"the Document"). All structure found corroded or cracked must be repaired prior to further flight, in accordance with the Document or in a manner approved by the Manager, Seattle Aircraft Certification Office, FAA, Northwest Mountain Region.

Note: Where non-destructive inspection (NDI) methods are employed, in accordance with section 4.1 of the Document, acceptable standards and procedures must be developed, then approved by the FAA certificate holding office, and properly recorded for the area inspected.

Note: Procedures identified in the Document as "optional" are not required to be accomplished by this AD.

B. If, as a result of an initial inspection conducted in accordance with the program required by paragraph A., above, Level 3 corrosion is found in any area, that area must be inspected on all Model 747 aircraft in the operator's fleet within 15 days after such finding, and any structure found corroded or cracked must be repaired prior to further flight, in accordance with paragraph A., above.

Note: The reports required by paragraph D., below, must still be submitted.

C. To accommodate unanticipated scheduling requirements, it is acceptable for a repeat inspection interval to be increased by up to 10% but not to exceed 6 months.

D. Report forms for Level 2 corrosion must be submitted within 30 days after detection, and for Level 3 corrosion must be submitted within 10 days after detection, in accordance with Section 5.0 of the Document.

Note: This reporting requirement does not relieve operators from reporting corrosion as required by FAR Section 121.703.

E. If the inspection intervals of an operator's corrosion inspection program are more frequent than specified in section 4.3 of the Document, the repetitive intervals may not be increased without specific approval of the Manager of the Seattle Aircraft Certification Office.

Note: Any request for an increase in the intervals should be forwarded through an FAA Principal Maintenance Inspector (PMI), who will either concur or comment and then send it to the Manager, Seattle Aircraft Certification Office.

F. Before any newly acquired airplane can be added to a carrier's operation certificate, the status of the corrosion control program for the airplane must be established. Areas which have not been previously inspected for corrosion within the new carrier's FAA-approved repetitive inspection time intervals must be inspected and appropriately repaired in accordance with paragraph A., above, prior to operations under the carrier's certificate.

G. If corrosion is found to exceed Level 1 on inspections after the initial inspection, the corrosion control program for the affected area must be reviewed and means implemented to reduce corrosion to Level 1 or better. The corrective action must be approved by the Manager, Seattle Aircraft Certification Office.

Note: The plan for corrective action should be forwarded through an FAA Principal Maintenance Inspector (PMI), who will either concur or comment and then send it to the Manager, Seattle Aircraft Certification Office.

H. An alternate means of compliance or adjustment of the compliance time, which provides an acceptable level of safety, may be used when approved by the Manager, Seattle Aircraft Certification Office, FAA, Northwest Mountain Region.

Note: The request should be forwarded through an FAA Principal Maintenance Inspector (PMI), who will either concur or comment, and then send it to the Manager, Seattle Aircraft Certification Office.

I. Special flight permits may be issued in accordance with FAR 21.197 and 21.199 to operate airplanes to a base in order to comply with the requirements of this AD.

The FAA will request Federal Register approval to incorporate by reference the manufacturer's service document identified and described in this proposed directive.

All persons affected by this directive who have not already received the appropriate service documents from the manufacturer may obtain copies upon request to Boeing Commercial Airplanes, P.O. Box 3707, Seattle, Washington 98124. These documents may be examined at the FAA, Northwest Mountain Region, Transport Airplane Directorate, 17900 Pacific Highway South, Seattle, Washington, or Seattle Aircraft Certification Office, 9010 East Marginal Way South, Seattle, Washington.

Issued in Seattle, Washington, on January 16, 1990.

Leroy A. Keith,

Manager, Transport Airplane Directorate, Aircraft Certification Service.

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March 7, 1990

Part V

Department of Transportation

Federal Aviation Administration

14 CFR Part 99

Transponder Requirements In an Air Defense Identification Zone (ADIZ); Final Rule

DEPARTMENT OF TRANSPORTATION

14 CFR Part 99

[Docket No. 24903; Amdt. No. 99-16]

Transponder Requirements in an Air Defense Identification Zone (ADIZ)

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action establishes requirements for all civil aircraft to be equipped with a transponder (basic transponder or Mode S transponder) with automatic altitude reporting equipment (referred to in this document as "a transponder with Mode C") when conducting operations into or out of the United States into, within, or across the contiguous U.S. ADIZ. The FAA is taking this action to reduce the risk of a midair collision and to reduce the use of aircraft engaged in the illegal transportation of drugs.

EFFECTIVE DATES: April 6, 1990.

ADDRESSES: Copies of this document may be obtained by submitting a request to the Federal Aviation Administration, Office of Public Affairs, APA-200, 800 Independence Avenue, SW., Washington, DC 20591, or by calling (202) 267-3479. Communications must identify the amendment number of the document.

FOR FURTHER INFORMATION CONTACT: Mr. William C. Davis, Air Traffic Rules Branch, ATO-230, Airspace—Rules and Aeronautical Information Division, Federal Aviation Administration, 800 Independence Avenue SW., Washington, DC 20591; telephone (202) 267-8783.

SUPPLEMENTARY INFORMATION:

Background and Related Rulemaking Actions

On March 18, 1982, the FAA issued Amendment No. 99-12, Security Control of Air Traffic; Modification of Flight Plan Filing Requirements for Operations in Coastal ADIZ (47 FR 12324). This rule amended part 99 of the Federal Aviation Regulations (FAR) to require aircraft operating at a true airspeed of less than 180 knots in certain areas to meet the flight plan filing and other requirements of that part. Additionally, the rule established a requirement that an aircraft's transponder capability be included in the flight plan. The effort was in response to a threat to safety in air commerce by aircraft operating illegally with respect to transportation of drugs through airspace adjacent to the State of Florida.

By way of letter dated July 11, 1985, the Deputy to the Assistant Secretary of the Treasury, on behalf of the U.S. Customs Service (USCS), requested the FAA take additional regulatory actions as deemed necessary by the FAA to enhance the identification of all aircraft entering the United States. Subsequent discussions with the USCS revealed that since the issuance of Amendment No. 99-12, and as a result of concentrated law enforcement efforts in the targeted area (Florida Peninsula), a significant amount of illegal drug smuggling activity involving small aircraft has been forced into other areas of the United States. Consequently, the FAA was prompted to seek further regulatory changes to the flight plan filing and position reporting requirements of part 99 of the FAR.

On October 29, 1985, the FAA issued Amendment No. 91-190, Transponder-On Operations (50 FR 45599). This rule requires any person operating an aircraft equipped with an operable transponder to have that transponder turned on while operating in controlled airspace. Additionally, if the aircraft is equipped with automatic altitude reporting equipment, that equipment must also be turned on. The transponder-on rule was mandated to provide an increased level of safety without placing an undue burden on the public.

On May 13, 1988, the FAA issued Amendment No. 99-13, Security Control of Air Traffic; Modification of U.S. ADIZ (53 FR 18216). This rule amended part 99 of the FAR by changing the lateral boundaries of ADIZ's around the contiguous United States, Alaska, and Guam. In addition, this effort made editorial changes and deleted references to Distant Early Warning Identification Zones, Domestic ADIZ's, and Coastal ADIZ's.

On June 17, 1988, the FAA issued Amendment No. 91-203, Transponder with Automatic Altitude Reporting Capability Requirement (53 FR 23356). The rule requires most aircraft operating in busy terminal areas and all aircraft operating at or above 10,000 feet mean sea level (MSL) to be equipped with a transponder and automatic altitude reporting equipment. The rule will be implemented in two phases. Phase I, effective July 1, 1989, required all aircraft: (1) Operating within 30 miles of any terminal control area (TCA) primary airport, and (2) operating at and above 10,000 feet MSL to be equipped with a Mode C transponder. Phase II is effective December 30, 1990, and will require pilots that plan operations: (1) Within and above an airport radar service area (ARSA) up to 10,000 feet MSL, and (2) within a 10-mile radius of two specially designated airports from the surface up to 10,000 feet MSL, excluding the airspace below 1,200 feet above ground level (AGL) outside of the airport traffic area for that airport, to be equipped with a Mode C transponder.

On October 5, 1988, the FAA issued Amendment No. 99-14, Flight Plan and Transponder Requirements in an ADIZ (53 FR 39842). This rule amended part 99 of the FAR by establishing a flight plan and position report requirements for all civil aircraft conducting operations into or out of the United States into, within, or across the contiguous U.S. ADIZ. Further, this rule requires all civil aircraft, equipped with an operable radar beacon transponder, to have the transponder turned on and replying on the appropriate code or on a code assigned by air traffic control (ATC) when conducting operations into or out of the United States into, within, or across an ADIZ.

On October 5, 1988, the FAA issued Notice No. 88-17, Transponder Requirements in an ADIZ (53 FR 39846). This notice proposed a requirement for all civil aircraft to be equipped with a transponder and automatic altitude reporting equipment when conducting operations into or out of the United States into, within, or across an ADIZ.

On November 18, 1988, the Anti-Drug Abuse Act of 1988 (Public Law 100-690) was enacted. This law, in part, requires the Secretary of Transportation to study the feasibility, costs, and benefits associated with drug interdiction of requiring each pilot operating an aircraft which enters the continental United States to have—(1) an operating transponder installed in the aircraft; (2) a flight plan filed with the FAA; (3) transmission of a transponder code which can be used to identify the aircraft in the most efficient manner; and (4) a transponder signal which provides information that will ensure that the aircraft is following its filed flight plan.

Analysis of Comments

In response to the proposals detailed in Notice No. 88-17, the FAA received a total of five comments. The following is a categorization and discussion of those comments received.

Comment Period Too Short

An aviation organization suggested that the comment period was too short and did not allow for secondary publication to its membership. This organization believes that a 120-day comment period is the minimum necessary to provide for its standard publication lead times. Other

commenters also objected to the 32-day comment period assigned to Notice No. 88–17.

On December 5, 1985, the FAA issued an advance notice of proposed rulemaking (ANPRM), Notice No. 86–1, Transponder Requirements; Operations In or Out of U.S. Through a Coastal ADIZ (51 FR 4756). This ANPRM proposed to require a transponder for operations associated with an ADIZ. A 90-day comment period was assigned to this ANPRM. Because only five comments were received during the comment period of the ANPRM, which essentially proposed similar requirements, the FAA believed that under these circumstances, a shorter comment period for Notice No. 88–17 was sufficient.

Advantages of a Transponder with Mode C Equipment

One commenter suggested that the proposal was an unworkable solution to the problem of illegal drugs being smuggled into the United States.

According to the USCS, a large portion of the illegal drugs entering the United States is being smuggled by persons using aircraft that enter the United States through an ADIZ. The means for detection of these aircraft include radar, pursuit aircraft, and advanced police techniques. While the FAA does not have jurisdiction for enforcement of anti-smuggling and related statutes, it is concerned with the growth of hazards to U.S. air commerce arising in connection with the increasing use of aircraft involved in such illegal activities. The FAA believes that the flight practices of persons conducting illegal drug activities in aircraft create safety hazards for other aircraft used in legitimate operations in the same airspace as well as to persons and property on the surface. For instance, in order to escape detection, pilots of aircraft transporting illegal drugs into the United States may be expected to engage in extremely dangerous flight techniques. Such techniques include flying very low to avoid radar detection, landing and taking off from unprepared landing areas, and operating in weather conditions beyond the capability of the aircraft or pilot. Thus, while other agencies are responsible for controlling the activities involved in the transportation and importation of illegal drugs and while the mere carriage of those items under normal conditions is not dangerous, the conduct of pilots engaged in smuggling activity poses a direct threat to air commerce.

For national defense purposes, aircraft operating from outside the United States to destinations in the United States are subject to an identification process which involves, in part, the detection of these aircraft on radar. Once detected on radar, an aircraft's position is correlated with known flight plan information and any position reports that have been made. An aircraft with an operating transponder can be identified more quickly and more positively than an aircraft without a transponder. Having aircraft equipped with transponders when operating in an ADIZ would expedite the identification process, thereby allowing the appropriate governmental entities to concentrate on those aircraft suspected of being involved in illegal drug transportation and conducting hazardous flight maneuvers while attempting to avoid detection and identification.

Additionally, aircraft altitude information can be displayed directly on a radar screen. Using this data, personnel conducting detection operations would be better able to conduct intercepts of suspect aircraft. Further, pilots of pursuit aircraft could use this information independently to narrow the field of a visual search. Even though the FAA believes that the use of transponders alone may enhance safety in the airspace of the ADIZ, the ability to determine the aircraft altitude through the use of Mode C will further increase the safety and effectiveness of the drug interdiction program, as well as reduce the number of false intercept missions now being flown by Customs. For these reasons, the FAA has modified the proposal as contained in Notice No. 86–1 to require automatic altitude reporting equipment in conjunction with the proposed transponder requirement.

Altitude Detecting Radar Systems

Two commenters suggested that the recently awarded contract to Westinghouse to replace 40 en route radars with new radar systems would effectively eliminate the need for aircraft under such radar surveillance to be equipped with a Mode C transponder. This commenter assumed that the altitude detecting function of such radar systems would accomplish the intentions of the proposals in Notice No. 88–17.

