

**Dual Diagnosis Capability in Addiction (DDCAT) and Mental Health (DDCMHT) Index Program Description Form  
Version 3.2**

<b>1. Date</b>	Enter the date (mm/dd/yyyy) e.g., 10/24/2007
<b>2. Rater</b>	Enter your name (first initial and surname)
<b>3. Time Spent</b>	Enter the hours that were spent to assess the agency/program
<b>4. Gray Area</b>	Enter Agency name, Program name, Contact Person, Title, Telephone, Address, Fax, Email (If you will be submitting the face sheet along with the data, you may leave these variables blank on those you are submitting to ensure confidentiality.)
<b>5. State</b>	Enter the state abbreviation where the assessment was conducted (Please use capital letters)
<b>6. Zip Code</b>	Enter the zip code of the Agency
<b>7. Region (RUCA Category Code)</b> <a href="http://www.ers.usda.gov/data/RuralUrbanCommutingAreaCodes/">http://www.ers.usda.gov/data/RuralUrbanCommutingAreaCodes/</a>	
<i>Please enter (1,2,3,or 4) for the region according to the RUCA zip code approximation methodology WWMAI Rural Health Research Center</i> <a href="http://depts.washington.edu/uwruca/ruca1/RUCA_description.htm">http://depts.washington.edu/uwruca/ruca1/RUCA_description.htm</a>	
<b>1= Urban Focused</b>	(1.0, 1.1, 2.0, 2.1, 2.2, 3.0, 4.1, 5.1, 7.1, 8.1, 10.1)
<b>2= Large Rural City/Town Focused</b>	(4.0, 5.0, 6.0)
<b>3= Small Rural Town focused</b>	(7.0, 7.2, 7.3, 7.4, 8.0, 8.2, 8.3, 8.4, 9.0, 9.1, 9.2)
<b>4= Isolated Small Rural Town</b>	(10.0, 10.2, 10.3, 10.4, 10.5)
<b>8. Program ID</b>	Enter the Program ID
<b>9. Assessment Type</b>	Please enter if the assessment is a DDCAT or DDCMHT
<b>10. Time Period</b>	Please enter the Assessment Time Period as: 1 for Baseline 2 for 1 <sup>st</sup> follow-up 3 for 2 <sup>nd</sup> follow-up 4 For 4 <sup>th</sup> follow-up, etc.

<b>11. Payments Received</b>	
<i>Please enter Y for "Yes", N for "No", or NA for "Not Applicable" to these categories based on the payments that the <b>program</b> actually receives.</i>	
<b>Self-pay</b>	Does the program receive payments directly from clients (cash, credit, etc.)?
<b>Private Health Insurance</b>	Does the program receive payments from health insurance (e.g., HMO, PPO, MBHO)?
<b>Medicaid</b>	Does the program receive payments from Medicaid?
<b>Medicare</b>	Does the program receive payments from Medicare?
<b>State Financed Insurance</b>	Does the program receive payments from state financed sources (other than Medicare or Medicaid e.g., SCHIP, etc.)?
<b>Military Insurance</b>	Does the program receive payments from VA, Champus, Tricare, etc.?
<b>Other public funds</b>	Does the program receive payments from other public funds (e.g., federal, state, local grants)?
<b>Other funds</b>	Does the program receive funds from donations, fundraising, charities, etc.?
<b>12. Primary focus of Agency</b>	
<i>Please enter Y for "Yes", N for "No", or NA for "Not Applicable" to these categories based on the focus of the <b>agency</b> that you assessed.</i>	
<b>Addiction Treatment Services</b>	Is the primary focus of the agency addiction treatment?
<b>Mental Health Services</b>	Is the primary focus of the agency mental health services?
<b>Mix of Addiction &amp; Mental Health Services</b>	Is the primary focus of the agency both addiction and mental health services?
<b>General Health Services</b>	Is the primary focus of the agency general health services?
<b>Hospital</b>	Indicate if in hospital setting?
<b>13. Agency Type</b>	
<i>Please enter Y for "Yes", N for "No", or NA for "Not Applicable" for each agency type category. (You can enter Y to all categories that apply.)</i>	
<b>Private</b>	Is the agency private?
<b>Public</b>	Is the agency public?

<b>Non-Profit</b>	Is the agency non-profit?
<b>For-Profit</b>	Is the agency for-profit?
<b>Government Operated</b>	Is the agency Government operated (e.g., Federal, State, Local, Tribal)?
<b>Veterans Health Administration</b>	Is the agency the Veterans Health Administration?

