instruction page did you read…

- ☐ **All or most of it,**
- ☐ **Some of it, or**
- ☐ **Nothing at all?**

R	Response	R	Response
S3	*All or most*	*S9*	*All or most*
S4	*Some of it*	*S10*	*Nothing at all*
S5	*All or most*	*S11*	*Nothing at all*
S7	*All or most*	*S12*	*All or most (skimmed)*
S8	*All or most*		

Comments

S10 Similar to N-SSATS, so read nothing.

S11 Simplify it a little bit, but it is just me, I never read directions, and I know to copy and put it in the envelope because I have done so many of these surveys.

SUMMARY: Six respondents read “all or most” of the instructions and notices, one read “some of it” and two said they read “nothing at all.” One offered that it was similar to the N-SSATS questionnaire, which that respondent completes, so the directions were ignored.

RECOMMENDATIONS: No Change.

SECTION A: OTP SERVICES AND CHARACTERISTICS

7. (A2) Turning to question A2, how did you respond to this item?

- ☐ **Yes ⟶ With whom do you have the written agreement?**
- ☐ **No**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

Comments

S3 Other Local OTP.

S4 The OTP is attached to a hospital that has its own pharmacy. In case of a disruption, staff from the OTP are stationed at the pharmacy in order to provide services.

S5 Approximately 3 different methadone programs.

S7 Another drug program also in Detroit, 20 min away. (Note: This R also answered OTHER-- said they had a 2nd site which is now closed. But that building is still owned by them. They could have the 2nd location opened at any time, for longer term disruptions in service.

S8 Another OTP.

S9 Hospital, another OTP and D-ATM.

S10 Multiple OTPs in the same city, split by river, have two agreements, on each side, of the river, so based on emergency, there are options.

S11 Other OTP disaster agreements, Discovery House.

S12 Another OTP.

SUMMARY: All of the respondents reporting having a plan or agreement with another provider to provide continuity of care for patients during service disruptions. In all but two cases, the other provider was another OTP in a different location. As for the exceptions, one reporting three types of providers (hospital, another OTP and CSAT's Digital Access to Medication) while the other reported being attached to a hospital that had its own pharmacy and in cases of disruption, staff from OTP were stationed at the pharmacy to provide services**.**

RECOMMENDATIONS: No Change.

7a. (A2) Is the meaning of "service disruption" clear as we have described it?

☐ **Yes**

☐ **No ⟶ What could make it clearer?**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

Comments

S9 Just had a fire at one location and a wall fell down at another one. Didn't need an explanation.

S11 We have medicated through snow storms, and never had to use it. The State doesn't think that a snow storm is a major disruption. A disruption is a fire or gas leak, because we are open 365 and not allowed to close.

S12 Like a hurricane.

SUMMARY: All respondents said that the meaning of "service disruption" was very clear as currently written.

RECOMMENDATIONS: No Change.

8. (A3) Looking at A3, how did you answer this question?

☐ **Yes**

☐ **No**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes/No*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*No*
S8	*Yes*		

SUMMARY: Seven respondents answered this as "yes" and understood the question. One respondent said "no" and was confused by the question. One respondent answered both "yes" and "no," and offered clarification that there was some underlying confusion about written consent forms.

RECOMMENDATIONS: To improve on current question wording, we suggest replacing "deal with" with the word "manage." We also recommend adding the following health service provider examples into the questionnaire following the question wording but above the response options: "laboratories, record storage providers, or another OTP."

8a. (A3) Why did you answer that way?

Comments

S3 We have releases of info that are in compliance with 42 CFR.

S4 Old records are stored at an offsite location. However, to share personal health information (PHI), with another provider, the program must receive written consent from each client.

S5 The program must have this agreement with other facilities in case there is a service disruption so care can be provide to the clients of this OTP. The client must provide permission to give PHI to outside facilities.

S7 It's appropriate that an agency working with their patients to have access to current records.

S8 It's a requirement for us.

S9 They have a linkage agreement and they have agreements with labs.

S10 Because they have agreement with records that are stored offsite for safe keeping.

S11 Because we have referral agreements that we keep in a log.

S12 R left A3 blank until he was clear on the intent.

SUMMARY: Six respondents indicated having some type of agreement/consent that allows the sharing of records. One respondent left the question blank because he was not clear of its intent; another respondent said that this was a requirement for their OTP; and the remaining respondent said sharing the records with an OTP that may be handling their clients would be appropriate.

RECOMMENDATIONS: See recommendations following debriefing question 8 above.

8b. (A3) Is the meaning of the question clear as we have described it?

Comments

S3 Yes, but wasn't sure if written agreement meant an actual contract or a form – this was a little confusing .

S4 No, the question is unclear. The term examples need to be provided for the term "Health Service Providers" or that term needs to be omitted. Not sure if the question is referring to the storage of records or sharing PHI with other providers.

S5 Yes.

S7 Yes.

S8 Yes.

S9 Yes. If we want Rs to include contractual agreements, she suggests we specifically say that.

S10 No, not too clear.

S11 Yes.

S12 R wasn't clear if we mean a firm that manages their records or another facility/doctor who may need to access the file. He suggests we include text: "Or otherwise manage patient records?"

SUMMARY: Six respondents said that the meaning of this question was clear as it was written, while three respondents were confused by it and were not clear as to its meaning. This lack of clarity caused one respondent to skip the question.

RECOMMENDATIONS: See recommendations following debriefing question 8 above.

9. (A4) In question A4, you are asked to record the OTP's number of scheduled hours for dispensing medication and/or counseling for each day of the week. Please explain the process you used in coming up with your answers to A4.

IF NOT OFFERED, PROBE FOR R'S DEFINITION OF "SCHEDULED HOURS FOR COUNSELING."

Comments

S3 Spoke with director who oversees medical staff, and R is aware of hours for counseling staff.

S4 Simply used the hours the clinic is open for both dispensing and counseling.

S5 Based on the staff schedule and the hours of operation, we were able to provide the information.

S7 Know operating hours and know they dispense 8 hours M-F, 3 hours Saturday, 2 hours Sunday.

S8 I know the actual number of hours each day that we are open for medication dispensing and counseling and that's what I wrote. It's the same number of hours every day except Saturday and Sunday. On Sunday we're not open at all and on Saturday we offer no counseling but we are open 3 hours for medication dispensing.

S9 Used the regular schedule of 6 hr of medication each day except Saturdays (4 hr) and counselors available all this time except Saturdays (2 hr). Closed Sundays.

S10 Have standard hours of operation, so hours are clear.

S11 Respondent wrote our times in, they are there morning and night, just wrote 7:15-11:15 am and 4-6 pm, or 6.45 hours of dosing, and on Saturday and Sunday they are dispensing from 7:30 - 11:45 am or 3.15 hours of dosing.

S12 He could respond because he is familiar with the program schedule; he just knows.

SUMMARY: All respondents indicated that they either knew, or could readily access, the scheduled hours of dispensing and of counseling; however, one respondent incorrectly recorded the opening/closing hours rather than the total hours.

RECOMMENDATIONS: No Change.

10. (A6) Question A6 asks about routine screening, diagnostic tests and medical care services. When does "routine screening" occur for these listed health conditions at your OTP?

Comments

S3 At initial intake and for some clients at some follow up appointments.

S4 Upon admission and yearly.

S5 At the point of assessment, before admission, in order to deem a client appropriate for this level of care.

S7 At admission and then semi-annually.

S8 It begins with the onset of treatment – before they get their first dose and then it is done annually after that.

S9 At admission and then annually thereafter and if a client brings forth a concern.

S10 Upon admission.

S11 They only screen for hepatitis C, HIV, hypertension, pregnancy and alcohol. Alcohol is screened on everyone by a urine drug screen each month; the other screenings are done on admissions and annual physicals.

S12 Done at Intake and then if there is a clinical need.

SUMMARY: All respondents said routine screening occurred at the start of their process (e.g., at intake, upon admission, or at point of assessment). Four of the nine also mentioned that routine screening, for those that they screen for, is done on an annual basis with another respondent mentioning "semi-annually." Three of the respondents indicated that screening can also occur on an as needed basis: if a client brings forth a concern or if there is a clinical need.

RECOMMENDATIONS: (for Question A6 columns A, B and C):

Unless there is specific reason to include cancer, vision, obesity and sleep apnea in the list of health conditions, we recommend removing these four items as a beginning effort of reducing respondent burden because very few respondents (n=4) reported screening for them, and even fewer (n=1) reported performing diagnostic tests for them.

If the intention is to only include screening performed on routine basis (e.g., during intake or as part of a regularly scheduled annual exam), then Column A question wording should be revised to incorporate this information. Alternatively, an instruction could be added for the respondent to omit any screens performed at a patient's request, or rescreens.

We recommend including a respondent instruction to record urinalysis and breathalyzers under routine screening rather than diagnostic testing. Finally, in order to clarify "risk factor assessment," a bullet definition should be included.

10a. (A6) What does the term "routine screening" mean to you?

Comments

S3 Using any form of screening tool, written, interview or test.

S4 The term means that screening is done regular basis for every patient.

S5 That it is completed all the time in order to determine the appropriateness for the program.

S7 Basic medical information checks.

S8 It means a physical exam conducted by a medical doctor.

S9 Whether or not there is a special request – routine means just part of the procedure for a physical.

S10 Almost exclusively a verbal process without diagnostic tests.

S11 The term "routine screening" means everyone that comes in get screened for all those things.

S12 For physical exam, not needing a specialist.

SUMMARY: Responses to this question were varied, but the predominate notion was that "routine" meant something conducted all the time on every patient and "screening' was asking the patient basic medical questions such as information often requested during a family history portion of a physical exam.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10b. (A6) What does the term "risk factor assessment" mean to you?

Comments

S3 Any form of structured interview or form that is used to determine risk for a specific client.

S4 Basically, a condition that a client may have an increased chance of being diagnosed with based on assessment.

S5 An assessment to determine if a client is at risk for a specific condition. It is also used from a program standpoint being that we would not want to admit a client that is not appropriate for this level of care.