The new radar system addressed by the commenter is the ARSR–4 radar. This radar is designed for use by both the FAA and the Department of Defense (DoD). It is capable of determining and reporting target height to an accuracy of plus or minus 5,000 feet of true altitude, 90 percent of the time, as measured in any 5-nautical-mile range interval to a range of 175 nautical miles. However, air traffic controllers must provide aircraft vertical separation by 1,000 feet (or 2,000 feet above 29,000 feet above mean sea level). Therefore, data derived from the height detection function of the ARSR–4 cannot be used to effect such separation. Notwithstanding its height accuracy limitation, the FAA will use the other functions of the ARSR–4 for en route ATC. More importantly, the ARSR-type systems are not suitable for use at terminal radar approach control facilities. Until advancements in technology produce systems that accurately detect true altitude of aircraft with the necessary reliability for ATC separation, the FAA will depend on the altitude information derived from Mode C transponders which report altitude in 100-foot increments accurate to within 125 feet of the altitude displayed on the altimeter. The DoD is expected to use all the ARSR–4 functions, including height detection, to maintain air sovereignty and for air defense purposes.

Costs

Several commenters suggested the cost of a Mode C transponder was too much for most general aviation aircraft operators.

A complete discussion of the costs and benefits is contained in the Final Regulatory Evaluation in the docket. However, a summary of that discussion is contained herein under the caption "Regulatory Evaluation Summary."

ATC Authorizations

The FAA specifically requested comments from operators of hot air balloons, fish spotter aircraft, petroleum industry helicopters, etc., and other persons interested in obtaining authorizations to deviate from the proposed transponder requirement and how information on such operations could be obtained by the FAA. No comments were received on this issue. However, in regard to hot air balloons and other aircraft such as sailplanes that are not equipped with an electrical system, the operators of such aircraft are excluded in this final rule from the Mode C transponder equipage requirement. Therefore, these operators will not have a need to seek approval to deviate from the requirement. However, in the case of petroleum-industry helicopter and other operators, the FAA has retained the general ATC authorization provisions contained in the proposal. Such an operator need only contact the ATC facility that exercises jurisdiction over the airspace and request an authorization. The FAA will grant such an authorization to the extent that aviation safety and drug

interdiction activities are not adversely affected.

Adoption of the Rule

For the reasons stated above, the final rule is substantially adopted as proposed in Notice No. 88–17. The following is a discussion of the regulatory changes contained in this final rule.

ATC Transponder Requirement. Effective September 7, 1990, all aircraft except as otherwise authorized by ATC are required to have a transponder when operating into or out of the United States into, within, or across an ADIZ. Aircraft which were not originally certificated with an engine-driven electrical system or which have not subsequently been certified with such a system installed, balloons, and gliders are excluded from this requirement.

Transponder with Mode C Requirement. Effective December 30, 1990, all aircraft except as otherwise authorized by ATC are required to have a transponder with automatic pressure altitude reporting equipment when operating into or out of the United States into, within, or across an ADIZ.

Aircraft which were not originally certificated with an engine-driven electrical system or which have not subsequently been certified with such a system installed, balloons, and gliders are excluded from this requirement.

Regulatory Evaluation Summary

This regulatory evaluation assesses the rule with respect to the potential benefits expected to accrue from implementaton and the expected incremental costs of compliance. The FAA's estimation of the incremental cost of compliance with this rule assumes that only those aircraft which presently operate into the United States through an ADIZ which are not equipped with Mode C (or a basic transponder) will be affected.

The Aircraft Owners and Pilots Association (AOPA), on April 30, 1986, informed the FAA (Docket #24903), that the USCS, in 1984, estimated that 39,000 separate civil aircraft were processed about 160,000 times upon arrival in the United States. Of those, 28,678 were U.S.-registered aircraft. Informal contact with Customs Service personnel has verified that the number of processings has held steady at 161,000 in 1987.

The FAA estimated the proportion of the 28,678 U.S.-registered aircraft that might be affected by the amendment based on data contained in the FAA's December 1987 publication, "General Aviation Activity and Avionics Survey, Annual Summary Report 1986 Data." The FAA applied the percentages of transponder and Mode C-equipped aircraft in the active general aviation fleet to the number of U.S.-registered aircraft processed in 1984. See Appendix A of the full Regulatory Evaluation in the Docket for the detailed steps used to calculate these percentages.

Based on these data, and estimated 74.9 percent of active U.S. general aviation aircraft are transponder equipped. This percentage, applied to the 28,678 U.S.-registered aircraft, indicates that 7,198 of those U.S.-registered aircraft may not be so equipped. These figures indicate that 21,480 of arriving U.S.-registered aircraft in 1984 were equipped with a transponder. Approximately 43.9 percent or 9,430 of the transponder-equipped aircraft did not have Mode C. Therefore, 9,430 aircraft must upgrade to Mode C and 7,198 aircraft must install a transponder with Mode C to conform with the rule. As discussed below, however, most of these aircraft will have to be equipped with Mode C as a result of another recent FAA rulemaking action.

Cost

The FAA estimates the total cost of compliance with the final rule at $689,000 (discounted) in 1988 dollars. This cost estimate takes into account the expectation that nearly all U.S. general aviation aircraft will become Mode C-equipped by the end of 1990 in conformity with the requirements of the recent FAA rule ("Transponder With Automatic Altitude Reporting Capability Requirement and Controlled Airspace Common Floor" (Mode C rule), 53 FR 23356, June 21, 1988).

Phase I of the above rule, commonly referred to as the Mode C rule, required by July 1, 1989, a transponder with Mode C for airplanes operating in the airspace at and above 10,000 feet MSL, and in the vicinity of TCA-primary airports. Phase II of the Mode C rule requires, by December 30, 1990, a transponder with Mode C for most operations in the vicinity of ARSA-primary airports and other designated airports.

Mode C for operators affected by this ADIZ rule is required by December 30, 1990. However, a basic transponder is required for these operators beginning 6 months from the date of publication of this rule. This rule imposes no cost impact on operators of those airplanes that presently are equipped with basic transponders (9,430) because they will conform fully with the Mode C requirements of this rule at the same time that they meet the requirements of Phase II of the Mode C rule on December 30, 1990. These operators' cost for Mode C was attributed previously to the Mode C rule.

Since the Mode C rule required Mode C by July 1, 1989, for operations in the vicinity of a TCA, and by December 30, 1990, for operations in the vicinity of an ARSA, some of these operators of airplanes that presently are without transponders (7,198) conform fully with the requirements of this ADIZ rule at the same time that they met the requirements of the Mode C rule pertaining to TCA's, effective July 1, 1989. The remaining operators of these 7,198 airplanes, who must meet only the December 30, 1990, date under the Mode C rule, but whom this ADIZ rule also effects, will have to acquire a basic transponder prior to December 30, 1990. At that juncture, when they conform with Phase II of the Mode C rule, they also will satisfy fully the Mode C requirement of this ADIZ rule.

To assure calculating the maximum cost attributable to this ADIZ rule, the FAA is making two assumptions. First, rather than speculate about how many of the 7,198 airplanes either have or will conform with the Mode C rule's effective dates for operating in TCA's (July 1, 1989) or ARSA's (December 30, 1990), the FAA assumes that at the time of this writing, this rule requires the operators of all 7,198 aircraft to install a basic transponder 6 months before they otherwise would under the Mode C rule's December 30, 1990, effective date for operating in ARSA's. Second, although this ADIZ rule requires only the basic transponder before December 30, 1990, operators might make a personal choice to equip with Mode C at the same time they install transponders. The FAA assumes that all of the operators of these 7,198 airplanes would install Mode C concurrently.

The maximum incremental cost of this rule to these 7,198 operators will be opportunity cost of interest on capital expended to purchase, install, and maintain Mode C transponders 6 months sooner than the Mode C rule requires. The principal expenditure for the purchase, installation, and first-year maintenance normally would be allocated to this rule, but it already has been attributed to meeting the requirements of the recently issued Mode C rule.

An average cost for a basic transponder and an average cost for Mode C or altitude encoding equipment was ascertained on the basis of information supplied by avionics manufacturers. The most popular basic transponder model (low end of the market) costs approximately $1,050 installed. Comparably priced Mode C

avionics that are compatible with nearly all basic transponders used in general aviation aircraft range in cost from approximately $800 to $900 installed. While avionics costs vary widely, the FAA is using the low cost equipment to make cost estimates because this equipment, without additional features, meets the FAA's regulatory requirements.

The FAA estimates the cost of new Mode C equipment at $1,900. This estimate is made using $1,050 as the cost for the transponder plus $850 to upgrade a transponder to Mode C. Additionally, maintenance is necessary to assure that the avionics are properly calibrated and in good functioning order. The cost to maintain and inspect the avionics biennially is estimated at 5 percent of $1,900 or $95.

A cost of $1,900 per unit to equip 7,198 aircraft not having transponders equals a cost of $13,676,200. Maintenance costs an additional $683,810 per year. The sum cost of the purchase and first-year maintenace requires a principal in the amount of $14,360,010. This principal is the cost that already has been attributed to meeting the requirements of the recent Mode C rule.

The opportunity cost is the difference between the present value (on June 30, 1990, the anticipated effective date of this rule at the time of writing this evaluation) and the future value (on December 30, 1990, the effective date of Phase II of the previous rule). The present value of $14,360,010 discounted over 6 months at 10 percent is $13,670,730. Therefore, the opportunity cost is $689,000 for the operators of 7,198 affected airplanes presently without transponders. The opportunity cost per airplane is $96.

This ADIZ rule imposes no cost to the operators of the 9,430 airplanes that already are transponder-equipped because they are allowed to operate into, within, or out of the ADIZ without Mode C until Phase II of the Mode C rule becomes effective on December 30, 1990. The total cost for a Mode C upgrade and maintenance is attributable to the requirements of the Mode C rule.

Although not attributable to this ADIZ rule, these costs are set out as follows in the interest of completeness. A cost of $850 per unit for Mode C to upgrade these 9,430 aircraft equates to $8,015,500. Additionally, biennial maintenance is necessary to assure that the avionics are properly calibrated and in good functioning order. The cost to maintain and inspect the avionics is estimated at 5 percent or $400,755.

Benefits

The FAA expects that this rule will yield potential benefits of three types. Primarily, it will improve the operating efficiency of law enforcement efforts to sort legal flights from illegal smuggling operations. Second, it will improve the effectiveness of drug interdiction efforts. Third, it will enhance aviation safety by reducing the direct threat to air commerce caused by smugglers engaged in extremely dangerous flight techniques to avoid detection and apprehension.

Efficient Sorting Operations

Aircraft entering the United States through an ADIZ can be detected by means of various types of radar, pursuit aircraft, and advanced police techniques. When an aircraft operating to destinations inside the United States from outside is detected on radar, its position is correlated with known flight plan information and any previous position reports. An aircraft with an operating transponder and Mode C is identifiable more quickly and more positively than an aircraft without a transponder.

This final rule will enable drug enforcement personnel to improve significantly their ability to sort legal flights from illegal drug smuggling operations. Consequently, the USCS, as well as the United States Coast Guard (USCG), North American Air Defense Command (NORAD) and the Air National Guard (ANG), will reduce the number of unnecessary launches conducted in pursuit of suspect airplanes.

A reduction in unnecessary launches will generate a savings to the USCS, the USCG, NORAD, and the ANG in flight and personnel costs. The FAA has made estimates of these savings based on information obtained from the respective services. Because at the present time they cannot sort quickly enough certain legal flights which do not have transponders from illegal drug smuggling operations, the USCS launches approximately 225 flights per year to make such identifications of airplanes which turn out to be legal targets. In each instance, if the airplane had a transponder, the launch could have been avoided.

Each launch utilizes an interceptor aircraft and an apprehension aircraft. A Citation with three personnel aboard is used to intercept. A Blackhawk with five personnel aboard is used for apprehension. The flight duration is 1 to 2 hours, with an estimated 50 percent of 2 hours duration and an average duration of 1.5 hours for all flights. The 225 launches, each with 8 personnel for an average 1.5 hours per flight, amounts to 2,700 personnel hours spent. Based on the 1988 pay scale for GS–11, 12, and 13 personnel, the combined wages paid for these launches is $42,686 per year. The cost per hour to operate and maintain a Citation or a Blackhawk is $750. The cost to operate both aircraft on 225 flights for an average 1.5 hours per flight is $506,250. The annual personnel costs ($42,686) added to the incremental cost of operating and maintaining the aircraft ($506,250), amounts to a combined annual cost of $548,936 or, for a 15-year period for a present value of $4,175,207 (the useful life of a transponder with Mode C).

