

Seek, Test, Treat and Retain for Vulnerable Populations: Data Harmonization Measure

SERVICE UTILIZATION

Service Utilization (Adherence) Measure

Note:

- 1) This is a UCLA-generated measure based on the “HIV/AIDS Treatment Adherence Outcomes and Cost Study,” also known as the “Triply Diagnosed Study.”

**NIDA STT Multisite Evaluation
Adherence/Utilization/Barriers Workgroup
Service Utilization Battery (Recommended questions – Multisite instrument)**

→ **Baseline Instrument**

SERVICE UTILIZATION

SCREENER QUESTION #1

1. **During the past 12 months, did you go to a hospital emergency room for emergency care? Include any visits to the emergency room, even if you were admitted to the hospital from there. Please include emergency rooms of psychiatric hospitals.**
- 0 No (Skip to Screener Question 2)
 - 1 Yes (Interviewer: Follow-up with Module A)
 - 7 Refused (Skip to Screener Question 2)
 - 9 Don't know (Skip to Screener Question 2)

MODULE A. EMERGENCY ROOM

You told me that you went to a hospital emergency room.

- A1. How many different times did you go to a hospital emergency room for emergency care during the past 12 months, including psychiatric emergency rooms?**

|_|_|_| # visits |_|_|_|_| duration of visit (# days)

SCREENER QUESTION #2

2. **During the past 12 months, were you a patient in any hospital overnight or longer? Please include psychiatric hospitals.**
- 0 No (Skip to Screener Question 3)
 - 1 Yes (Interviewer: Follow-up with Module B)
 - 7 Refused (Skip to Screener Question 3)
 - 9 Don't know (Skip to Screener Question 3)

MODULE B. INPATIENT HOSPITAL

You told me that you had been a patient in a hospital overnight or longer.

- B1. How many separate overnight hospital stays did you have during the past 12 months? Specify medical, psychiatric, and detox hospitalizations.**

|_|_|_| # stays

MODULE F. DOCTOR'S or PHYSICIAN'S OFFICE

You told me that you visited a private doctor or physician's office for medical care.

F1. How many different private doctor's offices did you visit for medical care during the past 12 months?

|_|_|_|_| # different doctor's offices

F2. How many times did you visit each doctor's office during the past 12 months?

	MD 1	MD 2	MD 3	MD 4	MD 5	MD 6	MD 7	MD 8	MD 9
# Times									

SCREENER QUESTION #4

4. During the past 12 months, did you see any professional for the primary purpose of getting help for a psychological or emotional issue? These professionals could include psychologist, therapist, counselor, psychiatrist or other doctor. Please include groups led by a professional counselor and visits to professionals to get medication for psychological and emotional issues.

Do not include unpaid professionals, such as clergy or other religious/spiritual advisors or healers.

- 0 No (Skip to Screener Question 5)
- 1 Yes (*Interviewer: Follow-up with Module G*)
- 7 Refused (Skip to Screener Question 5)
- 9 Don't know (Skip to Screener Question 5)

MODULE G. MENTAL HEALTH CARE

You told me that you saw a professional about a psychological or emotional issue.

G1. How many different mental health care providers did you visit to talk about psychological or emotional issues during the past 12 months, including those providers who offer psychotherapy/counseling and/or prescribe medications for psychological and emotional issues.

|_|_|_|_| # different mental health care providers

G2. Thinking about the mental health care provider you visited [most recently (if more than one)], please tell me ...
(Interviewer: If more than one mental health provider, complete additional Module G forms for each one)

	Mental Health Care Provider #1
G2a. How many times did you visit this provider to talk about psychological or emotional issues?	_ _ _ _ # individual sessions attended
G2b. In addition to these one-on-one counseling sessions, how many times did you visit this provider to discuss your use of prescribed medications for psychological and emotional issues?	_ _ _ _ # prescription-related sessions attended

SCREENER QUESTION #5

5. During the past 12 months, did you see any professional for the **primary purpose of getting alcohol or drug treatment**, including methadone maintenance, or getting help for an alcohol or drug problem? Please include stays in detox hospitals and residential treatment programs as well as groups led by a professional counselor. Do not include unpaid professionals, such as clergy or other religious/spiritual advisors or healers.

- 0 No (Skip to Screener Question 6)
- 1 Yes (Interviewer: Follow-up with Module H)
- 7 Refused (Skip to Screener Question 6)
- 9 Don't know (Skip to Screener Question 6)

MODULE H. TREATMENT FOR SUBSTANCE ABUSE

You told me that you got alcohol or drug treatment or talked to a professional about alcohol or drug issues.

H1. Were you in a **residential** drug or alcohol treatment facility or detox hospital in which you stayed overnight during the **past 12 months**?

- 0 No (Skip to H4)
- 1 Yes
- 7 Refused (Skip to H4)
- 9 Don't know (Skip to H4)

H2. How many separate stays did you have? |__|__|__| # stays

H3. How many nights were you in the treatment facility/detox hospital for each stay?

	Stay 1	Stay 2	Stay 3	Stay 4	Stay 5	Stay 6	Stay 7	Stay 8
# nights								

Now I will be asking you questions about **outpatient** substance abuse treatment that you have received in the past 12 months.