S7 The level of importance in the medical condition of the patient.

S8 Things that would prevent us from starting treatment, like abscesses. Or, medical risk factors that might compromise treatment like cancer or diabetes.

S9 If any screening or lab work results in issues that would indicate further assessment is needed.

S10 Anybody that is in a high risk category for medical complications, diseases etc. Risk assessment done with screening.

S11 We assess their risk for any of the conditions listed.

S12 Factors that may have an adversarial affect on client's treatment.

SUMMARY: Responses to this question were also quite varied but primarily addressed two elements, which were nicely summarized by a respondent as: "things that would prevent us from starting treatment, like abscesses. Or, medical risk factors that might compromise treatment like cancer or diabetes."

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10c. (A6) Does this OTP provide any…

Routine Screening	S3	S4	S5	S7	S8	S9	S10	S11	S12
Cancer	Y	N	N	N	N	Y	Y	N	N
Diabetes	Y	N	Y	N	Y	Y	Y	N	Y
Hepatitis C	Y	N	N	N	Y	Y	Y	Y	Y
HIV/AIDS	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hypertension (high blood pressure)	Y	Y	Y	Y	Y	Y	Y	Y	Y
Pregnancy	Y	Y	Y	N	Y	Y	Y	Y	Y
Heartbeat abnormalities	Y	Y	N	N	N	Y	Y	N	Y
Sexually transmitted infections (STIs including gonorrhea, syphilis)	Y	Y	Y	Y	Y	Y	Y	N	Y
Vision	Y	N	N	N	Y	Y	Y	N	N
Obesity (“BMI” or body mass index)	Y	N	N	N	N	Y	Y	N	N
Sleep apnea	Y	N	N	N	N	Y	Y	N	N
Alcohol use	Y	Y	Y	Y	Y	Y	Y	Y	Y
Tobacco Use	Y	Y	Y	N	Y	Y	Y	N	Y

Comments

S3 All part of the initial routine screening and assessment done at intake. When the patient gets to physician, more may be done as well.

S4 Either an admission assessment, laboratory testing or patient physical. It really depends on the condition.

S5 An assessment to determine if the client is at risk for or has a specific condition.

S7 A Medical Exam -- Compiled through Physician’s exam that all patients have and then they send samples to lab.

S8 Vision- Not like an Optometrist would do it but we have a card and ask them to read it and ask a few questions. Alcohol and tobacco- both web access by asking questions about whether they do it, frequency, etc. The others are medical tests.

S9 Called “physical assessment.” Consists of interview assessment and lab work.

S10 Call it initial physical and history intake. Some diagnostics – weight/BP/Pregnancy, completed by a CADC counselor, then a nurse does history. Physician sees them as the final.

S11 On admission, the alcohol tests are done routinely.

S12 Called “Screenings” done during admission; ask client questions. Have a separate form that deals with tobacco use. Give educational information.

SUMMARY: All respondents routinely screen for HIV/AIDS, hypertension and alcohol use, eight routinely screen for pregnancy and STIs, while seven routinely screen for tobacco use. The least screened items were cancer, obesity, and sleep apnea, with only three respondents reporting screening for them followed by vision with four respondents.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10c. (A6) Does this OTP provide any…

Diagnostic Tests	S3	S4	S5	S7	S8	S9	S10	S11	S12
Cancer	N	N	N	N	N	N	N	N	N
Diabetes	N	N	N	N	Y	Y	N	N	Y
Hepatitis C	N	Y	N	N	N	Y	N	N	N
HIV/AIDS	N	Y	Y	N	Y	Y	N	N	N
Hypertension (high blood pressure)	N	Y	N	N	Y	Y	N	N	Y
Pregnancy	Y	Y	N	N	Y	Y	N	N	Y
Heartbeat abnormalities	N	Y	N	N	N	Y	N	N	Y
Sexually transmitted infections (STIs including gonorrhea, syphilis)	N	Y	N	N	N	Y	N	N	Y
Vision	N	N	N	N	N	N	N	N	N
Obesity (“BMI” or body mass index)	N	N	N	N	N	Y	N	N	N
Sleep apnea	N	N	N	N	N	Y	N	N	N
Alcohol use	Y	N	Y	N	N	Y	N	N	N
Tobacco Use	N	N	N	N	N	N	N	N	N

Comments

S3 Urine screening for alcohol and pregnancy.

S4 Laboratory testing or physical exam, again depending on the condition (e.g. a physical exam will discover a heart beat abnormality, while lab testing will discover if a client has HIV/AIDS. **NOTE:** Suggested that we might want to differentiate if diagnostic testing is done routinely or as needed.

S5 Diagnostic testing for HIV/AIDS and a breathalyzer for alcohol use. For all other conditions, the client is sent to central intake for diagnostic testing.

S8 The health department comes in to do the tests.

S9 Called “follow-up.” Tests are indicated by factors from routine screens.

S10 They answered “no” to each but this needs clarification, are diagnostic tests “routine” or “as needed?” Not done routinely, only done as they feel appropriate.

S12 Doesn’t necessarily use this term. They do UA, pregnancy check, blood work, and TB check. If they cannot draw blood for some reason, will try once more and then refer out for the blood work. R was not sure if this means the initial lab work. They would not run tests if client later expressed concern – that work would be referred out.

SUMMARY: The number of OTPs that offer diagnostic testing drops considerably from those that do routine screening. There is no condition where diagnostic testing is done by all respondents. Five respondents reported offering diagnostic testing for pregnancy and four do diagnostic testing for HIV/AIDS. None of the respondents reported performing diagnostic testing on cancer, vision, or tobacco use and only one respondent reported diagnostic testing on obesity and sleep apnea.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10c. (A6) Does this OTP provide any…

Medical Care	S3	S4	S5	S7	S8	S9	S10	S11	S12
Cancer	N	N	N	N	N	N	N	N	N
Diabetes	N	N	N	N	N	N	N	N	N
Hepatitis C	N	N	N	N	N	N	N	N	N
HIV/AIDS	N	Y	N	N	N	Y	N	N	N
Hypertension (high blood pressure)	N	N	N	N	N	N	N	N	N
Pregnancy	N	N	N	N	N	N	N	N	N
Heartbeat abnormalities	N	N	N	N	N	N	N	N	N
Sexually transmitted infections (STIs including gonorrhea, syphilis)	N	N	N	N	N	N	N	N	N
Vision	N	N	N	N	N	N	N	N	N
Obesity (“BMI” or body mass index)	N	N	N	N	N	N	N	N	N
Sleep apnea	N	N	N	N	N	N	N	N	N
Alcohol use	Y	N	N	N	N	Y	N	N	N
Tobacco Use	N	Y	N	N	N	N	N	N	N

Comments

S3 Physician prescribes medications for alcohol cravings or in Level 1 detox facility.

S4 The program has an HIV/AIDS clinic where some are dispensed their HIV medications along with Methadone. The OTP also has a smoking cessation program.

S9 Mostly refer clients elsewhere for follow-up medical care.

SUMMARY: Only three respondents reported providing some type of medical care - two mentioned providing medical care for HIV/AIDS and either alcohol or tobacco use; while the third respondent reported providing medical care for alcohol use. This latter respondent comes from a detoxification facility.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10d. (A6) Did you find A6 to be clear?

☐ **Yes**

☐ **No ⟶ What in particular was unclear? PROBE FOR DETAILS**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*No*
S5	*No*	*S11*	*No*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

Comments

S5 R needed to think about what was meant by the term "routinely" as well as if contracted services should be considered when answering the question.

S10 Wasn't sure if Col A & B were asking for only routine screening at admission, or if asking in general.

S11 Didn't know what to consider routine, routine would be periodically, but they can do it routinely upon admission.

S12 Fairly clear; he ran this by the nurse. They were unsure what "diagnostic test" referred to, but made an assumption that it included lab work during intake.

SUMMARY: The results were mixed with six respondents reporting that they found question A6 to be clear, while the remaining three reported having some level of confusion.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10e. (A6) IF "YES" ON ALCOHOL: PROBE FOR DETAILS, ON HOW SCREEN/DIAGNOSTIC TEST

Comments

S3 Urinalysis and breathalyzer.

S4 Verbal report from client and breathalyzer.

S5 Verbal report from client at screening and breathalyzer, if they present with abuse issues.

S7 Urine test.

S8 Alcohol and tobacco- we assess both by asking questions about whether they do it, frequency, etc.

S9 Screens for alcohol use through self-report and observation. Diagnostic test is a breathalyzer.

S10 Verbally screened, and breathalyzer as needed.

S11 It is a breathalyzer and urine screening.

S12 Screening is a self-report. No diagnostic test.

SUMMARY: There appears to be some confusion over what constitutes screening versus diagnostic testing for alcohol use. All respondents reported screening for alcohol use while only three reported performing a diagnostic test on alcohol use. When asked for details, three respondents mentioned "breathalyzer" and "urinalysis and breathalyzer". Interestingly, four of the remaining six respondents also mention either breathalyzer and/or urine test as their screening tool, while the remaining two respondents mention screening via "questions asked and/or self-report."

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10f. (A6) IF "YES" ON TOBACCO: PROBE FOR DETAILS ON HOW SCREEN/DIAGNOSTIC TEST

Comments

S3 Verbally asked question at intake.

S4 Verbal report from client.

S5 Verbal report from client at screening.

S8 Alcohol and tobacco - we assess both by asking questions about whether they do it, frequency, etc.

S9 Screens for tobacco use through self-report and observation. No diagnostic test for tobacco use.

S10 Verbally screened.

S12 Screening is a self-report. No diagnostic test.

SUMMARY: Seven respondents reported screening for tobacco use by asking questions or self-report.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

10g. (A6) IF ANY "YES" RESPONSES IN MEDICAL CARE: PROBE FOR DETAILS

Comments

S3 Nothing more than mentioned above.

S4 As stated, the program has an HIV/AIDS clinic where some are dispensed their HIV medications along with Methadone. The OTP also has a smoking cessation program.

S9 Primarily refers elsewhere for follow-up medical care.