A reduction in unnecessary launches similarly will generate a savings to the USCG. These savings are estimated based on information obtained from the USCG, which has launched a USCG HU–25 interceptor aircraft to identify a non-squawking (no IFF transponder) radar target at least once per day on average. The HU–25C costs approximately $2,096 per hour to operate (including personnel costs), and the launches or diverts to identify these targets have taken an average of 2 hours each. The cost for 365 launches per year, for an average 2 hours per flight, at a cost of $2,096 per hour is $1,530,080, or for a 15-year period, a present value of $11,637,788.

During the previous 3 years, NORAD active duty and ANG interceptors launched an average of 35 times per year to pursue unknown targets later identified as privately owned U.S. and foreign aircraft. These launches took place for a variety of reasons, including failure to file a flight plan, navigation errors, and inoperative or missing transponders. Headquarters NORAD does not maintain records which show the cause for each intercept. Judging by the type of aircraft intercepted, the number of intercepts caused by private aircraft without transponders installed would be small.

The average cost per intercept is estimated at $7,000, based on 1.2 hour sorties for two F–16 interceptors. Assuming a reduction of one launch per month in pursuit of suspect airplanes without operating transponders (one-third the average yearly number of launches in pursuit of unknown targets later identified as privately owned aircraft), the cost savings for 12 intercepts at $7,000 per sortie is $84,000, or for a 15-year period, a present value of $638,904.

These estimates of savings the FAA expects will derive from this final rule and do not include wear and tear to the airframe, lost opportunity, or the cost of

maintaining more assets than are actually necessary under conditions of optimum sorting capability.

The transponder requirement will assist significantly in the sorting process and initially may result in an increased number of interdictions. In the long run, however, successful implementation of the air strategy will deter air narcotics traffickers and force them to attempt other modes and methods. While this will make them more susceptible to surface-based law enforcement efforts, there will be a lower rate of air seizure.

The FAA is unable to define in numerical terms the value to society of the achievements expected from the improved effectiveness of drug interdiction efforts that would result from implementing the final rule. Drug interdiction is only one aspect of a comprehensive system of law enforcement activity that is conducted in a synergistic fashion in the battle against illegal drug commerce and drug abuse in the United States. However, while quantifying these benefits on a monetary basis would be too speculative, the FAA is confident that the resulting benefit to society from enhanced drug interdiction will be significant and will exceed the costs of this rule.

Enhanced Aviation Safety

Improved identification of legitimate aircraft operations, and consequently the expeditious identification and apprehension of those conducting drug smuggling operations, will decrease the frequency of such illegal airborne activity. Fewer operators engaged in hazardous flight techniques to avoid detection and apprehension will enhance the margin of safety in that airspace for those operators conducting legitimate operations. Similarly, it will diminish the risk of injury to persons and property on the surface.

A review of the National Transportation Safety Board's data base for drug-related aviation accidents revealed that 127 fatalities and 33 serious injuries occurred between 1975 and 1984. In this timeframe, the statistics equate to an annual average of 13 fatalities and 3 serious injuries related to drug trafficking activity. The FAA expects that the final rule will have a positive impact on these rates, though the FAA is unable to estimate to what extent.

Moreover, collateral benefits to the National Airspace System will result from these requirements. Transponder and Mode C capability will become available for use elsewhere in the system once it is in place for use in an ADIZ. Additional aircraft equipped with Mode C transponders in specified airspace will provide controllers with a continuous, more complete ATC picture. In areas in which aircraft are provided with Mode C transponders and ATC clearances, this will allow altitude, distance and azimuth information to be correlated and issuance of the proper control instructions developed to assure that safe separation is maintained between participating and nonparticipating aircraft. In addition, the need to communicate via two-way radio is reduced. For example, controllers will not repeatedly have to ask pilots to report aircraft altitude; aircraft climb/descent paths can be observed independently for possible conflicts with other traffic; and unnecessary traffic advisories concerning noncontrolled aircraft are eliminated.

Further, existing automated radar tracking systems currently are programmed to predict continually and update the path of Mode C-equipped aircraft being tracked by the system. These predictions are constantly compared with those of controlled aircraft that are also tracked by the system. In addition, these systems compare the data with pre-programmed terrain information. Controllers are given visual and aural alerts when comparisons render a potentially hazardous situation for controlled aircraft.

Mode C also has the ability to provide critical information to collision avoidance system (TCAS)-equipped aircraft. The TCAS equipment transmits periodic interrogation signals. If a nearby aircraft is equipped with a basic transponder, that aircraft's range and azimuth from the TCAS-equipped aircraft is generated to the TCAS-equipped aircraft. However, if a nearby aircraft is equipped with a Mode C transponder, altitude information is provided in addition to range and azimuth. TCAS processes the data into a collision risk prediction and issues traffic advisories to the flightcrew. The type of advisory differs according to the version of TCAS that is used.

Sufficiently precise data are not available to describe the benefits of the incremental usage of transponders with Mode C in the system attributable solely to this rule. Consequently, the FAA cannot calculate a numerical value for this substantial general benefit.

Comparison of Benefits and Costs

Using (1) the AOPA estimate that 28,000 U.S.-registered aircraft were processed by the Customs Service upon arrival in the United States in 1984, and (2) the FAA's estimate that of those aircraft 9,430 will have to upgrade to Mode C and 7,198 will have to install a Mode C transponder to conform with the final rule; the FAA estimates that the only incremental cost of this rule is an opportunity cost of $689,000 to the operators of the latter 7,198 affected airplanes. All other costs to these operators regarding requirements that conform with this rule are attributed to the recently adopted Mode C rule.

The USCS and the USCG will save, over the 15-year period, an estimated $4.2 million and $11.6 million respectively, through a reduction in unnecessary operations. NORAD and the ANG also will save $639,000.

The potential benefits from increased aviation safety are not quantifiable in monetary terms nor are the benefits of enhanced drug interdiction efforts. These benefits would be obtained from:

- An unmeasurable diminution in the number of operators who use hazardous flight techniques to avoid detection and apprehension, thereby enhancing the margin of safety in that airspace for those operators conducting legitimate operations;
- An indeterminable positive impact on the rate of drug-related aviation accidents, which between 1975 and 1984, occurred with an average annual frequency of 13 fatalities and 3 serious injuries related to drug trafficking; and
- The unquantifiable incremental safety benefits to the National Airspace System from increased usage of Mode C transponders as a spillover phenomenon attributable solely to this final rule regarding entry into the United States through an ADIZ.

The total potential benefits expected from all categories of improvement attributable to the final rule are expressed in monetary terms as:

- Operating Efficiency for Customs Service, $4.2 million.
- Operating Efficiency for Coast Guard, $11.6 million.
- Operating Efficiency for NORAD and Air National Guard, $0.6 million.

Total Operating Efficiency (All Services), $16.4 million.

- Effective Drug Interdiction Value to Society, unquantifiable.
- Aviation Safety, unquantifiable.

Total Benefits, $16.4 million plus a substantial unquantifiable amount.

The potential benefit ($16.4 million, discounted) exceeds the maximum potential cost ($689,000) by a factor greater than 24 times over the 15-year life of the equipment for this rule, even without inclusion of the unquantifiable safety benefits that would be expected to result. Further, it is obvious that the

prevention of only one accident in which lives would be lost would, alone, more than pay for the cost of this rule. The FAA's opinion is that the data clearly indicate that the rule is justified on a benefit to cost basis.

Conclusion

For the reasons set forth above, the FAA has determined that this is not a major regulation as defined in Executive Order 12291. The FAA has further determined that this action is significant as defined in Department of Transportation Regulatory Policies and Procedures (44 FR 11034; February 26, 1979). In addition, it is certified that under the criteria of the Regulatory Flexibility Act this regulation, at promulgation, will not have a significant economic impact on a substantial number of small entities. A full regulatory evaluation has been placed in the public docket.

International Trade Impact Analysis

The final rule will have no impact on trade for both U.S. firms doing business in foreign countries and foreign firms doing business in the United States.

Regulatory Flexibility Determination

The Regulatory Flexibility Act (RFA) of 1980 was enacted by Congress to ensure that small entities are not unnecessarily and disproportionately burdened by government regulations. The RFA requires government agencies to review rules which may have "a significant economic impact on a substantial number of small entities."

The FAA has adopted threshold values that define significant economic impact, and these values are stated in FAA Order 2100.14A. The threshold values for economic impact are adjusted for inflation and are expressed here in 1988 dollars. The size threshold value for small entity operators is a maximum number of nine aircraft owned or operated. The threshold value for a significant economic impact on an unscheduled operator is an annualized cost of $4,000.

The opportunity cost to install the equipment and to maintain it is $96 per airplane. The opportunity cost is based on equipping a small low performance small airplane 6 months sooner than is otherwise required by a previous rule (Transponder with Automatic Altitude Reporting Capability Requirement and Controlled Airspace Common Floor, 53 FR 23356, June 21, 1988). No small entity reaches the annualized cost impact threshold of $4,000. The threshold value ($4,000) exceeds the maximum annualized cost for an owner or operator of nine airplanes ($9 \times \$96 = \$864$). Therefore, this rule is not expected to have a significant economic impact on a substantial number of small entities who operate into, within, or out of an ADIZ.

Federalism Determination

The amendment set forth herein would not have substantial direct effects on the States, on the relationship between the National Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that such regulations do not have federalism implications warranting the preparation of a Federalism Assessment.

List of Subjects in 14 CFR Part 99

Air traffic control, Airspace, National defense, Navigation (air), Security measures, Transponder.

The Amendment

Accordingly, the FAA amends FAR part 99 (14 CFR part 99) as follows:

PART 99—SECURITY CONTROL OF AIR TRAFFIC

1. The authority citation for part 99 continues to read:

Authority: 49 U.S.C. 1348, 1354(a), 1502, 1510, and 1522; 49 U.S.C. 106(g) (Revised Pub. L. 97–449, January 12, 1983).

2. By revising § 99.12 to read as follows:

§ 99.12 Transponder-on requirements.

(a) *Aircraft transponder-on operation.* Each person operating an aircraft into or out of the United States into, within, or across an ADIZ designated in subpart B of this part, if that aircraft is equipped with an operable radar beacon transponder, shall operate the transponder, including altitude encoding equipment if installed, and shall reply on the appropriate code or as assigned by ATC.

(b) *ATC transponder equipment and use.* Effective September 7, 1990, unless otherwise authorized by ATC, no person may operate a civil aircraft into or out of the United States into, within, or across the contiguous U.S. ADIZ designated in subpart B of this part unless that aircraft is equipped with a coded radar beacon transponder.

(c) *ATC transponder and altitude reporting equipment and use.* Effective December 30, 1990, unless otherwise authorized by ATC, no person may operate a civil aircraft into or out of the United States into, within, or across the contiguous U.S. ADIZ unless that aircraft is equipped with a coded radar beacon transponder and automatic pressure altitude reporting equipment having altitude reporting capability that automatically replies to interrogations by transmitting pressure altitude information in 100-foot increments.

(d) Paragraphs (b) and (c) of this section do not apply to the operation of an aircraft which was not originally certificated with an engine-driven electrical system and which has not subsequently been certified with such a system installed, a balloon, or a glider.

Issued in Washington, DC, on February 26, 1990.

James B. Busey,

Administrator.

[FR Doc. 90–5134 Filed 3–6–90; 8:45 am]

BILLING CODE 4910–13–M

federal register

Wednesday
March 7, 1990

Part VI

Department of Health and Human Services

Public Health Service

Agency Forms Submitted to Office of Management and Budget for Clearance; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Agency Forms Submitted to Office of Management and Budget for Clearance

The following request has been submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). Expedited review by OMB has been requested as described below.

Drug Services Research—NEW—This study will gather currently unavailable and urgently needed information on the services provided to and characteristics of clients in drug treatment programs. The study is planned as a one-time information collection to supplement information available from the 1989 National Drug and Alcoholism Treatment Unit Survey. The first phase of the survey involves a mail/telephone questionnaire to obtain information on treatment unit characteristics (such as treatment slots available, staffing, client admission policies, and aggregate information on client characteristics) from approximately 1000 drug treatment units. The second phase involves follow-on site visits to a subsample of approximately 120 treatment units to obtain additional information about a sample of clients treated. A pretest of approximately 40 treatment units for the initial questionnaire and 20 units for the site visits will be conducted upon receipt of OMB approval. Respondents: State or local governments, businesses or other for-profit, Federal agencies or employees, non-profit institutions, small businesses or organizations; Number of Respondents: 2,100; Number of Responses per Respondent: 1; Average Burden per Response: 1.99 hours; Estimated Annual Burden: 4,179 hours.

Additional Information: This study is sponsored by the National Institute on Drug Abuse, under legislative authorization and data collection requirements of section 509D of the Anti-Drug Abuse Act of 1988 (Pub. L. 100–690). The study design and questionnaire have been developed and designed to meet critical data needs of the Office of National Drug Control Policy for development of the next National Drug Control Strategy (as required by section 1005 of the Act). In order for the information to be collected, processed, and analyzed in time for use in development of the next National Drug Control Strategy, OMB has been requested to review and approve the study on an expedited basis. OMB approval has been requested by not later than Friday, March 9. In keeping with the requirements for expedited review, we are publishing the complete set of data collection instruments and any accompanying instructions.

