

**ADAMH Outcome Evaluation Operating Guide
For Adults Receiving Alcohol and Drug
Addiction Treatment Services**

&

ADAMH ASI Short Form Instructional Manual

From

**Alcohol, Drug and Mental Health
Board of Franklin County**



This manual is subject to changes without prior notice in order to reflect needed updates from the input and work progress from the AOD Treatment Evaluation Advisory group, or rules/regulations that become effective after the dissemination of this manual (August 2010).

Release Date: August 24, 2010

Table of Contents

Preface	4
Outcome Evaluation Operating Guide	5
1. Target Population:	5
2. Intake Administration:.....	5
3. Follow-up Administration:.....	5
4. Points to Include When Introducing the ASI	6
5. ADAMH ASI Short Forms: Instructions & Guide	7
Interviewer Instructions.....	7
Item by Item Guide	7
A. GENERAL INFORMATION	8
B. MEDICAL STATUS.....	8
C. EMPLOYMENT/SUPPORT STATUS	10
D. DRUG AND ALCOHOL USE.....	12
E. LEGAL STATUS.....	17
F. FAMILY/SOCIAL RELATIONSHIPS	21
G. PSYCHIATRIC STATUS.....	26
Copy of ADAMH ASI Short Forms	30
5. Ensuring Correct Coding, Data Integrity and Quality	31
Tips for checking the ADAMH ASI Short Forms	31
Quality Control and Trouble Shooting	32
6. Useful Tips for Follow-ups	33
A. References may be found in the ASI training package.....	33
B. Suggestions to achieve high follow-up rates.....	33
C. Guidelines for follow-ups attempts.....	33

Client Contact Sheet.....	34
Call Sheet	35
7. Data Submission	36
8. Client Satisfaction Survey, (CSQ-8)	37
Confidentiality.....	37
Administration	37
Appendix A – ADAMH Addiction Severity Index Intake Short Form	39
Appendix B – ADAMH Addiction Severity Index Follow-up Short Form	45
Appendix C – Data Transmission Specifications for ADAMH ASI Forms	49
Intake Forms Specifications	49
Follow-up Forms Specifications	52
Appendix D – Other Data Files Information Sheet.....	54
Appendix E – Consent for Release of Client Contact Information	55
Appendix F – Integrated Client Authorization Form	56

Preface

ADAMH Addiction Severity Index (ASI) Short Forms are designed by the ADAMH Board of Franklin County for evaluating the treatment outcomes of adults receiving alcohol and drug addiction treatment services in the ADAMH network. Evaluation of treatment outcomes is an integral part of system evaluation. With such a system in place, we can demonstrate: 1) the effective use of tax dollars, 2) the accountability of the provider network, and 3) the continuous quality improvement of the system of care.

In January 2000, the system moved a step closer to achieving these goals and objectives. ADAMH Planning, Evaluation and Quality Improvement staff developed an evaluation system based on extensive research efforts and the input from the AOD Adult treatment Evaluation Advisory Group, consisting of representatives from AOD adult treatment agencies who have evaluation experience or expertise. The ADAMH Board of Trustees recognized the importance of outcomes evaluation and provided one-time only financial assistance in March 2002 to encourage full agency participation in assessments and electronic record submission.

The short forms contain items adopted from the Addiction Severity Index (ASI), Fifth Edition and are used to measure a patient's problem status in seven functional areas. Many questions in the Fifth Edition were omitted to reduce replications of data that are collected through the system's MACSIS databases. The information collected from the short forms is to be used in conjunction with MACSIS.

Submitting ASI forms is now a part of the ADAMH provider contract. To date, we have collected more than 33,000 intake and 20,000 follow-up records with various degrees of provider participation.

The ADAMH ASI Short Forms are not intended to be diagnostic tools. Treatment agencies have discretion to develop or use instruments or ask questions deemed necessary to diagnose, develop a treatment plan and determine the level of care a patient needs.

This instructional manual is designed to provide *minimum* reference to ADAMH ASI short forms. For training purposes and additional references, please refer to:

Addiction Severity Index Training Package by Tomas Coyne (Training provided by ADAMH in the week of December 13, 1999)

Addiction Severity Index Training Tapes (Available at ADAMH on a first come first serve basis)

This manual together with other useful outcomes information can be downloaded from

<http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php>

Additional questions or inquiries, please feel free to contact the Network Services, Planning and Evaluation team of ADAMH at (614) 224-1057.

Outcome Evaluation Operating Guide

1. Target Population:

Adults who are:

- Eligible for services by the ADAMH system (i.e., client should have a valid Unique Client Identifier, UCI)
- Over age 18
- Seeking alcohol and drug addiction treatment to address problems associated with substance-related disorders, including substance dependence, substance abuse and substance-induced disorders (i.e., DSM-III diagnosis groups: 291.xx, 292.xx, 303.xx, 304.xx, 305.xx)
- New or recidivated to treatment agencies (including referrals by other provider agencies)
- Dual diagnosis: For dually diagnosed adult clients receiving treatment at an agency that provides mental health and AOD services, the agency can choose to assess the clients using either the Adult consumer form, or ASI short forms or both.

2. Intake Administration:

- At intake, clinicians (trained professionals) conduct face-to-face interviews with the clients.
- The ASI should only be administered when the clients can understand and make valid responses to the questions¹.
- The initial assessment does not need to be finished in one session. It is strongly suggested that an interview is completed no later than one week after it is started
- It is helpful to give clients as much orientation as possible.
- Ensuring correct coding and data quality is a must.

3. Follow-up Administration:

- It includes all targeted adult clients including those who complete and those who do not complete treatment.
- Clinicians (trained professionals) conduct phone or in-person interviews at following intervals
 - ❖ 3-month in-treatment
 - ❖ 6-month in-treatment if applicable
 - ❖ At discharge
 - ❖ 30-day after treatment
 - ❖ 3-month after treatment
- Clinicians can also opt for an interview before 3-months in-treatment if needed.
- Ensuring correct coding and data quality is a must.

¹ For example, if clients are in the detoxification program (with a DSM dependence diagnosis), the ASI will be administered at the time when clients are sober enough to make valid responses.

4. Points to Include When Introducing the ASI

- All clients receive this standard interview.
- All information gathered is confidential and will be used only by the treatment or research staff.
- The interview assesses seven functional areas: medical, employment, alcohol, drug, legal, family/social and psychiatric.
- There are two time periods expressed, the past 30 days and lifetime data.
- Patient/client input is important. For each area I will ask you to use a scale to let me know how bothered you have been by any problems in each section. Also, I will ask you how important treatment is for you for the area being discussed.

The scale is:

- 0** not at all
- 1** slightly
- 2** moderately
- 3** considerably
- 4** extremely

- Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Tell the client: please try not to give inaccurate information!

- ✓ The interviewer should mention each of these points.
- ✓ The most important considerations are that the client understands the purpose of the interview and that it is confidential.
- ✓ Be sure to inform the client of the 3 or 6-month in-treatment interviews, if applicable, and the 30-day and 3-month post-discharge interviews that will occur later. It will be best to obtain their understanding and agreement to follow-up interviews at the beginning. Explain that this follow-up information is needed whether they complete the program/treatment plan or not.

5. ADAMH ASI Short Forms: Instructions & Guide

Interviewer Instructions

NOTE:

- Please code all items; **LEAVE NONE BLANK**
“N” = Question not applicable
“X” = patient cannot understand or will not answer
- ❖ → Indicates clarification or tutorial note
- Half time rule: If a question asks the number of months, round up periods of 14 days or more to 1 month. If a question asks the number of years, round up 6 months or more to 1 year.

Item by Item Guide

Provider Check Box: To identify your agency

1. MACSIS Member

Intent/Key Points: To record a Unique Client Identifier that is used in MACSIS.

2. Agency Case

Intent/Key Points: To record a case number that is assigned for each client by the agency.

3. Agency Staff

Intent/Key Points: To record an agency staff number identifying the clinical staff member who interviews the client and fills out the ASI forms.

G5 Interview Date

Intent/Key Points: To record the date of the ASI interview.

G9 Mode of Interview

Intent/Key Points: To record the mode of interview, whether it is done in person or over the phone. All intakes should use person-to-person interviews and most of the follow-up interviews can use phone interviews.

A. GENERAL INFORMATION

G19. Have you been in a controlled environment in the past 30 days?

G20. How many days?

Intent/Key Points: To record whether or not the patient has had restricted access to drugs or alcohol in the past 30 days. A controlled environment will refer to a living situation in which the patient was restricted in his/her freedom of movement and his/her access to alcohol and drugs. This usually means residential status in a treatment setting or penal institution. A halfway house is generally NOT a controlled environment.

Suggested Interviewing Technique: Read the question as written. Providing the patient with examples can help them understand what you mean by the term “controlled environment.”

“Mr. Smith, in the past 30 days, have you spent any time in a controlled environment, situation like a jail...or a detox program...or a medical hospital ...any place where you may not have been able to get drugs and alcohol as easily as in your neighborhood?”

Coding Issues: If the subject was in two types of controlled environments, enter the number corresponding to the environment in which he/she spent the majority of time. In these cases, time spent in a controlled environment (G20) will reflect the total time in all settings.

Cross-check this time with: All the items that include information about the past 30 days. For example, if the patient has been in a controlled environment for twenty-five days out of the last thirty, one would assume the patient hasn’t used substances (D1-D13) on more than five days. However, the later case can be true if the patient reports using days in which he or she was in a controlled environment.

B. MEDICAL STATUS

The medical status section of the ASI helps you to gather some basic information about your patient’s medical history.

M3. Do you have a chronic medical problem that continues to interfere with your life?

Intent/Key Points: A chronic condition is a serious or potentially serious physical or medical condition that requires continuous or regular care on the part of the patient (*e.g.*, medication, dietary restrictions, inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. Focus on and record the presence of a chronic medical problem if the patient needs continued care, *even if the patient has grown accustomed to the care*. For example, a diabetic patient may report that injecting insulin daily doesn’t interfere with his or her life because it has become routine. Regardless, you would count the diabetes

as a chronic medical problem.

Suggested Interviewing Techniques: Provide examples and emphasize the chronic aspect of the problem. It may help to de-emphasize the problem's "interference with the patient's life" in cases where the patient has accepted the continued care as less of an interference than a daily routine.

"Do you have a chronic medical problem Mr. Smith . . . like diabetes or high blood pressure or chronic back pain?"

M6. How many days have you experienced medical problems in the past 30 days?

Intent/Key Points: Ask the patient how many days in the past 30 days he/she experienced physical/medical problems. Do not include problems directly caused only by alcohol or drugs. This means problems such as hangovers, vomiting, or lack of sleep that would be removed if the patient were abstinent. However, if the patient has developed a continuing medical problem through substance abuse that would not be eliminated simply by abstinence, include the days on which he/she experienced these problems such as cirrhosis, phlebitis, or pancreatitis.

Include symptoms of minor ailments such as a cold or the flu.

Suggested Interviewing Techniques: As written, with examples

Help the patient to understand that you need to record the exact number of days that he or she experienced medical problems. For example, if the patient says that he felt short of breath "some of the time," ask him to tell you the exact number of days that he felt short of breath. Finally, make sure that the shortness of breath was a medical problem unrelated to drug or alcohol use.