SUMMARY: Six respondents skipped out of this question because they reported that their OTP does not provide medical care services. The three who answered the probe did not provide any new information.

RECOMMENDATIONS: See recommendations following debriefing question 10 above.

11. (A7) Does this OTP screen for any of the psychiatric conditions listed in A7?

☐ **Yes ⟶ When does this screening occur?**

☐ **No**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

Comments

S3 Initial intake and assessment using Mental Health screening form.

S4 Upon admission and annually.

S5 During the screening process prior to admission.

S7 At admission.

S8 At intake.

S9 Within 5 days of admission for suicidal or homicidal tendencies. All else is within 30 days of admission.

S10 At admission, info taken by counselor.

S11 Depression- They use the Beck Inventory for depression and is done upon admission.

S12 During admissions.

SUMMARY: All respondents reported that they screen for psychiatric conditions. Eight respondents reported doing this during intake or upon admission, and the ninnth respondent completes this process, “within 5 days of admission for suicidal or homicidal tendencies. All else is within 30 days of admission.” One of the respondents who reported screening for psychiatric conditions during intake also reported screening for psychiatric conditions on an annual basis.

RECOMMENDATIONS: No Change.

11a. (A7) Please look at columns B and C in A7—are there any conditions where a "yes" is recorded in both columns?

☐ **Yes → Are these services actually provided at this OTP, at this location?**

☐ **No**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*No*
S5	*No*	*S11*	*No*
S7	*No*	*S12*	*No*
S8	*No*		

Comments

S3 Provides treatment for these items by their own staff – also OCD, Eating Disorders, Phobias.

S4 Yes, but the program can only provide treatment to 60 clients that exhibit psychiatric issues. The rest are referred elsewhere.

S5 This is based on the severity of the psychiatric disorder; therefore, all of column B was "NO" while all of column C was "YES."

S9 Yes (Anxiety, Depression, and PTSD).

SUMMARY: Three respondents reported that their OTP provides psychiatric treatment using both medication and counseling with one respondent adding the caveat that the in house program is limited to 60 patients; therefore, any beyond 60 are referred out.

RECOMMENDATIONS: No Change.

12. (A8) In column A of question A8, you are asked to record the total number of various types of clinical staff employed at the OTP. Please explain the process you used in coming up with your answer.

Comments

S3 Spoke with director of medical staff.

S4 Used staff roster and looked at personnel files in order to confirm level of degree.

S5 Obtained this information through accessing the staff schedule.

S7 Consulted employee roster and asked the two consulted people for specific hours.

S8 I know how many employees we have in each category, we're not that large.

S9 In accordance with full staffing and what is on their budget (even though they generally have a 3% absenteeism rate).

S10 Reviewed staff list and credentials, and looked at payroll report.

S11 R has one doctor who works 10 hours per week, 1 RN at 40 hrs, 2 LPNs, looked at the staff and knew what the credentials were so she was able to fill out the chart fairly easily.

S12 R just knows who is there and pretty much knows their degrees. If he didn't know, he could ask Human Resources. R asked a question about "Other Degreed." Should someone with an Associate's Degree go here?

SUMMARY: Four respondents answered this question by consulting with employee rosters or other reports, two respondents consulted other staff, while the remaining three said they knew this information already.

RECOMMENDATIONS: We recommend adding the initials for associates degree to the parentheses that follows category 7 (other degreed counselors). We also recommend adding examples to category 8 (non-degreed counselors) and category 9 (all other clinical staff).

12a. (A8) For column B of A8, you are asked for the "sum total number of hours worked in typical week." What did you do to answer this question? How easy/difficult was it to assemble the information?

Comments

S3 Did math correctly for two examples given – in this one, each works 5 hours per week. Pretty easy – readily available.

S4 This question took the bulk of the time. Respondent needed to look at each staff member, determine if that staff member was full-time or part-time, and then do the calculations.

S5 Obtained this information through accessing the staff schedule.

S7 Did math correctly for the categories he told me (e.g. 2 physicians on staff one works 30 hours and one 6). He recorded 36 in total hours. Very easy to do.

S8 I know how many employees we have in each category and all of our employees work a 40 hr. week, so I just multiplied each number by 40.

S9 Multiplied column 1 by the number of hours worked each week. They have 18 physicians in the program but never have all of them on for a week (about a 3% absenteeism rate). She took 18 times the number of hours scheduled, as if all physicians came to work.

S10 Master's Level (3) all work 40 and she entered 120 hours. Thought this was an unusual question, to total hours like this.

S11 With the nursing it was more difficult because they have nurses that come in as needed but have two full time nurses in front, and estimated when the second one came in.

S12 Eight hours is typical for full time employees. Physician works different times and he asked the nurse how long the physician works each day.

SUMMARY: Two respondents indicated that this was easy to do and three others described an easy process to get the answer. Two respondents estimated their answers and two respondents said they experienced difficulty.

RECOMMENDATIONS: See recommendations following debriefing question 12 above.

12b. (A8) Are the staff categories in question A8 similar to terms you use for your OTP clinical staff?

☐ **Yes**

☐ **No → What other terms or categories have we missed?**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*No*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*No*		

Comments

S4 Nurse Practitioner/Physician extender needs to have its own row.

S8 We have two types of counselors, certified substance abuse counselors and counselor interns. The work of counselor interns must be supervised.

S10 Yes, but missed childcare workers.

SUMMARY: Seven respondents reported that the categories used in the pretest mirror those in their OTP. The remaining respondents said that they use different categories in some areas and offered suggested categories for us to add.

RECOMMENDATIONS: See recommendations following debriefing question 12 above.

12c. (A8) What type of employees did you include in the "non degreed counselors" category?

Comments

S3 Had none of them but thought it meant people who could speak or give some counseling w/o a degree. Some substance abuse counselors, under older rules, who don't need a degree.

S4 Substance Abuse Counselors that are certified.

S5 Toxicology staff and the facilitator at the front desk. All counselors must be certified by the state and the majority are degreed.

S7 Recovering or Recovered Addicts on staff.

S8 Counselor interns.

S9 Have a lot of "life experience" staff with a GED or Associates degree.

S10 CADC counselors, though they can have a Bachelor's.

S11 R has one person who is a Certified Addictions Counselor.

S12 R was going to record someone with no degree but wasn't sure if Associate's should go here too.

SUMMARY: One respondent reported having no one in this category, while the other eight respondents reported different types of staff that, in their terminology, would fall into this category. Three of those added certified counselors without a degree.

RECOMMENDATIONS: See recommendations following debriefing question 12 above.

13. (A9) On A9 did you select "both electronic and paper" for any of the listed work activities?

PROBE: To find out if the respondent answered in terms of "routinely" or "ever."

☐ **No**
☐ **Yes**

R	Response	R	Response
S3	*Yes*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*R left item blank*
S8	*Yes*		

13 a. For which work activities:

Work Activity	S3	S4	S5	S7	S8	S9	S10	S11	S12
1. Intake	Y	Y	Y	N	Y	*	Y	Y	**
2. Assessment	Y	Y	Y	N	Y	*	Y	Y	**
3. Treatment plan	N	Y	Y	N	Y	*	Y	Y	**
4. Discharge	N	N	Y	N	Y	*	N	Y	**
5. Referrals	Y	Y	N	Y	Y	*	N	Y	**
6. Issue/Receive lab results	N	N	Y	Y	N	*	Y	Y	**
7. Billing	Y	N	N	Y	N	*	Y	Y	**
8. Outcomes management	N	Y	Y	Y	N	*	N	Y	**
9. Medication dispensing	Y	N	N	Y	Y	*	Y	Y	**

Comments

*S9 Most tasks are done by both paper and electronically.

**S12 Respondent left the item blank. Most of their work is processed via computer but then they print out a copy for the file. The hard copy is stored for back-up and the state guidelines for auditing and other compliance issues require that they have a paper copy. He wasn't sure if we wanted to know about the processing only, or also whether they have paper files.

SUMMARY: All of the respondents answering the question replied "yes" to both electronic and paper.

RECOMMENDATIONS: No Change.

13 b. Please explain what made you decide to select that option for those work activities:

Comments

S3 Majority is done on med records program on computer, some pieces that are done on paper needing signatures or those that a copy is given to patients; these use both.

S4 The program is transitioning to an all electronic system. Also, some regulating bodies require the use of paper. NOTE: R stated that she would select the "Computer/Electronic" response option in the case that the primarily used an electronic system for the activities listed, using paper only as a backup; also stated that we should make that distinction in order to avoid confusion.

S5 Transitioning to be fully electronic, but for now, both computer and paper are used. R stated that they would select "ELECTRONIC ONLY" in the case of using paper only as a backup.

S7 One of biggest problems they encounter with DEA and other agency audits is having all data. This policy was established because they have had audit issues and paper back up was how they were able to solve it.

S8 We routinely do these electronically but CARF wants it all on paper, so we do both.

S9 Only assessments and referrals are done by computer only.

S10 There are self-report papers that they then enter into computer, some forms need original signatures, and some copies of forms go to patient.

S11 They have print outs of everything that they use to keep paper charts.
S12 R left this blank. Most of their work is processed via computer but then they print out a copy for the file. The hard copy is stored for back-up and the state guidelines for auditing and other compliance issues require that they have a paper copy. He wasn't sure if we wanted to know about the processing only, or also whether they have paper files.

SUMMARY: Three respondents indicated they use paper and electronic copies of documents to facilitate original signatures. Two responded that they were in the process of moving to a fully electronic system, while one respondent said that CARF required paper forms. One respondent explained that they were able to use paper backup forms to overturn a decision made against them by DEA. They then established the policy of using both formats.

RECOMMENDATIONS: No Change.

14. (A12) What was your response to A12, the question about SAMHSA's Exception Requests?

- ☐ **Not familiar → SKIP TO 15**
- ☐ **No → ASK 14a AND 14b**
- ☐ **Yes → How frequently does your OTP submit an Exception Request? SKIP TO 15**

R	Response	R	Response
S3	*No*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

SUMMARY: All but one respondent reported that their OTP submits Exception Requests, with the one noting (in 14a below) that they are not registered to give out methadone so they don't do this.