OMB Desk Officer: Allison Herron.

Because of the timeframe in which OMB has been asked to act on this submission, any comments and recommendations for the proposed information collection should be provided directly to the OMB Desk Officer designated above by telephone at (202) 395–7316 or by express mail at the following address:

Human Resources and Housing Branch, New Executive Office Building, Room 3002, Washington, DC. 20503.

Dated: March 5, 1990.

James M. Friedman,

Acting Deputy Assistant Secretary for Health (Planning and Evaluation).

BILLING CODE 4260-20-M

3/1/90

OMB #: _____

Exp. Date: _____

DRUG SERVICES RESEARCH SURVEY

(Pilot Version)

TELEPHONE SCREENER

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public response burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C. 20201; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0930-xxxx), Washington, D.C. 20503.

STUDY UNIT #: |_|_|_|_|-|0|0|-|_|

DRUG SERVICES RESEARCH SURVEY

(PILOT VERSION)

TELEPHONE SCREENER INFORMATION SHEET

	TELEPHONE NUMBER	(XXX) XXX-XXXX	
Q1.	SERVICE UNIT	XXXXXXXXXXX	
	PROGRAM NAME	XXXXXXXXXX	
Q3.	UNIT ADDRESS	XXXXXXXXXX	
		XXXXXXXXX	
		XXXXXXXXX	
Q8.	DIRECTOR'S NAME	XXXXXXXXXX	
Q11.	NDATUS ID #	XXXXXXXX	

COMMENTS: _____

STUDY UNIT #: |_|_|_|_|-|0|0|-|_|

DRUG SERVICES RESEARCH SURVEY

(PILOT VERSION)

TELEPHONE SCREENER

Q1 Hello, my name is (INTERVIEWER NAME), and I'm calling from Westat, Inc., a survey research company, on behalf of NIDA in Washington, D.C. Have I reached (SERVICE UNIT) of (PROGRAM NAME)?

YES, WITH NO CHANGES (VERIFY SPELLING)	1	(Q3)
YES, WITH MINOR CHANGES (MAKE CORRECTIONS)	2	(Q3)
NO, DIFFERENT NAME	3	
PHONE DISCONNECTED, OPERATOR GIVES NEW NUMBER (ENTER ON INFO SHEET)	4	(CALL RECORD)
PHONE DISCONNECTED, NO NEW NUMBER	5	(FILL OUT NIRF)
ANSWERING MACHINE WITH NEW INFORMATION	6	(FILL OUT NIRF)
NO ANSWER/BUSY	7	(CALL RECORD)
PROBLEM	8	(FILL OUT NIRF)

Q2 What is the name of this clinic or service unit?

_____

Q3 Are you located at (ADDRESS)?

YES, WITH NO CHANGES	1	(Q8)
YES, WITH MINOR CHANGES (MAKE CORRECTIONS)	2	(Q8)
NO, DIFFERENT ADDRESS	3	

Q4 Does your facility have a clinic or service unit at (ADDRESS)?

YES	1	(Q7)
NO	2	

Q5 Did your facility ever have a clinic or service unit at (ADDRESS)?

YES, FACILITY MOVED TO NEW ADDRESS	1	(Q8)
YES, BUT NO LONGER CONNECTED TO IT	2	(END STATEMENT)
NO	3	

Q6 Let me verify that I have dialed the right number. Is this (TELEPHONE NUMBER)?

YES	1	(END STATEMENT)
NO (REDIAL AND START FROM Q 1)	2	(CALL RECORD)

Q7 What is the telephone number at (ADDRESS)?

NUMBER GIVEN (MAKE CORRECTIONS)	1	(END STATEMENT)
NUMBER NOT KNOWN OR REFUSED	2	(END STATEMENT)

999 07 3 1042

Q8 My records indicate that the unit director's name is (DIRECTOR'S NAME). Is that correct?

YES, WITH NO CHANGES (VERIFY SPELLING	1	(Q10)
YES, WITH MINOR CHANGES (MAKE CORRECTIONS)	2	(Q10)
NO, DIFFERENT NAME	3	

Q9 What is the unit director's name?

_____

Q10 Did this unit report in the most recent NDATUS survey? That would have been in the fall of 1989.

YES	1
NO	2
DON'T KNOW	8

Q11 What is this unit's NDATUS identification number?

NDATUS ID #	|_|_|_|_|_|_|_|_|_|
DON'T KNOW	99999998

Q12 Which of the following would best describe this unit's location? Would you say this unit is in . . .

A Community Mental Health Center,	1	
A general hospital (INCLUDE VA HOSPITAL),	2	
An alcoholism hospital,	3	
A mental or psychiatric hospital,	4	
Another type of specialized hospital,	5	
A correctional facility,	6	
A halfway house or recovery home,	7	
Another type of residential facility,	8	
An outpatient facility, or	9	
Some other location? (SPECIFY)	10	

_____

Q13 Would you say the ownership of this unit is

Private, for profit,	1
Private, non-profit,	2
Public, state or local government, or	3
Federal government?	4

Q14 What is the number of separate units that this facility is composed of?

OF SEPARATE UNITS |_|_|_|

Q15. Is this a treatment unit or a prevention unit?

TREATMENT UNIT	1	
PREVENTION UNIT	2	(END STATEMENT)
BOTH	3	
NEITHER	4	(END STATEMENT)

Q16. Does this unit currently treat drug problems other than alcohol?

YES	1	
NO	2	(END STATEMENT)

Q17. In which of the following types of treatment do you currently have the largest number of drug abuse clients? Would you say . . .

All hospital inpatient modalities	1
All residential modalities	2
Outpatient drug detoxification or maintenance	3
Outpatient drug-free, or	4
Some other group? (SPECIFY)	5

_____

Q18. NIDA is conducting a survey of a national sample of treatment programs covering a variety of issues regarding drug treatment services. If your unit is selected for this survey, we will mail a questionnaire to you. A few days after receiving the questionnaire, one of our interviewers will call to collect the information. So that we could send the questionnaire to the most appropriate person, please tell me the name of the person who is most knowledgeable about your unit's services and programs.

_____
FIRST NAME M.I. LAST NAME

Q19. And what is that person's title?

DIRECTOR	1
OTHER (SPECIFY)	2

_____

Q20. Is (PERSON'S) mailing address the same as (ADDRESS)?

YES	1	(Q22)
NO	2	

Q21 What is (PERSON'S) mailing address?

_____

_____

_____

Q22. And what telephone number should be used to reach (PERSON) directly?

(|_|_|_|) |_|_|_| - |_|_|_|_|

Q23. Which days of the week would be best for our interviewer to call (PERSON)? (CIRCLE ALL THAT APPLY.)

MONDAY	1
TUESDAY	2
WEDNESDAY	3
THURSDAY	4
FRIDAY	5
SATURDAY	6
SUNDAY	7

Q24. And what would be the best time to call?

_____

END STATEMENT: That is all the information that I need at this time. Thank you very much for your time and cooperation. Good-bye.

RESULT CODES*:

REFUSAL/BREAKOFF	2	
LANGUAGE PROBLEM	6	FILL OUT
PROBLEM	8	NIRF
TRACING NEEDED	9	
SCREENER COMPLETE	10	

INTERVIEWER INITIALS: |_|_|_|

DATE OF RESULT CODE: |_|_| / |_|_| / |_|_|
MO DA YR

* The following codes are only used on the Call Record: 1 = Ring, No Answer, 3 = Busy Signal, 4 = Call Back, No Appt., 5 = Call Back, Appt., and 7 = New Telephone Number.

3/1/90

OMB #: _____

Exp. Date: _____

DRUG SERVICES RESEARCH SURVEY

(Pilot Version)

The National Institute on Drug Abuse (NIDA) is working with the Office of National Drug Control Policy (ONDCP) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to better describe and understand the national drug abuse treatment system. To improve our information base, NIDA is conducting a survey of a national sample of treatment programs covering a variety of issues regarding drug abuse treatment.

Thank you for agreeing to cooperate with this survey.

We will telephone you within a week to ask the questions that are shown in this questionnaire. We are mailing them to you in advance to give you the opportunity to review them and ascertain the answers before our interviewer calls you. If our call comes at an inconvenient time, we will arrange to call back at another time.

PLEASE DO NOT MAIL THIS TO NIDA.

Wait for the phone call, which will be made by a professional telephone interviewer who will go through the questions with you and record your answers.

If you have any questions about the survey, call the Survey Assistance Center at Brandeis University (800-xxx-xxxx).

This questionnaire applies to units providing services to drug treatment clients.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public response burden for this collection of information is estimated to range from 30 minutes to 4 hours per response, including time for reviewing instructions, searching existing data sources, and gathering and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C. 20201; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0930-xxxx), Washington, D.C. 20503.

DEFINITIONS:

CAPACITY: The maximum number of individuals who could be enrolled as active clients as of (DATE) given the unit's staffing, funding, and physical facility at that time. For residential and other 24-hour care units, treatment capacity is equal to the number of beds available at the unit. For outpatient units, treatment capacity reflects the maximum active client caseload a unit could carry. This maximum caseload would depend upon such factors as the percentage of total staff hours devoted to direct client care, the average length of counseling sessions, and the frequency of client visits to the unit. The data must be present in the calculation of utilization rates.

CLIENT: An individual who: (1) has been admitted to the treatment unit and for whom a treatment plan has been developed; (2) has been seen on a scheduled appointment basis at least once during the current month; and (3) has not been discharged from treatment, i.e., continued care is expected to be given this client. This is a general definition which may be adjusted to more appropriately reflect what constitutes an active client at the State level.

ELIGIBILITY: A policy in effect at the treatment unit which sets forth criteria for clients being allowed to enter treatment.

METHADONE TREATMENT: Refers to methadone maintenance or detoxification. Methadone maintenance is the continued administering of methadone, in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for 180 days or more. Methadone is used as an oral substitute for opiates during the rehabilitative phase of treatment. This category also includes those clients who are being withdrawn from maintenance treatment.

OCCUPANCY: The actual number of active clients being treated in each type of care/modality and facility location/environment as of the point prevalence date of (DATE).

PRIORITY: A policy or condition which would allow an individual seeking treatment to be admitted prior to others seeking treatment at the same time.

TREATMENT: Formal organized services for persons who have abused alcohol and/or other drugs. These services are designed to alter specific physical, mental, or social functions of persons receiving care by reducing client disability or discomfort, and ameliorate the signs or symptoms caused by alcohol and/or drug abuse. For purposes of this survey, detoxification services are considered to be a treatment. This is also referred to as recovery services in some states.

UNIT: A facility having: (1) a formal structured arrangement for alcohol or drug abuse treatment or recovery using alcohol or drug-specified personnel; and (2) a designated portion of the facility (or resources) for treatment services; and (3) an allocated budget for such treament services. A treatment unit must directly provide services to clients at the facility's location. The unit usually offers some form of initial evaluation or diagnosis of its clients and, thereafter, may include a wide range of different services, such as counseling, job placement, or other rehabilitation services. This is also referred to as a recovery unit in some states.

DRUG SERVICES RESEARCH SURVEY

(Pilot Version)

MAILOUT QUESTIONNAIRE

Please complete this questionnaire before our telephone interviewer calls you in the next few days. If there are any questions where the information cannot be obtained, just write "Don't Know" near the question.

This questionnaire contains four sections. Section A asks for facility organization and staffing. Section B asks for facility client data as of (DATE). Section C concerns client services information for the most recent 12-month reporting period available. And Section D requests information on facility costs for the most recent 12-month cost period available. Please fill in below the dates that define those reporting periods for your facility.

CLIENT REPORTING PERIOD FOR SECTION C RESPONSES

What are the dates of your most recent 12-month reporting period on clients?

FROM: _____ / _____ / _____
MO DA YR

TO: _____ / _____ / _____
MO DA YR

FINANCIAL/COST REPORTING PERIOD FOR SECTION D RESPONSES

What are the dates of your most recent 12-month reporting period on finances/costs?

FROM: _____ / _____ / _____
MO DA YR

TO: _____ / _____ / _____
MO DA YR

A. FACILITY ORGANIZATIONAL DATA

Please answer the following questions as of (DATE).

A1. As of (DATE), for how many months or years had this facility offered a drug treatment program?