"Mr. Smith, how many days have you experienced any medical problems . . . anything from a cold to the flu to the back pain (or other symptoms of a chronic medical problem), which you described earlier?"

Additional Probes: Exact number of days . . . not a guess

Cross-check item with: Medical status M7 and M8

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M8. How important to you now is treatment for these medical problems?

Intent/Key Points: To record the patient's feelings about how bothersome the previously mentioned physical ailments have been in the last month and how interested they would be in receiving (additional) treatment. Be sure to have the patient restrict his/her response to those problems counted in M6.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the name of it, rather than the term “problems.” For example, if the patient reports having trouble with chest pains in the last thirty days, ask the patient question M7 in the following way:

“Mr. Smith, how troubled or bothered have you been in the past thirty days by the chest pains that you mentioned . . .or by any other medical problems?”

Ask the patient question M8 in the following way:

“Mr. Smith, how important would it be for you to get (additional) treatment for the chest pains you mentioned, or for any other medical problems?”

If M6=0, we suggest that you ask questions M7 and M8 in the following way, to double-check that the patient really hasn’t had problems.

“So, Mr. Smith, it sounds like you haven’t had any medical problems in the past thirty days . . . may I assume that you haven’t been bothered by any medical problems. . . ?

Coding Issues: For item M8, emphasize that you mean additional medical treatment for those problems specified in Item M6

Cross-check item with: Medical status M6. If Medical Status, M6 equals 0, then M7 and M8 must equal 0 also.

You can’t rate the extent to which a non-existent problem is bothersome.

C. EMPLOYMENT/SUPPORT STATUS

E4. Do you have a valid driver’s license?

E5. Do you have an automobile available for your use?

Intent/Key Points: This item (E5) provides an indication of the patient’s opportunity to become employed, since many jobs require driving while at work or at least the ability to get to work in places where public transportation is not available. A valid driver’s license is a license that has not expired or been suspended or revoked. Item E5 does not necessarily require ownership but availability on a regular basis for personal transportation. Item #s E4 and E5 are to be used as indicators of the patient’s ability to get to and from work.

Suggested Interviewing Techniques: Ask as written. It has been our experience that some patients have a difficult time answering this question in a direct way. They may attempt to qualify their answer. For example, they may say, “My license should be valid, but I just have to take care of some tickets.” Record that the patient has no license and code item #5 with a “0” also.

“Mr. Smith, do you have a valid driver’s license?”

“Do you have an automobile available, if you needed it to get to work everyday?”

Coding Issues: If the patient has no valid driver’s license, please code item #5 with a “0” rather than “N.”

E10. Usual employment pattern, past 3 years

Intent/Key Points: The interviewer should determine which choice is most representative of the past 3 years, not simply the most recent. Full-time work (including under-the-table work) is regular and greater than 35 hours per week. Regular part-time work is a job in which the patient has a work schedule less than 35 hours per week but it is regular and sustained. Irregular part-time work refers to jobs in which the patient works on a part-time basis but does not work on a reliable schedule. When there are equal times for more than one category, record that which best represents the current situation.

Suggested Interviewing Techniques: It may take a series of questions to get the correct response to this item. Depending on the patient, you might consider beginning by asking about their current work situation and working backwards in time. Other patients find it easier to think back to what they were doing three years ago and work forwards.

If you know he/she was employed:

“Is your current job full-time? How long have you held this job?”

“What kind of work did you do before this job? Was that job full-time?”

If you know that he/she is unemployed:

“How long have you been unemployed? What were you doing in your previous job?”

“How long did you hold that job? Was it a full-time or a part-time job?”

The information that you finally record will represent the patient’s employment pattern during *most* of the past three years.

Coding Issues: Record the code that corresponds to the pattern that the patient held during the greatest part of the past three years. For example, you would code this item, “1” for a patient who worked full-time for two of the last three years, even if the patient had not worked for the past year.

If the patient has been employed for the past year and a half after being unemployed for a year and a half, record that the patient was “usually” employed (the periods of employment and unemployment were equal; however the period of employment was the most recent).

E11. How many days were you paid for working in the past 30 days?

Intent/Key Points: To record basic information about the current work situation. Record the number of days in which the patient was paid (or will be paid) for working. Jobs held in a prison or in a hospital are not counted. “Under-the-table” jobs are included. Paid sick days and vacation days are included here.

Suggested Interviewing Techniques: As written. Emphasize that you’re interested in “under-the-table” work also. Often patients report that they were paid for working “every day.” The interviewer must clarify whether the patient worked a five-day week (20), or a six-day a week (24). Ask for the exact number of days worked this month.

“Mr. Smith, how many days were you paid for working, including under-the-table work, in the past 30 days?”

Coding Issues: A five day work week will be coded “20”.

E12. How much money did you receive from employment income in the past 30 days?**E17. How much money did you receive from illegal income in the past 30 days?****Intent/Key Points:**

E12 Employment: This is net or take-home pay. Also include pay for under-the-table work **E17** Illegal: This includes any money obtained illegally from drug dealing, stealing, “fencing” stolen goods, illicit gambling, etc. If patient has received drugs in exchange for illegal activity do not attempt to convert this to a dollar value. Simply note this in the comment sections here and in the legal section. Again, the focus is on money available to the patient, not an estimate of the patient’s net worth.

Suggested Interviewing Techniques: Read as written, with examples for each item.

“Mr. Smith how much money did you receive for employment in the past 30 days?”

D. DRUG AND ALCOHOL USE

Introduction: The Drug/Alcohol use section of the ASI helps you gather some basic information about the patient’s substance abuse history. The manual addresses the “Drug Grid,” Drug and Alcohol items D1-D12 in two separate sections: the patient’s use in the past 30 days and lifetime use. We recommend that for each substance, you ask the questions pertaining to the last thirty days before you ask about lifetime use.

A table of commonly used drugs is listed by the side of the “Drug Grid” on the short forms for your reference.

D1-12: Drug and Alcohol Use Past 30 Days.

Intent/Key Points: To record information about recent substance use. Record the number of days in the last thirty that the patient reported any use at all of a particular substance. Note: *It is important to ask all substance abuse history questions regardless of the presenting problem* (e.g., an alcoholic may be combining drugs with drinking; a cocaine user may be unaware of a drinking problem).

Suggested Interviewing Techniques: Be sure to prompt the patient with examples (using slang and brand names) of drugs for each specific category. We recommend that you ask this question as written below.

“Mr. Smith, how many days in the past thirty have you used _____?”

NOT how many times in the past 30 days.

There may be a vast difference between the number of days and number of times.

NOT . . . How many drinks or “lines” or “rocks” in the past thirty days.

There may be a big difference between the number of days and the number of drinks.

Note: Item #D2 – Alcohol to Intoxication – does not necessarily mean getting drunk. In fact, it is not advisable to use the phrase “to intoxication” in asking the question since patients’ interpretations of this phrase vary so widely. Instead ask the number of days the patient felt the “effects” of alcohol (e.g., got “a buzz,” “high,” or drunk). If the patient gives evidence of considerable drinking yet denies feeling the effects of the alcohol, get an estimate from the patient of how much he/she has been drinking. (He/she may be denying the effects or manifesting tolerance.) In such cases, as a rule, the equivalent of 3 or more drinks in one sitting or within a brief period of approximately one or two hours, can be considered “Alcohol to Intoxication” for Item D2.

Coding Issues:

1. Prescribed medication is counted under the appropriate generic category.
2. LAAM should be recorded under “Methadone.”
3. Cocaine is used in many forms and these often have different names. “Crack” or “rock” cocaine is simply the “freebased” (smokable) form of cocaine. All different forms of cocaine (e.g., crystal cocaine – snorted, freebase cocaine – smoked, crystal cocaine – injected) should be counted under the cocaine category.

Cross-check Drug/Alcohol Use items 1 - 12 with:

Drug/Alcohol Use D13

Drug/Alcohol Use D23

Drug/Alcohol Use D26-D27 (possibly)

D1-12: Drug and Alcohol Use, Lifetime Use

Intent/Key Points: To record information about extended periods of regular use. The “rule of thumb” for regular use is a frequency of 3 or more time per week. However, it is true that cocaine, alcohol and even some other drugs can be regularly and severely abused in two-day binges. Therefore, the interviewer should probe for evidence of regular problematic use, usually to the point of intoxication and to the point where it compromises other normal activities such as work, school or family life. Problematic use here will generally be obvious and it should be counted even if it is less than 3 times per week. If there is substantial but irregular use of any drug (less than 3 times per week for a month or longer), do not include under items D1-D12.

Suggested Interviewing Techniques: Generally, you will need to ask a number of questions to get the information that you will eventually code in the boxes in the grid. With many patients, it is possible to get a valid response by asking the question the following way:

“Mr. Smith, how many years of your life have you regularly used _____?
By regularly, I mean three or more times per week..”

However, when interviewing patients with complicated substance use histories, it may be helpful to ask them the year that they began to use the substance regularly and work forward in time from there.

“Mr. Smith, when did you start using alcohol regularly?” “Since you started, have you ever abstained for over a month?” “When did you pick up again?”

After you have recorded the periods of time that the patient has used each substance, you know what to record in the lifetime section of the grid. You may consider summarizing it for the patient like this:

“So Mr. Smith, it sounds like you started using cocaine regularly while you were in high school in 1978. You continued to use it regularly until 1981, when you got into treatment. You stayed clean until three months ago, when your brother died. You have been using regularly since then. So, in your lifetime, you have used it regularly for three years and three months (code three years).

Coding Issues: Six months or more of regular problematic use will be considered one year; less than six months of problematic use should not be counted as a year.

D13. Multiple Substances

Intent/Key Points: To record information about drug combinations. Under “Past 30 Days” ask the patient how many days he took more than one (ASI category) substance including alcohol. Under “Lifetime Use” ask the patient how long he regularly (generally 3 times per week for a month or more) took more than one substance per day including alcohol.

Suggested Interviewing Techniques: By reviewing the information in the drug grid, you should be able to estimate the number of days the patient used more than one drug in the past 30, as well as the number of years he regularly used more than one substance. To insure that you are getting accurate information, ask the following:

“How many days in the past 30 have you used more than one substance per day?”

and

“How many years have you regularly used more than one substance per day?”

Cross-check item with: Drug/Alcohol Item D1-D12

D19 and D20. How many times in your lifetime have you been treated for alcohol/drug abuse?

Intent/Key Points: To record the number of times the patient has received help for their drug or alcohol problems in their life.

Suggested Interviewing Techniques: Ask as written.

“Mr. Smith, how many times in your life have you been treated for alcohol or drug abuse?”

Coding Issues:

1. Count any type of alcohol or drug treatment, including detoxification, halfway houses, inpatient, outpatient counseling, and AA or NA (if 3 or more sessions) within one month period.
2. If the patient was treated for both alcohol and drug problems simultaneously, count the treatment under both categories. Note that the treatment was for both.
3. Exclude “Driver’s School for D.W.I. violations.” Ask questions separately for alcohol and drugs. In the case of dual problems try to get the number of treatments in each category.
4. Code as a single episode treatment experiences that occur in different facilities immediately following one another. For example, a patient who spends two months in a residential program followed immediately by a six-month outpatient program

has been involved in one treatment episode *not* two treatment episodes. However, if the patient returns home before being admitted to the outpatient program, the outpatient program should be counted as a separate treatment episode.