RECOMMENDATIONS: No Change.

How frequently does your OTP submit an Exceptions Request?

Comments

S4 As needed. **NOTE:** R was confused regarding if the question meant that the request needed to be submitted electronically. It depends on the personnel and their level of comfort with the electronic systems. Some may, and some may not.

S5 Not very frequently. Request are submitted online, but they do not always have to submit (for example, in the case a client would need to carry Methadone out of the state or the country, the program would have to submit for that).

S7 Monthly.

S8 For the holidays and maybe one more time in the past 2-3 years.

S9 2 to 5 per week.

S10 Weekly.

S11 Rarely.

S12 Submits a couple of times per year.

SUMMARY: The frequency with which respondents submit Exception Requests represented a wide array of time frames, from two to five per week to a couple of times a year.

RECOMMENDATIONS: No Change.

14a. (A12a) And what did you select as your response to A12a?

- ☐ **The form is too confusing/complicated**
- ☐ **There is no benefit in submitting Exception Requests**
- ☐ **It takes too much time/too difficult to learn system**
- ☐ **Other *(Specify)***

R	Response	R	Response
S3	*Other*	*S9*	*Logical Skip*
S4	*Logical Skip*	*S10*	*Logical Skip*
S5	*Logical Skip*	*S11*	*Logical Skip*
S7	*Logical Skip*	*S12*	*Logical Skip*
S8	*Logical Skip*		

Comments

S3 Not registered to give out methadone, so they don't do this.

SUMMARY: One respondent answered this question saying they were, "not registered to give out methadone, so they don't do this."

RECOMMENDATIONS: No Change.

14b. (A12a) Are there any additional reasons why your facility does not submit Exception Requests?

Comments

S3 No

SUMMARY: The one respondent who was supposed to answer the question reported not having any additional reasons.

RECOMMENDATIONS: No Change.

15. (A13) What was your response to question A13?

☐ **Yes**

☐ **No ⟶ SKIP TO 16**

R	Response	R	Response
S3	*No*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*Yes*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

SUMMARY: Eight respondents reported having a patient die while enrolled in their OTP within the past two years.

RECOMMENDATIONS: No Change.

15a. (A13) How often do such deaths occur?

Comments

S3 Logical skip.

S4 Approximately thirty per year.

S5 Not often; maybe 1 or 2 that the program has proof that the patient has indeed died.

S7 One per quarter, on average.

S8 Two over the past several years.

S9 Out of 6,300 patients they may have 4 deaths per month. She said they have an older population.

S10 Had about 6 in 2 years.

S11 This facility has maybe 1 a year, and it is because they are older or sick.

S12 Had a couple of deaths in 2008 and three or four in 2009.

SUMMARY: The eight responses ranged from a high of 30 per year to a low of 1 or 2 per year.

RECOMMENDATIONS: No Change.

15b. (A13a) What was your response to A13a?

- ☐ **Yes⟶ GO TO 16**
- ☐ **No**

R	Response	R	Response
S3	*Logical Skip*	*S9*	*Yes*
S4	*Yes*	*S10*	*Yes*
S5	*No*	*S11*	*No*
S7	*Yes*	*S12*	*Yes*
S8	*Missed*		

SUMMARY: Five of the seven respondents who reported deaths at A13 reported that the OTP does send Mortality Reports to SAMHSA. The remaining two respondents reported that the OTP does not.

RECOMMENDATIONS: No Change.

15c. (A13b) What was your response to A13b?

- ☐ **The form is too confusing / complicated**
- ☐ **There is no benefit in submitting an OTP Mortality Report**
- ☐ **It takes too much time/too difficult to learn system**
- ☐ **Other *(Specify :_____)* ⟶ IF OTHER, ASK FOR REASON**

R	Response	R	Response
S3	*Logical Skip*	*S9*	*Logical Skip*
S4	*Logical Skip*	*S10*	*Logical Skip*
S5	*Other **	*S11*	*Other***
S7	*Logical Skip*	*S12*	*Logical Skip*
S8	*Missed*		

Comments

*S5 Was not aware under which conditions this was required. R states that they do report to individual funders.

** S11 Didn't think it was necessary, already submitted to state, the county, their company CEO, the funding source, and didn't think had to submit to anyone else.

SUMMARY: Six respondents logically skipped this question and one inadvertently missed it. The two respondents answering this question reported "Other" and provided an "other specify."

RECOMMENDATIONS: No Change.

SECTION B – OTP PATIENT CHARACTERISTICS

16. (B1) Turning to Section B of the OTP pretest questionnaire, what did you record as your answer to B1?

R	Response	R	Response
S3	*121*	*S9*	*1,252 **
S4	*403**	*S10*	*241*
S5	*312*	*S11*	*168*
S7	*50*	*S12*	*142*
S8	*60*		

Comments

*S4 (129 maintenance; 274 detoxification) adding detoxification to the count inflates the numbers seeing as these types of patients have a short length of stay in the program. R suggests that we should distinguish between these two categories for this question. Also, there is some confusion regarding if the question is counting re-admissions.

**S9 First reported "570" but then she indicated she had read the chart incorrectly. Her real response is "1,252."

SUMMARY: The number of admissions each OTP had during 2009 ranged from 50 to 1,252, with the average 2009 admissions being 305 clients.

RECOMMENDATIONS: No Change.

16a. (B1) Please walk me through what you did to obtain this number? RECORD BELOW

IF NOT OBVIOUS, PROBE TO SEE IF THE RESPONDENT PROVIDED DATA FOR THE 2009 CALENDAR YEAR OR SOME OTHER PERIOD.

Comments

S3 Data department fed the answers to her. All records are kept on computer program so all stats can be pulled and they have all stats readily available.

S4 Electronically using the Methasoft program.

S5 Conferred with stats team to confirm numbers. Turnaround time was about 15 minutes.

S7 Consulted with the two people who keep stats and they looked it up and gave it to him using their computerized records.

S8 I went to the medical supervisor for the answer. She keeps a monthly log of the new patients. For 2009, she counted up the number in each of the 12 monthly logs.

S9 These are all electronic reports.

S10 Done by IT person, who pulled from computer program.

S11 R went into their SMART system and run reports.

S12 Checked with "medical" and she had a tracking form from central registry (an electronic report).

SUMMARY: Eight respondents said that these records were pulled from their computer systems. One respondent reported that a “monthly log” was consulted.

RECOMMENDATIONS: No Change.

16b. (B1) How comfortable are you with the accuracy of this number?

Comments

S3 Pretty comfortable.

S4 Very comfortable.

S5 Very comfortable.

S7 Very comfortable.

S8 Very accurate.

S9 Extremely.

S10 Quite Confident.

S11 It is accurate.

S12 100%.

SUMMARY: Eight respondents reported being very confident/comfortable with the accuracy of their numbers. One reported being pretty comfortable.

RECOMMENDATIONS: No Change.

17. (B2) What did you record in your questionnaire for B2?

	S3	S4	S5	S7	S8	S9	S10	S11	S12
Heroin only	32	*	DK**	40	444	1,252	34		127
Prescription opioid only	20	*	DK**	0	1	0	1		10
Both	69	*	DK**	10	15	0	0		5
Unknown/Not Collected	0	*	DK**	0	--	0	206	X***	0

Comments

* S4 Unfortunately, the Methasoft program is not designed and cannot be designed to produce a report that would include these categories. R stated that she would have to access each client's record for this information.

** S5 Was not able to access this information without looking at individual records.

*** S11 Rather than recording a number in B2, the R placed a large "X" in the "unknown/not collected" row.

SUMMARY: Six respondents reported detailed numbers, while three did not.

RECOMMENDATIONS: To reduce respondent burden, we recommend dropping this item from the questionnaire since it is not readily available in report format even for those with electronic systems.

17a. (B2) How did you determine "primary" drug for patients reporting more than 1 drug?

Comments

S3 Part of the assessment; works this out with patient.

S4 Had she answered B2, R would have determined the "primary" drug of choice based on if the client was on heroin or not, due to the health and patient risk factors.

S5 Physicals, assessments and diagnostic testing; also, collaborating with someone that has known the client for over a year.

S7 Intake interview asks this question of new patients.

S8 The opioid is always primary (so, in answer to more than one drug, she said the opioid drug would always be considered primary).

S9 Clients are basically heroin addicts. It is not really differentiated, perhaps 3 were prescription only.

S10 Record system has been running for about a year, so some may not have been asked. Intake process captures this data; they think the IT guy pulled the wrong report to have 206 uncollected.

S11 Skipped.

S12 Clients are asked at intake.

SUMMARY: Five respondents reported that the primary drug information was obtained during intake/assessment with three of these stating that self-reported information from intake/assessment determined the answer. Three respondents mentioned that the opioid drug is always seen as the primary drug. One respondent skipped the question.

RECOMMENDATIONS: See recommendations following debriefing question 17 above.

17b. (B2) Did you access computer systems or hard copy patient files when answering this question?

Comments

S3 Only Computer.

S4 Would have to access hard copy files.

S5 Hard Copy.

S7 Computer System.

S8 It appears all of the Section B info is electronic, but that is misleading ... See 17c.

S9 Pulled from the database.

S10 Computer only.

S12 Hard copy.

SUMMARY: Four respondents said that the data was pulled from their computer system, while three reported having to access hard copy files and one reported a combination of both. One respondent skipped this item because they did not provide a number at B3.

RECOMMENDATIONS: See recommendations following debriefing question 17 above.

17c. (B2) What information is NOT available from your electronic systems?

Comments

S3 Dosages are not readily available – would need to look in individual hard copy files. Also maintenance vs. detox would be harder to pull but could be available through computer.

S4 All information would be in the client's records, which are kept electronically. However, there is not one report that can provide access to the information requested.

S5 All information will be available electronically once the transition is complete.

S7 Can't think of any, very comprehensive system.