NUMBER OF
- MONTHS ☐
- YEARS ☐

A2. As of (DATE), was this facility owned by:

		YES	NO
a.	A private for-profit organization	☐	☐
b.	A private not-for-profit organization	☐	☐
c.	A public city or county organization	☐	☐
d.	A public state organization	☐	☐
e.	A public federal organization	☐	☐

A3. As of (DATE), was this facility managed by:

		YES	NO
a.	A private for-profit organization	☐	☐
b.	A private not-for-profit organization	☐	☐
c.	A public city or county organization	☐	☐
d.	A public state organization	☐	☐
e.	A public federal organization	☐	☐

A4. On (DATE) did this facility have licensing from:

		YES	NO
a.	State agency or office	☐	☐
b.	County agency or office	☐	☐
c.	City agency or office	☐	☐
d.	Any other organization (SPECIFY) _____	☐	☐

A5. On (DATE) did this facility have accreditation from:

		YES	NO
a.	Joint Commission on the Accreditation of Health Care Organizations	☐	☐
b.	Federal Food and Drug Administration	☐	☐
c.	Drug Enforcement Agency	☐	☐
d.	Any other organization (SPECIFY) _____	☐	☐

A6. Please indicate whether your facility offers each of the following modalities of service:

		YES	NO
a.	HOSPITAL INPATIENT		
	1. Drug Detoxification	☐	☐
	2. Drug Maintenance	☐	☐
	3. Drug Free	☐	☐
b.	RESIDENTIAL		
	1. Drug Detoxification	☐	☐
	2. Drug Maintenance	☐	☐
	3. Drug Free	☐	☐
c.	OUTPATIENT		
	1. Drug Detoxification	☐	☐
	2. Drug Maintenance	☐	☐
	3. Drug Free	☐	☐
d.	ALCOHOL ONLY		
	1. All modalities and environments	☐	☐

A7. On (DATE), how many full-time equivalents (FTE's) did this facility have in each of the following positions: (FTE is defined as any combination of full-time and part-time employees totaling 35 or more hours per week.)

CATEGORY	ON PAYROLL	ON CONTRACT	VOLUNTEER	TOTAL NUMBER OF PAID FTE'S (NOT VOLUNTEERS) THAT ARE CERTIFIED IN SUBSTANCE ABUSE TREATMENT
Physicians				
Psychiatrists				
Addictionologists				
Other Specialists (SPECIFY) _____				
Other MD's				
Psychologists (MS and above)				
Registered Nurses				
Other Licensed Nurses				
Other Medical Personnel				
Physician Assistants				
Other Medical (SPECIFY) _____				
Social Workers (MSW and above)				
Other Credentialed Counselors				
Non-Credentialed Counselors				
Vocational Rehabilitation Specialists				
Recreation Specialists				
Other Treatment Staff				
Administrative or Support Staff				
Other (SPECIFY) _____				

A8. As of (DATE), what do you estimate are the 4 most common Zip Codes you draw your clients from and what percentage do you draw from each?

a.	FIRST ZIP CODE _____	ESTIMATED CLIENT % ..... _____
b.	SECOND ZIP CODE _____	ESTIMATED CLIENT % ..... _____
c.	THIRD ZIP CODE _____	ESTIMATED CLIENT % ..... _____
d.	FOURTH ZIP CODE _____	ESTIMATED CLIENT % ..... _____

A9. Of your remaining clients, what percentage do you estimate come from your city or town? ESTIMATED CLIENT % ..... _____

A10. Of your remaining clients, what percentage do you estimate come from your state? ESTIMATED CLIENT % ..... _____

A11. Of your remaining clients, what percentage do you estimate come from outside your state? ESTIMATED CLIENT % ..... _____

(TOTAL EST. CLIENT %) 100%

B. RECENT FACILITY CLIENT DATA

B1. For each of the modalities of service offered by this facility (as you indicated in question A6), please complete this table using data on (DATE):

MODALITY	FACILITY CAPACITY* ON (DATE)			ACTUAL # OF CLIENTS IN TREATMENT ON (DATE)		
	Male	Female	Total	Male	Female	Total
HOSPITAL INPATIENT						
Drug Detoxification						
Drug Maintenance						
Drug Free						
RESIDENTIAL						
Drug Detoxification						
Drug Maintenance						
Drug Free						
OUTPATIENT						
Drug Detoxification						
Drug Maintenance						
Drug Free						
ALCOHOL ONLY (All environments and modalities)						
TOTALS						

* If FACILITY CAPACITY data is not differentiated by gender, check here ☐ and enter data only in the "Total" column for CAPACITY figures.

B2. Table was completed using *(Select only one response for method used for majority of figures)* ..... ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B3. On (DATE), did this facility maintain a waiting list?

YES ☐ NO ☐ (SKIP TO B7)

B4. Please indicate whether or not each of these statements describe waiting lists at your facility on (DATE):

	YES	NO
a. Any clients applied for admission on (DATE)	☐	☐
b. All clients on the waiting list on (DATE) are known to be eligible for admission	☐	☐
c. Clients are known to still be actively waiting for admission to this facility	☐	☐
d. The waiting list contains the name of the client and a means of contacting the client (phone number or address where the client can be reached)	☐	☐

B5. Please complete this table using data for drug treatment clients on (DATE). **Do not include data for Alcohol Only clients.**

MODALITY	# OF APPLICANTS REFERRED ELSEWHERE (NOT ADDED TO WAITING LIST) IN PAST 30 DAYS	HIGHEST # OF INDIVIDUALS ON WAITING LIST IN PAST 30 DAYS	# OF NEW APPLICANTS ADDED TO WAITING LIST IN PAST 30 DAYS	# DROPPED FROM WAITING LIST IN PAST 30 DAYS	# ADMITTED TO TREATMENT FROM WAITING LIST IN PAST 30 DAYS
HOSPITAL INPATIENT					
Drug Detoxification					
Drug Maintenance					
Drug Free					
RESIDENTIAL					
Drug Detoxification					
Drug Maintenance					
Drug Free					
OUTPATIENT					
Drug Detoxification					
Drug Maintenance					
Drug Free					
TOTALS					

B6. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B7. On (DATE), how much priority for admission was given to each of the following?

	A LOT	SOME	NONE	DO NOT ACCEPT
a. IV drug users	☐	☐	☐	☐
b. HIV positive	☐	☐	☐	☐
c. Pregnant women	☐	☐	☐	☐
d. Polydrug users	☐	☐	☐	☐
e. Adolescents	☐	☐	☐	☐
f. Dual diagnosis clients	☐	☐	☐	☐
g. Self pay	☐	☐	☐	☐
h. Private insurance pay	☐	☐	☐	☐
i. Medicaid pay	☐	☐	☐	☐
j. Other public pay	☐	☐	☐	☐

B8. On (DATE), how many of your clients at that time had been referred by each of the following sources?

	# CLIENTS
a. Self-referred	_____
b. Family	_____
c. Employer	_____
d. Employee Assistance Program (EAP)	_____
e. Criminal justice/legal system	_____
f. Private physician	_____
g. Community mental health center	_____
h. Other health professional or provider	_____
i. Schools	_____
j. Clergy	_____
k. Other (SPECIFY)	_____

_____

_____

B9. On (DATE), how many individual clients at that time were receiving services for each of the following?

	# CLIENTS
a. Single-drug abuse only	_____
b. Polydrug abuse only (exclude alcohol)	_____
c. Alcohol abuse only	_____
d. Alcohol abuse and other drugs combined	_____

B10. On (DATE), how many of the clients in B9 had a dual diagnosis of substance abuse and mental illness?

_____

B11. On (DATE), how many drug treatment clients were receiving methadone?

_____
(IF NONE, SKIP TO B21)

B12. At that time, what was the maximum daily dosage of methadone given to a single client?

_____ mgs.

B13. At that time, what was the minumum daily dosage of methadone given to a single client?

_____ mgs.

B14. At that time, what was the average daily dosage of methadone given to a single client?

_____ mgs.

B15. At that time, how many clients received the following daily dosages of methadone?

1-19 mgs.	_____
20-39 mgs.	_____
40-54 mgs.	_____
55-69 mgs.	_____
70 mgs. or more	_____

B16 At that time, how many clients received their take home supply of methadone in each of the following categories?

1 day supply	_____
2 day supply	_____
3 day supply	_____
4 day supply	_____
5 day supply	_____
6 day supply	_____
7 day or more supply	_____
Other (SPECIFY)	_____

_____

B17. At that time, what was this facility's average length of time for a client to be maintained on methadone?

_____ NUMBER OF
WEEKS ..... ☐
MONTHS ..... ☐☐
YEARS ..... ☐☐

B18. At that time, was there a maximum length of time a client could be maintained on methadone at this facility?

YES ☐ NO ☐ (SKIP TO B21)

B19. At that time, what was the maximum length of time a client could be maintained on methadone at this facility?

_____ NUMBER OF
WEEKS ..... ☐
MONTHS ..... ☐☐
YEARS ..... ☐☐

B20. Which of the following determined the maximum length of time?

		YES	NO
a.	State regulations	☐	☐
b.	Facility policy	☐	☐
c.	Clinical need	☐	☐
d.	Other (SPECIFY) _____	☐	☐

B21 If your facility offers **HOSPITAL INPATIENT, Drug Detoxification** service (as reported in A6a1), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B22. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B23. If your facility offers **HOSPITAL INPATIENT, Drug Maintenance** service (as reported in A6a2), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B24. Table was completed using *(Select only one response for method used for majority of figures)* _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B25. If your facility offers **HOSPITAL INPATIENT, Drug Free** service (as reported in A6a3), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B26. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B27. If your facility offers **RESIDENTIAL, Drug Detoxification** service (as reported in A6b1), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B28. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B29. If your facility offers **RESIDENTIAL, Drug Maintenance** service (as reported in A6b2), please complete this table using **data on (DATE)** only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B30. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B31. If your facility offers **RESIDENTIAL, Drug Free** service (as reported in A6b3), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B32. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B33. If your facility offers **OUTPATIENT, Drug Detoxification** service (as reported in A6c1), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B34. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B35. If your facility offers **OUTPATIENT, Drug Maintenance** service (as reported in A6c2), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B36. Table was completed using *(Select only one response for method used for majority of figures)* _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

B37. If your facility offers **OUTPATIENT, Drug Free** service (as reported in A6c3), please complete this table using data on (DATE) only for that modality.

	MALE	FEMALE	TOTAL
a. # of clients that were:			
White, not Hispanic			
Black, not Hispanic			
Hispanic			
Asian or Pacific Islander			
American Indian or Alaskan Native			
Other			
b. # of clients that at admission were:			
Not married			
Married			
c. # of clients that at admission had:			
Any children under 18 living at home			
No children under 18 living at home			
d. # of clients that at admission were:			
Under 15 years old			
15-17 years old			
18-24 years old			
25-34 years old			
35-44 years old			
45-64 years old			
65 and older			
e. # of clients that at admission had:			
A high school diploma/GED			
No high school diploma/GED			

	MALE	FEMALE	TOTAL
f. # of clients that at admission were:			
Employed			
Not employed			
g. Primary diagnosis at admission:			
Heroin/other opiates			
Crack			
Cocaine			
Barbiturates			
Amphetamines			
Marijuana/hashish			
PCP			
Other drugs (not alcohol)			
Alcohol only			
Alcohol and other drugs			
Other reasons			
h. # of clients whose primary source of payment at admission was:			
Self payment			
Private health insurance			
Medicaid			
Medicare			
Other public payment			
No payment/philanthropy			

B38. Table was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

C. 12-MONTH FACILITY CLIENT DATA

CLIENT REPORTING PERIOD FROM PAGE 1: From: _____/_____/_____ To: _____/_____/_____

C1. Please complete this table using records from the "CLIENT REPORTING PERIOD." **Do not include clients categorized as Alcohol Only.**

MODALITY	# CLIENTS ADMITTED WHO WERE PREVIOUSLY ON WAITING LIST			TOTAL # CLIENTS ADMITTED DURING REPORTING PERIOD*			# CLIENTS IN PROGRAM AS OF END OF CLIENT REPORTING PERIOD			CLIENTS ENDING TREATMENT DURING REPORTING PERIOD								
										# CLIENTS COMPLETED PLANNED TREATMENT			# CLIENTS DID NOT COMPLETE PLANNED TREATMENT BY CLIENT CHOICE (OR DECEASED)			# CLIENTS DID NOT COMPLETE PLANNED TREATMENT BY FACILITY CHOICE		
	M	F	TOT	M	F	TOT	M	F	TOT	M	F	TOT	M	F	TOT	M	F	TOT
HOSPITAL INPATIENT																		
Drug Detoxification																		
Drug Maintenance																		
Drug Free																		
RESIDENTIAL																		
Drug Detoxification																		
Drug Maintenance																		
Drug Free																		
OUTPATIENT																		
Drug Detoxification																		
Drug Maintenance																		
Drug Free																		
TOTALS																		

* Figures may include multiple counts for a single client served in more than one modality.

C2. Table was completed using *(Select only one response for method used for majority of figures)* ..... _____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

C3. During the 12-month time period indicated in "CLIENT REPORTING PERIOD" on page 1, what was the usual number of days of planned treatment for each modality?

	USUAL # DAYS PLANNED	USUAL # DAYS ACTUAL
a. HOSPITAL INPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		
b. RESIDENTIAL		
Drug Detoxification		
Drug Maintenance		
Drug Free		
c. OUTPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		

C4. During the 12-month time period indicated in "CLIENT REPORTING PERIOD" on page 1, did this facility treat pregnant females?

YES ☐ NO ☐ (SKIP TO C7)

C5. How many pregnant females were treated during that 12-month time period?