Cross-check item with: Drug/Alcohol Use, Item D1-D13

D23. How much would you say you spent during the past 30 days on alcohol?

Intent/Key Points: This is primarily a measure of financial burden not amount of use.

Coding Issues: Enter “X” only if patient cannot make a reasonable determination.

Cross-check item with: Employment/Support items E12 and E17

D26 and D27. How many days in the past 30 have you experienced alcohol/drug problems?

Intent/Key Points: Be sure to stress that you are interested in the number of days the patient had problems directly related to alcohol or drug use. Include craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so.

Suggested Interviewing Techniques: Ask as written, with plenty of examples based on what the patient has already told you. Client’s “denial” of problems may hinder the interviewer’s ability to record accurate information. The interviewer should focus the question on symptoms or situations already described by the patient as problematic. For example, a patient may say, I can handle my alcohol use. My lawyer said that I should get into treatment because it will help my DUI case.” The interviewer might say, “How many days in the past 30 have you had problems related to alcohol use . . . such as worrying about your DUI case?” Another example follows:

“Mr. Smith, how many days in the past 30 have you experienced alcohol problems . . . such as the fact that you’ve been getting in trouble at work because of your drinking, or the fact that you have been spending all of your money on alcohol.

Coding Issues: Do not include the patient’s inability to find drugs or alcohol as a problem.

Cross-check item with: Drug/Alcohol section, Items 26-31.

If D26=0, then D29 and D30 must equal “0” also.

If D27=0, then D29 and D31 must equal “0” also.

One can’t rate nonexistent problems

D28 and D29 How troubled or bothered have you been in the past 30 days by these alcohol/drug problems?**D30 and D31 How important to you now is treatment for these alcohol/drug problems?**

Intent/Key Points: To record the patient's feelings about how bothersome the previously mentioned drug or alcohol problems have been in the last month, and how interested they would be in receiving (additional) treatment. Be sure to have the patient restrict his/her response to those problems counted in item D26 or D27.

Suggested Interviewing Techniques: When asking the patient to rate the problem, provide concrete examples of them, rather than the term "problems." For example, if the patient reports that besides worrying about a DUI case, he has had physical problems from alcohol, such as hangovers, the interviewer should ask Item D26 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by alcohol problems such as the hangovers that you mentioned . . . or the worry over your upcoming case?"

Ask Items D30 and D31 in the following way:

"Mr. Smith, how important would it be for you to talk to someone about your alcohol problems . . . such as the hangovers that you mentioned . . . or the worry over your upcoming case?"

Cross-check item with:

Drug/Alcohol section, items D26 and D27.

If D26=0, then D28 and D30 must equal "0" also

If D27=0, then D29 and D31 must equal "0" also.

One cannot rate non-existent problems.

E. LEGAL STATUS

Introduction: The legal status section of the ASI helps you gather some basic information about your patient's legal history. An interviewer can most efficiently gather accurate information from this section by doing a lot of probing in the first part of the section. For example, if a patient reports that he or she was charged with a criminal offense, the interviewer should ask whether he or she was convicted, and if so, whether any time was spent in prison. By addressing and recording these details in the early part of the section, the interviewer can move more quickly through the latter parts of the section.

L3-L16. How many times have you been arrested and charged with the following?

Intent/Key Points: This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the patient during his life. Be sure to include the total number of counts and not just arrests. These include only formal charges not times when the patient was just picked up or questioned. Do not include juvenile crimes committed prior to the age of 18, unless the court tried the patient as an adult, which happens in cases of particularly serious offenses.

Note: The inclusion of adult crimes only as a conviction adopted for our purposes alone. We have found it is most appropriate for our population. The use of the ASI with different populations may warrant consideration of juvenile legal history.

Suggested Interviewing Techniques: If a patient responds that he or she has been charged with an offense, we recommend that you ask for details (*e.g.*, whether the patient was convicted or not, whether the patient was incarcerated, paid a fine, or spent time on probation). These details will help you move more quickly through the latter part of the section. If you don't gather information early, your attempts at gathering information from patients with complicated legal histories may be hindered. Therefore, we recommend that you ask the question as written below, with probes similar to the ones listed below asked routinely.

"Mr. Smith, how many times in your life have you been charged with _____?"

If the patient reports that he or she was charged:

"What happened with the charge . . . for example, was it dropped . . . were you convicted of it?"

If the patient reports that he or she was convicted:

"What happened when you were convicted . . . did you spend time in prison . . . did you pay a fine . . . were you on probation?"

Coding Issues:

1. Do include arrests that occurred during military service but do not include those that have no civilian life counterpart (*e.g.*, AWOL, insubordination).
2. Code attempts at criminal activity (*e.g.*, attempted robbery, attempted rape) the same way that you code the activity. Therefore, charges of attempted robbery would be coded with robbery.

L17. How many of these charges resulted in convictions?

Intent/Key Points: To record basic information about the patient's legal history. Do not include the misdemeanor offenses (L18-L20) in this item. Note that convictions include fines, probation, and suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Charges for parole and/or probation violations are automatically counted as convictions.

Suggested Interviewing Techniques: If you did not gather information about convictions through probing during items L3-L16, ask as written.

“Mr. Smith, how many of these charges resulted in convictions?”

Additional Probes:

Whether or not the patient was incarcerated

Coding Issues: Code Item L17 with an “N” if Item #s L3-L16 are all “00”

Cross-check item with: Legal Status Item L21 (possibly)

How many times have you been charged with the following?

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations

Intent/Key Points: Charges in item L18 category may include those that generally relate to being a public annoyance without the commission of a particular crime. Driving violations counted in L20 are moving violations, registration infractions, parking tickets, etc.

Suggested Interviewing Techniques: Ask as written:

“Mr. Smith, how many times have you been charged with the following . . . (disorderly conduct, vagrancy, public intoxication)?”

Additional Probes: Outcomes of the charges

Coding Issues: Employment/Support Item E4 (possibly)

L21. How many months were you incarcerated in your life?

Intent/Key Points: For Item L21, enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the patient’s life since the age of 18, unless the patient was detained as an adult while still a juvenile. Count as one month any period of incarceration two weeks or longer.

Suggested Interviewing Techniques: Ask the questions as written.

“How many months have you been incarcerated in your life?”

“How long was your last incarceration?”

“For what charge were you incarcerated?”

Coding Issues:

1. Make sure that you code the total number of months that the patient was incarcerated for long periods of time. DO NOT code large numbers (30+) of overnight incarcerations. For example, a barroom brawler may report getting thrown in jail over thirty times for a couple of nights each time. Do not count those thirty incarcerations.
2. If the patient has never been incarcerated for over a month, code L21 with “00”.

L24. Are you presently awaiting charges, trial or sentence?

Intent/Key Points: To record information about the patient’s legal status. Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

Suggested Interviewing Techniques: Ask as written

“Are you presently awaiting charges, trial or sentence for any reason?”

Coding Issues: Item L24 should never be coded with an “N.” It should always be asked.

L27. How many days in the past 30 have you engaged in illegal activities for profit?

Intent/Key Points: Enter the number of days the patient engaged in crime for profit. Do not count simple drug possession or drug use. However, do include drug dealing, prostitution, burglary, selling stolen goods, etc.

Suggested Interviewing Techniques: Ask as written.

“Mr. Smith, how many days in the past 30 have you engaged in illegal activities for profit?”

Additional Probes:

The type of illegal activity

Whether the patient received cash or drugs

Coding Issues: Include illegal activity as “for profit” even if the patient received drugs or other goods (rather than cash) in return for the illegal activity.

Cross-check item with: Employment/Support Status item E17 (possibly)

L28. How serious do you feel your present legal problems are?**L29. How important to you *now* is counseling or referral for these legal problems?**

Intent/Key Points: To record the patient's feelings about how serious he feels his previously mentioned legal problems are, and the importance of getting (additional) counseling or referral. For Item L29, the patient is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the name of it, rather than the term "problems." For example, if the patient reports that he is awaiting trial on a criminal charge, ask him the questions in the following way:

"Mr. Smith, how serious are your present legal problems . . . such as your upcoming burglary trial?"

"How important would it be for you to get counseling or referral for the burglary trial that you mentioned?"

Coding Issues:

Allow the patient to describe their feelings about current legal problems only . . . not potential legal problems. For example, if a patient reports selling drugs on a few days out of the past thirty, but has not been caught, he does not have any current legal problem. If he gets caught selling drugs then he will have a legal problem.

F. FAMILY/SOCIAL RELATIONSHIPS

Introduction: In this section more than any other, there is difficulty in determining if a relationship problem is due to intrinsic problems or to the effects of alcohol and drugs. In general, the patient should be asked whether he/she feels that "if the alcohol or drug problem were absent," would there still be a relationship problem. This is often a matter of some question but the intent of the items is to assess inherent relationship problems rather than the extent to which alcohol/drugs have affected relationships.

F1. Marital Status:**F3. Are you satisfied with the situation?**

Intent/Key Points: To record information about the patient's marital status, duration of marital status and satisfaction with marital status. For item F1, enter the code for present legal marital status. For F3, a "satisfied" response must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

Suggested Interviewing Techniques: Ask as written, with examples.

“Mr. Smith, what is your marital status . . . are you married, remarried, . . . single?”

“How long have you been _____?”

“Are you satisfied with your marital status?”

Coding Issues:

1. Consider common law marriage (seven years in Pennsylvania) as married (1)
2. Individuals who consider themselves married because of a commitment ceremony or significant period of cohabitation should be coded as married and considered married for the remainder of the questions pertaining to marriage or spousal relations.

F4. Usual living arrangements in the past 3 years

F6. Are you satisfied with these living arrangements?

Intent/Key Points: To record information about the patient’s usual living arrangements during the past three years. For item F4, code the arrangements in which the patient spent most of the last three years, even if it is different from his or her most recent living arrangement. If the patient lived in several arrangements choose the most representative of the three-year period. If the amounts are evenly split, choose the most recent situation. A “satisfied” response in item F6 must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

Suggested Interviewing Techniques: You may have to ask a number of additional questions to get accurate responses to these items. For example, you may have to provide a frame of reference (the last three years). You may consider asking the patient for information about his current living arrangements, and all previous arrangements for the past three years. As follows:

“Mr. Smith, you mentioned that you are currently living with your mother. For how many years (or months) have you been living with her?”

“With whom were you living before you moved in with your mom?” “How long were you living with those folks?”

and so on . . .

By recording this information, you can figure out not only which living arrangement was the most representative, but the length of each arrangement, as well.

Coding Issues: Ask the patient to describe the amount of time spent living in prisons, hospitals, or other institutions where access to drugs and alcohol are restricted. If this amount is the most significant, enter an “8.”

F7 and F8. Do you live with anyone who has a current alcohol problem/uses non-prescribed drugs?

Intent/Key Points: Items F7 and F8 address whether the patient will return to a drug and alcohol free living situation. This is intended as a measure of the integrity and support of the home environment and does not refer to the neighborhood in which the patient lives. The home environment in question is the one in which the patient either currently lives (in the case of most outpatient treatment settings) or the environment to which the patient expects to return following treatment. This situation does not have to correspond to the environment discussed in items 4 through 6.

Suggested Interviewing Techniques: Since you should already have information about the patient's current living situation, you can tailor the question to the patient. For example, if the patient reports living only with his mother, you may ask this series of questions:

“Mr. Smith, does your mother drink?”