S8 They have an electronic UA for each new patient. To do the numbers in B3, they had to look at each UA report for the 60 new clients in 2009 and then total by hand how many belonged in each category. The same is true for the continuous care numbers in B8. They have a service unit report for each of their 146 clients. To get the counts in B8 they look at each of the 146 electronic reports and summed by hand how many are in each category. The same procedure was carried out for B9a, there is dosing report for each patient. They looked at all 146 and hand tallied the categories.

S9 None.

S10 Computer very comprehensive, so nothing comes to mind.

S12 All the information is in the computer; it was easier to look at hard copy records.

SUMMARY: While one respondent missed this question, the remaining eight gave a wide variety of answers with the predominant message being that even when the information is available electronically; it may not be readily accessible as an electronic report. Often times, OTPs will need to look up information on a patient-by-patient basis within their electronic systems.

RECOMMENDATIONS: See recommendations following debriefing question 17 above.

18. (B3) Turning to question B3, what did you record in your questionnaire for this item?

PROBE TO DETERMINE IF THIS INFORMATION IS AVAILABLE AND HOW IT IS RETRIEVED IN ORDER TO ANSWER THE QUESTION.

	S3	S4	S5	S7	S8	S9	S10	S11	S12
Marijuana	DK	0	41	12	12	67	125	DK***	Missed
Cocaine	DK	178	54	7	26	427	86	DK***	45
Benzodiazepines	DK	110	DK	5	17	194	106	DK***	40
Methamphetamine	DK	32	DK	0	8	0	55	DK***	1
Other stimulants *(Specify)*	DK	776*	DK**	0	Missed	0	5	DK***	0

Other Stimulants (SPECIFY)	
S3	DK
S4	Morphine 418 – Methadone 358*
S5	DK **
S10	Barbiturates and alcohol
S11	DK***

Comments

*S4 R states that these numbers are not accurate. Accurate numbers would entail both accessing information entered by program clinicians and an offsite laboratory.

**S5 For this question OTP would need to go through individual records in order to access info, as it is not in the system yet.

***S11 No way to get this information, don't keep a breakdown.

SUMMARY: Seven respondents reported some data for this question, while two said "Don't Know" to this information.

RECOMMENDATIONS: The rewording to "tested positive for" helped clarify the question's intent; however, since several respondents had to tally this information by hand we recommend dropping this item to help reduce respondent burden.

18a. (B3) Is this information available? Please walk me through the exact process you followed to obtain this number.

Comments

S3 Yes, only by pulling every single hard copy file.

S4 Electronically; the information is gathered upon intake.

S5 The information is currently available mainly on hard copy and has not been added to the electronic system yet. It will be available electronically once the transition is complete.

S7 Yes, pulled through same comprehensive computer system.

S8 Described above in 17c. All of the record review and hand tallies were done by the medical supervisor.

S9 Electronic report.

S10 Computer system.

S11 Skipped.

S12 Information on marijuana is not in their initial UA test. Debriefing interviewer had R stop and go over their procedure and R looked at lab results to get the rest of the information.

SUMMARY: Four respondents reported that they could access the information using their computer system. Four respondents described a manual process for counting the information, while one reported using a combination of electronic and manual processes.

RECOMMENDATIONS: See recommendations following debriefing question 18 above.

IF "0" LISTED AS RESPONSE TO ONE OR MORE CATEGORIES:

18b. (B3) Does the "0" mean that no one tested positive for the substance OR that the OTP does not test for that substance?

Comments

S3 Would screen for all of it, so a "0" would mean no one tested positive, if numbers were available.

S4 Do not test for Marijuana.

S7 No one tested positive.

S9 No one tested positive for methamphetamines or other stimulants.

S11 Missed.

S12 Initial UA does not show marijuana or other stimulants.

SUMMARY: Of the five providing a response to this item, two respondents reported that a "0" response indicates that the OTP does not test for that drug while three reported "0" means no one tested positively for that drug.

RECOMMENDATIONS: See recommendations following debriefing question 18 above.

19. (B4) What did you record as your response to question B4?

R	Response	R	Response
S3	*176*	*S9*	*6,309*
S4	*674*	*S10*	*708*
S5	*492*	*S11*	*298*
S7	*300*	*S12*	*235*
S8	*Missed*		

SUMMARY: With eight respondents answering this question, the count of clients in treatment on June 30, 2010 ranged from 176 to 6,309, for an average of 1,149 clients in treatment on this date. One respondent reported inadvertently missing this question.

RECOMMENDATIONS: No Change.

19a. (B4) Please walk me through the exact process you followed to obtain this number.

Comments

S3 Computer process pulled it; looked at enrollments and who was currently active on that date.

S4 Electronically (Methasoft); accessed through the demographic history report.

S5 Was electronically able to retrieve information.

S7 Pulled through same comprehensive computer system.

S8 All number gathering uses the process described above in 17c. At intake they only ask about anxiety and depression.

S9 Electronic reports.

S10 Used daily dosage log that is tracked in computer system, and used the client logs of open cases.

S11 R used the SMART computer system and plugged in June 30, 2010, but had to create multiple reports and subtract to find out the breakdowns.

S12 An electronic report was already pulled.

SUMMARY: Eight respondents indicated that this data would be available on their computer systems. Three of those respondents additionally reported that they would use computer reports, but this answer and previous answers indicate that a level of manual tabulation would also be required.

RECOMMENDATIONS: No Change.

19b. (B4) How certain you are about the accuracy of this number?

Comments

S3 Confident.

S4 Very certain.

S5 Very certain.

S7 Very certain.

S8 Missed.

S9 Confident.

S10 Very comfortable.

S11 Accurate.

S12 97%.

SUMMARY: Eight respondents responded that they were certain/confident/comfortable with their response. Of those respondents, five indicated a high level of certainty. The remaining respondent reported inadvertently missing this question.

RECOMMENDATIONS: No Change.

19c. (B4) IF NOT STATED: How did you determine if a patient was <u>in treatment</u> on June 30th?

Comments

S3 They have an active enrollment and they are receiving service and have not been discharged from their program.

S4 Through the demographic history report in Methasoft.

S5 Was able to retrieve census from that date electronically.

S7 Took total number enrolled on that date, thinking about instruction from annual N-SSATS.

S8 The monthly report lists all of those currently in treatment plus all of the discharges ... if you subtract the discharges you have the number currently in treatment.

S9 Got it from the database. It shows how many were enrolled on that day. Of the 6,309, only about 5,900 received medication on that day.

S10 Open cases and dispensing reports together.

S11 They were admitted, meaning that they were in the computer system as of June 30th.

S12 It means they are open or still enrolled on that date.

SUMMARY: The nine respondents provided nine different ways of determining if patients were "in treatment" on June 30th. Some respondents reported having to perform some type of

calculation (such as subtracting the discharges from the number currently in treatment) while others noted looking at the number open or still enrolled on that date.

RECOMMENDATIONS: No Change.

20. (B5) B5 asks for demographic information about the patients in treatment on June 30th. Please look over your questionnaire and then tell me how you obtained this information. Do your reports include these identical categories? If not, how did you come up with your answer?

Comments

S3 Computer department has all demographic data and they use these categories. Age is listed in different ranges than in pretest, but tracked.

S4 Gender is easy. However, Methasoft categories are a lot more specific in terms of age and race/ethnicity. These categories would need to be combined in order to provide the information requested.

S5 Electronically; reports include identical categories.

S7 Two consulted staff used their best approximations. Could have pulled exact numbers, but they know their clients and were comfortable with the estimate.

S8 Yes, we have all of these categories. All of this information is kept on the state system. We can run a report off of the state system.

S9 Pulled answers from the database. Categories are close. There was no need to estimate.

S10 Computer tracks these stats, but age is not listed in these ranges, just by birth. All others use these categories.

S11 I got it through the reports from the SMART system; they don't keep track of Veteran's status.

S12 Report was electronic but then had to manually tabulate the information.

SUMMARY: One respondent estimated the answer, based on their knowledge of their clients. Two respondents used a combination of electronic reports and manual tabulation. Six respondents were able to pull the data electronically. When asked about the demographic categories, four respondents indicated that the categories in their reports matched, or nearly matched, the categories used in the pretest.

RECOMMENDATIONS: No Change.

20a. (B5) How do you typically report race and ethnicity numbers?

Comments

S3 One of the questions on our demographic form at intake; we ask clients how they identify themselves.

S4 Electronically, however, as stated, the categories are more specific in the Methasoft program, including about twice as many categories, mainly due language differences based on ethnicity.

S5 Electronically; this information is part of our assessment.

S7 Computer reports gives them these stats.

S8 Same as here. I asked if they usually get this information from their patients and she said "yes."

S9 It is not difficult; part of database.

S10 They use these same categories.

S11 It is sorted out through our admissions process because it recorded in the SMART system.

S12 It generally will be in a client's record.

SUMMARY: The information is tracked in their computer system and pulled from the client's record, typically from intake/admissions process.

RECOMMENDATIONS: No Change.

20b. (B5) Are the response options under Veteran Status meaningful? If not, what should they be?

Comments

S3 Yes.

S4 Yes, there just is not an accessible report that will give me this information.

S5 Yes.

S7 Not meaningful but leave them the same. SAMHSA should be aware that the data is sometimes misrepresented. Some of their clients complain that they are asked about this.

S8 No problem with veteran's status. They ask during intake.

S9 Had to go into a separate system for this (although the system froze). Text is OK the way it is.

S10 Right near a clinic that treats vets, so few come there, but, yes, it was a relevant question. NOT routinely asked at intake.

S11 No, because they don't even look at that.

S12 They seem fine. It is a general veteran's question and is in the electronic report.

SUMMARY: Seven respondents reported that the veteran's status was meaningful or fine as it was listed. One respondent added that, due to being located near a veteran's hospital with a Methadone program, they get very few veteran clients.

RECOMMENDATIONS: No Change.

21. (B7) How did you arrive at your answer to B7? Did you consult reports or records of some kind?

Comments

S3 Computer has the info, staff person pulled it.