_____

C6. During that 12-month time period, did this facility offer the following services/programs to pregnant females?

	YES	NO
a. Family Planning Education	☐	☐
b. Prenatal Care	☐	☐
c. Prenatal Education	☐	☐
d. After Care	☐	☐
e. Birthing	☐	☐
f. Followup	☐	☐
g. Child Care for Client's Children	☐	☐
h. Parenting Skills Education	☐	☐
i. Housing Services	☐	☐
j. Vocational Education	☐	☐
k. Transportation	☐	☐

C7. If this facility did not treat pregnant females during that 12-month time period, please indicate for each of the following reasons whether or not it applied:

	YES	NO
a. No pregnant females requested treatment at this facility	☐	☐
b. The staff at this facility are not trained to treat drug-addicted pregnant females	☐	☐
c. This facility is not physically equipped to provide for the special needs of pregnant females	☐	☐
d. This facility does not carry any liability insurance (fear of legal liability)	☐	☐
e. This facility has liability insurance but the policy will not cover liability for the treatment of pregnant females (fear of legal liability)	☐	☐

C8. During that 12-month time period, did this facility refer pregnant females to any programs at other drug treatment facilities?

YES ☐ NO ☐ (SKIP TO C10)

C9. How many pregnant females were referred to other drug treatment facilities during that 12-month time period?

_____

C10. During that 12-month time period, did this facility refer pregnant females to prenatal care services outside the facility?

YES ☐ NO ☐

C11. During that 12-month time period, did this facility conduct any pregnancy tests?

YES ☐ NO ☐ (SKIP TO C13)

C12. During that 12-month time period, how many female drug treatment clients tested positive in the pregnancy tests?

_____

C13. During that 12-month time period, did this facility conduct HIV/AIDS tests on clients?

YES ☐ NO ☐

C14. During that 12-month time period, even if tested elsewhere, how many clients were . . .

a. HIV seropositive (not confirmed AIDS) ..... _____

b. AIDS diagnosed ..... _____

c. Known or suspected to be HIV positive ..... _____

C15. During that 12-month time, did this facility conduct blood alcohol concentration tests on clients?

YES ☐ NO ☐

C16. During that 12-month time, did this facility conduct any drug tests on clients? (Include services contracted.)

YES ☐ NO ☐ (SKIP TO C20)

C17. During that 12-month time period, which type(s) of tests were used for drug testing?

	YES	NO
a. Urine tests	☐	☐
b. Blood tests	☐	☐
c. Other tests (SPECIFY)	☐	☐

_____

_____

C18. During that 12-month time period, was the drug test analysis done:

	YES	NO
a. On the premises	☐	☐
b. Contracted out to a NIDA certified laboratory	☐	☐
c. Contracted out to another laboratory	☐	☐

C19. During that 12-month time period, how many tests were conducted for each of the following drugs, and how many of those tests were positive at each testing time?

DRUG TYPE	# OF TESTS CONDUCTED			# FOUND POSITIVE		
	AT ADMISSION	AT DISCHARGE	ANY OTHER TIME	AT ADMISSION	AT DISCHARGE	ANY OTHER TIME
a. Marijuana/Hashish						
b. Crack/Cocaine						
c. Heroin and Other Opiates						
d. Barbiturates						
e. Amphetamines						
f. PCP						
g. Other (SPECIFY) _____						

C20. During that 12-month time, other than for pregnant females, did this facility offer any specific programs for special populations? (E.g., programs for teens, IV drug users, polydrug users, crack users, etc.)

YES ☐ NO ☐ (SKIP TO D1)

C21. What special programs were offered by this facility during that 12-month time period?

_____

_____

_____

_____

C22. Does this facility offer any of the following services to treatment clients?

	YES	NO
a. Medical care (other than for substance abuse conditions)	☐	☐
b. Legal counseling	☐	☐
c. Outreach	☐	☐
d. Housing services	☐	☐
e. Transportation	☐	☐
f. Crisis intervention	☐	☐
g. Family/friends counseling	☐	☐
h. Other (SPECIFY) _____	☐	☐

C23. Does this facility offer any of these services following treatment?

	YES	NO
a. After care	☐	☐
b. Followup appointments	☐	☐
c. Relapse prevention	☐	☐
d. Other (SPECIFY) _____	☐	☐

D. 12-MONTH FACILITY FINANCIAL DATA

FINANCIAL/COST REPORTING PERIOD FROM PAGE 1: From: ____/____/____ To: ____/____/____

Please answer the following questions using records from the "FINANCIAL/COST REPORTING PERIOD" on Page 1. **Do not include clients categorized as Alcohol Only.** If you cannot exclude Alcohol Only clients, check here ☐.

D1. What were your total costs for:

	TOTAL COSTS INCLUDING OVERHEAD AND OPERATING COSTS
a. HOSPITAL INPATIENT	
Drug Detoxification	
Drug Maintenance	
Drug Free	
b. RESIDENTIAL	
Drug Detoxification	
Drug Maintenance	
Drug Free	
c. OUTPATIENT	
Drug Detoxification	
Drug Maintenance	
Drug Free	
d. TOTAL COSTS	

D2. Question D1 was completed using *(Select only one response for method used for majority of figures)* ____

1. Actual numbers from records
2. Estimated numbers from records
3. Best guess (no records available)
4. Actual numbers from automated system
5. Estimated numbers from automated system
6. Other (SPECIFY) _____

D3. During the 12-month time period indicated in "FINANCIAL/COST REPORTING PERIOD" on page 1, was this facility accredited for Medicaid?

YES ☐ NO ☐ (SKIP TO D6)

D4. During that 12-month time period, what was the total dollar amount this facility received from Medicaid for drug treatment?

$ _____

NONE ☐ (SKIP TO D6)

D5. During that 12-month time period, for how many of the clients who were in any drug treatment programs did the facility receive money from Medicaid?

NUMBER OF CLIENTS: _____

D6. During that 12-month time period, what percent of this facility's drug treatment revenues came from the following sources?

	ESTIMATED %
a. State Alcohol - Drug Agency funds	
b. Other state funds (not Medicaid)	
c. Local funds	
d. Client fees (self payment)	
e. Private health insurance	
f. HMO payments	
g. Medicaid	
h. Medicare	
i. Philanthropy	
j. Other sources	

D7. Do you have any public revenue source from fee-for-service reimbursements?

YES ☐ NO ☐

D8. Do you have any public revenue source from term contracts for services?

YES ☐ NO ☐ (END)

D9. Do you have term contracts with county agencies?

YES ☐ NO ☐ (SKIP TO D11)

D10. Under term contracts with county agencies, how many beds/slots do you have and what is the usual rate?

	# BEDS/SLOTS	$ RATE
a. HOSPITAL INPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		
b. RESIDENTIAL		
Drug Detoxification		
Drug Maintenance		
Drug Free		
c. OUTPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		

D11. Do you have term contracts with state agencies?

YES ☐ NO ☐ (SKIP TO D13)

D12. Under term contracts with state agencies, how many beds/slots do you have and what is the usual rate?

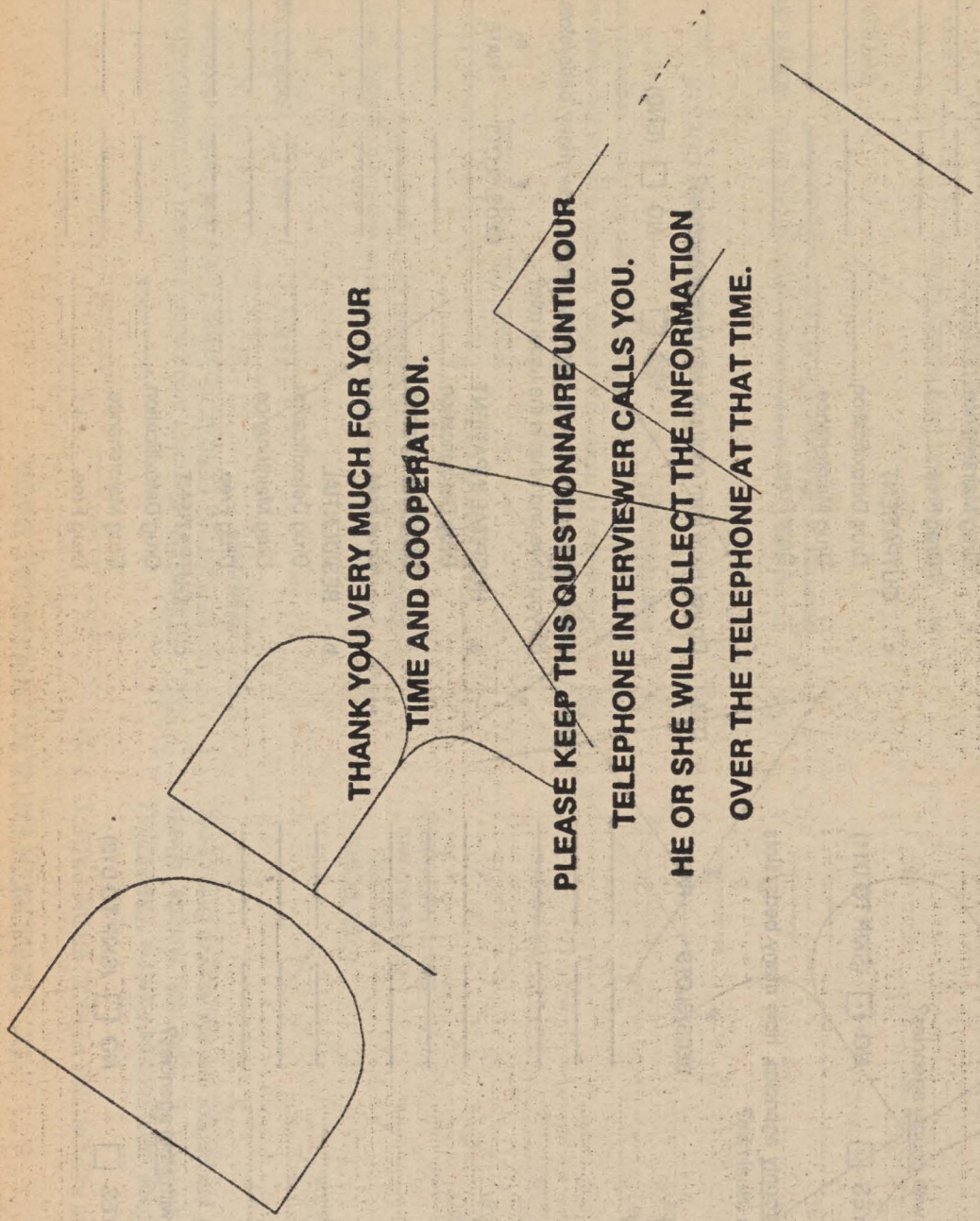
	# BEDS/SLOTS	$ RATE
a. HOSPITAL INPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		
b. RESIDENTIAL		
Drug Detoxification		
Drug Maintenance		
Drug Free		
c. OUTPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		

D13. Do you have term contracts with federal agencies?

YES ☐ NO ☐ (END)

D14. Under term contracts with federal agencies, how many beds/slots do you have and what is the usual rate?

	# BEDS/SLOTS	$ RATE
a. HOSPITAL INPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		
b. RESIDENTIAL		
Drug Detoxification		
Drug Maintenance		
Drug Free		
c. OUTPATIENT		
Drug Detoxification		
Drug Maintenance		
Drug Free		


THANK YOU VERY MUCH FOR YOUR
TIME AND COOPERATION.
PLEASE KEEP THIS QUESTIONNAIRE UNTIL OUR
TELEPHONE INTERVIEWER CALLS YOU.
HE OR SHE WILL COLLECT THE INFORMATION
OVER THE TELEPHONE AT THAT TIME.

OMB #: _____

Exp. Date: _____

DRUG SERVICES RESEARCH SURVEY

(Pilot Version)

INTERVIEW WITH FACILITY ADMINISTRATOR

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public response burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C. 20201; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0930-xxxx), Washington, D.C. 20503.

In this interview, we have three goals. We are interested in verifying that our telephone interviewers correctly understood the information that was given them when you spoke with them. We would like to ask about any significant changes in some benchmark numbers. Finally, we would also like to take the opportunity of a face-to-face interview to gain a clearer understanding of your facility's policies.

Q1. The facility survey you completed for us by telephone indicates that your NDATUS number is (NUMBER). Is this correct?

Yes 1
No ..... 2 (INSERT CORRECT #)
NDATUS ID # ..... |_|_|_|_|_|_|_|_|_|

Q2. Your 12-month client reporting period was

From: ___/___/___ MO DA YR

To: ___/___/___ MO DA YR

Q3. Your 12-month financial/cost reporting period was

From: ___/___/___ MO DA YR

To: ___/___/___ MO DA YR

Q4. On the telephone you indicated your total capacity on (DATE) was

Clients _____

Q5. And the actual number of clients in treatment was

Clients _____

Q6. How many would you estimate are in treatment as of today?

