

**QSCAT=TREATMENT PROGRAM ADMINISTRATOR SURVEY**  
**INFECTIONS AND SUBSTANCE ABUSE – CTN0012**  
**TREATMENT PROGRAM ADMINISTRATOR SURVEY**  
**QSDTC**

**DOMAIN: QS**

Date Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**QSSCAT=STRUCTURE AND SERVICE SETTING (CORPORATION)**

**A. STRUCTURE AND SERVICE SETTING (Corporation)**

Abbreviations
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)
Hepatitis C Virus (HCV)
Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

**The following questions inquire about the characteristics of your program's structure and service setting. For this section, feel free to consult clinic records, other staff members, or other outside sources that you think would be useful in answering the questions.**

\_\_\_\_ 1. What type of owner is the legal entity responsible for the operation of your substance abuse treatment facility or agency? *(Select only one response.)*

QSTEST/QSTESTCD

QSORRES

- 1=Private not-for-profit organization
- 2=Private for-profit organization
- 3=Unit of state government
- 4=Unit of local county or community government
- 5=Unit of tribal government
- 6=Federal Department of Veterans Affairs
- 7=Other federal agency
- 8=Other public corporation

\_\_\_\_ 2. Which of the following categories best describes the nature of your program? *(Select only one response.)*

- 1=Health Maintenance Organization or Integrated Health Plan
- 2=Hospital
- 3=Medical School or University
- 4=Health Center (including primary care setting)
- 5=Mental Health System or Community Mental Health Clinic
- 6=Free-Standing (Independent) Alcohol and Drug Abuse Treatment or Prevention Program
- 7=Family and/or Children's Service Agency
- 8=Social Services Agency
- 9=Multi-Service Agency
- 10=Corrections
- 11=Other (specify \_\_\_\_\_)

QNAM=TPAA02S  
 QLABEL=NATURE OF PROGRAM OTHER SPECIFY  
 IDVAR= QSSEQ

3. For each source of revenue listed below, please indicate those that have provided funding to your program within the last 12 months. *(For each of the following, circle the appropriate response.)*

QSEVLINT='-P12M'

Source of Revenue	REVENUE RECEIVED	
	No	Yes
a. County or local grants and contracts	0	1
b. State funds from grants, contracts, or criminal justice	0	1
c. Medicaid	0	1
d. Federal grants, contracts, or military health care	0	1
e. VA Benefits	0	1
f. Medicare	0	1
g. Private contracts, insurance fee-for-service, commercial managed care	0	1
h. Patient/client fees and payments (self-pay)	0	1
i. Charities, foundations, and other gifts	0	1
j. Other	0	1

Use this key to answer questions 4a, 4b and 4c below.	
1=County or local grants and contracts	6=Medicare
2=State funds from grants, contracts, or criminal justice	7=Private contracts, insurance fee-for-service, commercial managed care
3=Medicaid	8=Patient/client fees and payments (self-pay)
4=Federal grants, contracts, or military health care	9=Charities, foundations, and other gifts
5=VA Benefits	10=Other

QSTEST/QSTESTCD

4. Which of the above have been the three largest sources of revenue for your program within the last 12 months? (Enter your selection for each in the space provided)

QSORRES

\_\_\_  
\_\_\_  
\_\_\_

- a. Largest contributor
- b. Second largest contributor
- c. Third largest contributor

QSEVLINT='-P12M'

5. Which of the following substance abuse services are available at your program? (For each of the following, circle the appropriate response.)

Inpatient & Residential Services:	No	Yes
a. Detox	0	1
b. Residential (<30 days)	0	1
c. Residential (>30 days)	0	1
d. Halfway house	0	1
e. Therapeutic community	0	1
f. Alcohol and Other Drug-free housing	0	1

Outpatient Services:	No	Yes
g. Methadone/LAAM	0	1
h. Methadone/Abstinence	0	1
i. Outpatient detox	0	1
j. Outpatient (drug-free)	0	1
k. Intensive Outpatient/Day treatment	0	1
l. Aftercare	0	1

Outreach & Support:	No	Yes
m. Substance Abuse Outreach	0	1
n. Home visits	0	1
o. Case management	0	1
p. Substance Abuse Prevention	0	1

6. Does this program offer services designed specifically to meet the unique needs of any of the following groups? (For each of the following, circle the appropriate response.)

QSTEST/QSTESTCD

Group	No	Yes
a. Women	0	1
b. Children	0	1
c. Teens	0	1
d. Minorities		
1. Black or African American	0	1
2. American Indian or Alaskan Native	0	1
3. Hispanic or Latino	0	1
4. Asian	0	1
5. Native Hawaiian or Pacific Islander	0	1
e. Other (specify _____)	0	1

QSORRES

QNAM=TPAA06S  
QLABEL= GROUP OTHER SPECIFY  
IDVAR= QSSEQ

QSSCAT=PATIENT CHARACTERISTICS

**B. PATIENT CHARACTERISTICS**

Abbreviations
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)
Hepatitis C Virus (HCV)
Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

The questions in this section seek to identify the characteristics of your program's patient population. Please direct your responses to the same program you responded to in section A. As in the previous section, you are free to obtain information from other sources in order to provide accurate responses to the questions.

- \_\_\_\_\_ 1. In the most recent 12 months for which data are available, how many individual clients received substance abuse treatment at your program? (Count all clients who received any treatment during the 12-month period even if their treatment began before that time. Count each client only once.)
- \_\_\_\_\_ 2. In the most recent 12 months, what is the estimated percent of your patients who were infected with:
- \_\_\_\_\_ % a. HIV?
- \_\_\_\_\_ % b. HCV?
- \_\_\_\_\_ % c. STIs (e.g., syphilis, gonorrhea, chlamydia etc.)?
- \_\_\_\_\_ 3. In the most recent 12 months, what is the estimated percent of your patients who had the following risk behaviors:
- \_\_\_\_\_ % a. Share injection equipment?
- \_\_\_\_\_ % b. Have vaginal or anal sex with multiple partners without condoms?
- \_\_\_\_\_ % c. Have vaginal or anal sex in a not-mutually-monogamous relationship without condoms?

QSORRESU = 'PERCENT'

QSEVLINT='-P12M'

QSSCAT=STAFF CHARACTERISTICS C. STAFF CHARACTERISTICS

**Abbreviations**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

*The questions in section C seek to identify the characteristics of your program staff's level of training and experience. Please direct your responses to the same program you responded to in the previous sections. As in the previous section, you are free to obtain information from other sources in order to provide accurate responses to the questions.*

QSTEST/QSTESTCD

\_\_\_ 1. How many medical staff (e.g., medical doctor, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, pharmacist, medical technician) do you currently have in your program?

QSORRES

\_\_\_ 2. How many non-medical clinical staff (e.g., psychologists, social workers, counselors, educators, case managers, aides) do you currently have in your program?

\_\_\_ 3. Does your facility offer ongoing training for clinical staff pertaining to

- \_\_\_ a. HIV/AIDS?
- \_\_\_ b. HCV?
- \_\_\_ c. STIs?

**Possible Answers**

0=No  
 1=Yes, for both medical and non-medical staff  
 2=Yes, for medical staff only  
 3=Yes, for non-medical staff only

4. What percent of your clinical staff has received training in the past year for each disease listed below? Please provide percentages separately for medical and non-medical staff.