S4 Our answer was "0" due to the fact that we are not allowed to take anyone outside of our catchment area based on public health regulations. However, I can see how a zip code report could be run in order to come up with this information.

S5 The stats team has a map of the areas where clients come from. None should be over 1 hour. Program provides transportation assistance (metro cards) when available, but will need more funding from SAMHSA in order to increase this effort.

S7 Used computer system and compared zip codes.

S8 Skipped.

S9 No one travels more than an hour. Everyone is in Manhattan. If they have to travel longer, they are assigned somewhere closer to them.

S10 Used files on computer that tracks addresses.

S11 R looked at her patients by city, looked at all the cities looked at the ones that she thought would be traveling an hour or more, wasn't easy to do, because she doesn't know. It depends on their means of transportation. For example it could take someone ten minutes by car, but then take them same route by bus and it could take more than an hour.

S12 R had 10. There was no report; but he was just familiar with their clients.

SUMMARY: Two respondents reported that their clients come from a specific geographic area (e.g., Manhattan) so they knew the answer was "0." Four respondents mentioned using zip codes or addresses to determine the answer. One reported "computer has the information" and another respondent stated that he did not need a report because he was familiar with all of their clients and one respondent skipped the question.

RECOMMENDATIONS: Because we are not sure about the reliability of the answers, some are using zip codes, others are just guessing, we recommend dropping this question to reduce respondent burden.

22. (B8) Please tell me your answers to question B8.

	S3	S4*	S5	S7	S8	S9	S10	S11**	S12
0 – 30 days	66	**	15	5	5	153	14	X**	9
31 – 90 days	80	**	21	10	8	267	30	X**	16
91 – 180 days	20	**	34	10	15	321	49	X**	33
181 – 365 days	8	**	28	50	20	571	106	X**	28
1 year to less than 2 years	2	**	125	75	17	739	123	X**	34
2 years or longer	11	**	269	152	81	4,318	386	X**	115

Comments

*S4 This question was not completed at the time of the debriefing call. However, R stated that it can be run from Methasoft and exported to Microsoft Excel. All she would have to do is the calculation in order to fit into these categories.

**S11 Didn't have it broken down under 2 yrs. The respondent would have had to pull all her charts and look, and she didn't want to do all that work.

SUMMARY: Seven respondents reported data for this question. One of the two who did not respond to this item explained that data could be pulled using a combination of electronic and manual methods and the other said that data is not broken down for any time period under two years.

RECOMMENDATIONS: In order to reduce respondent burden, we recommend deleting this question. Many of the respondents had to use hand counts to gather this type of information.

22a. (B8) How did you determine that these patients were "continuously" in treatment at this OTP?

Comments

S3 Each one had a completed enrollment on a certain date and has still not been discharged from services.

S4 Report only includes current patients (no discharges). However, the point prevalence date would make it nearly impossible to access this information as the report cannot be run for a specific day.

S5 Electronically; this information was added to the system and is part of a report.

S7 Computer system tracks this. Tracked because funding sources ask about 2 yr and 5 yr or longer.

S8 They are required to keep a service unit report on each patient. These reports must be updated by the 5th of each month. If a treatment is missed, it must be reported. If a patient misses 3 days, unless they have a good reason, for example, being in the hospital or being in jail, they are discharged on the 4th day. The medical supervisor looked at the service unit reports for each of the 146 current clients in treatment and hand tallied the numbers.

S9 There is no way to not have been "continuously enrolled." If someone is readmitted, the clock starts again.

S10 Used admission dates and verified treatment participation.

S11 She was able to determine this because they have that information broken down; they have different criteria for people in the program longer than 2 years.

S12 He went from the most recent admissions dates to see if a client had any significant breaks that would cause him/her to be discharged.

SUMMARY: Five respondents indicated being able to use an electronic report or computer system to determine continuous treatment. Three respondents reported looking at an admission/enrollment date to make the determination. Due to a specific point prevalence date, one respondent could not provide the data. For those respondents who need to either manually access each individual file, or complete some level of manual tabulation, this question could be very time consuming.

RECOMMENDATIONS: In order to reduce respondent burden, we recommend deleting this question. Many of the respondents had to use hand counts to gather this type of information.

23. (B9) What did you record as your answer to B9?

R	Response	R	Response
S3	*Logical Skip*	*S9*	*5,900*
S4	*471*	*S10*	*402*
S5	*450*	*S11*	*365*
S7	*300*	*S12*	*235*
S8	*146*		

SUMMARY: Of the eight respondents who replied to this question, the count of clients receiving Methadone ranged from 146 to 5,900, for an average of 1,034 patients receiving the drug. The one respondent who logically skipped the question dispenses Buprenorphine only.

RECOMMENDATIONS: No Change.

23a. (B9) Does this number include any patients who had take-home doses at that time?

R	Response	R	Response
S3	*Logical Skip*	*S9*	*Yes*
S4	*No*	*S10*	*No, all at clinic*
S5	*Yes, it could have*	*S11*	*Yes*
S7	*Yes*	*S12*	*Yes*
S8	*Yes*		

SUMMARY: Five respondents indicated that the number includes take home dosages of Methadone. Two respondents said take home doses were not included, while one was uncertain and said they may have been included in the number. One respondent logically skipped the question.

RECOMMENDATIONS: No Change.

24. (B9a) What did you record as your answer to B9a?

	S3	S4	S5	S7	S8	S9	S10	S11	S12
Maintenance	Logical Skip	592	450	250	143	5,900	402	298	235
Detoxification	Logical Skip	82	0	50	3	0	0	Missed	0

SUMMARY: With eight respondents providing data, 98% of the clients receiving Methadone were receiving it as maintenance and 2% were receiving it as detoxification. One respondent logically skipped.

RECOMMENDATIONS: No Change.

24a. (B9a) How did you arrive at your answer to B9a?

Comments

S4 Electronically (Methasoft).

S5 Electronically.

S7 Computer system tracks this.

S8 Anything under 180 days is detox. I know we only have 3 people in that category.

S9 Electronic report.

S10 On that date, no one was in detox.

S11 R used her computer SMART system.

S12 They only do maintenance.

SUMMARY: Five respondents pulled this information from an electronic system. One reported that they only provide maintenance, while two respondents answered knowing their clients and program well enough to just answer the question. One respondent logically skipped.

RECOMMENDATIONS: No Change.

24b. (B9a) Did you notice the "math hint" at the bottom of the question? Did you use it to double check your response?

Comments

S4 Yes, it was very helpful.

S5 Yes.

S7 Saw it but didn't look back and check.

S8 Missed.

S9 Didn't notice the "hint."

S10 Saw them. But didn't use them. As we spoke, R realized that the numbers didn't match and add up. Upon review, they felt that there was confusion between annual counts and the daily count of 6/30. Also, some patients with take home doses don't have to be there, should they have been in some of the counts? This was confusing to them.

S11 R didn't notice it, but it does match.

S12 No.

SUMMARY: Four respondents saw the math hint. Three respondents did not notice it. Of those who noticed the hint, only one respondent used that information. One respondent missed the question. One respondent logically skipped.

RECOMMENDATIONS: We recommend removing the math hints from the entire questionnaire.

25. (B9b) Question B9b requests dosage info for patients receiving methadone. What responses do you have recorded in your questionnaire?

	S3	S4	S5	S7	S8	S9	S10	S11	S12
Less than 40 mg	Logical Skip	*	31	25	11	719	34	20	8
40 to 79 mg	Logical Skip	*	179	200	45	2,112	76	90	53
80 to 119 mg.	Logical Skip	216	182	75	53	2,080	131	157	109
120 mg. or above	Logical Skip	71	53	0	37	1,398	161	31	65

Comments

*S4 Methasoft program provides doses greater than 60mg. Therefore, the first two answers would not be accurate.

SUMMARY: Eight respondents provided answers to this item with one not being able to provide data for dosages under 60 mg.

RECOMMENDATIONS: No Change.

25a. (B9b) Again, walk me through the process you followed to obtain these numbers.

Comments

S4 Electronically (Methasoft), however, as stated, this program has different categories.

S5 Electronically.

S7 Computer System has this as part of the physician's report.

S8 This information is on the dosing sheets that are kept for each patient. To get our doses for each patient we must submit an up to date dosing sheet (same as before—med supervisor looks at each dosing sheet to hand tally the numbers).

S9 Electronic report.

S10 Computer system tracks this.

S11 R was playing around with the computer to get this number, couldn't readily access them, had to play around by adding and subtracting from various reports.

S12 Got information through electronic reports that the nurse pulled.

SUMMARY: Six respondents were able to provide the data using their computer systems, though two had to do additional manual tabulation. One respondent had to manually look at each patient's file and one looked at dosing sheets kept for each patient. One respondent logically skipped.

RECOMMENDATIONS: No Change.

26. (B9d) Question B9d asks for numbers regarding patients receiving take home doses. What do you have recorded in your questionnaire for this item?

	S3	S4	S5	S7	S8	S9	S10	S11	S12
0 days	Logical Skip	379	26	225	0	Missed	52	156	25
1-7 days	Logical Skip	279	149	75	117	Missed	63	128	44
8-14 days	Logical Skip	22	51	0	29	Missed	39	14	46
15-30 days	Logical Skip	0	36	0	0	Missed	0	Missed	0

SUMMARY: Seven respondents were able to provide this data (one could provide most of it), while one respondent missed the question and one respondent logically skipped.

RECOMMENDATIONS: No Change.

26a. (B9d) What problems, if any, did you experience when answering this question?

Comments

S4 Missed.

S5 None.

S7 None, all tracked info.

S8 None. The medical supervisors got this information from the dosing sheets. Patients have to earn the right for take home doses -- most have not earned it—only 29 really have because, as stated earlier, this OTP is closed on Sundays. Consequently, all of their patients, at minimum, have permission for a home dose on Sundays and holidays.

S9 B9d LEFT BLANK "There is no way to get this without jumping through hoops."

S10 Data was not hard to collect.

S11 This was a little difficult because they give 6 take homes, had to print the list to see who had which dose, had to sort and subtract.

S12 None.