<b>14. Exclusive Program/Admission Criteria Requirements</b>	
<i>Please enter Y for "Yes", N for "No", or NA for "Not Applicable" for each special program offered only if this is an admission requirement. (You can enter Y to all categories that apply)</i>	
<b>Adolescents</b>	Does the program only accept adolescents?
<b>Co-occurring MH and SUDs disorders</b>	Does the program only accept individuals with Co-occurring mental health and substance use disorders?
<b>HIV/AIDS</b>	Does the program only accept individuals with HIV/AIDS?
<b>Gay and Lesbian</b>	Does the program only accept individuals who are gay and lesbian?
<b>Seniors/older adults</b>	Does the program only accept seniors and older adults?
<b>Pregnant /post partum women</b>	Does the program only accept pregnant and post partum women?
<b>Women</b>	Does the program only accept women?
<b>Residential setting for patients and their children</b>	Does the program have residential setting for patients and their children?
<b>Men</b>	Does the program only accept men?
<b>DUI/DWI</b>	Does the program only accept DUI/DWI clients?
<b>Criminal Justice Clients</b>	Does the program only accept criminal justice clients?
<b>Adult General</b>	Does the program only accept adults?

<b>15. Size of Program</b>	
<i>Please enter the numerical values that are requested for each program category.</i>	
<b># (Number) of admissions during the last fiscal year</b>	Enter the total number of admissions for treatment over the past fiscal year (e.g., John Doe was admitted 3 times in the past fiscal year, so you would enter 3.)
<b>Highest number of clients that</b>	What is the capacity of the program at any one

can be served	time?
<b>15. Size of Program-continued</b>	
Average length of stay over past year	How many days do the clients stay on average?
Typical planned length of treatment in days	How many days do the clients stay in planned treatment? (Enter 999 if the length of treatment is indefinite).
# (Number) of unduplicated clients served	How many clients were served per year? Do not count the same person twice.
<b>16. Level of Care</b>	
<p>Please enter Y for "Yes", N for "No", or NA for "Not Applicable" for the level of care category based on the <b>ASAM-2PPC-2R Addiction Treatment Services</b>. (You can enter Y to all categories that apply.)</p>	
<b>I: Outpatient</b>	Outpatient level of care
<b>II: Intensive Outpatient</b>	Intensive outpatient services level of care
<b>III: Residential /Inpatient</b>	Residential or inpatient clinically-managed inpatient level of care
<b>IV: Medically Managed Intensive Inpatient</b>	Medically-managed intensive inpatient or residential level of care (hospital)
<b>OMT: Opioid Maintenance Therapy</b>	Opioid maintenance therapy services are primary in this program
<b>D. Detoxification Services:</b>	Detoxification services available are primary in this program
<b>17. Mental Health Services</b>	
<p>Please enter Y for "Yes", N for "No", or NA, for "Not Applicable" for each Mental Health Service Category.</p>	
<b>Outpatient</b>	Are mental health services offered on an outpatient basis?
<b>Partial Hospitalization</b>	Are mental health services offered for partial hospitalization setting?
<b>Inpatient</b>	Are mental health services offered for inpatient or hospital setting?
<b>18. Sources Used</b>	

Please enter Y for "Yes", N for "No", or NA for "Not Applicable" for each source that you used during your assessment of the agency.

<b>Chart review</b>	Did you review charts?
<b>Observe treatment session</b>	Did you observe a treatment session?
<b>Team meeting observation</b>	Did you observe a team meeting?
<b>Interview with Program Director</b>	Did you interview the Program Director?
<b>Program manual review</b>	Did you review the manual?
<b>Interview with other service providers</b>	Did you meet with other service providers? If yes, please specify.
<b>Agency brochure review</b>	Did you review the agency brochure?
<b>Physical site tour</b>	Did you tour the facility?
<b>Supervision Observation</b>	Did you observe a clinical supervision session?
<b>Interview with clinicians</b>	Did you interview clinicians?
<b>Client interviews</b>	Did you interview clients?
	<i>If yes, enter a numerical value in the corresponding field.</i>
<b># (Number) of clients interviewed</b>	Enter a numerical value for number of clients interviewed.
<b>19. Total # sources used?</b>	The Excel spreadsheet automatically calculates the total number of sources from question 18.