Clients _____ ..... (GO TO Q8)
DK 8

Q7. How does the actual number of clients in treatment on (DATE), that is (# IN Q5), compare to today? Would you say the actual number of clients in treatment today is

More	1	
Less	2	
About the same	3	

Q8. Do you treat both drug and alcohol dependent clients?

a.	Drug only	1	(GO TO Q12)
b.	Alcohol only	2	(GO TO Q12)
c.	Both	3	

Q9. Do you separate drug clients from alcohol clients in treatment?

Yes	1	
No	2	

Q10. Do you have different treatment protocols for drug and alcohol clients?

Yes	1	
No	2	(GO TO Q12)

Q11. Please briefly describe these different treatment protocols.

_____

_____

_____

Now, I would like to ask you some questions about your facility's policies.

Q12. Do you have a written waiting list policy?

Yes	1	
No	2	

Q13. Please briefly describe the policy.

_____

_____

_____

_____

_____

Q14. According to available information, how many people are on the waiting list today?

# People _____		(GO TO Q17)
DK	8	

Q15. In the phone interview, our interviewer was told that (# CLIENTS) were on the waiting list on (DATE). Would you say that today the number of people on the waiting list is

More	1	
Less	2	
About the same	3	(GO TO Q17)

Q16. If there are changes, why do you think the waiting list has (grown/decreased)?

_____

_____

_____

_____

_____

Q17. Does your facility offer special programs for any of the following groups?

		YES	NO
a.	Teens	1	2
b.	Pregnant women	1	2
	Members of different ethnic groups or cultures such as		
c.	Blacks	1	2
d.	Hispanics	1	2
e.	Native Americans	1	2
f.	Others (SPECIFY) _____	1	2
g.	IV Drug Users	1	2
h.	Cocaine Users	1	2
i.	Crack Users	1	2
j.	Polydrug	1	2
k.	Dual Diagnosis	1	2

Q18. Does your facility generally refer out to other programs for any of the following groups?

		YES	NO
1.	Teens	1	2
2.	Dual Diagnosis Clients	1	2
3.	Pregnant Women	1	2
4.	IV Drug Users	1	2
5.	People with AIDS	1	2

We're also interested in understanding the organization of your facility.

Q19. Are you primarily

1. Publicly owned or	1	(GO TO Q21)
2. Privately owned, non-profit	2	
3. Privately owned, for-profit	3	

Q20. Who is the owner?

_____

Q21. Are you licensed by (CIRCLE ALL THAT APPLY)

The city	1
The county	2
The state	3
Another licensing group (SPECIFY).....	4

_____

Q22. Are you accredited by (CIRCLE ALL THAT APPLY)

a.	JCAH	1
b.	CARF	2
c.	FDA	3
d.	DEA	4
e.	Another accrediting group (SPECIFY)	5

_____

Q23. We would also like to know about your staffing. How many people on your staff are

	# STAFF
1. MDs	_____
2. RNs	_____
3. Drug treatment counselors with special training	_____
4. Other drug treatment counselors	_____
5. Volunteers	_____
6. Administrative and support people	_____

Q24. (If any drug treatment counselors with special training are listed in Q.23), briefly describe the kind of special training your drug treatment counselors have

_____

_____

_____

FTEs

Q25. How many paid staff do you have in full-time equivalents (FTEs)? _____

Q26. How many contracted staff do you have in full-time equivalents (FTEs)? _____

Q27. How many volunteer staff do you have in full-time equivalents (FTEs)? _____

Q28. As we mentioned in our letter to you requesting permission for a site visit, we asked if you would be willing to share with us any of your written materials. If possible, we would like to have copies of

	GIVEN	REFUSED
▪ an organizational chart	1	2
▪ a staffing plan	1	2
▪ blank copies of forms you feed into your management information system	1	2
▪ typical reports generated by your system	1	2
▪ a copy of a typical patient/client bill (with identifying information covered)	1	2
▪ a written waiting list policy	1	2
▪ an example of the waiting list (with identifiers covered)	1	2
▪ licensing information	1	2
▪ an example of a methadone treatment plan	1	2
▪ any other written treatment protocols	1	2

Thank you very much for your time and cooperation.

3/1/90

OMB #: _____

Exp. Date: _____

|_|_|_|_|_|-|_|_|-|_|_|
STUDY ID #

DRUG SERVICES RESEARCH SURVEY
CLIENT RECORD ABSTRACT
PILOT STUDY
MARCH 1990

NIDA/BRANDEIS

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

NOTE: This form is completed by contractor staff and imposes no direct public burden.

Stratum Code: _ Client Type Code: |_| Match: |_| 0=No 1=Yes

Abstractor: _ _ Date: |_|_|-|_|_|-|_|_| MO DA YR Time: |_|_|_| MIN

Abstract Status: |_ _| 00=Partial complete 01=Complete 03=Out of study 04=No record available

Verified: |_| 0=No 1=Yes

Transmittal No./Date: |_|_|-|_|_|-|_|_|-|_|_| NO. MO DA YR

DSRS: PILOT STUDY MARCH 1990
CLIENT RECORD ABSTRACT

DEMOGRAPHICS AT INTAKE

1. Client record number: ..... |_|_|_|_|_|_|_|_|_|_|
(Right justify client record number)

6–6=Not permitted to abstract
7–7=Not routinely recorded
9–9=Unknown

2. Date of intake: ..... |_|_|-|_|_|-|_|_| MO DA YR

7–7=Not routinely recorded
9–9=Unknown

3. Date of birth: ..... |_|_|-|_|_|-|_|_| MO DA YR

7–7=Not routinely recorded
9–9=Unknown

3a. Age at intake (in yrs): ..... |_|_| YRS.

77=Not routinely recorded
99=Unknown

4. Gender: ..... |_|

1=Male
2=Female
7=Not routinely recorded
9=Unknown

5. Race: ..... |_|_|

01=White
02=Black
03=American Indian
04=Alaskan Native
05=Asian or Pacific Islander
77=Not routinely recorded
88=Other (Specify)_____
99=Unknown

6. Ethnicity: ..... |_|_|

01=Puerto Rican
02=Mexican
03=Cuban
04=Other Hispanic
05=Not of Hispanic origin
77=Not routinely recorded
88=Other (Specify) _____
99=Unknown

7. Marital status at intake: ..... |__|

0 = Never married
1 = Married
2 = Widowed
3 = Separated
4 = Divorced
7 = Not routinely recorded
8 = Other (Specify) _____
9 = Unknown

8. Living arrangement at intake: ..... |__|__|

00 = No stable arrangement (Include homeless, shelters)
01 = With sexual partner and children
02 = With sexual partner alone
03 = With parents
04 = With family
05 = With friends
06 = Alone with children
07 = Alone
08 = Controlled environment
77 = Not routinely recorded
88 = Other (Specify) _____
99 = Unknown

9. Years of education at intake: ..... |__|__|

00 = Less than H.S., number of years unknown
12 = H.S. graduate/GED
16 = College graduate
20 = Postgraduate
77 = Not routinely recorded
99 = Unknown

10. Technical or mechanical education (including training) at intake: ..... |__|

0 = No
1 = Yes (Specify) _____
7 = Not routinely recorded
9 = Unknown

11. Employment at intake: ..... |__|__|

01 = Full time (30 hrs/wk or more)
02 = Part time (Less than 30 hrs/wk)
03 = Full time student (Employed)
04 = Full time student (Not employed)
05 = Full time homemaker
06 = Full time military service
07 = Retired/disabled
08 = Controlled environment
09 = Unemployed, in skills development
10 = Unemployed, seeking employment
11 = Unemployed, not seeking employment
77 = Not routinely recorded
88 = Other (Specify) _____
99 = Unknown

12. Usual (or last) occupation:

(Specify) _____

13. DWI/DUI arrests prior to intake/number of arrests: ..... |__|-|__|__|
NO.

0-00 = None
1-(No.) = Yes (Code no. of arrests)
(99 = Unknown number)
7-77 = Not routinely recorded
9-99 = Unknown

14. Other arrests prior to intake/number of arrests: ..... |__|-|__|__|
NO.

0-00 = None
1-(No.) = Yes (Code no. of arrests)
(99 = Unknown number)
7-77 = Not routinely recorded
9-99 = Unknown

15. Prison record prior to intake: ..... |__|

0 = No
1 = Yes
6 = Not permitted to abstract
7 = Not routinely recorded
9 = Unknown

16. Receiving drug treatment as a condition of parole: ..... |__|

0 = No
1 = Yes
6 = Not permitted to abstract
7 = Not routinely recorded
9 = Unknown

MEDICAL STATUS AT INTAKE

17. Number of acute medical hospitalizations (1 yr prior to intake): ..... |__|__|
(If any, specify below)

00 = None
77 = Not routinely recorded
99 = Unknown

17a. Specify reasons/treatment: _____

18. Chronic medical condition at intake: ..... |__|

0 = No
1 = Yes (Specify below)
7 = Not routinely recorded
9 = Unknown

18a. Specify condition/treatment: _____

19. Physical disability at intake: ..... |__|

0 = No
1 = Yes (Specify below)
7 = Not routinely recorded
9 = Unknown

19a. Specify disability: _____

20. History of psychological disorder at intake (Other than drug and alcohol related problems): |__|

0 = No
1 = Yes (Specify below)
7 = Not routinely recorded
9 = Unknown

20a. Specify disorder(s): _____

21. Pregnancy status/test confirmation at intake: |__|-|__|

Pregnancy status codes	Test confirmation codes
+ = Not applicable, client is male	+ = Not applicable, client is male
0 = Not pregnant	0 = Pregnancy test not given
1 = Pregnant	1 = Pregnancy status confirmed by test
7 = Not routinely recorded	7 = Not routinely recorded
9 = Unknown	9 = Unknown

INTAKE/DISCHARGE ADMINISTRATIVE INFORMATION

22. Waiting time for intake into program (in days): |__|__|__|
(Right justify number of days)

000 = No waiting time
777 = Not routinely recorded
999 = Unknown

23. Primary referral source: |__|__|

00 = Self
01 = Family
02 = Employee Assistance Program (EAP)
03 = Employer (Other than EAP)
04 = Criminal Justice/Legal System (judge, parole officer, legal advisor)
05 = Private physician
06 = Community Mental Health Center
07 = Other health professional or provider
08 = School
09 = Clergy
88 = Other
99 = Unknown

24. Current client status: |__|

0 = Discharged
1 = Receiving treatment (Skip to Q27)

25. Reason for discharge: |__|

0 = Client deceased (Record date of death in Q26)
1 = Completed planned treatment
2 = Did not complete treatment, transferred to another program
3 = Did not complete treatment by administration choice (Specify reason below)
4 = Did not complete treatment by client choice (Specify reason below)
5 = Did not complete treatment, not mentioned by whose choice (Specify reason below)
6 = Incarcerated
7 = Not routinely recorded
9 = Unknown

25a. Specify reason: _____

26. Date of discharge: |__|__|-|__|__|-|__|__| MO DA YR

+–+ = Not applicable, client receiving treatment
7–7 = Not routinely recorded
9–9 = Unknown

27. Duration of treatment until discharge or now: |__|__|__|-|__|
(Right justify number then code 1 = days, 2 = weeks, 3 = months, 4 = years)

7–7 = Not routinely recorded
9–9 = Unknown

28. Primary source of payment for this treatment: |__|__|

00 = No payment - philanthropy
01 = Self-pay
02 = HMO or other prepaid plan
03 = Private health insurance
04 = Medicaid
05 = Medicare
06 = DOD
07 = Champus
08 = Champ-VA
66 = Not permitted to abstract
77 = Not routinely recorded
88 = Other (Specify)_____
99 = Unknown

29. Secondary source of payment for this treatment: |__|__|

00 = No payment - philanthropy
01 = Self-pay
02 = HMO or other prepaid plan
03 = Private health insurance
04 = Medicaid
05 = Medicare
06 = DOD
07 = Champus
08 = Champ-VA
66 = Not permitted to abstract
77 = Not routinely recorded
88 = Other (Specify)_____
99 = Unknown

30. Billed charges for this treatment: |__|__|__|__|__|__|
(Right justify and round to the nearest dollar.)

0–0 = No charges
6–6 = Not permitted to abstract
7–7 = Not routinely recorded
8–8 = Billing process not yet completed, (Total charges unavailable at this time)
9–9 = Unknown

DRUG HISTORY

31. Presenting problem at intake: ..... |__|

1 = Single drug abuse only
2 = Polydrug abuse only (Exclude alcohol)
3 = Alcohol abuse only
4 = Alcohol and other drugs combined
7 = Not routinely recorded
9 = Unknown

32. Principle treatment focus: ..... |__|

1 = Single drug abuse only
2 = Polydrug abuse only (Exclude alcohol)
3 = Alcohol abuse only
4 = Alcohol and other drugs combined
7 = Not routinely recorded
9 = Unknown

33. Substance abuse/mental illness (dual diagnosis) client ..... |__|

0 = No
1 = Yes
9 = Unknown

34. Primary diagnosis (DSMIII code) at intake: ..... |__|__|__|.|__|__|

7-7 = Not routinely recorded
9-9 = Unknown

34a. Specify primary diagnosis (copy verbatim): .....