“Do you think she has a problem with alcohol?”

“Does she use non-prescribed drugs, or prescribed drugs in a non-prescribed fashion?”

Coding Issues:

1. For the alcohol question (F7), code yes only if there is an individual with an active alcohol problem (*i.e.*, a drinking alcoholic) in the living situation, regardless of whether the patient has an alcohol problem.
2. For the drug use question (F8), code yes if there is any form of drug use in the living situation, regardless of whether that drug using individual has a problem or whether the patient has a drug problem.

F18-F26. Have you had significant periods in which you have experienced serious problems getting along with . . . ?

Intent/Key Points: To record information about extended periods of relationship problems. These items refer to serious problems of sufficient duration and intensity to jeopardize the relationship. They include extremely poor communications, complete lack of trust or understanding, animosity, constant arguments. If the patient has not been in contact with the person in the past 30 days it should be recorded as “N.” An “N” should also be entered in categories that are not applicable, *e.g.*, in the case of a patient with no siblings.

Suggested Interviewing Techniques: It is recommended that the interviewer ask the lifetime question from each pair, first. For example,

“Have you ever had a significant period in your past which you experienced serious problems with your father?”

Regardless of the answer the interviewer should require about 30 days. However, the interviewer should first inquire about whether there has been recent contact.

“have you had any personal or telephone contact with your father in the past 30 days?”
(If “No”, record an “N” in the “past 30 days” column) If “yes”, ask:

“How have things been going with your father recently? Have you had any serious problems with him in the past 30 days?”

Coding Issues:

1. It is possible that a patient could have had serious problems with a father in the past but because of death, not have a problem in the past month. The correct coding in this case would be “yes” under lifetime and “N” under past 30 days. An “X” code should be used for any situation where the patient simply can’t recall or is not sure for any reason. It is better to use an “X” than to record possibly inaccurate information.
2. Item F21 may include any regular, important sexual relationship.
3. IMPORTANT: Understand that the “Past 30 Days” and the “Lifetime” intervals in items F18 to F26 are designed to be considered separately. The Past 30 Days will provide information on recent problems while Lifetime will indicate problems or a history or problems before the Past 30 Days.
4. It is particularly important for interviewers to make judicious use of the “N” and “X” responses to these questions. In general, a “yes” response should be recorded for any category where at least one member of the relative category meets the criterion. In contrast, a “no” response should only be counted if all relatives in the category fail to meet the criterion. An “N” should be coded for all categories where there is either no relative for the category or no contact with the relative.

F30 and F31. How many days in the past 30 have you had serious conflicts with ...?

Intent/Key Points: Conflicts require personal (or at least telephone) contact. Stress that you mean serious conflicts (*e.g.*, serious arguments; verbal abuse) not simply routine differences of opinion. These conflicts should be of such a magnitude that they jeopardize the patient’s relationship with the person involved.

Suggested Interviewing Techniques: Ask as written, with examples

“Mr. Smith, how many days in the past 30 have you had serious conflicts . . . by serious, I mean conflicts which may have put your relationship with someone in your life in jeopardy . . . for example, a big blow-up . . . ?

Coding Issues: If a conflict occurs *only* because a patient was under the influence of a substance, you should record the problem days in the drug/alcohol problem section, rather than the family/social section. Problem days recorded in this section should have their origins in interpersonal conflict, not substance abuse. They should be primarily relationship problems, not substance abuse problems.

**F32. How troubled or bothered have you been by family problems in the past 30 days?
F34. How important is it for you to get counseling for family problems?**

Intent/Key Points: To record the patient's feelings about how bothersome any previously mentioned family problems have been in the last month, and how interested they would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other relationship problems reported in the Family/Social section.

Suggested Interviewing Techniques: When asking the patient to rate the problem, mention it specifically, rather than using the term "problems." For example, if the patient reports being troubled by problems with his mother in the last thirty days, ask the patient question F32 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the problems that you have had with your mother?"

Ask the patient F34 in the following ways:

"Mr. Smith, how important is it for you to talk to someone about the problems that you and your mother have been having?"

Coding Issues:

1. **Do include** the patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends.
2. **Do not include** problems that would be eliminated if the patient's abuse problems were absent. For Item F34, be sure that the patient is aware that he/she is **not** rating whether or not his/her family would agree to participate, but how badly he/she needs counseling for family problems in whatever form.
3. **Cross-check item** with other items in the section that refer to problems. Problems related to family and social relationships may be recorded in many places throughout the section. For example, dissatisfaction with marital status (item F3) and living arrangements (item F6) may be reported. In addition, patients may indicate a need for treatment to address serious problems (item F18-F26) or serious conflicts (F30-F31)

G. PSYCHIATRIC STATUS

Introduction: A patient need not meet diagnostic criteria for a symptom to have experienced the symptom. All symptoms other than those associated with drug effects should be counted in this section. For example, depression and sluggishness related to detoxification should not be counted, whereas depression and guilt associated with violating a friend's trust or losing a job should be counted.

P1 and P2. How many times have you been treated for any psychological or emotional problems:

In a hospital?

As an outpatient or private hospital?

Intent/Key Points: This includes any type of treatment for any type of psychiatric problem. This does not include substance abuse, employment, or family counseling. The unit of measure is a treatment episode (usually a series of fairly continuous visits or treatment days), not the number of visits or days in treatment per se.

Suggested Interviewing Techniques: Ask as written.

“How many times have you been treated for any psychological or emotional problems?”

Have you had a significant period, (that was not a direct result of drug/alcohol use) in which you have . . . ?

P4 Experienced serious depression suggested by sadness, hopelessness, significant loss of interest, difficulty with daily function, guilt, “crying jags,” etc.

P5 Experienced serious anxiety or tension suggested by feeling uptight, unable to feel relaxed, unreasonably worried, etc.

Intent/Key Points: These lifetime items refer to serious psychiatric symptoms experienced over a significant time (at least 2 weeks). The patient should understand that these periods refer only to times when he/she was not under the direct effects of alcohol, drugs or withdrawal. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days. Regardless of the answer, the interviewer should inquire about the past 30 days. For example, the interviewer should ask, “How about more recently? Have you experienced severe depression in the past 30 days?” It has been our experience that the patient usually will be able to differentiate a sustained period of emotional problems from a drug or alcohol induced effect. However, to avoid potential confusion, you may want to ask them a general question, first.

“Mr. Smith, have you had a significant period in your life in which you have experienced serious depression?”

If the patient responds positively, then qualify his answer. You may find it helpful to ask him about the circumstances surrounding the time when he was experiencing the symptom:

“During that time, were you doing drugs that made you feel anxious, or was it an anxiety that occurred even when you weren’t doing drugs?”

Finally, ask him about the last 30 days:

“Have you experienced any anxiety during the last 30 days?”

Coding Issues: Again, understand that the “Past 30 Days” and the “Lifetime” intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you have . . . ?

P6. Experienced hallucinations (saw things or heard voices that were not there) restricted to times when patient was drug free and not suffering from withdrawal.

P7. Experienced trouble understanding, concentrating or remembering Suggested by serious trouble in concentrating, remembering and/or understanding, restricted to times when patient was drug free and not suffering from withdrawal.

Intent/Key Points: Items P7 refers to serious psychiatric symptoms over a significant time (at least 2 weeks). Item P6 is of sufficient importance that even its brief existence warrants that it is recorded. For items P6 and P7, the patient should understand that these periods refer only to times when he/she was not under the direct effects of alcohol, drugs or withdrawal. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects. It has been our experience that the patient will usually be able to differentiate a sustained period of emotional problems from a drug or alcohol induced effect. Therefore, in situations where doubts exist the patient should generally be asked directly about his/her perception of the symptoms or problems.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days.

“Mr. Smith, have you had a significant period in your life in which you have experienced hallucinations . . . when you were not doing drugs or using alcohol?”

Finally, ask him about the last 30 days:

“Have you experienced any hallucinations during the last 30 days?”

Have you had a significant period, (that was not a direct result of drug/alcohol use) in which you have . . . ?

P8. Experienced trouble controlling: violent behavior (or losing control) rage, or violence.

P9. Experienced serious thoughts of suicide: Times when patient seriously considered a plan for taking his/her life.

P10. Attempted suicide: Include discrete suicidal gestures or attempts.

Intent/Key Points: Items P8, P9, and P10 are of sufficient importance that even their brief existence warrants that they be recorded. Further the seriousness of item P8, P9, and P10 warrant inclusion even if they were caused by or associated with alcohol or drug use. Reports of recent attempts or thoughts should be brought to the attention of supervisor from the treatment staff as soon as possible, even if this violates normal confidentiality guidelines.

Important: For item P9, ask the patient if he/she has recently considered suicide. If the answer is “yes” to this question, and/or the patient gives the distinct impression of being depressed to the point where suicide may become a possibility, notify a member of the treatment staff of this situation as soon as possible.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days.

“Mr. Smith, have you had a significant period in your life in which you have experienced trouble controlling violent behavior?”

Finally, ask him about the last 30 days:

“Have you experienced trouble controlling violent behavior during the last 30 days?”

Have you had a significant period, (that was not a direct result of drug/alcohol use) in which you have . . . ?

P11. Been prescribed medication for any psychological/emotional problem: The medicine must have been prescribed by a physician for a psychiatric or emotional problem. Record yes if the medication was prescribed, even if it was not taken by the patient.

Intent/Key Points: To record information about whether the patient has had psychiatric problems that warrant medication.

Suggested Interviewing Techniques: It is recommended that the interviewer ask the lifetime question from each pair, first. For example:

“Have you ever taken prescribed medication for any psychological or emotional problems?”

Regardless of the answer, the interviewer should inquire about the past 30 days.

“How about more recently? Have you taken any psychiatric medication in the past 30 days?”

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

Intent/Key Points: To record the number of days that the patient has experienced the previously mentioned psychological or emotional problems. Be sure to have the patient restrict his/her responses to those problems counted in Items P4-P10.

Suggested Interviewing Techniques: Although many patients admit experiencing some of the individual symptoms, they may not identify them as “psychological or emotional problems.” For example, they may say that although they have had trouble controlling violent behavior in the past 30 days, they have not experienced any emotional problems. (“Hey, I’m not crazy . . . People mess with me, I defend myself.”) Therefore, we have found it helpful to target the question to the specific symptoms reported in Items P4-P10. For example:

“Mr. Smith, how many days in the past 30 have you experienced the anxiety (or depression, or the trouble controlling violent behavior) that you mentioned?”

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?**P14. How important to you now is treatment for these psychological problems?**

Intent/Key Points: To record the patient’s feelings about how bothersome the previously mentioned psychological or emotional problems have been in the last month and how interested they would be in receiving (additional) treatment. Be sure to have the patient restrict his/her response to those problems counted in Item P4 through P10.

Suggested Interviewing Techniques: When asking the patient to rate problem, use the name of it, rather than the term “psychological problems.” For example, if the patient reports having trouble with serious anxiety in the last thirty days, ask the patient P13 in the following way:

“Mr. Smith, how troubled or bothered have you been in the past thirty days by the anxiety that you mentioned?”

Ask Item P14 in the following way:

“Mr. Smith, how important would it be for you to get (additional) treatment for the anxiety that you mentioned?”

Coding Issues: Referring to item P13, have the patient rate the severity of those problems in the past 30 days. Be sure that patient understands that you do not necessarily mean transfer to a psychiatric ward, or psychotropic medication.