QSEVLINT='-P12M'

QSORRESU = PERCENT

**a. Medical staff**

**b. Non-Medical Staff**

- |                   |                   |
|-------------------|-------------------|
| ___% 1. HIV/AIDS? | ___% 1. HIV/AIDS? |
| ___% 2. HCV?      | ___% 2. HCV?      |
| ___% 3. STIs?     | ___% 3. STIs?     |

5. What is the average number of years of experience possessed by your clinical staff in educating patients about each of the following infectious diseases? Please provide years separately for medical and non-medical staff.

QSORRESU = 'YEAR'

**a. Medical staff**

**b. Non-Medical Staff**

- |                       |                       |
|-----------------------|-----------------------|
| ___ yrs. 1. HIV/AIDS? | ___ yrs. 1. HIV/AIDS? |
| ___ yrs. 2. HCV?      | ___ yrs. 2. HCV?      |
| ___ yrs. 3. STIs?     | ___ yrs. 3. STIs?     |

6. What is the average number of years of experience possessed by your clinical staff in performing patient risk assessment for each of the following infectious diseases? Please provide years separately for medical and non-medical staff.

**a. Medical staff**

**b. Non-Medical Staff**

- |                       |                       |
|-----------------------|-----------------------|
| ___ yrs. 1. HIV/AIDS? | ___ yrs. 1. HIV/AIDS? |
| ___ yrs. 2. HCV?      | ___ yrs. 2. HCV?      |
| ___ yrs. 3. STIs?     | ___ yrs. 3. STIs?     |

QSTEST/QSTESTCD

QSORRES

QSORRESU = "YEAR"

7. For only the staff that orders biological testing, what is the average number of years of experience in testing possessed for each infectious disease? Please provide years separately for medical and non-medical staff.

**a. Medical staff**

**b. Non-Medical Staff**

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

8. What is the average number of years of experience possessed by your clinical staff in counseling for each of the following infectious diseases? Please provide years separately for medical and non-medical staff.

**a. Medical staff**

**b. Non-Medical Staff**

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

9. What is the average number of years of experience possessed by your clinical staff in the treatment of persons with each infectious disease? Please provide years separately for medical and non-medical staff.

**a. Medical staff**

**b. Non-Medical Staff**

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

10. What is the average number of years of experience possessed by your clinical staff in the monitoring (looking for response to treatment or deteriorating condition) of persons with each infectious disease? Please provide years separately for medical and non-medical staff.

**a. Medical staff**

**b. Non-Medical Staff**

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?

\_\_\_ yrs. 1. HIV/AIDS?  
 \_\_\_ yrs. 2. HCV?  
 \_\_\_ yrs. 3. STIs?



**QSSCAT=REIMBURSEMENT ISSUES D. REIMBURSEMENT ISSUES**

**Abbreviations**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

**The purpose of this section is to identify the sources of funding and reimbursement that your program receives for various services offered in HIV/AIDS, HCV, and STI programs. Please provide an answer in each space provided for each service listed. You may need to obtain information from other sources in order to provide accurate responses to the questions in this section.**

**For each of the following HIV/AIDS services, what types of funding does your program receive?**

For each service listed 1-8 below, circle '0' or '1' in column 'A' to indicate if your program offers the service. If the service is *not* offered by your program (directly or through contractual agreement with another provider), do *not* complete columns 'B' through 'H' for that service, continue on to the next service.

If the service listed is offered, but no funding is available for that service, please indicate by circling '0' in the "Funding Received" column (H).

If the service listed is offered and funding is received, for each funding source circle '1' if funding is received or '0' if funding is not received. If multiple sources of funding are received for a particular service, circle '1' in the space provided for each funding source received and circle '0' for all other funding sources.

If an 'Other Funding Source' (G) is selected, please specify that funding source in space provided below that service.

When complete, each service should have either

- Only column 'A' completed (If Service is not offered)
- OR** A '0' or a '1' circled in each cell in columns 'B' through 'G' if '1' is circled in columns 'A' and 'H' (Service is offered and funding is received)
- OR** Only columns 'A' and 'H' are completed (Service is offered, but No funding is received).

QSTEST/QSTESTCD

QSORRES

HIV/AIDS		FUNDING SOURCES FOR SERVICES OFFERED															
		A.		B.		C.		D.		E.		F.		G.		H.	
		Is Service Offered		Medicaid		Medicare		Private Insurance		Gov't Grant/Contract †		Private Agency Grant/Contract *		Other Funding Source (specify)		Funding Received	
SERVICES		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	or	No	Yes	
1.	Provider education <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
2.	Patient education <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
3.	Patient risk assessment <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
4.	Both patient medical history and physical exam <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
5.	Patient biological testing <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
6.	Patient counseling <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
7.	Patient treatment <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	
8.	Patient monitoring <i>Specify</i> _____ <i>if other, please</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1	

\* Includes pharmaceutical industry  
 † Includes Ryan White

QNAM=TPAD01S – TPAD08S  
 QLABEL= "HIV AIDS-PROVIDER ED-OTHER SPECIFY"  
 - "HIV AIDS-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ

**For each of the following HCV services, what types of funding does your program receive?**

For each service listed 9-16 below, circle '0' or '1' in column 'A' to indicate if your program offers the service. If the service is *not* offered by your program (directly or through contractual agreement with another provider), do *not* complete columns 'B' through 'H' for that service, continue on to the next service.

If the service listed is offered, but no funding is available for that service, please indicate by circling '0' in the "Funding Received" column (H).

If the service listed is offered and funding is received, for each funding source circle '1' if funding is received or '0' if funding is not received. If multiple sources of funding are received for a particular service, circle '1' in the space provided for each funding source received and circle '0' for all other funding sources.

If an 'Other Funding Source' (G) is selected, please specify that funding source in space provided below that service.

When complete, each service should have either

Only column 'A' completed (If Service is not offered)

**OR** A '0' or a '1' circled in each cell in columns 'B' through 'G' if '1' is circled in columns 'A' and 'H' (Service is offered and funding is received)

**OR** Only columns 'A' and 'H' are completed (Service is offered, but No funding is received).

**QSTEST/QSTESTCD      QSORRES      FUNDING SOURCES FOR SERVICES OFFERED**

HCV SERVICES	A.		B. C. D. E. F. G.						or	H.					
	Is Service Offered		Medicaid	Medicare	Private Insurance	Gov't Grant/Contract †	Private Agency Grant/Contract *	Other Funding Source (specify)		Funding Received					
	No	Yes	No	Yes	No	Yes	No	Yes		No	Yes				
9. Provider education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
10. Patient education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
11. Patient risk assessment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
12. Both patient medical history and physical exam <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
13. Patient biological testing <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
14. Patient counseling <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
15. Patient treatment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
16. Patient monitoring <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

\* Includes pharmaceutical industry

† Includes Ryan White

QNAM=TPAD09S – TPAD016S  
 QLABEL= "HCV-PROVIDER ED-OTHER SPECIFY"  
           - "HCV-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ

**For each of the following STI services, what types of funding does your program receive?**

For each service listed 17-24 below, circle '0' or '1' in column 'A' to indicate if your program offers the service. If the service is *not* offered by your program (directly or through contractual agreement with another provider), do *not* complete columns 'B' through 'H' for that service, continue on to the next service.