SUMMARY: Five respondents reported having no difficulty answering B9d. Two respondents said it was difficult (with one adding that it would be so difficult R skipped the question completely). One respondent logically skipped.

RECOMMENDATIONS: No Change.

27. (B10) The B10 question series request similar information about patients receiving buprenorphine. What do you have recorded for B10?

R	Response	R	Response
S3	*176*	*S9*	*Logical Skip*
S4	*Logical Skip*	*S10*	*0**
S5	*Logical Skip*	*S11*	*Logical Skip*
S7	*Logical Skip*	*S12*	*Logical Skip*
S8	*Logical Skip*		

Comments

*S10 Currently, they suspended dispensing Buprenorphine because of their internal process and staff. They previously dispensed Buprenorphine, and plan to again, but for this date and past period, no Buprenorphine. They also find with their client population, Buprenorphine can be cost prohibitive.

SUMMARY: Only one respondent reported data at B10, one respondent indicated "0" but anticipates being able to dispense buprenorphine in the future. Seven respondents logically skipped the question because they dispense Methadone only.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

27a. (B10) How did you arrive at that answer?

Comments

S3 Same number as number in treatment.

SUMMARY: Eight respondents logically skipped the question. One reported the number was the total in treatment.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

28. (B10a) B10a requests maintenance and detoxification breakdowns. What did you record for this item?

	S3	S4	S5	S7	S8	S9	S10	S11	S12
Maintenance	2	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip
Detoxification	174	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip

SUMMARY: Only one respondent answered B10a while eight logically skipped the item.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

28a. (B10a) Is this detailed info available in your records? If not, what did you use to come up with answer?

Comments

S3 Computer system and best estimate.

SUMMARY: Eight respondents logically skipped the question. One respondent reported that the data was in their computer system.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

29. (B10b) B10b requests counts by dosage amounts, split by type of buprenorphine. Do your records keep track of this breakdown in an easily reported fashion?

Comments

S3 No.

SUMMARY: Eight respondents logically skipped the question. One respondent reported that the data was not kept at their OTP.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

29a. (B10b) What did you record in questionnaire for B10b?

	S3	S4	S5	S7	S8	S9	S10	S11	S12
less than 8mg.	DK	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip
8 to 16 mg.	DK	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip
17 to 24 mg.	DK	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip
25 to 32 mg.	DK	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip
more than 32 mg.	DK	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip	Logical Skip

SUMMARY: Eight respondents logically skipped the question. One respondent did not know this data.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

29b. (B10b) Again, what process did you follow to obtain these counts?

Comments

S3 Could not provide due to the burden of having to manually pull each hard copy file.

SUMMARY: Eight respondents logically skipped the question.One respondent reported that the data were only available by manually accessing each patient's records.

RECOMMENDATIONS: With only one respondent answering this series of questions, we do not have sufficient evidence to realize whether any changes are needed, so, we are not recommending any changes at this time.

END Do you have any final thoughts or suggestions about how we could improve this questionnaire or any comments about your experience completing the questionnaire that you would like me to record?

Comments

S3 A8 – they have nurse practitioners on staff and on this list there is no category that really shows this. It's somewhere between the two nursing categories – she listed them as RN.

S4 R suggests designing of software on a national level that reports the information required to accurately complete the survey.

S5 None at this time.

S7 Instructions were clear. Estimated time frame given at recruiting totally accurate. Thought this was very good addition to N-SSATS and finds this data important to the field to collect. He said it was a big deal for his location to be invited to participate in this with SAMHSA.

S8 No.

S9 No.

S10 Having done the N-SSATS for a number of years, this was clear and concise, except for those comments already given. Nice to see this more specific version of N-SSATS, looking at their OTP.

S11 R reported that it does take time to do, the information is not clear on questions. R asked "What do they do with the data?" All they do is cut our funding.

S12 R thought it would be good to indicate a better timeframe of how long it would take to complete. I asked what portions took him the most time. He said demographics, continuous treatment, take home doses and tabulations. He did say that, once completed, it was good to see the numbers and how things worked out at the facility. He hadn't looked at the information in this way before.

SUMMARY: Respondents gave a variety of comments about completing the questionnaire, ranging from concerns of burden to the purpose of collecting data.

Completion Time:

R	Response	R	Response
S3	*57 minutes*	*S9*	*40 minutes*
S4	*60 minutes*	*S10*	*47 minutes*
S5	*60 minutes*	*S11*	*35 minutes*
S7	*40 minutes*	*S12*	*48 minutes*
S8	*70 minutes*		

SUMMARY: Completion time for the debriefing interviews ranged from 35 to 70 minutes, with an average completion time of 51 minutes.

APPENDIX A

2010 OPIOID TREATMENT PROGRAM (OTP) PRETEST QUESTIONNAIRE
JUNE 30, 2010

U.S. Department of Health and Human Services

OMB No. xxx-xxxx
Approval Expires: xx/xx/xxxx
See OMB burden statement on last page

2011 Opioid Treatment Program (OTP) Pretest Questionnaire

June 30, 2010

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

PLEASE REVIEW THE INFORMATION BELOW.

CROSS OUT ANY ERRORS AND ENTER THE CORRECT INFORMATION.

PREPARED BY MATHEMATICA POLICY RESEARCH

PLEASE READ THIS ENTIRE PAGE
BEFORE COMPLETING THE QUESTIONNAIRE

Would you prefer to complete this questionnaire online?

See the neon green flyer enclosed in your questionnaire packet for the Internet address and your unique user ID and password. As with the N-SSATS survey, you can log on and off the website as often as needed to complete the questionnaire. When you log on again, the program will take you to the next unanswered question. If you need more information, call the OTP Survey helpline at 1-xxx-xxx-xxxx.

INSTRUCTIONS

- Many of the questions in this survey ask about "this Opioid Treatment Program (OTP)." By "this OTP" we mean the specific opioid treatment program whose name and location are printed on the front cover. If this OTP is part of a larger facility, report only about the services and activities at this OTP. If you have any questions about how "this OTP" applies to your facility, please call 1-xxx-xxx-xxxx.
- Return the completed questionnaire in the envelope provided. Please keep a copy for your records.
- For additional information about this survey, please visit **http://info.nssats.com/otp**.
- If you have any questions please contact:

MATHEMATICA POLICY RESEARCH
1-xxx-xxx-xxxx

SECTION A
OPIOID TREATMENT PROGRAM SERVICES AND CHARACTERISTICS

Section A asks about services and characteristics of this Opioid Treatment Program (OTP), that is, the OTP at the location listed on the cover of this survey. If this OTP is part of a larger facility, report only about the services and activities at this OTP.

A1. Is this OTP, at this location, normally scheduled to be open 365 days a year?

1 ☐ Yes

0 ☐ No

A2. Does this OTP have a plan or an agreement with another provider to provide continuity of care for patients during service disruptions, whether due to a major disaster or more routine event, such as a snowstorm?

1 ☐ Yes

0 ☐ No → **SKIP TO A3 (TOP OF NEXT COLUMN)**

A2a. With which of the following providers does this OTP have such a plan or agreement?

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. A hospital	1 ☐	0 ☐
2. Another OTP	1 ☐	0 ☐
3. A pharmacy	1 ☐	0 ☐
4. CSAT's Digital Access to Medication (D-ATM)	1 ☐	0 ☐
5. Other *(Specify below:*	1 ☐	0 ☐

_____)

A3. Does this facility have a written agreement (as provided in 42 CFR Part 2) that permits other health service providers to receive, process, store, or otherwise deal with patient records?

1 ☐ Yes

0 ☐ No

A4. For each day of the week, record this OTP's number of scheduled daily hours. . .

Column A – For dispensing methadone, buprenorphine (Subutex® or generic) or buprenorphine/naloxone (Suboxone®).

Column B – For counseling.

If not scheduled on a given day, record "0" hours for that activity on that day.

DAYS OF WEEK	**Column A** Total Number of Scheduled Hours for Dispensing Medication	**Column B** Total Number of Scheduled Hours for Counseling
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

A5. Does the OTP, at this location, provide vaccinations for…

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Hepatitis B	1 ☐	0 ☐
2. Influenza	1 ☐	0 ☐

A6. This question asks about screening, diagnostic tests and medical care services provided at this OTP.

Column A – For which of these conditions does this OTP routinely screen for as part of a physical exam or risk factor assessment given at this OTP?

Column B – For which of these conditions does this OTP perform diagnostic tests as part of a physical exam or risk factor assessment given at this OTP?

Column C – For which of these conditions does this OTP, at this location, provide medical care services?

Health Condition	Column A – Routinely Screen		Column B – Perform Diagnostic Tests		Column C – Provide Medical Care	
	Yes	No	Yes	No	Yes	No
1. Cancer	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
2. Diabetes	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
3. Hepatitis C	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
4. HIV/AIDS	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
5. Hypertension (high blood pressure)	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
6. Pregnancy	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
7. Heartbeat abnormalities	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
8. Sexually transmitted infections (STIs, including gonorrhea, syphilis)	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
9. Vision	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
10. Obesity (“BMI” or body mass index)	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
11. Sleep apnea	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
12. Alcohol use	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
13. Tobacco use	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐

A7. For each of the listed psychiatric conditions, please indicate if this OTP…

Column A – Routinely screens for the condition.

Column B – Provides treatment involving medication.

Column C – Provides treatment involving counseling therapy.

Psychiatric Condition	Column A – Routinely Screens		Column B – Treatment Involving Medication		Column C – Treatment Involving Counseling	
	Yes	No	Yes	No	Yes	No
1. Anxiety/Panic disorder	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
2. Bipolar disorder	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
3. Depression	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
4. Post traumatic stress disorder	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
5. Schizophrenia	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐
6. Other *(Specify below:* _____)	1 ☐	0 ☐	1 ☐	0 ☐	1 ☐	0 ☐

A8. This question concerns the clinical staff providing patient services at this OTP in a typical week.

- ***Please count a staff member in one category only.***

Column A – Please record total number employed at this OTP.