Copy of ADAMH ASI Short Forms

The ADAMH ASI Intake short form and ASI Follow-up short form can be found in Appendices A and B, respectively.

The instrument copies in this manual are provided for reference purposes only and should not be used as photocopy or reproduction masters for instruments that will be used for collecting data. Reproduction masters of the ASI Instruments can be obtained from the Network Services, Planning and Evaluation team of the ADAMH Board of Franklin County, or downloaded directly from the ADAMH Web Site:

<http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php>

5. Ensuring Correct Coding, Data Integrity and Quality

Key

* Practices * Coding * Consistency * Completeness * Clarity

All interviews should be checked as soon as possible after their completion. Check with interviewers who collected them before making any necessary changes.

Tips for checking the ADAMH ASI Short Forms

(Refer to the short forms when you go through the following tips)

Coding:

1. Leave no blanks, X - question not answered, N - question not applicable
2. Placement of the "N" on the ASI
 - G19 is coded "1" for "no", then G20 is "N"
 - F18-F26, "N" is coded if someone in a particular category is deceased, or if there has been no contact or no relationship
 - Psychiatric section: there are no circumstances under which "N" would be coded in this section

Checking:

M6. How many days have you experienced medical problems in the past 30 days?

- If M6=00, then M7 and M8 should be coded 0 also.
- In most cases, if M6>00, then M7 and M8 should be greater than 0 also.

E4. Do you have a valid driver's license?

- If E4=0, then E5 = 0 also.

E11. How many days were you paid for working in the past 30 days?

- If E11=00, then E12=0 also.

D26. How many days in the past 30 days have you experienced alcohol problems?

- If D26=00, then both D28 and D30 should be 0 also.

D27. How many days in the past 30 days have you experienced drug problems?

- If D27=00, then both D29 and D31 should be 0 also.

L17. How many of these charges resulted in convictions?

- If L17>0, then the offense should be recorded in L3-L16

L28. How serious do you feel you present legal problems are?

L29. How important to you now is counseling or referral for these legal problems?

- Both L28 and L29 should be 0 unless current legal problem exists.

F32. How troubled or bothered have you been in the past 30 days by these family problems? F34. How important for your now is treatment or counseling for these family problems?

- A problem rated in F32 and F34 as troublesome should be identified somewhere in F18-F23.

P1. How many times have you been hospitalized for any psychological or emotional problems?
P2. How many times have you been treated as an outpatient for any psychological or emotional problems?

- If P1 or P2 >0, then the period of time concerning the specific psychological problem(s) and/or their treatment should be reflected appropriately in P4-P11

P12. How many days in the past 30 days have you experienced these psychological or emotional problems?

- If P12=0, then P13 and P14 should be 0 also.

Cross-Checking

E17. How much money did you receive from illegal income in the past 30 days?

- Discussion of illegal income could reveal information that might also appear in the L27 (how many days in the past 30 days were you engaged in illegal activities for profit?)

P11. Been prescribed medication for any psychological or emotional problems?

- Prescribed medicine should count in the Drug/Alcohol section (e.g., D7), if it has any abuse potential (e.g., Valium, Xanax)

** Check to see if the whole interview makes sense.**

Quality Control and Trouble Shooting

Refer to training manuals and tapes

Report and address any problems or questions as soon as possible, contact appropriate contact persons for trouble shooting:

Agency Designee: _____ (A person who has received adequate ASI training and has substantial knowledge or experiences using ASIs)

ADAMH: Research Specialists in Network Services, Planning and Evaluation (If agency contact persons cannot resolve the problems or are unavailable)

Compile a problem list (if any) for quarterly Advisory Group Evaluation meeting.

6. Useful Tips for Follow-ups

A. References may be found in the ASI training package

- Pages 96-99, Addiction Severity Index Manual and Question by Question Guide
- Section 8: Addiction Severity Index Follow-Up Procedures and Techniques for Locating Out of Treatment Clients

B. Suggestions to achieve high follow-up rates

- Inform patient at initial interview that follow-up evaluation will be conducted at 3 or 6 month in-treatment follow-up, if applicable and 30-day and 3-month post-discharge follow-up.
- Use a consent or contact sheet to collect patient's contact information and information that may help to reach the patient (see pages 96-99, Addiction Severity Index Manual and Question by Question Guide, or page 34 of this document for an example),
 - ❖ Record names, addresses and phone numbers of people who are most likely to know the patient's whereabouts
 - Family members and/or friends
 - Probation officers
 - ❖ It is suggested that on the contact sheet record the name and address of a female relative or friend, because women tend to be more stable in their place of residence.
 - ❖ It is also suggested that the interviewer fill out the contact sheet, because upon completion of the ASI, the interviewer should know a great many facts that will aid in locating the client
 - ❖ You may also want to encourage the client to contact you should his/her contact information change in the near future
- Ensure confidentiality - a non-revealing telephone number for the patient to call when you leave messages for the patient
- Ensure client confidentiality²- let patient know that the references will not be questioned concerning patient's status but would only be used in locating the patient. Have a story handy to explain to curious relatives as to the reason for calling to the patient.

C. Guidelines for follow-up attempts

- Create a call sheet for clients who are due for follow-up (see page 35 for an example)
- Minimum attempts of phone calls – at least 10 times
- Alternate the repeated attempts (e.g., A.M. or P.M. or different days) to maximize the chances of reaching clients
- Document your follow-up attempts carefully including times attempted and the results, or any note that might help you to reach the client.

² Client records and privacy are protected by the Health Insurance Portability and Accountability Act (HIPAA) and federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient records (42 CFR Part 2).

Client Contact Sheet (Example)

Office Use: MACSIS Member Number _____
--

It is important for us (or _____ agency's name) to find out if the treatment has worked for you. We will contact you by phone after you complete the treatment to see how you are doing 30 days and 3 months after your discharge. You will be asked questions relating to medical, substance use, recovery, and stress that you may have had. The information collected will be strictly confidential. We will not ask anyone but you on how you are doing.

.....
 I am providing an address and telephone number where I believe I can be located in the future and the names and addresses of others who may be of help in contacting me. I understand that all information I provide will be kept confidential, that those persons whose names are provided will only be contacted concerning my whereabouts and that my treatment or condition will NOT be discussed with them or anyone else.

Signature _____ Date _____

Please Print the Following

Address at which you expect to reside after treatment	Your significant other
Name _____	Name _____
Phone _____	Phone _____
Street Address _____	Street Address _____
State _____ Zip _____	State _____ Zip _____

*Please feel free to contact our office should your contact change in the future.

A closest female relative or friend	A closest male relative or friend
Name _____	Name _____
Relationship _____	Relationship _____
Phone _____	Phone _____

Other family members or friends who are most likely to know your whereabouts (Include parents, siblings, children, close friends, etc.)

1. Name _____	2. Name _____
Relationship _____	Relationship _____
Phone _____	Phone _____

Social Worker/Counselor/Clergy	Attorney/Probation Officer
Name _____	Name _____
Phone _____	Phone _____
Address _____	Address _____

7. Data Submission

Agency designated person should do the following for internal tracking purposes:

- Maintain a tracking record for all assessments
- Make sure to fill out all required fields

An ACCESS Template to enter and submit ASI data can be downloaded from <http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php>. Agency can benefit from using this free template should you choose not to use other technology.

Regardless of which technology or methods you choose to process outcomes data, outcomes files will need to meet ADAMH ASI data specifications (see Appendix C). Please follow the same procedures as submitting claims files, and coordinate with your IS staff who are familiar with the protocols to submit your outcomes files.

- Post the data file on the ADAMH Extranet under ‘Outcomes Files’ by the last Friday of the month
- Upon data submission, please fill out the Other Data Files Information Sheet (See Appendix D for a sample), which serves as a receipt or notification of data file submission via ADAMH Extranet. Fax the form to
Attn: Network Services, Planning and Evaluation
Information Services Team
Fax No: 224-2697.
(This form can be downloaded from <http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php>)

8. Client Satisfaction Survey, (CSQ-8)

This section consists of basic guidelines and procedures pertinent to the administration of the client satisfaction survey that will be routinely conducted by the ADAMH Board of Franklin County to evaluate the level of client satisfaction regarding the services clients received from ADAMH-funded treatment agencies. This is a consumer-led survey conducted by consumers with a consumer serving as a team leader. All surveyors are trained by and work closely with ADAMH research staff to insure survey accuracy and reliability.

Confidentiality

- Client will sign a consent form for the release of information at the time of admission/or returning for services (See Appendix E for a sample). Agencies are strongly encouraged to integrate the information into their current consent forms to *streamline duplicated paperwork or to meet different funding requirements or accreditation/certification standards* (See Appendix F for a sample shared by North Community).
- Interviewers will not discuss the nature of the phone calls with anyone other than the clients
- Clients will be ensured about confidentiality before a survey starts and can terminate the survey at anytime if they choose to do so.
- Interviewers will be trained and prepared to answer questions pertinent to confidentiality, including questions such as what is the purpose of the survey, who has access to the data once the survey is completed, and how will the data be stored and used.

Administration

Primary Mode: Telephone survey

Time/Interval: Annually

Instrument: Client Satisfaction Questionnaire (CSQ-8) with cover scripts for adults receiving AOD treatment services

Interviewer: Independent administration by trained interviewers representing ADAMH

Sampling Method

Selection: stratified random sample by agency

Sampling error: no greater than $\pm 5\%$

Sample size: depend on the size of agency population at the time of administration.

Adjusted sample size: the sample size will be adjusted for non-responses and unusable responses by using an estimated response rate.

Agency Responsibility

- Inform clients about the survey and obtaining authorization whenever applicable
- Obtain and keep client contact information up-to-date.
- Complete and Return ADAMH-generated client roster by *due date* (agencies will receive reminders before each routine administration).

The roster should include ALL adults receiving alcohol and other drug (AOD) treatment who meet the following criteria:

- Received services funded by the ADAMH Board of Franklin County, AND
- Terminated from treatment in the specified one year period, OR
- Received treatment longer than 180 days in that specified one year period.
- Clients previously consented to be surveyed.

The roster contains nine fields:

1. UCI – seven-digit Unique Client Identifier
2. First Name – as per Members database
3. Last Name – as per Members database
4. Start Date – first date of service as per Claims database
5. Last Date – last date of service as per Claims database
6. # Tx – number of billed services during treatment episode
7. Phone # – 10-digit phone number (i.e., 3-digit area code + 7-digit phone number)
8. Code – the code field should be used in special cases
 - C – clinical reason not to call
 - D – hearing impaired
 - FL – foreign language
 - H – homeless
 - NP – no phone
9. Explanation – the explanation field should be used to elaborate on special cases (as described above under codes). For example, if a consumer primarily speaks a foreign language, please indicate the type of language interpretation needed (e.g., Spanish).

Example of Roster

UCI	last name	first name	phone number	code	explanation
9999990	LastName1	FirstName1	(614) 555-1000		
9999991	LastName2	FirstName2	(614) 555-1001		
9999992	LastName3	FirstName3		H	
9999993	LastName4	FirstName4	(614) 555-1002		
9999994	LastName5	FirstName5		D	
9999995	LastName6	FirstName6	(614) 555-1003	FL	Somali
9999996	LastName7	FirstName7	(614) 555-1004		
9999997	LastName8	FirstName8	(614) 555-1005		
9999998	LastName9	FirstName9		C	295.30 - does not like to talk to strangers
9999999	LastName10	FirstName10		NP	

C = clinical reason not to call D = hearing impaired FL = foreign language H = homeless NP = no phone

Roster Completion/Submission

At least 75% of those clients identified by ADAMH on its AOD roster must be completed and returned by the specified due date. Failure to meet the 75% threshold or this deadline will require a letter of explanation from the CEO or director of the agency.