If the service listed is offered, but no funding is available for that service, please indicate by circling '0' in the "Funding Received" column (H).

If the service listed is offered and funding is received, for each funding source circle '1' if funding is received or '0' if funding is not received. If multiple sources of funding are received for a particular service, circle '1' in the space provided for each funding source received and circle '0' for all other funding sources.

If an 'Other Funding Source' (G) is selected, please specify that funding source in space provided below that service.

When complete, each service should have either

Only column 'A' completed (If Service is not offered)

**OR** A '0' or a '1' circled in each cell in columns 'B' through 'G' if '1' is circled in columns 'A' and 'H' (Service is offered and funding is received)

**OR** Only columns 'A' and 'H' are completed (Service is offered, but No funding is received).

QSTEST/QSTESTCD      QSORRES

STI	FUNDING SOURCES FOR SERVICES OFFERED																
	A.		B.		C.		D.		E.		F.		G.		H.		
	Is Service Offered		Medicaid		Medicare		Private Insurance		Gov't Grant/Contract †		Private Agency Grant/Contract *		Other Funding Source (specify)		Funding Received		
SERVICES	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
17. Provider education <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
18. Patient education <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
19. Patient risk assessment <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
20. Both patient medical history and physical exam <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
21. Patient biological testing <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
22. Patient counseling <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
23. Patient treatment <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
24. Patient monitoring <i>if other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

\* Includes pharmaceutical industry  
 † Includes Ryan White

QNAM=TPAD017S – TPAD24S  
 QLABEL= "STI-PROVIDER ED-OTHER SPECIFY"  
 - "STI-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ



**QSSCAT=PRACTICES: STANDARD E. PRACTICES**

**Abbreviations**  
 Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

***This section contains questions about the standard practices that exist in your program. For each question in this section, please select the response that best describes treatment practices at your program. You are free to obtain information from other sources in order to provide accurate responses to the questions in this section.***

\_\_\_\_\_ 1. a. Is it standard practice in your program that every patient admitted receive a behavioral risk assessment?

QSTEST/QSTESTCD

0=No → Go to 1b and continue.

1=Yes → If Yes, skip to question 1c.

2=Behavioral risk assessment is not performed in my program → If behavioral risk assessment is not performed at your program, skip to question 2.

QSORRES

b. If every patient is not given a behavioral risk assessment, which patients receive an assessment? (For each of the following, circle the appropriate response.)

No Yes

0 1 1. Injection drug users (IDUs)

0 1 2. Crack users

0 1 3. Commercial sex workers

0 1 4. Other (specify) \_\_\_\_\_

QNAM=TPAE01BS  
 QLABEL= ASSESSMENT OTHER SPECIFY  
 IDVAR= QSSEQ

\_\_\_\_\_ c. Is the assessment a standardized interview/questionnaire? (0=No, 1=Yes)

If yes, specify name: \_\_\_\_\_

QNAM=TPAE01CS  
 QLABEL= IF YES SPECIFY NAME  
 IDVAR= QSSEQ

\_\_\_\_\_ d. When is the assessment conducted? (Select only one response.)

1=At intake

2=Within 30 days

3=No specific time frame

e. For each of the following staff, tell us whether or not they do risk assessments on patients. (For each of the following, circle the appropriate response.)

No Yes

0 1 1. Medical Doctor

0 1 2. Physician Assistant

0 1 3. Nurse Practitioner

0 1 4. Registered Nurse/Licensed Practical Nurse

0 1 5. Counselor/Therapist

0 1 6. Intake Counselor

0 1 7. Other (specify) \_\_\_\_\_

QNAM=TPAE01ES  
 QLABEL= ASSESSMENT OTHER SPECIFY  
 IDVAR= QSSEQ

\_\_\_\_\_ 2. Is it standard practice in your program to perform (or collect specimens for) drug testing?

0=No

1=Yes

3. Is it standard practice in your program to offer the following test to all new patients?

QSTEST/QSTESTCD  
QSORRES

No	Yes	Tests
0	1	a. Complete blood count with differential
0	1	b. Serum chemistries
0	1	c. Liver function tests
0	1	d. Lipid profile
0	1	e. Tuberculin skin testing, unless known to have a previous positive test
0	1	f. For women: pelvic examination
0	1	g. For women: pap smear

4. Is it standard practice in your program to offer the following to your patients?

No	Yes	Vaccinations
0	1	a. Influenza vaccination
0	1	b. Pneumococcal vaccination

QSSCAT=PRACTICES: HIV/AIDS      **HIV/AIDS**

- \_\_\_\_\_ 5. Is it standard practice in your program to offer (or provide referral for) HIV antibody testing?  
(Select only one response.)  
1=Yes, within this agency  
2=Yes, by contractual agreement with another provider  
3=Yes, refer to community resource  
4=No, neither offer nor refer

6. Is it standard practice in your program to offer (or provide referral for) the following tests to all HIV-infected patients?

No	Yes	Tests
0	1	a. Complete blood count with differential
0	1	b. Serum chemistries
0	1	c. Liver function tests
0	1	d. Lipid profile
0	1	e. Tuberculin skin testing, unless known to have a previous positive test
0	1	f. For women: pelvic examination
0	1	g. For women: pap smear
0	1	h. HIV viral load testing
0	1	i. T-cell (CD4) monitoring
0	1	j. HIV genotype testing
0	1	k. Toxoplasma titres

- \_\_\_\_\_ 7. Is it standard practice in your program to offer (or provide referral for) medical histories and physical exams to all patients who test positive for HIV?  
1=Yes, within this agency  
2=Yes, by contractual agreement with another provider  
3=Yes, refer to community resource  
4=No, neither offer nor refer

- \_\_\_\_\_ 8. Is it standard practice in your program to offer (or provide referral for) HIV counseling to all patients who test positive for HIV? (Select only one response.)  
1=Yes, within this agency  
2=Yes, by contractual agreement with another provider  
3=Yes, refer to community resource  
4=No, neither offer nor refer

QSTEST/QSTESTCD

QSORRES

9. Is it standard practice in your program to offer (or provide referral for) HIV treatment services to all patients who test positive for HIV?

- 1=Yes, within this agency
- 2=Yes, by contractual agreement with another provider
- 3=Yes, refer to community resource
- 4=No, neither offer nor refer

10. Is it standard practice in your program to offer (or provide referral for) HIV treatment monitoring to all patients who test positive for HIV?

