

# Seek, Test, Treat and Retain for Criminal Justice Populations: Data Harmonization Measure

## SERVICE UTILIZATION

### Service Utilization (Adherence) Measure

#### Reference:

- 1) The HIV/AIDS treatment adherence, health outcomes, and cost study: conceptual foundations and overview. HIV/AIDS Treatment Adherence, Health Outcomes and Cost Study Group. AIDS Care. Vol. 16, Iss. sup1, 2004.

#### Note:

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

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

→ **Baseline Instrument**

**SERVICE UTILIZATION**

**SCREENER QUESTION #1**

1. **During the past 12 months, did you go to a hospital emergency room for emergency care? Include any visits to the emergency room, even if you were admitted to the hospital from there. Please include emergency rooms of psychiatric hospitals.**

- 0 No (Skip to Screener Question 2)
- 1 Yes (*Follow-up with Module A*)
- 7 Refused (Skip to Screener Question 2)
- 9 Don't know (Skip to Screener Question 2)

**MODULE A. EMERGENCY ROOM**

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

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

|\_\_|\_\_| # visits

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

**SCREENER QUESTION #2**

2. **During the past 12 months, were you a patient in any hospital overnight or longer? Please include psychiatric hospitals.**

- 0 No (Skip to Screener Question 3)
- 1 Yes (*Follow-up with Module B*)
- 7 Refused (Skip to Screener Question 3)
- 9 Don't know (Skip to Screener Question 3)

**MODULE B. INPATIENT HOSPITAL**

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

**B1. How many separate overnight hospital stays did you have during the past 12 months, including psychiatric hospital stays?**

I \_\_\_ | \_\_\_ | # stays

**B2. How many nights were you in the hospital for each stay?**

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

**SCREENER QUESTION #3**

**3. During the past 12 months, did you go to any hospital clinic or hospital outpatient department for medical care, for example, care for your HIV/AIDS or other physical problems? *Include visits for urgent care.***

- 0 No (Skip to Screener Question 4)
- 1 Yes (*Follow-up with Module D*)
- 7 Refused (Skip to Screener Question 4)
- 9 Don't know (Skip to Screener Question 4)

**MODULE D. HOSPITAL CLINIC/OUTPATIENT DEPARTMENT**

You told me that you went to a hospital clinic or outpatient department for medical care.

**D1. How many different hospital clinics or outpatient departments did you visit for medical care during the past 12 months?**

I \_\_\_ | \_\_\_ | # different clinics or departments

**D2. How many times did you visit each hospital clinic or outpatient department during the past 12 months?**

|         | Clinic 1 | Clinic 2 | Clinic 3 | Clinic 4 | Clinic 5 | Clinic 6 | Clinic 7 | Clinic 8 | Clinic 9 |
|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| # Times |          |          |          |          |          |          |          |          |          |

**SCREENER QUESTION #4**

**4. During the past 12 months, did you go to any other clinic for medical care, for example, a community clinic or a neighborhood health center? *Include visits for urgent care.***

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

## MODULE E. COMMUNITY CLINIC

You told me that you went to another clinic for medical care that was not part of a hospital, for example, a community clinic or a neighborhood health center.

**E1. How many different clinics that were not part of a hospital did you visit for medical care during the past 12 months?**

I \_\_\_|\_\_\_| # different community clinics

**E2. How many times did you visit each non-hospital clinic during the past 12 months?**

|         | Clinic 1 | Clinic 2 | Clinic 3 | Clinic 4 | Clinic 5 | Clinic 6 | Clinic 7 | Clinic 8 | Clinic 9 |
|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| # Times |          |          |          |          |          |          |          |          |          |

### SCREENER QUESTION #5

**5. During the past 12 months, did you get medical care in any private doctor's office?**

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

## MODULE F. DOCTOR'S OFFICE

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

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

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

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

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

### SCREENER QUESTION #6

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

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

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

## MODULE G. MENTAL HEALTH CARE

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

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

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

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

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

## SCREENER QUESTION #7

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

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

## MODULE H. TREATMENT FOR SUBSTANCE ABUSE

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

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

- 0 No *(Interviewer: Skip to H4)*
- 1 Yes

**H2. How many separate stays did you have?** |\_\_|\_\_| # stays

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

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

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

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

|\_\_|\_\_| # different substance abuse service providers

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

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

*Outpatient Treatment Adherence Questions*

| Item | Question  | Response   | Skip             |
|------|---|--|------------------|
| H6.  | Please think about the drug abuse treatment that you have received. In the past 3 months, on how many days have you been scheduled to receive any services at this program or at some place run by this program? Include methadone and any other medication, any individual and group counseling, and other services you have received. <i>Do not include attending AA/NA self-help sessions.</i> | N Days   |                  |
| H7.  | During the past 3 months, have you missed any scheduled appointment for any of these services?  | Yes<br>No  | if No, go to H8. |
| H7a. | During these 3 months, on how many days have you missed any scheduled appointments?   | N Days   |                  |
| H7b. | What is the most important reason why you did not come to 1 or more of your scheduled appointments? [Record verbatim and enter code from code list – reasons for missing appointments.]   | (Verbatim response)<br><br>Code from list (below)  |                  |
| H8.  | In the past 30 days, have you been prescribed any of the following medications for your alcohol use? [Check all that apply.]  | Disulfiram (antabuse)<br>Acamprosate (Campral)<br>Librium<br>(Benzodiazepine)<br>Naltrexone<br>(Revia/Vivitrol)<br>Other |                  |

|      |   |  |  |
|------|---|--|--|
|      |   | Refused  |  |
| H9.  | In the past 30 days, have you been prescribed any of the following medications for your opioid use? [Check all that apply.]   | Methadone from a doctor<br>Buprenorphine (Suboxone)<br>Naltrexone oral<br>Naltrexone depot (intramuscular) |  |
| H10. | Thinking back to the last 30 days, what percentage of prescribed medications for the alcohol / drug problem do you estimate taking? [Please put a percentage from 0 to 100%.] | % for alcohol<br>% for drug<br>997 – refused<br>999 – don't know   |  |
| H11. | How many doses of medications for your alcohol/drug problem did you miss in the last 7 days?  | 0 – 0<br>1 – 1<br>2 – 2<br>3 – 3 or more<br>7 – Refused<br>9 – Don't know                                  |  |

Code list - Reasons for missing appointments

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

**SCREENER QUESTION #8**

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

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

**SCREENER QUESTION #9**

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

- 0 No (Skip to Screener Question 10)
- 1 Yes (Follow-up with Module I)
- 7 Refused (Skip to Screener Question 10)
- 9 Don't know (Skip to Screener Question 10)

**MODULE I. CASE MANAGEMENT / SOCIAL SERVICES**

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

11. How many different people have been your case manager, or caseworker in the last 12 months?

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

**SCREENER QUESTION #10**

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

- 0 No (Skip to Screener Question 11)
- 1 Yes (Follow-up with Module J)
- 7 Refused (Skip to Screener Question 11)

**MODULE J. JAIL AND PRISON**

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

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

|\_|\_| # separate times

**SCREENER QUESTION #11**

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

- 0 No (END INTERVIEW)
- 1 Yes (*Interviewer: Follow-up with Question 12*)
- 7 Refused (END INTERVIEW)
- 9 Don't know (END INTERVIEW)

**SCREENER QUESTION #12**

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_