Rosters should be submitted on the ADAMH Extranet under Outcomes Files folder.

Appendix A – ADAMH Addiction Severity Index Intake Short Form

Adopted from Addiction Severity Index Fifth Edition
 For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

PROVIDER		PROVIDER		PROVIDER	
1. AFRICENTRIC PDS	✓	7. DIVERSIFIED COM		13. NORTH CMTY COUN	
2. AMETHYST		8. DUBLIN COUNSEL		14. NRTHWEST COUNSL	
3. COLS AREA CMHC		9. HOUSE OF HOPE		15. PARKSIDE RECVRY	
4. COLS HEALTH DPT		10. MARYHAVEN		16. PROJECT LINDEN	
5. COMPDRUG		11. NEIGHBOR HOUSE		17. SOUTHEAST INC	
6. CONCORD		12. NORTH CENTRA MH		18. TBI NETWORK	

1. MACSIS Member # _____

2. Agency Case # _____

3. Agency Staff # _____

G5. Interview Date _____ / _____ / _____

G9. Mode of Interview 1-In Person 2-Phone

GENERAL INFORMATION

G19. Have you been in a controlled environment in the past 30 days
 1-No 2-Jail 3-Alcohol or Drug Treatment 4-Medical Treatment
 5-Psychiatric Treatment 6-Other _____
 ❖ A “control environment” means a place, theoretically, without access to drugs/alcohol

G20. How many days? _____
 ❖ “NN” if G19 is No. Refers to total number of days detained in the past 30days.

MEDICAL STATUS

M3. Do you have any chronic medical problems which continue to interfere with your life?
 0-No 1-Yes
 ❖ “chronic medical problems” mean a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M6. How many days have you experienced medical problems in the past 30 days? _____

M7. How troubled or bothered have you been by these medical problems in the past 30days?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

M8. How important to you now is treatment for these medical problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

Adopted from Addiction Severity Index Fifth Edition
 For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

EMPLOYMENT/SUPPORT STATUS

- E4. Do you have a valid driver's license?
 0-No 1-Yes
- E5. Do you have an automobile available for use? (Answer No if no valid driver's license.)
 0-No 1-Yes
- E10. In the past 3 years, what has been your usual employment pattern?
 ❖ Select one to represent the majority of the last 3 years
 1-Full time (40 hrs/wk)
 2-Part time (regular hours)
 3-Part time (irregular hours or day work)
 4-Student
 5-Service
 6-Retired/Disability
 7-Unemployed
 8-In controlled environment (e.g., jail or hospital)
- E11. How many days were you paid for working in the past 30 days? _____
 ❖ Include "under the table" work, paid sick days and vacation
- E12. How much money did you receive from employment income in the past 30 days? _____
 ❖ Net or "take home" pay, include any "under the table" money
- E17. How much money did you receive from illegal income in the past 30 days? _____
 ❖ Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

DRUG /ALCOHOL USE

	In the past 30 days, how many days have you used	In your life, how many years have you regularly used
D1. Alcohol-any use at all	_____	_____
D2. Alcohol-to intoxication	_____	_____
D3. Heroin	_____	_____
D4. Methadone	_____	_____
D5. Other opiates/analgesics	_____	_____
D6. Barbiturates	_____	_____
D7. Other sedatives/hypnotics/tranquilizers	_____	_____
D8. Cocaine	_____	_____
D9. Amphetamines	_____	_____
D10. Cannabis	_____	_____

- ❖ Alcohol: Beer, wine, liquor
- ❖ Methadone: Dolophine, LAAM
- ❖ Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups=Robitussin, Fentanyl
- ❖ Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
- ❖ Sed/Hyp/Tranq: Benzodiazepines=Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
- ❖ Cocaine: Cocaine Crystal, Free-Base Cocaine or "Crack, and Rock Cocaine"
- ❖ Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
- ❖ Cannabis: Marijuana, Hashish
- ❖ Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
- ❖ Inhalants: Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

	In the past 30 days, how many days have you used	In your life, how many years have you regularly used
D11. Hallucinogens	___ ___	___ ___
D12. Inhalants	___ ___	___ ___
D13. More than one substance per day (including alcohol)	___ ___	___ ___
<p>❖ Alcohol – to intoxication include feel the effects, “got a buzz”, “high”, 5+drinks in one setting, or within a brief period of time, etc.</p>		
D19. How many times in your life have you been treated for alcohol abuse?		___ ___
D23. How much money would you say you spent during the past 30 days on alcohol?		___ ___ ___ ___
D26. How many days in the past 30 days have you experienced alcohol problems?		___ ___
D28. How troubled or bothered have you been in the past 30 days by these alcohol problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely		
D30. How important to you now is treatment for these alcohol problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely		
D20. How many times in your life have you been treated for drug abuse? ❖ Include detox., halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).		___ ___
D27. How many days in the past 30 days have you experienced drug problems? ❖ Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to		___ ___
D29. How troubled or bothered have you been in the past 30 days by these drug problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely		
D31. How important to you now is treatment for these drug problems? 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely		

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

LEGAL STATUS

How many times in your life have you been arrested and charged with the following?

❖ Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.

- L3. Shoplifting/vandalism _____
- L4. Parole/probation violations _____
- L5. Drug charges _____
- L6. Forgery _____
- L7. Weapons offense _____
- L8. Burglary, larceny, B&E _____
- L9. Robbery _____
- L10. Assault _____
- L11. Arson _____
- L12. Rape _____
- L13. Homicide, manslaughter _____
- L14. Prostitution _____
- L15. Contempt of court _____
- L16. Other _____

L17. How many of these charges resulted in convictions? _____

❖ "Convictions" include fines, probation, incarcerations, suspended sentence, and guilty pleas

❖ If L3-L16=00, then L17 = "NN"

How many times in your life have you been charged with the following?

- L18. Disorderly conduct, vagrancy, public intoxication? _____
- L19. Driving while intoxicated? _____
- L20. Major driving violations (e.g., speeding, reckless driving, no license, etc.) _____

L21. How many months were you incarcerated in your life? _____

❖ If incarcerated 2 weeks or more, round this up to 1 month. Mos.

L24. Are you presently awaiting charges, trial, or sentence?
0-No 1-Yes

L27. How many days in the past 30 days were you engaged in illegal activities for profit? _____

❖ Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

L28. How serious do you feel your present legal problems are?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

❖ Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

❖ Rating a need for additional referral to legal counsel for defense against criminal charges

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

FAMILY/SOCIAL RELATIONSHIPS

- F1. Marital Status
1- Married 2-Remarried 3-Widowed 4-Separated 5-Divorced 6 –Never Married
- F3. Are you satisfied with this situation?
0-No 1-Indifferent 2-Yes
❖ Satisfied = generally liking the situation
- F4. In the past 3 years, what has been your usual living arrangement?
❖ Choose arrangements most representatives of the past 3 years. If there is an even split in time between these arrangement, choose the most recent arrangement
1-With sexual partner and children
2-With sexual partner alone
3-With children alone
4-With parents
5-With family
6-With friends
7-Alone
8-Controlled environment (e.g., jail or hospital)
9-No stable arrangement
- F6. Are you satisfied with these living arrangements?
0-No 1-Indifferent 2-Yes
- F7. Do you live with anyone who has a current alcohol problem?
0-No 1-Yes
- F8. Do you live with anyone who uses non-prescribed drugs?
0-No 1-Yes

Have you had significant periods in which you have experienced serious problems getting along with the following:

- ❖ "Serious problems" mean those that endangered the relationship
❖ 0-No 1-Yes X- uncertain or don't now N- where there never was someone from the category

	In the Past 30 Days	In your Life
F18. Mother	___	___
F19. Father	___	___
F20. Brothers/Sisters	___	___
F21. Sexual Partner/Spouse	___	___
F22. Children	___	___
F23. Other significant family members	___	___
F24. Close friends	___	___
F25. Neighbors	___	___
F26. Co-workers	___	___

- F30. How many days in the past 30 days have you had serious conflicts with your family? ___

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

- F31. How many days in the past 30 days have you had serious conflicts with other people?
(excluding family) _____
- F32. How troubled or bothered have you been in the past 30 days by these family problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- F34. How important to you now is treatment for these family problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

PSYCHIATRIC STATUS

- P1. How many times have you been hospitalized for any psychological
or emotional problems? _____
- P2. How many times have you been treated as an outpatient for any psychological
or emotional problems? _____
❖ Do not include substance abuse, employment, or family counseling

Have you had a significant period of time, (that was not a direct result of drug/alcohol use), in which
you have:

- | | Past30
Days | In Your
Life |
|---|----------------|-----------------|
| ❖ 0-No 1-Yes | | |
| ❖ Items P8-P10 Patient can be under the influence of alcohol/drugs | | |
| P4. Experienced serious depression? | _____ | _____ |
| P5. Experienced serious anxiety or tension? | _____ | _____ |
| P6. Experienced hallucinations? | _____ | _____ |
| P7. Experienced trouble understanding, concentrating or remembering? | _____ | _____ |
| P8. Experienced trouble controlling violent behavior? | _____ | _____ |
| P9. Experienced serious thoughts of suicide? (e.g., Patient seriously
considered a plan for taking his/her life) | _____ | _____ |
| P10. Attempted suicide? (e.g., Include suicidal gestures or attempts) | _____ | _____ |
| P11. Been prescribed medication for any psychological or emotional
problems? (prescribed for the patient by MD; e.g., a medication was
prescribed even if the patient is not taking it) | _____ | _____ |
| P12. How many days in the past 30 have you experienced these psychological
or emotional problems ? | | _____ |
| P13. How much have you been troubled or bothered by these psychological or emotional problems
in the past 30 days?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely | | |
| P14. How important to you now is treatment for these psychological or emotional problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely | | |

Appendix B – ADAMH Addiction Severity Index Follow-up Short Form

Adopted from Addiction Severity Index Fifth Edition
 For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

ADAMH Addiction Severity Index Follow-Up Short Form

PROVIDER	✓	PROVIDER	✓	PROVIDER	✓
1. AFRICENTRIC PDS		7. DIVERSIFIED COM		13. NORTH CMTY COUN	
2. AMETHYST		8. DUBLIN COUNSEL		14. NRTHWEST COUNSL	
3. COLS AREA CMHC		9. HOUSE OF HOPE		15. PARKSIDE RECVRY	
4. COLS HEALTH DPT		10. MARYHAVEN		16. PROJECT LINDEN	
5. COMPDRUG		11. NEIGHBOR HOUSE		17. SOUTHEAST INC	
6. CONCORD		12. NORTH CENTRA MH		18. TBI NETWORK	

1. MACSIS Member #	_____
2. Agency Case #	_____
3. Agency Staff #	_____
4. Follow Up	1. ___ 30-Day After-Tx 2. ___ 90-Day After-Tx 3. ___ 3-Month In-Tx 4. ___ 6-Month In-Tx 5. Discharge
G5. Interview Date	___/___/___
G9. Mode of Interview	1-In Person 2-Phone

GENERAL INFORMATION

- G19. Have you been in a controlled environment in the past 30 days
 1-No 2-Jail 3-Alcohol or Drug Treatment 4-Medical Treatment
 5-Psychiatric Treatment 6-Other _____
 ❖ A “control environment” means a place, theoretically, without access to drugs/alcohol
- G20. How many days? _____
 ❖ “NN” if G19 is No. Refers to total number of days detained in the past 30days.