- 1=Yes, within this agency
- 2=Yes, by contractual agreement with another provider
- 3=Yes, refer to community resource
- 4=No, neither offer nor refer

11. For whom is it standard practice in your program to provide basic HIV/AIDS education?

- 1=It is not standard practice for any patient.
- 2=High Risk Only
- 3=All Patients

12. For whom is it standard practice in your program to provide the following basic HIV/AIDS educational components?

Education Components	Not Standard Practice For Any Patient	High Risk Patients Only	All Patients
a. Information regarding transmission risk behaviors	1	2	3
b. Information regarding preventive behaviors	1	2	3
c. Resource information (antibody testing availability, needle exchange/ friendly pharmacies, if applicable)	1	2	3
d. Information regarding specialized HIV related services availability	1	2	3

13. How is your basic HIV education delivered? (For each of the following, circle the appropriate response.)

No	Yes	Education Format
0	1	a. Group Class
0	1	b. Individual
0	1	c. Other (specify) _____

QNAM=TPAE13CS  
 QLABEL=EDUCATION FORMAT OTHER SPECIFY  
 IDVAR= QSSEQ

14. Which of the following best describes your program's HIV education materials: (Select only one response.)

- 0=Not standardized or manual driven
- 1=Standardized or manual driven, developed at agency/program level
- 2=Standardized or manual driven, adopted from another source (specify source: \_\_\_\_\_)

15. The focus of the basic HIV education is mostly on reducing which of the following? (Select only one response.)

- 1=Injection risks
- 2=Sexual risks
- 3=Both injection risk and sexual risk behaviors are focused on about equally

QNAM=TPAE14S  
 QLABEL= SPECIFY SOURCE  
 IDVAR= QSSEQ

16. Which of the following methods/tools are used in the basic HIV education provided to your patients? (For each of the following, circle the appropriate response.)

QSTEST/QSTESTCD  
QSORRES

No	Yes	Methods/Tools
0	1	a. Information given via lecture
0	1	b. Information given via video
0	1	c. Information given via reading material
0	1	d. Group discussion
0	1	e. Role plays
0	1	f. In-person demonstrations, (condom use, bleaching)
0	1	g. Providing risk reduction equipment
0	1	h. Other (specify _____)

QNAM=16H  
QLABEL= OTHER HIV EDUC. METHODS SPECIFIED  
IDVAR= QSSEQ

17. Does your treatment program provide any of the risk reduction items listed below? (For each of the following, circle the appropriate response.)

No	Yes	Prevented by Regulation/ Law	Risk Reduction Items
0	1	2	a. Sterile injection equipment
0	1		b. Bleach kits
0	1		c. Male condoms
0	1		d. Female condoms

QSSCAT=PRACTICES: HEPATITIS C VIRUS HEPATITIS C VIRUS

- 18.a. Is it standard practice at your program to offer (or provide referral for) hepatitis testing?  
 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer → Skip to question 19.

- b. If yes, which tests are standard practice? (For each of the following, circle the appropriate response.)

No	Yes	Don't Know	Hepatitis Tests
0	1	2	1. Hepatitis C antibody
0	1	2	2. Hepatitis C recombinant immunoblot assay (RIBA)
0	1	2	3. Hepatitis C qualitative Polymerase Chain Reaction
0	1	2	4. Hepatitis C quantitative Polymerase Chain Reaction
0	1	2	5. Hepatitis C genotyping
0	1	2	6. Hepatitis B surface antigen
0	1	2	7. Hepatitis B surface antibody
0	1	2	8. Hepatitis B core antibody
0	1	2	9. Hepatitis B e antigen
0	1	2	10. Hepatitis B e antibody
0	1	2	11. Hepatitis B viral DNA
0	1	2	12. Other (specify _____)

QNAM=TPAE18S  
QLABEL= HEP C TESTS OTHER SPECIFY  
IDVAR= QSSEQ

QSTEST/QSTESTCD

- \_\_\_\_\_ 19. Is it standard practice in your program to offer (or provide referral for) hepatitis A and B vaccination to all patients who test positive for hepatitis C?  
 QSORRES 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 20. Is it standard practice in your program to offer (or provide referral for) medical histories and physical exams to all patients who test positive for hepatitis C?  
 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 21. Is it standard practice in your program to offer (or provide referral for) counseling to all patients who test positive for hepatitis C?  
 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 22. Is it standard practice in your program to offer (or provide referral for) hepatitis C treatment for all patients who test positive for hepatitis C?  
 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 23. Is it standard practice in your program to offer (or provide referral for) hepatitis C treatment monitoring to all patients who test positive for hepatitis C?  
 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 24. For whom is it standard practice in your program to provide basic hepatitis C education?  
 1=None  
 2=High Risk  
 3=All

QSSCAT=PRACTICES: SEXUALLY TRANSMITTED INFECTION

**SEXUALLY TRANSMITTED INFECTION**

- \_\_\_\_\_ 25. a. Is it standard practice at your program to offer (or provide referral for) sexually transmitted infections testing?  
 1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer → *Skip to question 26.*



QSTEST/QSTESTCD

b. If yes, which tests are standard practices? (For each of the following, circle the appropriate response.)

QSORRES

No	Yes	Don't Know	STI Tests
0	1	2	1. Rapid Plasma Reagin
0	1	2	2. FTS-Abs
0	1	2	3. Viral titers
0	1	2	4. Chlamydia titer
0	1	2	5. Herpes titer
0	1	2	6. Cultures
0	1	2	7. Pap smear
0	1	2	8. Microscopic examinations
0	1	2	9. Other (specify ←)

QNAM=TPAE25BS  
 QLABEL= STI TESTS OTHER SPECIFY  
 IDVAR= QSSEQ

- \_\_\_\_\_ 26. Is it standard practice in your program to offer (or provide referral for) both medical histories and physical exams to all patients who test positive for STIs?

1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 27. Is it standard practice in your program to offer (or provide referral for) STI counseling to all patients who test positive for STIs?

1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 28. Is it standard practice in your program to offer (or provide referral for) STI treatment to all patients who test positive for STIs?

1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 29. Is it standard practice in your program to offer (or provide referral for) STI treatment monitoring for all patients who test positive for STIs?

1=Yes, within this agency  
 2=Yes, by contractual agreement with another provider  
 3=Yes, refer to community resource  
 4=No, neither offer nor refer
- \_\_\_\_\_ 30. a. For whom is it standard practice in your program to offer (or provide referral for) basic STI education?

1=None → If None, skip to Section F. Program Guidelines.  
 2=High Risk  
 3=All

QSTEST/QSTESTCD

b. If yes, who does the education? (For each of the following, circle the appropriate response.)

QSORRES

No	Yes	Educator
0	1	1. Medical Doctor/Physician Assistant/Nurse Practitioner
0	1	2. Registered Nurse/Licensed Practical Nurse
0	1	3. Counselor/Therapist
0	1	4. Intake Counselor
0	1	5. Other (specify _____)

QNAM=TPAE30BS  
 QLABEL= EDUCATION OTHER SPECIFY  
 IDVAR= QSSEQ

QSSCAT=PROGRAM GUIDELINES

F. PROGRAM GUIDELINES

**Abbreviations**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

QSTEST/QSTESTCD

QSORRES

***This section is designed for you to answer these questions without any outside assistance. For each of the questions in this section, select the response that best represents your judgement of the clarity of the guidelines referred to in each question.***

1. How clear are the guidelines in your program for educating providers about each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

2. How clear are the guidelines in your program for educating patients about each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

3. How clear are the guidelines in your program for performing risk assessment for each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

4. How clear are the guidelines in your program for both obtaining a medical history and performing a physical exam for patients with each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

5. How clear are the guidelines in your program for providing biological testing for each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

6. How clear are the guidelines in your program for counseling patients with each infectious disease listed below?

QSTEST/QSTESTCD

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

QSORRES

**Possible Answers**

- |                  |                                  |
|------------------|----------------------------------|
| 1=Clear          | 4=Don't know if guidelines exist |
| 2=Somewhat clear | 5=No guidelines exist            |
| 3=Unclear        | 6=Program/service not offered    |

7. How clear are the guidelines in your program for treating patients with each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

