

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

1. Date	Enter the date (mm/dd/yyyy) e.g., 10/24/2007
2. Rater	Enter your name (first initial and surname)
3. Time Spent	Enter the hours that were spent to assess the agency/program
4. Gray Area	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.)
5. State	Enter the state abbreviation where the assessment was conducted (Please use capital letters)
6. Zip Code	Enter the zip code of the Agency
7. Region (RUCA Category Code) http://www.ers.usda.gov/data/RuralUrbanCommutingAreaCodes/	
<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> http://depts.washington.edu/uwruca/ruca1/RUCA_description.htm	
1= Urban Focused	(1.0, 1.1, 2.0, 2.1, 2.2, 3.0, 4.1, 5.1, 7.1, 8.1, 10.1)
2= Large Rural City/Town Focused	(4.0, 5.0, 6.0)
3= Small Rural Town focused	(7.0, 7.2, 7.3, 7.4, 8.0, 8.2, 8.3, 8.4, 9.0, 9.1, 9.2)
4= Isolated Small Rural Town	(10.0, 10.2, 10.3, 10.4, 10.5)
8. Program ID	Enter the Program ID
9. Assessment Type	Please enter if the assessment is a DDCAT or DDCMHT
10. Time Period	Please enter the Assessment Time Period as: 1 for Baseline 2 for 1 st follow-up 3 for 2 nd follow-up 4 For 4 th follow-up, etc.

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

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

14. Exclusive Program/Admission Criteria Requirements	
<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>	
Adolescents	Does the program only accept adolescents?
Co-occurring MH and SUDs disorders	Does the program only accept individuals with Co-occurring mental health and substance use disorders?
HIV/AIDS	Does the program only accept individuals with HIV/AIDS?
Gay and Lesbian	Does the program only accept individuals who are gay and lesbian?
Seniors/older adults	Does the program only accept seniors and older adults?
Pregnant /post partum women	Does the program only accept pregnant and post partum women?
Women	Does the program only accept women?
Residential setting for patients and their children	Does the program have residential setting for patients and their children?
Men	Does the program only accept men?
DUI/DWI	Does the program only accept DUI/DWI clients?
Criminal Justice Clients	Does the program only accept criminal justice clients?
Adult General	Does the program only accept adults?

15. Size of Program	
<i>Please enter the numerical values that are requested for each program category.</i>	
# (Number) of admissions during the last fiscal year	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.)
Highest number of clients that	What is the capacity of the program at any one

can be served	time?
15. Size of Program-continued	
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.
16. Level of Care	
<p>Please enter Y for "Yes", N for "No", or NA for "Not Applicable" for the level of care category based on the ASAM-2PPC-2R Addiction Treatment Services. (You can enter Y to all categories that apply.)</p>	
I: Outpatient	Outpatient level of care
II: Intensive Outpatient	Intensive outpatient services level of care
III: Residential /Inpatient	Residential or inpatient clinically-managed inpatient level of care
IV: Medically Managed Intensive Inpatient	Medically-managed intensive inpatient or residential level of care (hospital)
OMT: Opioid Maintenance Therapy	Opioid maintenance therapy services are primary in this program
D. Detoxification Services:	Detoxification services available are primary in this program
17. Mental Health Services	
<p>Please enter Y for "Yes", N for "No", or NA, for "Not Applicable" for each Mental Health Service Category.</p>	
Outpatient	Are mental health services offered on an outpatient basis?
Partial Hospitalization	Are mental health services offered for partial hospitalization setting?
Inpatient	Are mental health services offered for inpatient or hospital setting?
18. Sources Used	

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.

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