Column B – Please record the sum total hours worked for all staff listed in Column A in a typical week.

CLINICAL STAFF	COLUMN A TOTAL NUMBER EMPLOYED AT THIS OTP (IF NONE, ENTER "0")	COLUMN B SUM TOTAL NUMBER OF HOURS WORKED IN TYPICAL WEEK
1. Physician (MD, DO, Psychiatrists, etc.)	_____	_____
2. Registered Nurse (RN)	_____	_____
3. Other Medical Personnel (LPN, PA, etc.)	_____	_____
4. Pharmacists	_____	_____
5. Doctoral Level Counselors (Psychologist, etc.)	_____	_____
6. Masters Level Counselors (MSW, etc.)	_____	_____
7. Other Degreed Counselors (BA, BS)	_____	_____
8. Non Degreed Counselors	_____	_____
9. All Other Clinical Staff	_____	_____

A9. For each of the following activities, please indicate if staff members routinely use computer or electronic resources, paper only, or a combination of both to accomplish their work…

WORK ACTIVITY	MARK ONE METHOD FOR EACH ACTIVITY		
	COMPUTER / ELECTRONIC ONLY	PAPER ONLY	BOTH ELECTRONIC AND PAPER
1. Intake	1 ☐	2 ☐	3 ☐
2. Assessment	1 ☐	2 ☐	3 ☐
3. Treatment plan	1 ☐	2 ☐	3 ☐
4. Discharge	1 ☐	2 ☐	3 ☐
5. Referrals	1 ☐	2 ☐	3 ☐
6. Issue/Receive lab results	1 ☐	2 ☐	3 ☐
7. Billing	1 ☐	2 ☐	3 ☐
8. Outcomes management	1 ☐	2 ☐	3 ☐
9. Medication dispensing	1 ☐	2 ☐	3 ☐

A10. Does this OTP…

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Create its' own software and programs	1 ☐	0 ☐
2. Use commercially-available software	1 ☐	0 ☐

A11. Do computers at this OTP have the capability to access the Internet?

1 ☐ Yes

0 ☐ No → **SKIP TO A12 (BELOW)**

A11a. Does this OTP primarily access the Internet using…

1 ☐ A regular "dial-up" telephone line

2 ☐ DSL, cable modem, fiber optics, satellite, wireless (such as Wi-Fi) or some other broadband Internet connection?

3 ☐ Something else? *(Specify:*

_____*)*

A12. Does this OTP submit Exception Requests (SMA-168) to SAMHSA / CSAT?

☐ ← CHECK HERE IF NOT FAMILIAR WITH EXCEPTIONS REQUESTS AND SKIP TO A13

1 ☐ Yes → **SKIP TO A13**

0 ☐ No

A12a. Please indicate below the primary reason why this OTP does not submit Exception Requests (SMA-168) to SAMHSA / CSAT.

MARK ONE ONLY

1 ☐ The form is too confusing / complicated

2 ☐ There is no benefit in submitting Exception Requests

3 ☐ It takes too much time / too difficult to learn system

4 ☐ Other *(Specify:*

_____*)*

A13. In the past two years, have any patients died while enrolled in this OTP?

1 ☐ Yes

0 ☐ No ← **SKIP TO B1 (NEXT PAGE)**

A13a. Did this OTP submit an OTP Mortality Report to SAMHSA / CSAT / DPT to report the patient's death?

1 ☐ Yes → **SKIP TO B1 (NEXT PAGE)**

0 ☐ No

A13b. Please indicate below the primary reason why this OTP did not submit an OTP Mortality Report to SAMHSA / CSAT / DPT.

MARK ONE ONLY

1 ☐ The form is too confusing / complicated

2 ☐ There is no benefit in submitting an OTP Mortality Report

3 ☐ It takes too much time / too difficult to learn system

4 ☐ Other (Specify:

_____*)*

SECTION B: OTP PATIENT CHARACTERISTICS

For this survey, an OTP patient is a person who has been admitted to this OTP and who receives methadone or buprenorphine.

QUESTIONS B1 – B3 REFER ONLY TO NEW PATIENTS ADMITTED TO THIS OTP IN 2009.

B1. During the 2009 calendar year, how many new patients were admitted to this OTP?

ENTER A NUMBER (IF NONE, ENTER "0")

2009 CALENDAR YEAR TOTAL BOX ☐

B2. At the time of their admission, how many of these new OTP patients reported that their primary opioid drug was…

	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
Heroin only	_____
Prescription opioids only	_____
Both	_____
Unknown / Not Collected	_____
TOTAL *(Should=B1)*	☐

B3. At the time of their admission, how many of these new OTP patients tested positive for…

- *Patients who tested positive for more than one substance should be reported multiple times—once for each substance with positive test result*

	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
Marijuana	_____
Cocaine	_____
Benzodiazepines	_____
Methamphetamine	_____
Other Stimulants *(Specify below:*	_____
_____*)*	

Questions B4-B10 ask about ALL patients in treatment at this OTP on June 30, 2010.

B4. On June 30, 2010, how many patients were in treatment at this OTP?

ENTER A NUMBER (IF NONE, ENTER "0")

JUNE 30, 2010 TOTAL BOX ☐

B5. On June 30, 2010, how many of these OTP patients were…

- *Each category total should equal the number reported in the TOTAL BOX in B4.*

ENTER THE NUMBER OF PATIENTS IN EACH CATEGORY (IF NONE, ENTER "0")

GENDER

Male	☐
Female	☐
Other, unknown or not collected	☐
GENDER TOTAL: *(Should=B4)*	☐

AGE

Under 18	☐
18-34	☐
35-54	☐
55 and over	☐
Unknown or not collected	☐
AGE TOTAL: *(Should=B4)*	☐

RACE & ETHNICITY

White, Non-Hispanic	☐
Black, Non-Hispanic	☐
Hispanic	☐
Asian	☐
American Indian or Alaska Native	☐
Native Hawaiian or Other Pacific Islander	☐
Two or more races	☐
Unknown or not collected	☐
RACE & ETHNICITY TOTAL: *(Should=B4)*	☐

VETERAN STATUS

Veteran	☐
Non Veteran	☐
Unknown or not collected	☐
VETERAN TOTAL: *(Should=B4)*	☐

B6. Which of the following best describes this OTP facility?

1 ☐ Residential or Inpatient ← **SKIP TO B9**

0 ☐ Outpatient

B7. Of the patients in treatment on June 30, 2010, approximately how many traveled an hour or more, <u>each way</u>, to be treated at this OTP?

	ENTER A NUMBER (IF NONE, ENTER "0")
NUMBER TRAVELING AN HOUR OR MORE	

B8. Of the patients in treatment on June 30, 2010, how many had been in treatment <u>continuously</u> at this OTP for…

	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
0-30 days	_____
31-90 days	_____
91-180 days	_____
181-365 days	_____
1 year to less than 2 years	_____
2 years or longer	_____
TOTAL *(Should = B4)*	

B9. How many of the patients in treatment on June 30, 2010 were dispensed <u>methadone</u>?

☐ ← NONE, DO NOT DISPENSE METHADONE SKIP TO B10

	ENTER A NUMBER (IF NONE, ENTER "0")
NUMBER DISPENSED METHADONE	

B9a. Of these patients, how many were receiving methadone for…

	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
Maintenance	_____
Detoxification	_____
Total Receiving Methadone *(Should = B9)*	

(The sum of B9a + B10a should = B4)

B9b. How many of the patients in B9 were receiving methadone doses of…

DOSAGE	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
Less than 40 mg.	_____
40 to 79 mg.	_____
80 to 119 mg.	_____
120 mg. or above	_____
Total Receiving Methadone *(Should = B9)*	

B9c. How many of the patients in B9 had been receiving methadone <u>for 2 years or more?</u>

	ENTER A NUMBER (IF NONE, ENTER "0")
NUMBER RECEIVING METHADONE FOR 2 YEARS OR MORE	

B9d. Of the patients in B9c, how many were receiving <u>take-home doses</u> for the following number of days…

NUMBER OF DAYS	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
0 days (did not receive take-home doses)	_____
1-7 days	_____
8-14 days	_____
15-30 days	_____
Total Receiving Methadone for 2 years of more *(Should = B9c)*	

B10. How many of the patients in treatment on June 30, 2010 were dispensed buprenorphine (Subutex® or generic) or buprenorphine/ naloxone (Suboxone®)?

☐ ← NONE, DO NOT DISPENSE BUPRENORPHINE SKIP TO B11

	ENTER A NUMBER (IF NONE, ENTER "0")
NUMBER DISPENSED BUPRENORPHINE OR BUPRENORPHINE/NALOXONE	

B10a. Of these patients, how many were receiving buprenorphine for…

	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0")
Maintenance	_____
Detoxification	_____
Total Receiving Buprenorphine *(Should = B10)*	

(The sum of B10a + B9a should = B4)

B10b. How many of the patients in B10 were receiving buprenorphine doses of…

DOSAGE	ENTER THE NUMBER OF PATIENTS (IF NONE, ENTER "0") BUPRENORPHINE (SUBUTEX® OR GENERIC)	BUPRENORPHINE/ NALOXONE (SUBOXONE®)
Less than 8 mg.	_____	_____
8 to 16 mg.	_____	_____
17 to 24 mg.	_____	_____
25 to 32 mg.	_____	_____
More than 32 mg.	_____	_____
TOTAL RECEIVING BUPRENORPHINE *(Should = B10)*		

B11. Who was primarily responsible for completing this form?

Name:_____

Title:_____

Phone Number: (____) – _____ - _____

Fax Number: (____) – _____ - _____

Email Address:_____

B12. PLEASE INDICATE ANY COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLEDGE TO RESPONDENTS

The information you provide will be protected to the fullest extent allowable under the Public Health Service Act, 42 USC Sec 501(n). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. Responses to questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.

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

ATTN: RECEIPT CONTROL - Project 06667-OTP
P.O. Box 2393
Princeton, NJ 08543-2393

MATHEMATICA
Policy Research, Inc.

www.mathematica-mpr.com