- |                  |                                  |
|------------------|----------------------------------|
| 1=Clear          | 4=Don't know if guidelines exist |
| 2=Somewhat clear | 5=No guidelines exist            |
| 3=Unclear        | 6=Program/service not offered    |

8. How clear are the guidelines in your program for monitoring patients with each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

- |                  |                                  |
|------------------|----------------------------------|
| 1=Clear          | 4=Don't know if guidelines exist |
| 2=Somewhat clear | 5=No guidelines exist            |
| 3=Unclear        | 6=Program/service not offered    |

QSSCAT=BARRIERS

G. BARRIERS

**Abbreviations**  
 Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

***This section asks about barriers that might interfere with your program's ability to provide, or offer greater availability of, various services. There are three tables in this section, one each for HIV/AIDS, HCV and STIs. For each barrier listed, please tell us whether or not you think it is in fact an obstacle to providing each service listed. You are free to obtain information from other sources in order to provide accurate responses to the questions in this section.***

What do you believe are the obstacles to greater availability of the HIV/AIDS services listed in the columns of the table below? Please circle '1' for Yes or '0' for No for each of the possible barriers (1-8) listed for each service (A-H). If there are no barriers for a service, circle '0' (No) for 1-8. Please make sure you answer Yes or No for each barrier and service.

For question 9 A through H, please identify the barrier that presents the biggest obstacle for that service. Enter the number to the left of the selected barrier in the space provided beneath each service. If there is no barrier for a service, enter '0' for that service.

QSTEST/QSTESTCD QSORRES →

HIV/AIDS	SERVICES																	
	A. Provider Education		B. Patient Education		C. Patient Risk Assess- ment		D. Patient Med. History & Physical Exam		E. Patient Biological Testing		F. Patient Counseling		G. Patient Treatment		H. Patient Monitoring			
	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES		
1. Government regulations	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
2. Treatment program policies	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
3. Staff training	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
4. Funding (grants/contracts)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
5. Patient/client health insurance benefits (gov't/private)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
6. Patient/client acceptance	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
7. Staff acceptance	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
8. Other	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
9. For each service, which of the identified barriers is the biggest obstacle? (Just put one barrier number under each service. If no barriers exists for a service, enter 0 for that service.)	A. ____		B. ____		C. ____		D. ____		E. ____		F. ____		G. ____		H. ____			



What do you believe are the obstacles to greater availability of the **HCV** services listed in the columns of the table below? Please circle 1 for Yes or 0 for No for each of the possible barriers (10-17) listed for each service (A-H). If there are no barriers for a service, circle 0 (No) for 10-17. Please make sure you answer Yes or No for each barrier and service.

For question 18 A through H, please identify the barrier that presents the biggest obstacle for that service. Enter the number to the left of the selected barrier in the space provided beneath each service. If there is no barrier for a service, enter '0' for that service.

QSTEST/QSTESTCD

QSORRES

HCV	SERVICES															
	A. Provider Education		B. Patient Education		C. Patient Risk Assessment		D. Patient Med. History & Physical Exam		E. Patient Biological Testing		F. Patient Counseling		G. Patient Treatment		H. Patient Monitoring	
Barriers	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES
10. Government regulations	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
11. Treatment program policies	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
12. Staff training	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
13. Funding (grants/contracts)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
14. Patient/client health insurance benefits (gov't/private)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
15. Patient/client acceptance	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
16. Staff acceptance	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
17. Other	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
18. For each service, which of the identified barriers is the biggest obstacle? (Just put one barrier number under each service. If no barriers exists for a service, enter 0 for that service.)	A. ____		B. ____		C. ____		D. ____		E. ____		F. ____		G. ____		H. ____	

What do you believe are the obstacles to greater availability of the **STI** services listed in the columns of the table below? Please circle 1 for Yes or 0 for No for each of the possible barriers (19-26) listed for each service (A-H). If there are no barriers for a service, circle 0 (No) for 19-26. Please make sure you answer Yes or No for each barrier and service.

For question 27 A through H, please identify the barrier that presents the biggest obstacle for that service. Enter the number to the left of the selected barrier in the space provided beneath each service. If there is no barrier for a service, enter '0' for that service.

QSTEST/QSTESTCD

QSORRES

STI's	SERVICES																	
	A. Provider Education		B. Patient Education		C. Patient Risk Assessment		D. Patient Med. History & Physical Exam		E. Patient Biological Testing		F. Patient Counseling		G. Patient Treatment		H. Patient Monitoring			
Barriers	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES		
19. Government regulations	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
20. Treatment program policies	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
21. Staff training	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
22. Funding (grants/contracts)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
23. Patient/client health insurance benefits (gov't/private)	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
24. Patient/client acceptance	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
25. Staff acceptance	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
26. Other	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1		
27. For each service, which of the identified barriers is the biggest obstacle? (Just put one barrier number under each service. If no barriers exists for a service, enter 0 for that service.)	A.____		B.____		C.____		D.____		E.____		F.____		G.____		H.____			

QSSCAT=OPINIONS

H. OPINIONS

*This section is designed for you to answer these questions without any outside assistance. For each of the questions in this section, select the response that best represents your level of agreement with the topic of each question.*

QSTEST/QSTESTCD

QSORRES

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. Full abstinence from illicit drugs or alcohol is not necessary for patients in drug treatment programs to succeed in reducing their involvement in:					
a. High-risk injection or other drug use practices	1	2	3	4	5
b. High-risk sexual behaviors.	1	2	3	4	5
2. It would be worth re-allocating existing program funds if we could prevent or reduce:					
a. HIV infection.	1	2	3	4	5
b. HCV infections.	1	2	3	4	5
c. STIs.	1	2	3	4	5
3. I believe that providing medical care within a substance abuse treatment program distracts patients from focusing on their substance abuse disorder(s).	1	2	3	4	5

	<u>Very Important</u>	<u>Important</u>	<u>Neither Important nor Unimportant</u>	<u>Unimportant</u>	<u>Very Unimportant</u>
4. For the following please rate how important you feel each area is.					
a. Prevention of substance abuse	1	2	3	4	5
b. Treatment of substance abuse	1	2	3	4	5
c. Prevention of communicable diseases	1	2	3	4	5
d. Treatment of communicable diseases	1	2	3	4	5