MEDICAL STATUS

- M6. How many days have you experienced medical problems in the past 30 days? _____
- M7. How troubled or bothered have you been by these medical problems in the past 30days?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- M8. How important to you now is treatment for these medical problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

EMPLOYMENT/SUPPORT STATUS

- E4. Do you have a valid driver's license?
 0-No 1-Yes
- E5. Do you have an automobile available for use? (Answer No if no valid driver’s license.)
 0-No 1-Yes

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

E11. How many days were you paid for working in the past 30 days? ___
 * Include "under the table" work, paid sick days and vacation

E12. How much money did you receive from employment income in the past 30 days? ___
 * Net or "take home" pay, include any "under the table" money

E17. How much money did you receive from illegal income in the past 30 days? ___
 * Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

DRUG /ALCOHOL USE

In the past 30 days, how many days have you used	<u>Days</u>
D1. Alcohol-any use at all	___
D2. Alcohol-to intoxication	___
D3. Heroin	___
D4. Methadone	___
D5. Other opiates/analgesics	___
D6. Barbiturates	___
D7. Other sedatives/hypnotics/ tranquilizers	___
D8. Cocaine	___
D9. Amphetamines	___
D10. Cannabis	___
D11. Hallucinogens	___
D12. Inhalants	___
D13. More than one substance per day (including alcohol)	___

- * Alcohol: Beer, wine, liquor
- * Methadone: Dolophine, LAAM
- * Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups=Robitussin, Fentanyl
- * Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
- * Sed/Hyp/Tranq: Benzodiazepines=Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
- * Cocaine: Cocaine Crystal, Free-Base Cocaine or "Crack, and Rock Cocaine"
- * Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
- * Cannabis: Marijuana, Hashish
- * Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
- * Inhalants: Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

* Alcohol – to intoxication include feel the effects, "got a buzz", "high", 5+drinks in one setting, or within a brief period of time, etc.

D19. Since your last interview, how many times have you been treated for alcohol abuse? ___

D23. How much money would you say you spent during the past 30 days on alcohol? ___

D26. How many days in the past 30 days have you experienced alcohol problems? ___

D28. How troubled or bothered have you been in the past 30 days by these alcohol problems? 0-Not at all
 1-Slightly 2-Moderately 3-Considerably 4-Extremely

D30. How important to you now is treatment for these alcohol problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

- D20. Since your last interview, how many times have you been treated for drug abuse? ___ ___
❖ Include detox., halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).
- D27. How many days in the past 30 days have you experienced drug problems? ___ ___
❖ Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to
- D29. How troubled or bothered have you been in the past 30 days by these drug problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- D31. How important to you now is treatment for these drug problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

LEGAL STATUS

- L24. Are you presently awaiting charges, trial, or sentence?
0-No 1-Yes
- L27. How many days in the past 30 days were you engaged in illegal activities for profit? ___ ___
❖ Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.
- L28. How serious do you feel your present legal problems are?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
❖ Exclude civil problems
- L29. How important to you now is counseling or referral for these legal problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
❖ Rating a need for additional referral to legal counsel for defense against criminal charges

FAMILY/SOCIAL RELATIONSHIPS

- F1. Marital Status
1- Married 2-Remarried 3-Widowed 4-Separated 5-Divorced 6-Never Married
- F3. Are you satisfied with this situation?
0-No 1-Indifferent 2-Yes
❖ Satisfied = generally liking the situation

In the past 30 days, have you had significant periods in which you have experienced serious problems getting along with the following:

- ❖ "Serious problems" mean those that endangered the relationship
❖ 0-No 1-Yes X- uncertain or don't now N- where there never was someone from the category

- F18. Mother _____
F19. Father _____
F20. Brothers/Sisters _____
F21. Sexual Partner/Spouse _____
F22. Children _____
F23. Other significant family members _____

Adopted from Addiction Severity Index Fifth Edition
For ADAMH Board of Franklin County Outcome Evaluation Use Only

July 2000

F24. Close friends _____
F25. Neighbors _____
F26. Co-workers _____

F30. How many days in the past 30 days have you had serious conflicts with your family? ____

F31. How many days in the past 30 days have you had serious conflicts with other people?
(excluding family) ____

F32. How troubled or bothered have you been in the past 30 days by these family problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

F34. How important to you now is treatment for these family problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

PSYCHIATRIC STATUS

In the past 30 days, have you had a significant period of time, (that was not a direct result of drug/alcohol use), in which you have:

❖ Items P8-P10 Patient can be under the influence of alcohol/drugs
0-No
1-Yes

P4. Experienced serious depression? _____

P5. Experienced serious anxiety or tension? _____

P6. Experienced hallucinations? _____

P7. Experienced trouble understanding, concentrating or remembering? _____

P8. Experienced trouble controlling violent behavior? _____

P9. Experienced serious thoughts of suicide? (e.g., Patient seriously considered a plan for taking his/her life) _____

P10. Attempted suicide? (e.g., Include suicidal gestures or attempts) _____

P11. Been prescribed medication for any psychological or emotional problems? (prescribed for the patient by MD; e.g., a medication was prescribed even if the patient is not taking it) _____

P12. How many days in the past 30 have you experienced these psychological or emotional problems ? ____

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

P14. How important to you now is treatment for these psychological or emotional problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

Appendix C – Data Transmission Specifications for ADAMH ASI Forms

Note

- Data should be submitted in a fixed width text file (see specifications listed below)
- All data fields are in text format including date, number of days, and amount of money, etc.
- Leave blank if missing value or no data entry
- Key in “?” if questionable information, such as having 2 responses when only one is required
- All data fields in the gray boxes on the 1st page of the ADAMH ASI Intake and Follow-Up Forms are mandatory (i.e., no missing values are allowed), except for Agency Case # and Agency Staff #
- Item numbers with extensions “a” are for 30-day questions; numbers with extensions “b” are for life-time questions
- Forms should be identified by appropriate codes specified below
- Pay attention to the note following each item number, special instructions may be included

Intake Forms Specifications

Field Name	Data Type	Start	Width	Note
Providno	Text	1	5	Enter pertinent numeric codes as indicated on the <i>agency list</i> on the 1st page of ADAMH ASI Short forms
Form	Text	6	2	ADAMH Short Intake Form: A1
Memberno	Text	8	7	
Caseno	Text	15	15	
Staffno	Text	30	6	
G5	Text	36	8	enter mmddyyyy, for example 01011996
G9	Text	44	1	
G19	Text	45	1	
G19note	Text	46	30	G19 answer 6: descriptions of other controlled environment
G20	Text	76	2	
M3	Text	78	1	
M6	Text	79	2	
M7	Text	81	1	
M8	Text	82	1	
E4	Text	83	1	
E5	Text	84	1	
E10	Text	85	1	
E11	Text	86	2	
E12	Text	88	8	enter dollar amount, no comma and no dollar sign
E17	Text	96	8	enter dollar amount, no comma and no dollar sign
D1a	Text	104	2	30-day question
D1b	Text	106	2	life time question
D2a	Text	108	2	
D2b	Text	110	2	
D3a	Text	112	2	
D3b	Text	114	2	
D4a	Text	116	2	
D4b	Text	118	2	
D5a	Text	120	2	
D5b	Text	122	2	
D6a	Text	124	2	

Field Name	Data Type	Start	Width	Note
D6b	Text	126	2	
D7a	Text	128	2	
D7b	Text	130	2	
D8a	Text	132	2	
D8b	Text	134	2	
D9a	Text	136	2	
D9b	Text	138	2	
D10a	Text	140	2	
D10b	Text	142	2	
D11a	Text	144	2	
D11b	Text	146	2	
D12a	Text	148	2	
D12b	Text	150	2	
D13a	Text	152	2	
D13b	Text	154	2	
D19	Text	156	2	enter 99 if exceeds 99
D23	Text	158	8	enter dollar amount, no comma and no dollar sign
D26	Text	166	2	
D28	Text	168	1	
D30	Text	169	1	
D20	Text	170	2	this is a correct numbering sequence
D27	Text	172	2	
D29	Text	174	1	
D31	Text	175	1	
L3	Text	176	2	
L4	Text	178	2	
L5	Text	180	2	
L6	Text	182	2	
L7	Text	184	2	
L8	Text	186	2	
L9	Text	188	2	
L10	Text	190	2	
L11	Text	192	2	
L12	Text	194	2	
L13	Text	196	2	
L14	Text	198	2	
L15	Text	200	2	
L16	Text	202	2	
L17	Text	204	3	
L18	Text	207	2	
L19	Text	209	2	
L20	Text	211	2	
L21	Text	213	2	enter 99, if exceeds 99
L24	Text	215	1	
L27	Text	216	2	
L28	Text	218	1	
L29	Text	219	1	
F1	Text	220	1	
F3	Text	221	1	
F4	Text	222	1	

Field Name	Data Type	Start	Width	Note
F6	Text	223	1	
F7	Text	224	1	
F8	Text	225	1	
F18a	Text	226	1	30-day question
F18b	Text	227	1	life time question
F19a	Text	228	1	
F19b	Text	229	1	
F20a	Text	230	1	
F20b	Text	231	1	
F21a	Text	232	1	
F21b	Text	233	1	
F22a	Text	234	1	
F22b	Text	235	1	
F23a	Text	236	1	
F23b	Text	237	1	
F24a	Text	238	1	
F24b	Text	239	1	
F25a	Text	240	1	
F25b	Text	241	1	
F26a	Text	242	1	
F26b	Text	243	1	
F30	Text	244	2	
F31	Text	246	2	
F32	Text	248	1	
F34	Text	249	1	
P1	Text	250	2	enter 99, if exceeds 99
P2	Text	252	2	enter 99, if exceeds 99
P4a	Text	254	1	30-day question
P4b	Text	255	1	life time question
P5a	Text	256	1	
P5b	Text	257	1	
P6a	Text	258	1	
P6b	Text	259	1	
P7a	Text	260	1	
P7b	Text	261	1	
P8a	Text	262	1	
P8b	Text	263	1	
P9a	Text	264	1	
P9b	Text	265	1	
P10a	Text	266	1	
P10b	Text	267	1	
P11a	Text	268	1	
P11b	Text	269	1	
P12	Text	270	2	
P13	Text	272	1	
P14	Text	273	1	