_____

_____

34b. List other diagnoses and codes if available: .....

_____ |__|__|__|.|__|__|

_____ |__|__|__|.|__|__|

35. HIV test given during this treatment: ..... |__|__|

00 = No, test not given
01 = Yes, seropositive (Not confirmed AIDS)
02 = Yes, seropositive (Confirmed AIDS)
03 = Yes, negative
04 = Yes, results inconclusive/conflicting
05 = Yes, results not stated
06 = No, client known to be HIV positive
07 = No, client known to have AIDS
66 = Not permitted to abstract
77 = Not routinely recorded
88 = Other (Specify)_____
99 = Unknown

Drug Habit At Intake

(For each substance listed below, code EVER USED. If ever used, complete the rest of the line in the table.)

		EVER USED	LIFETIME USE IN YRS.	FREQUENCY OF USE IN LAST 30 DAYS	ROUTE OF OF USE IN LAST 30 DAYS	DRUG OF CHOICE AT INTAKE
36.	Cocaine (Exclude crack)	|__|	|__|__|	|__|__|	|__|__|	|__|
37.	Crack	|__|	|__|__|	|__|__|	|__|__|	|__|
38.	Heroin	|__|	|__|__|	|__|__|	|__|__|	|__|
39.	Non-treatment methadone	|__|	|__|__|	|__|__|	|__|__|	|__|
40.	Other opiates/synthetics	|__|	|__|__|	|__|__|	|__|__|	|__|
41.	Barbiturates	|__|	|__|__|	|__|__|	|__|__|	|__|
42.	Benzodiazepines	|__|	|__|__|	|__|__|	|__|__|	|__|
43.	Other sedatives/hypnotics	|__|	|__|__|	|__|__|	|__|__|	|__|
44.	Methamphetamines	|__|	|__|__|	|__|__|	|__|__|	|__|
45.	Other amphetamines	|__|	|__|__|	|__|__|	|__|__|	|__|
46.	Marijuana/hashish/THC	|__|	|__|__|	|__|__|	|__|__|	|__|
47.	PCP, LSD	|__|	|__|__|	|__|__|	|__|__|	|__|
48.	Other hallucinogens	|__|	|__|__|	|__|__|	|__|__|	|__|
49.	Inhalants	|__|	|__|__|	|__|__|	|__|__|	|__|
50.	Steroids	|__|	|__|__|	|__|__|	|__|__|	|__|
51.	Over-the-counter (Specify) _____	|__|	|__|__|	|__|__|	|__|__|	|__|
52.	Alcohol	|__|	|__|__|	|__|__|	|__|__|	|__|
53.	Other (Specify)_____	|__|	|__|__|	|__|__|	|__|__|	|__|

EVER USED

0 = Never (Skip rest of line)
1 = Yes (Complete line)
7 = Not routinely recorded (Skip rest of line)
9 = Unknown (Skip rest of line)

LIFETIME USE IN YRS.
(Round to nearest year)

++ = Not applicable
00 = Less than 6 months
77 = Not routinely recorded
99 = Unknown

FREQUENCY OF USE IN LAST 30 DAYS

+++ = Not applicable
01 = Less than once per week
02 = Once per week
03 = Several times per week
04 = Once daily
05 = Two-three times daily
06 = More than three times daily
77 = Not routinely recorded
88 = Other (Specify in Comments)
99 = Unknown

ROUTE OF USE IN LAST 30 DAYS
(In priority order)

+++ = Not applicable
01 = Injected and other routes
02 = Injected only
03 = Ingested/Oral
04 = Inhaled/Sniffed
05 = Smoked
06 = Rectal
77 = Not routinely recorded
88 = Other (Specify in Comments)
99 = Unknown

DRUG OF CHOICE AT INTAKE

+ = Not applicable
0 = No
1 = Yes
7 = Not routinely recorded
9 = Unknown

54. Any substance abuse testing while in treatment: ..... |__|-

0 = No testing
1 = Yes, complete table below
7 = Not routinely recorded
9 = Unknown

Substance Abuse Testing
(Complete table in chronological order)

	DATE OF TEST RESULTS MO DA YR	TYPE OF TEST	TEST RESULTS BY DRUG 01/02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	88
At Intake	|__|__|-|__|__|-|__|__|	|__|																
Mid-Treatment	|__|__|-|__|__|-|__|__|	|__|																
At Discharge	|__|__|-|__|__|-|__|__|	|__|																

TYPE OF TEST

1 = Urine
2 = Serum/Blood
7 = Not routinely recorded
8 = Other (Specify in Comments)
9 = Unknown

TEST RESULTS CODES

+ = Not applicable drug not tested
0 = Negative
1 = Positive
7 = Not routinely recorded
8 = Other (Specify in Comments)
9 = Unknown

DRUG CODES

01/02 = Cocaine (Including crack)
03 = Heroin
04 = Non-treatment methadone
05 = Other opiates/synthetics
06 = Barbiturates
07 = Benzodiazepines
08 = Other sedatives/hypnotics
09 = Methamphetamines
10 = Other amphetamines
11 = Marijuana/hashish/THC
12 = PCP/LSD
13 = Other hallucinogens
14 = Inhalants
15 = Steroids
16 = Alcohol
88 = Other (Specify in Comments)

55. Total number of tests ..... |__|__|__|

56. Total number of positive results ..... |__|__|__|

DRUG TREATMENT HISTORY

57. Total number of treatment episodes (For any substance abuse) prior to intake ..... |__|__| NO.

00 = No prior treatment episodes
77 = Not routinely recorded
99 = Unknown

57a. Period prior to intake over which treatment episodes were reported ..... |__|__| YRS.

55 = Lifetime
77 = Not routinely recorded
88 = Other (Specify) _____
99 = Unknown

58. Treatment episodes (For any substance abuse) in the twelve months prior to intake: ..... |__|-

0 = None
1 = Yes (Complete table below)
2 = Yes, table overflow (Enter overflow in Comments)
7 = Not routinely recorded
9 = Unknown

Treatment Episodes Twelve Months Prior to Intake
(Complete table in chronological order)

	REASON FOR TREATMENT (DRUG TYPE) Primary	REASON FOR TREATMENT (DRUG TYPE) Secondary	FACILITY	ENVIRONMENT	MODALITY	REASON FOR DISCHARGE
a.	|__|__|	|__|__|	|__|	|__|	|__|	|__|
b.	|__|__|	|__|__|	|__|	|__|	|__|	|__|
c.	|__|__|	|__|__|	|__|	|__|	|__|	|__|
d.	|__|__|	|__|__|	|__|	|__|	|__|	|__|
e.	|__|__|	|__|__|	|__|	|__|	|__|	|__|
f.	|__|__|	|__|__|	|__|	|__|	|__|	|__|

REASON FOR TREATMENT CODES

01 = Cocaine
02 = Crack
03 = Heroin
04 = Non-treatment methadone
05 = Other opiates/synthetics
06 = Barbiturates
07 = Benzodiazepines
08 = Other sedatives/hypnotics
09 = Methamphetamines
10 = Other amphetamines
11 = Marijuana/hashish/THC
12 = PCP/LSD
13 = Other hallucinogens
14 = Inhalants
15 = Steroids
16 = Alcohol
17 = Polydrug (Excluding alcohol)
18 = Combination alcohol and other drug
19 = Substance abuse/mental illness (Dual diagnosis)
77 = Not routinely recorded
88 = Other (Specify in Comments)
99 = Unknown

FACILITY CODES

1 = Here
2 = Elsewhere
7 = Not routinely recorded
9 = Unknown

ENVIRONMENT CODES

1 = Hospital inpatient
2 = Residential
3 = Outpatient detoxification/drug maintenance
4 = Outpatient drug free
5 = Partial hospitalization (Day program or intensive ambulatory services)
7 = Not routinely recorded
9 = Unknown

MODALITY CODES

1 = Drug detoxification
2 = Drug maintenance
3 = Drug free
4 = Alcohol – all modalities
5 = Continuum of care (Short term detox followed by other modality)
7 = Not routinely recorded
9 = Unknown

REASON FOR DISCHARGE CODES

1 = Completed planned treatment
2 = Did not complete treatment, transferred to another program
3 = Did not complete treatment by administration choice
4 = Did not complete treatment by client choice
5 = Did not complete treatment, not mentioned by whose choice
6 = Incarcerated
7 = Not routinely recorded
9 = Unknown

Services During This Treatment
(For each service listed below, code service given. If given, complete the rest of the line in the table.)

		SERVICE GIVEN	FACILITY	FREQUENCY	NO. OF ENCOUNTERS (Right justify no.) (888 = Unknown)
59.	Individual counseling	__	__	___	___
60.	Group counseling	__	__	___	___
61.	Family counseling	__	__	___	___
62.	Educational counseling (Didactic)	__	__	___	___
63.	Employment counseling (Vocational rehabilitation)	__	__	___	___
64.	Detoxification	__	__	___	___
65.	Pharmacological (Methadone)	__	__	___	___
66.	Pharmacological (Not methadone)	__	__	___	___
67.	Activity groups (Include sobriety groups)	__	__	___	___
68.	Self-help groups	__	__	___	___
69.	Day care for children	__	__	___	___
70.	Relapse prevention	__	__	___	___
71.	Other (Specify) _____	__	__	___	___

SERVICE GIVEN CODES
1 = Actually given, completed
2 = Actually given, ongoing
3 = Actually given, not completed by administration choice
4 = Actually given, not completed by client choice
5 = Actually given, not completed, but not mentioned by whose choice
6 = Planned or recommended, can't confirm actually given
7 = Not routinely recorded
9 = Unknown

FACILITY CODES
1 = Here
2 = Elsewhere
7 = Not routinely recorded
9 = Unknown

FREQUENCY
01 = Less than once per week
02 = Once per week
03 = Several times per week
04 = Once daily
05 = Two-three times daily
06 = More than three times daily
07 = Not regularly scheduled, used as needed
99 = Unknown

72. Number of sessions with any physician during this treatment: ..... ___
(Right justify number of sessions.)

000 = None
777 = Not routinely recorded
999 = Unknown

73. Number of sessions with any psychologist during this treatment: ..... ___

000 = None
777 = Not routinely recorded
999 = Unknown

74. Methadone given during this treatment: ..... __ [redacted]

0 = No (Leave table blank; skip to Q76)
1 = Yes (Complete table below and Q75)
7 = Not routinely recorded (Leave table blank; skip to Q76)
9 = Unknown (Leave table blank; skip to Q76)

Methadone Treatment

		DATE OF TREATMENT MO DA YR	TOTAL DAILY DOSE IN MGS. (88 = Unknown)	GIVEN DOSE IN MGS. (88 = Unknown)	GIVEN DOSE NO. OF TIMES/DAY (88 = Unknown)	PLACE (1 = Here, 2 = Here/At Home, 8 = At home, 9 = Unknown)
74a.	First Dose	__-__-__	___	___	__	_
74b.	Stabilization	__-__-__	___	___	__	_
74c.	Discharge or last dose	__-__-__	___	___	__	_

75. Methadone supply taken home during this treatment/Supply amount: ..... __-__ (SUP.)

Supply Taken Home
+-++ = Not applicable
0-00 = No
1-(SUP.) = Yes (Code supply amount)
7-77 = Not routinely recorded
9-99 = Unknown

Supply Amount Codes
01 = 1 day supply
02 = 2 day supply
03 = 3 day supply
04 = 4 day supply
05 = 5 day supply
06 = 6 day supply
07 = 7 day or more supply
08 = Weekend supply
77 = Not routinely recorded
88 = Other (Specify) _____
99 = Unknown

76. Primary discharge diagnosis (Copy verbatim): ..... [redacted]
(For clients still in treatment, write "continuing care.")

77. After care plan stated in record: ..... |__|

+ = Not applicable, client continuing care
0 = No
1 = Yes (Copy verbatim below)

77a. Specify after care plan: _____

77b. Services included in after care plan: .....
(For each service, code: 0 = No, 1 = Yes, 9 = Unknown)

01. Individual counseling ..... |__|
02. Group counseling ..... |__|
03. Family counseling ..... |__|
04. Educational counseling ..... |__|
05. Employment counseling ..... |__|
06. Methadone maintenance ..... |__|
07. Pharmacological (not methadone) ..... |__|
08. Activity groups ..... |__|
09. Self-help groups ..... |__|
10. Relapse prevention ..... |__|
11. Alumni group/Reunion ..... |__|
88. Other (Specify) _____ ..... |__|

78. Place to which client was discharged: ..... |__|__|

+ + = Not applicable, client continuing care
00 = Client deceased
01 = Client's home
02 = Half-way house
03 = 3/4 way house
04 = Sober house
05 = Prison
06 = Referred to another treatment program
77 = Not routinely recorded
88 = Other (Specify in Comments)
99 = Unknown

79. Comments: .....

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