**THANK YOU FOR YOUR PARTICIPATION!**



QSORRES

QSORRESU = PERCENT

QSTEST/QSTESTCD

QSEVLINT = -P12M

- \_\_\_\_\_ 11. In the past 12 months, for those patients/clients whose HIV status is not known, what percentage have you encouraged to be screened or tested for HIV infection? (0% to 100%)
- \_\_\_\_\_ 12. In the past 12 months, what percentage of your patients/clients for whom you know do not know their HCV status have you encouraged to be screened or tested for HCV infection? (0% to 100%)
- \_\_\_\_\_ 13. In the past 12 months, what percentage of your patients/clients for whom you know do not know their STI status, and whom you know are engaged in risky sexual behaviors, have you encouraged to be screened or tested for a sexually transmitted infection? (0% to 100%)
- \_\_\_\_\_ 14. In the past 12 months, what percentage of your patients/clients have you provided information, directly or through referral, about how HIV infection is acquired, the consequences of infection, and/or how it can be treated? (0% to 100%)
- \_\_\_\_\_ 15. In the past 12 months, what percentage of your patients/clients have you provided information, directly or through referral, about how HCV infection is acquired, the consequences of infection, and/or how it can be treated? (0% to 100%)
- \_\_\_\_\_ 16. In the past 12 months, what percentage of your patients/clients have you provided information, directly or through referral, about how sexually transmitted infections are acquired, the consequences of infection, and/or how it can be treated? (0% to 100%)
- \_\_\_\_\_ 17. Over the past 12 months, what percentage of your known HIV-infected patients/clients who are not receiving treatment have you encouraged to seek HIV treatment? (0% to 100%)
- \_\_\_\_\_ 18. Over the past 12 months, what percentage of your known HCV-infected patients/clients who are not receiving treatment have you encouraged to seek HCV treatment? (0% to 100%)
- \_\_\_\_\_ 19. Over the past 12 months, what percentage of your known HIV-infected patients/clients did you encourage to provide information to others who may be at risk because of their HIV status? (0% to 100%)
- \_\_\_\_\_ 20. Over the past 12 months, what percentage of your known HCV-infected patients/clients did you encourage to provide information to others who may be at risk because of their HCV status? (0% to 100%)
- \_\_\_\_\_ 21. Over the past 12 months, to what percentage of your patients/clients have you provided condoms directly, or encouraged them to obtain condoms from distribution points in your treatment program? (0% to 100%)
- \_\_\_\_\_ 22. Over the past 12 months, what percentage of your patients/clients have you encouraged to use bleach or to participate in needle exchange programs when appropriate? (0% to 100%)
- \_\_\_\_\_ 23. For what percentage of your patients/clients are you certain that you know how frequently they are involved in needle risk behaviors? (0% to 100%)



QSORRES

QSTEST/QSTESTCD

QSORRESU = PERCENT

- \_\_\_ 24. For what percentage of your patients/clients are you certain that you know how frequently they are involved in sexual risk behaviors? (0% to 100%)
- \_\_\_ 25. For what percentage of your HIV/AIDS patients/clients do you perform (or offer a referral for) both a medical history and physical exam? (0% to 100%)
- \_\_\_ 26. For what percentage of your HCV patients/clients do you perform (or offer a referral for) both a medical history and physical exam? (0% to 100%)
- \_\_\_ 27. For what percentage of your HIV/AIDS patients/clients do you provide (or offer a referral for) counseling services? (0% to 100%)
- \_\_\_ 28. For what percentage of your HCV patients/clients do you provide (or offer a referral for) counseling services? (0% to 100%)
- \_\_\_ 29. For what percentage of your STI patients/clients do you provide (or offer a referral for) counseling services? (0% to 100%)
- \_\_\_ 30. For what percentage of your HIV/AIDS patients/clients do you offer (or refer for) monitoring services? (0% to 100%)
- \_\_\_ 31. For what percentage of your HCV patients/clients do you offer (or refer for) monitoring services? (0% to 100%)

QSSCAT=PROGRAM GUIDELINES

**B. PROGRAM GUIDELINES**

**Abbreviations**  
 Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

***This section was also designed for you to answer these questions without any outside assistance. For each of the questions in this section, select the response that best represents your judgment of the clarity of the guidelines referred to in each question.***

**QSTEST/QSTESTCD**

1. How clear are the guidelines in your program for educating providers about each infectious disease listed below?

QSORRES

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**  
 1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

2. How clear are the guidelines in your program for educating patients about each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**  
 1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

3. How clear are the guidelines in your program for performing risk assessment for each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**  
 1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

4. How clear are the guidelines in your program for both obtaining a medical history and performing a physical exam for patients with each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**  
 1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

5. How clear are the guidelines in your program for providing biological testing for each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**  
 1=Clear                      4=Don't know if guidelines exist  
 2=Somewhat clear        5=No guidelines exist  
 3=Unclear                  6=Program/service not offered

6. How clear are the guidelines in your program for counseling patients with each infectious disease listed below?

QSORRES

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear	4=Don't know if guidelines exist
2=Somewhat clear	5=No guidelines exist
3=Unclear	6=Program/service not offered

7. How clear are the guidelines in your program for treating patients with each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear	4=Don't know if guidelines exist
2=Somewhat clear	5=No guidelines exist
3=Unclear	6=Program/service not offered

8. How clear are the guidelines in your program for monitoring patients with each infectious disease listed below?

- \_\_\_\_\_ a. HIV/AIDS?
- \_\_\_\_\_ b. HCV?
- \_\_\_\_\_ c. STI's?

**Possible Answers**

1=Clear	4=Don't know if guidelines exist
2=Somewhat clear	5=No guidelines exist
3=Unclear	6=Program/service not offered

## QSSCAT=KNOWLEDGE

## C. KNOWLEDGE

**Abbreviations**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI): Sexually Transmitted Infections (STIs)

***This section was also designed for you to answer these questions without any outside assistance. The purpose of this section is to determine the range of knowledge among clinicians regarding HIV/AIDS, HCV and STIs. It is expected that most people will not know the correct answer for all the items. Please make your best effort. Responses will inform us about future educational needs regarding HIV/AIDS, HCV and STIs. Please choose only one answer for each question.***

## QSTEST/QSTESTCD

## QSORRES

- \_\_\_\_\_ 1. Hepatitis C virus primarily causes damage to which vital organ?  
 1=Heart.  
 2=Lung.  
 3=Liver.  
 4=Pancreas.  
 5=Brain.  
 9=Don't know.
- \_\_\_\_\_ 2. Which one of the following is true for the various interferon treatments for HCV infection?  
 1=Only modestly effective.  
 2=Unpleasant side effects.  
 3=Medication is delivered by injection.  
 4=Medication is very expensive.  
 5=All of the above are true.  
 9=Don't know.
- \_\_\_\_\_ 3. What percentage of HCV infected individuals will clear the HCV without treatment?  
 1=2%.  
 2=10%.  
 3=25%.  
 4=40%.  
 5=50%.  
 9=Don't know.
- \_\_\_\_\_ 4. There currently is available effective vaccine(s) for  
 1=Hepatitis A.  
 2=Hepatitis B.  
 3=Hepatitis C.  
 4=Both hepatitis A and hepatitis B.  
 5=None of the above.  
 9=Don't know.
- \_\_\_\_\_ 5. Which one of the following is the most prevalent STI in the United States?  
 1=Herpes.  
 2=Gonorrhea.  
 3=Syphilis.  
 4=HIV.  
 5=Tuberculosis.  
 9=Don't know.
- \_\_\_\_\_ 6. Which one of the following is not a sexually transmitted infection?  
 1=Herpes.  
 2=Gonorrhea.  
 3=Tuberculosis.  
 4=Trichomonas.  
 5=Chlamydia.  
 9=Don't know.