Follow-up Forms Specifications

Field Name	Data Type	Start	Width	Note
Providno	Text	1	5	Enter pertinent numeric codes as indicated on the <i>agency list</i> on the 1 st page of ADAMH ASI Short forms
Form	Text	6	2	ADAMH Short Follow-Up Form: B1
Memberno	Text	8	7	
Caseno	Text	15	15	
Staffno	Text	30	6	
Followup	Text	36	1	Code: 1:30-day After-T, 2: 3-month After-T, 3: 3 mon In-T, 4: 6 mon In-T, 5: Discharge
G5	Text	37	8	enter mmddyyyy, for example 01011996
G9	Text	45	1	
G19	Text	46	1	
G19note	Text	47	30	G19 answer 6: descriptions of other controlled environment
G20	Text	77	2	
M6	Text	79	2	
M7	Text	81	1	
M8	Text	82	1	
E4	Text	83	1	
E5	Text	84	1	
E11	Text	85	2	
E12	Text	87	8	enter dollar amount, no comma and no dollar sign
E17	Text	95	8	enter dollar amount, no comma and no dollar sign
D1a	Text	103	2	30-day question
D2a	Text	105	2	
D3a	Text	107	2	
D4a	Text	109	2	
D5a	Text	111	2	
D6a	Text	113	2	
D7a	Text	115	2	
D8a	Text	117	2	
D9a	Text	119	2	
D10a	Text	121	2	
D11a	Text	123	2	
D12a	Text	125	2	
D13a	Text	127	2	
D19	Text	129	2	enter 99 if exceeds 99
D23	Text	131	8	enter dollar amount, no comma and no dollar sign
D26	Text	139	2	
D28	Text	141	1	
D30	Text	142	1	
D20	Text	143	2	this is a correct numbering sequence
D27	Text	145	2	
D29	Text	147	1	
D31	Text	148	1	
L24	Text	149	1	
L27	Text	150	2	
L28	Text	152	1	
L29	Text	153	1	
F1	Text	154	1	

Field Name	Data Type	Start	Width	Note
F3	Text	155	1	
F18a	Text	156	1	30-day question
F19a	Text	157	1	
F20a	Text	158	1	
F21a	Text	159	1	
F22a	Text	160	1	
F23a	Text	161	1	
F24a	Text	162	1	
F25a	Text	163	1	
F26a	Text	164	1	
F30	Text	165	2	
F31	Text	167	2	
F32	Text	169	1	
F34	Text	170	1	
P4a	Text	171	1	30-day question
P5a	Text	172	1	
P6a	Text	173	1	
P7a	Text	174	1	
P8a	Text	175	1	
P9a	Text	176	1	
P10a	Text	177	1	
P11a	Text	178	1	
P12	Text	179	2	
P13	Text	181	1	
P14	Text	182	1	

Appendix D - Other Data Files Information Sheet

Report Number: C-102

Other Data Files Information Sheet

Date: _____

To: Attn: Network Services, Planning & Evaluation
 Information Services Team
 Fax Number: 224-2697

From: Provider Contact _____
 Provider Name _____
 Provider Contact Phone Number _____
 Provider Contact Fax Number _____

RE: Other File Submission (BH, Outcomes, etc...)

Provider Section						
#	File Name	FTP Server (F)	Date Submitted	Software and Version #	Type of Data: BH, Out, etc.	Provider Comments
1.						
2.						
3.						
4.						
5.						
6.						

Provider Representative Signature: _____ Date: _____

ADAMH Board Section						
#	Submission Date to State	File Accepted?	File Rejected?	File Modified?	Reason Rejected/Modified	ADAMH Board Comments
1.						
2.						
3.						
4.						
5.						
6.						

ADAMH Board Representative Signature _____ Date: _____

NOTE: Each numbered line in ADAMH Board Section refers to the same line in the Provider Section.

Appendix E – Consent for Release of Client Contact Information

I, Jane Doe, authorize Treatment Agency ABC
(Name of Patient) (Name or general designation of program making disclosure)

To disclose the following information:

ADDRESS(ES) AND TELEPHONE NUMBER(S) WHERE I BELIEVE I CAN BE REACHED
IN THE FUTURE
(Nature of information, as limited as possible)

to the following organization

ADAMH BOARD OF FRANKLIN COUNTY
(Name or person/organization to which disclosure is made.)

The purpose of this authorized disclosure is:
TO HELP US IMPROVE OUR SERVICES. YOU MAY BE CONTACTED BY THE ADAMH
BOARD OF FRANKLIN COUNTY TO INQUIRE ABOUT YOUR SATISFACTION WITH
BEHAVIORAL HEALTH CARE RECEIVED FROM THE AGENCY LISTED ABOVE

**This consent is subject to revocation at any time except to the extent that the program
which is to make the disclosure has already taken action in reliance on it. If not previously
revoked, this consent terminates automatically upon the following condition: 365 DAYS
AFTER MY LAST TREATMENT, AFTER DISCHARGE, COMPLETION OF TREATMENT
OR LAST DATE OF TREATMENT.**

(Specification of the date, event or condition upon which this consent expires)

**I understand that all information I provide will be kept confidential and will be used to
contact me for inquiring service satisfaction only.**

Signature of client Date

Signature of guardian (where required) Date

Signature of person authorized to sign
in lieu of the client (where required) Date

Appendix F - Integrated Client Authorization Form

(North Community Sample)

CONSUMER:	CID:
NORTH COMMUNITY COUNSELING CENTERS, INC. - CONSENT FORM	
<p>CONSUMER RIGHTS AND RESPONSIBILITIES: I have received the Consumer rights handout and the relevant handouts outlining my responsibilities as a Consumer of North Community Counseling Centers, Inc.. I understand that it is my right to ask questions if I need clarification or have concerns.</p> <p>CONFIDENTIALITY: In accordance with state and federal laws, information maintained about you at this agency will be protected from unauthorized disclosure. No information will be sent to your employer, family members, friends, or anyone else, unless it is discussed with you ahead of time and permission is obtained. Disclosure is permitted under state and federal laws for situations which may be applicable to you such as:</p> <ol style="list-style-type: none"> 1. In the interest of public safety (life threatening situations) 2. In response to a court order 3. Where state laws require that information be disclosed (e.g., suspected child or adult abuse, Communicable disease) 	
<p>The Ohio Department of Mental Health and The Ohio Department of Alcohol and Drug Addiction Services requires reporting of non-identifying Consumer information. This information is stored in a computerized record system for statistical, program planning, research, evaluation, and funding purposes.</p> <p>Violation of the Federal and State laws and regulations by a program is a crime. Suspected violations may be reported to the U.S. Attorney in the district where the violation occurs.</p>	
<p>The ADAMH Board of Franklin County, The Ohio Department of Mental Health, The Ohio Department of Alcohol and Drug Addiction Services, The Commission on Accreditation of Rehabilitation Facilities and North Community Counseling request information on consumer satisfaction and treatment outcome surveys. Studies on quality of services and comparisons of one agency to a group of agencies are conducted on a periodic basis by any and all of the above named entities. We encourage you to participate in any of the outcome studies conducted. Any outcome study conducted will maintain your confidentiality. If you do not wish to participate in any one of the studies being conducted, you should let your clinician or case manager know. Your refusal to participate in our outcome evaluation process will not have any effect on any other aspect of your treatment.</p>	
<p><u>PAYMENT AND FEE INFORMATON:</u></p> <p>RELEASE OF INFORMATION FOR PAYMENT: I hereby authorize North Community Counseling Centers, Inc. to release the necessary information from my record as requested by: _____ Name of Insurance Company and/or _____ Medicare/Medicaid)</p> <p>This data will include dates of service, types of services, diagnosis, name of person providing services, and the relevant charges. Other information requested may also include any alcohol/drug or HIV/AIDS related treatment. This information will be used to process claims only.</p>	
<p>MEDICARE NOTE:</p> <p>We do not submit for services that are not covered by Medicare.</p> <p>Also under Medicare Regulations, you will not be billed your co-pay until Medicare sends us their portion of the payment to North Community. At that time, Medicare will notify us and you of the portion for which you are responsible. When North Community receives this notification, we will send a bill to you. It is then your responsibility to pay this bill in a timely manner.</p>	
<p>AGREEMENT TO PAY: I agree to pay the established percentage of _____ or the pay plan each month. This amount is based on my verification of income and is a percentage of the maximum charge for the services I receive. I am responsible to immediately report any change in income to North Community, as it will affect my fee for services. I also understand that from time to time North Community will adjust fees. My cost of services may be affected and I will be notified at least two weeks prior to any rate changes.</p> <p style="padding-left: 20px;">I understand that:</p> <ul style="list-style-type: none"> • I may be denied an appointment and/or sent to Small Claims Court if I refuse to pay when I have the ability to pay. • I understand that • It is my responsibility to inform the agency of any changes, which affect the billing or charges to my account. • I may be charged for a scheduled appointment if not canceled 24 hours in advance. 	
<p>ASSIGNMENT OF BENEFITS: I authorize payment by my insurance company or Medicare/Medicaid to be paid directly to North Community Counseling Centers, Inc. for services rendered. I understand that I am financially responsible to North Community Counseling Centers, Inc. for charges applied to the insurance deductible and for all charges limited by the insurance carrier.</p>	

Consumer	CID		
<p>PUBLICALLY FUNDED SERVICES DISCLOSURE NOTICE: Reduced fees are made possible through a county property tax levy through the Franklin County ADAMH Board. In order for me to receive mental health or substance related services paid for by public funds, I must provide information so that the Franklin County ADAMH Board can:</p> <ul style="list-style-type: none"> ◆ Enroll me in the Franklin County Behavioral Healthcare Plan. ◆ Determine if I am eligible for publicly funded services. ◆ Pay the provider for my services through the Multi Agency Community Services Information System(MACSIS) which connects the Franklin County Board to The Ohio Department of Mental Health, The Ohio Department of Alcohol and Drug Addiction Services and The Ohio Department of Human Services. <p>All information will be kept confidential . Name identifying information will be used only to pay for services provided to me. Demographic information will be kept without my name attached, and reported to the State Department of Ohio Health Care Data Center. This information will not be available to any other sources or used for other purposes. Billing information will only be kept for seven years after you have received services, only demographic information will be kept after that time.</p>			
<p>RESPONSIBILITY IF RECEIVING MEDICATION: I realize that taking prescribed medication involves additional responsibility as a consumer. If I am prescribed medication by one of North Community's doctors, I agree to the following:</p> <ul style="list-style-type: none"> ◆ I agree to be responsible for the safe storage and use of dispensed medication and I will request "child proof" packaging if needed for this purpose. ◆ I will inform my physician immediately if I begin any new medications, supplements, or substances. ◆ I will inform my physician if I become pregnant. 			
<p>ACKNOWLEDGEMENT OF CHILD ABUSE/NEGLECT REPORTING REQUIREMENT: All health and human service professionals are required by state law to report suspected abuse or neglect to the appropriate authorities. if you have any questions about this, please feel free to ask for a better understanding before you sign. Your signature below acknowledges receipt of this information.</p>			
<p>ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT TO TREAT: I have read the material above and understand that I have received an explanation of the material. By my signature below, I grant North Community Counseling and It's employees the right to provide treatment . I realize that North Community Employees are licensed and qualified to provide services for mental health and substance abuse services.</p> <p>Understanding the conditions for service as outlined above, I am hereby agreeing to services for :</p> <p><input type="checkbox"/> Myself <input type="checkbox"/> My Child <input type="checkbox"/> The person named above for whom I am the legal guardian/custodian</p>			
_____	____/____/____	_____	____/____/____
Consumer/Legally Responsible Person	Date	Employee/Witness Signature	Date

Consent and Release Form Ver 02-25-02.doc
 Sample shared by:
 Richard A. Mentzer, ACSW, LISW
 QI/UM Coordinator
 North Community Counseling Centers, Inc.