H4. How many different alcohol or drug treatment providers in an **outpatient** setting did you visit during the **past 12 months**?

|__|__|__| # different substance abuse service providers

H5. Thinking about the provider you went to for alcohol or drug treatment [most recently (if more than one)], please tell me ... (Interviewer: If more than one alcohol or drug treatment provider, complete additional Module H forms)

	Substance Abuse Treatment Provider #1
H5a. How many times did you meet one-on-one with this provider to discuss substance use issues?	_ _ _ _ _ # individual sessions attended
H5b. In these one-on-one counseling sessions, how many times did you discuss using medications for substance abuse issues?	_ _ _ _ _ # medication-related sessions attended

Outpatient Treatment Adherence Questions

Item	Question	Response	Skip
H6.	Please think about the drug abuse treatment that you have received. In the past 3 months, on how many days have you been scheduled to receive any services at this program or at some place run by this program? Include methadone and any other medication, any individual and group counseling, and other services you have received. Do not include attending AA/NA self-help sessions. Please specify appointment type.	N Days	
H7.	During the past 3 months, have you missed any scheduled appointment for any of these services?	Yes No	if No, SKIP to H8.
H7a.	During these 3 months, on how many days have you missed any scheduled appointments?	N Days	
H7b.	What is the most important reason why you did not come to 1 or more of your scheduled appointments? [Record verbatim and enter code from code list – reasons for missing appointments.] Response:	(Verbatim response) Code from list (below)	_____
H8.	In the past 30 days, have you been prescribed any of the following medications for your alcohol use? [Check all that apply.]	Disulfiram (antabuse) Acamprosate (Campral) Librium (Benzodiazepine) Naltrexone (Revia/Vivitrol) Other 7 - Refused 9 - Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H9.	In the past 30 days, have you been prescribed any of the following medications for your opioid use? [Check all that apply.]	Methadone from a doctor Buprenorphine (Suboxone) Naltrexone oral Naltrexone depot (intramuscular) 7 - Refused 9 - Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H10.	Thinking back to the last 30 days, what percentage of prescribed medications for the alcohol / drug problem do you estimate taking? [Please put a percentage from 0 to 100%.]	% for alcohol % for drug 997 – Refused 999 – Don't know	_____% _____% <input type="checkbox"/> <input type="checkbox"/>
H11.	How many doses of medications for your alcohol/drug problem did you miss in the last 7 days?	0 – 0 1 – 1 2 – 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		3 – 3 or more	<input type="checkbox"/>
		7 – Refused	<input type="checkbox"/>
		9 – Don't know	<input type="checkbox"/>

Code list - Reasons for missing appointments

CODE LIST - REASONS FOR MISSING APPOINTMENTS	
<p>ILLNESS</p> <p>01 You were sick 02 A friend or family member was sick 09 Other illness related</p> <p>FAMILY, WORK, SCHOOL, OR PEER PRESSURES</p> <p>10 You couldn't arrange for child care 11 Members of your family objected 12 Another family member(s) would not attend with you 13 Your friends put you down for seeking help 14 The stigma of coming to the program discouraged you 15 Fear of drug testing by employer 16 You were in school 19 Other pressures</p> <p>ACCESS</p> <p>20 You had difficulty with transportation 21 Your work or daily schedule prevented you from attending 22 You were incarcerated 23 Other activities kept you from attending 24 You could not attend during the hours the program was open 25 Distance to program was too far 29 Other access related</p>	<p>DISSATISFIED WITH PROGRAM</p> <p>30 Treatment/counseling was now what you expected 31 You felt you could get better help elsewhere 32 You were not treated in a professional manner 33 There was too much paperwork 34 The fees were too high 35 You had to wait too long for someone to see you 36 You didn't feel comfortable with the counselor who was assigned 37 You sought other help 38 Resentment over drug testing procedures 39 Other dissatisfaction or attitudinal reason</p> <p>NO NEED FOR TREATMENT</p> <p>40 The problem improved on its own 41 Your immediate crisis was resolved 42 You don't think you need treatment 49 The treatment is a waste of time; not helpful</p> <p>OTHER</p> <p>50 You forgot the appointment 51 You were drunk, high, or hung over 52 You felt overwhelmed by the whole thing 53 The counselor cancelled the appointment 54 Afraid of a bad drug test result 59 Other (SPECIFY) _____</p>

SCREENER QUESTION #6

6. During the past 12 months, did you participate in any other support group, group counseling or self-help group for emotional, substance abuse or health issues? This would include groups led by an unpaid professional, for example clergy, or other clients.

- 0 No
- 1 Yes
- 7 Refused
- 9 Don't know

SCREENER QUESTION #7

7. During the past 12 months, did you receive any help from case managers or social service workers with things like obtaining health care or legal services, housing, or easing money problems?

- 0 No (Skip to Screener Question 8)
- 1 Yes (Interviewer: Follow-up with Module I)
- 7 Refused (Skip to Screener Question 8)
- 9 Don't know (Skip to Screener Question 8)

MODULE I. CASE MANAGEMENT / SOCIAL SERVICES

You told me that you met or talked to a case manager or caseworker about help to arrange services for things like health care, legal issues, housing or money issues.

11. How many different case managers or caseworkers have you had in the last 12 months? Please specify

|_|_|_| # different case managers/caseworkers

SCREENER QUESTION #8

8. During the past 12 months, did you spend one or more nights in jail or prison?

- 0 No (Skip to Screener Question 9)
- 1 Yes (Interviewer: Follow-up with Module J)
- 7 Refused (Skip to Screener Question 9)
- 9 Don't know (Skip to Screener Question 9)

MODULE J. JAIL AND PRISON

You told me that you had stayed in a jail or prison.

J1. How many separate times were you in jail or prison during the past 12 months?

|_|_|_| # separate times |_|_|_|_| # duration of detainment

9. During the past 12 months, did you receive any health care from providers or social service agencies we have not yet discussed?

- 0 No (END INTERVIEW)
- 1 Yes (*Interviewer:Follow-up with Question 10*)
- 7 Refused (END INTERVIEW)
- 9 Don't know (END INTERVIEW)

10. You mentioned that you have received health care from providers and/or social service agencies that we had not yet discussed. Please specify each additional provider and/or social service agencies from which you have received health care.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____