QSORRES

QSTEST/QSTESTCD

- \_\_\_\_\_ 7. Which one of the following cannot be completely cured (eradicated) by treatment?  
1=Syphilis.  
2=Gonorrhea.  
3=Herpes.  
4=Chlamydia.  
5=Trichomonas.  
9=Don't know.
- \_\_\_\_\_ 8. Which one of the following is not an STI prevention intervention?  
1=Use of condoms.  
2=Safe sex education.  
3=Substance dependence treatment.  
4=Arresting prostitutes.  
5=All of the above.  
9=Don't know.
- \_\_\_\_\_ 9. HIV can be transmitted by all except:  
1=Intravenous drug use by sharing needles.  
2=Sexual behaviors.  
3=Mosquitoes.  
4=Mother to fetus.  
5=Transfusions with infected blood.  
9=Don't know.
- \_\_\_\_\_ 10. Which one of the following sexual behaviors is most risky for HIV transmission?  
1=French kissing.  
2=Oral sex.  
3=Anal intercourse.  
4=Vaginal intercourse.  
5=All are equally risky.  
9=Don't know.
- \_\_\_\_\_ 11. Which one of the following is false about HIV treatment?  
1=There is no effective cure.  
2=Highly Active Antiretroviral Therapy is effective in reducing HIV viral load.  
3=Highly Active Antiretroviral Therapy improves survival.  
4=HIV is usually treated with multiple medications.  
5=Single medication treatment is common for HIV infection.  
9=Don't know.
- \_\_\_\_\_ 12. Which one of the following interventions can prevent HIV transmission?  
1=Methadone maintenance to reduce needle use.  
2=Condoms.  
3=Education about safe sex.  
4=Highly Active Antiretroviral Therapy to reduce viral load of HIV.  
5=All of the above.  
9=Don't know.
- \_\_\_\_\_ 13. In substance abuse programs serving intravenous drug users, what is the national percentage of new intakes that test positive for Hepatitis C Virus antibody (showing that they had been exposed in the past)?  
1=0-20%.  
2=21-40%.  
3=41-60%.  
4=Over 60%.  
9=Don't know.
- \_\_\_\_\_ 14. Which one of the following statements is true?  
1=HIV is more easily transmitted by the sharing of injection equipment than HCV.  
2=HIV is more easily transmitted sexually than HCV.  
3=HCV is more easily transmitted both sexually and by the sharing of injection equipment than HIV.  
4=HIV & HCV are equally infectious both sexually and by the sharing of injection equipment.  
9=Don't know.

QSORRES

QSTEST/QSTESTCD

- \_\_\_\_\_ 15. What percentage of patients testing positive for HCV are expected to progress to liver cancer or end stage liver failure within twenty years if the HCV is untreated?
- 1=0-10%.
  - 2=11-30%.
  - 3=31-50%.
  - 4=Over 50%.
  - 9=Don't know.
- \_\_\_\_\_ 16. Which one of the following statements is true?
- 1=HCV infection is a new epidemic that exploded as a result of the HIV epidemic.
  - 2=The vast majority of HCV infected individuals over the age of 40 being treated in methadone clinics most likely became infected in the 1990's.
  - 3=Most individuals previously diagnosed as having non-A, non-B Hepatitis were probably infected with HCV.
  - 4=Unlike HIV, there has not been a test developed to screen the blood supply for HCV.
  - 9=Don't know.
- \_\_\_\_\_ 17. Which one of the following statements is true about the impact of the introduction of needle/syringe exchange programs on the rate of new infections?
- 1=Needle exchange programs reduce new HIV infections to below 5% per year among those who start out HIV negative.
  - 2=Needle exchange programs reduce new HCV infections to below 10% per year among those who start out HCV negative.
  - 3=No change in the seroconversion rate of either HIV or HCV.
  - 4=Both 1 and 2.
  - 9=Don't know.
- \_\_\_\_\_ 18. Proper use of latex condoms can prevent the sexual transmission of which of the following?
- 1=HIV.
  - 2=HCV.
  - 3=Gonorrhea, chlamydia and syphilis.
  - 4=All of the above.
  - 5=Only 1 and 3.
  - 9=Don't know.
- \_\_\_\_\_ 19. For the HCV infected individual, which of the following is/are associated with a more rapid progression to liver scarring (cirrhosis), liver cancer or end stage liver failure?
- 1=Alcohol use.
  - 2=HIV co-infection.
  - 3=Heroin use.
  - 4=All of the above.
  - 5=Only 1 and 2.
  - 9=Don't know.
- \_\_\_\_\_ 20. In what percentage of cases will the combination treatment of interferon- $\alpha$  and Ribavirin effectively cure chronic HCV infection?
- 1=less than 20% of cases.
  - 2=21 to 40% of cases.
  - 3=41 to 60% of cases.
  - 4=Over 60% of cases.
  - 5=HCV is never effectively cured.
  - 9=Don't know.



QSSCAT=BARRIERS

D. BARRIERS

**Abbreviations**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

***This section asks about barriers that might interfere with your program's ability to provide, or offer greater availability of, various services. There are three tables in this section, one each for HIV/AIDS, HCV and STIs. For each barrier listed, please tell us whether or not you think it is in fact a barrier to each services listed. You are free to obtain information from other sources in order to provide accurate responses to the questions in this section.***

What do you believe are the obstacles to greater availability of the HIV/AIDS services listed in the columns of the table below? Please circle 1 for Yes or 0 for No for each of the possible barriers (1-8) listed for each service (A-H). If there are no barriers for a service, circle 0 (No) for 1-8. Please make sure you answer Yes or No for each barrier and service.

For question 9 A through H, please identify the barrier that presents the biggest obstacle for that service. Enter the number to the left of the selected barrier in the space provided beneath each service. If there is no barrier for a service, enter '0' for that service.

QSTEST/QSTESTCD

QSORRES →

HIV/AIDS	SERVICES							
	A. <u>Provider Education</u>	B. <u>Patient Education</u>	C. <u>Patient Risk Assessment</u>	D. <u>Patient Med. History &amp; Physical Exam</u>	E. <u>Patient Biological Testing</u>	F. <u>Patient Counseling</u>	G. <u>Patient Treatment</u>	H. <u>Patient Monitoring</u>
<b>Barriers</b>	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
1. Government regulations	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
2. Treatment program policies	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
3. Staff training	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
4. Funding (grants/contracts)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
5. Patient/client health insurance benefits (gov't/private)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
6. Patient/client acceptance	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
7. Staff acceptance	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
8. Other	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
9. For each service, which of the identified barriers is the biggest obstacle? (Just put one barrier number under each service. If no barriers exists for a service, enter 0 for that service.)	A.____	B.____	C.____	D.____	E.____	F.____	G.____	H.____

What do you believe are the obstacles to greater availability of the **HCV** services listed in the columns of the table below? Please circle 1 for Yes or 0 for No for each of the possible barriers (10-17) listed for each service (A-H). If there are no barriers for a service, circle 0 (No) for 10-17. Please make sure you answer Yes or No for each barrier and service.

For question 18 A through H, please identify the barrier that presents the biggest obstacle for that service. Enter the number to the left of the selected barrier in the space provided beneath each service. If there is no barrier for a service, enter '0' for that service.

QSTEST/QSTESTCD

QSORRES

HCV	SERVICES							
	A. <u>Provider Education</u>	B. <u>Patient Education</u>	C. <u>Patient Risk Assessment</u>	D. <u>Patient Med. History &amp; Physical Exam</u>	E. <u>Patient Biological Testing</u>	F. <u>Patient Counseling</u>	G. <u>Patient Treatment</u>	H. <u>Patient Monitoring</u>
<b>Barriers</b>	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
10. Government regulations	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
11. Treatment program policies	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
12. Staff training	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
13. Funding (grants/contracts)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
14. Patient/client health insurance benefits (gov't/private)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
15. Patient/client acceptance	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
16. Staff acceptance	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
17. Other	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
18. For each service, which of the identified barriers is the biggest obstacle? (Just put one barrier number under each service. If no barriers exists for a service, enter 0 for that service.)	A.____	B.____	C.____	D.____	E.____	F.____	G.____	H.____

What do you believe are the obstacles to greater availability of the **STI** services listed in the columns of the table below? Please circle 1 for Yes or 0 for No for each of the possible barriers (19-26) listed for each service (A-H). If there are no barriers for a service, circle 0 (No) for 19-26. Please make sure you answer Yes or No for each barrier and service.

For question 27 A through H, please identify the barrier that presents the biggest obstacle for that service. Enter the number to the left of the selected barrier in the space provided beneath each service. If there is no barrier for a service, enter '0' for that service.

QSTEST/QSTESTCD

QSORRES

STIs	SERVICES							
	A. Provider Education	B. Patient Education	C. Patient Risk Assess- ment	D. Patient Med. History & Physical Exam	E. Patient Biological Testing	F. Patient Counseling	G. Patient Treatment	H. Patient Monitoring
<b>Barriers</b>	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES
19. Government regulations	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
20. Treatment program policies	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
21. Staff training	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
22. Funding (grants/contracts)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
23. Patient/client health insurance benefits (gov't/private)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
24. Patient/client acceptance	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
25. Staff acceptance	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
26. Other	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1
27. For each service, which of the identified barriers is the biggest obstacle? (Just put one barrier number under each service. If no barriers exists for a service, enter 0 for that service.)	A.____	B.____	C.____	D.____	E.____	F.____	G.____	H.____

QSSCAT=OPINIONS

E. OPINIONS

***This section is designed for you to answer these questions without any outside assistance. For each of the questions in this section, select the response that best represents your level of agreement with the topic of each question.***

QSTEST/QSTESTCD

QSORRES

1. Full abstinence from illicit drugs or alcohol is not necessary for patients in drug treatment programs to succeed in reducing their involvement in:	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. High-risk injection or other drug use practices	1	2	3	4	5
b. High-risk sexual behaviors.	1	2	3	4	5
2. I believe that providing medical care within a substance abuse treatment program distracts patients from focusing on their substance abuse disorder(s).	1	2	3	4	5

3. How comfortable are you with discussing sexual and intimate relationship issues with:	<u>Very Comfortable</u>	<u>Comfortable</u>	<u>Neither Comfortable nor Uncomfortable</u>	<u>Uncomfortable</u>	<u>Very Uncomfortable</u>
a. Men who have sex only with women.	1	2	3	4	5
b. Women who have sex only with men.	1	2	3	4	5
c. Men who have sex at least some of the time with men.	1	2	3	4	5
d. Women who have sex at least some of the time with women.	1	2	3	4	5
e. People who earn at least part of their living by selling sex or who trade sex for drugs.	1	2	3	4	5
f. People who seem unable to protect themselves from getting an infection from a sexual partner.	1	2	3	4	5

4. For the following, please rate how important you feel each area is.	<u>Very Important</u>	<u>Important</u>	<u>Neither Important nor Unimportant</u>	<u>Unimportant</u>	<u>Very Unimportant</u>
a. Prevention of substance abuse	1	2	3	4	5
b. Treatment of substance abuse	1	2	3	4	5
c. Prevention of communicable diseases	1	2	3	4	5
d. Treatment of communicable diseases	1	2	3	4	5

**THANK YOU FOR YOUR PARTICIPATION!**

**QSCAT=STATE ADMINISTRATOR SURVEY**  
**INFECTIONS AND SUBSTANCE ABUSE – CTN0012**  
**STATE ADMINISTRATOR SURVEY**

Date Completed:    /    /     
  m  m  /  d  d  /  y  y  y  y

*The purpose of this survey is to gather information about your agency concerning persons presenting to substance abuse treatment settings who have or are at risk for acquiring HIV/AIDS, HCV and STIs. Please provide your best answers to the following questions. Keep in mind that all questions in sections B, C and D below should only be answered for community-based substance abuse treatment agencies in your state. You are encouraged to obtain information from other sources within your agency in order to provide accurate responses to the questions.*

**QSCAT=AGENCY DESCRIPTION**

QSTEST/QSTESTCD  
 QSORRES

**A. AGENCY DESCRIPTION**

1. Name of State: \_\_\_\_\_
2. Type of agency (select only one response.): \_\_\_\_\_  
 1=Health Department  
 2=Mental Health Department  
 3=Substance Abuse Agency  
 4=Other (describe)\_\_\_\_\_
3. Title of person completing survey \_\_\_\_\_

QNAM=SASA02D  
 QLABEL= TYPE OF AGENCY-OTHER DESCRIBE  
 IDVAR= QSSEQ

**QSCAT=POLICIES/REGULATIONS B. POLICIES/REGULATIONS**

**Abbreviations**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)  
 Hepatitis C Virus (HCV)  
 Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

1. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing provider education about: (For each of the following, circle the appropriate response.)
 

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs
2. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing patient education about: (For each of the following, circle the appropriate response.)
 

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs
3. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing patient risk assessment for: (For each of the following, circle the appropriate response.)
 

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs

QSTEST/QSTESTCD

QSORRES

4. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing both taking a medical history and performing a physical exam for patients who test positive for: *(For each of the following, circle the appropriate response.)*

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs

5. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing biological testing for patients who test positive for: *(For each of the following, circle the appropriate response.)*

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs

6. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing counseling for patients who test positive for: *(For each of the following, circle the appropriate response.)*

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs

7. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing treatment for patients who test positive for: *(For each of the following, circle the appropriate response.)*

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs

8. For substance abuse treatment programs, does your state provide written regulations, policies, or guidelines governing monitoring of patients that test positive for: *(For each of the following, circle the appropriate response.)*

<u>No</u>	<u>Yes</u>	
0	1	a. HIV/AIDS
0	1	b. HCV
0	1	c. STIs



QSTEST/QSTESTCD

9. **QSORRES** Are the HIV related services in substance abuse treatment programs in your state mandated to provide the following? (For each of the following, circle the appropriate response.)

No	Yes	
0	1	a. HIV risk behavior assessment
0	1	b. HIV prevention education
0	1	c. Onsite provision or referral for HIV antibody testing
0	1	d. Onsite provision or referral for HIV partner notification
0	1	e. Distribution of sterile injection equipment
0	1	f. Distribution of male condoms
0	1	g. HIV medications
0	1	h. Monitoring of HIV medications
0	1	i. HCV risk behavior assessment
0	1	j. STI risk behavior assessment

10. a. If your state mandates providers at substance abuse treatment programs to perform HIV risk behavior assessment, how often must it be performed? (describe)

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b. If your state mandates providers at substance abuse treatment programs to perform Human Immunodeficiency Virus (HIV) education, are there a minimum number of total contact hours?

0=No → If No, skip to Section C. Reimbursement for Providers.  
1=Yes

c. If yes, how many hours? \_\_\_\_\_ hrs.

**QSORRESU = 'HOUR'**

QNAM=SASB10C  
QLABEL= IF YES, HOW MANY HOURS  
IDVAR= QSSEQ

**C. REIMBURSEMENT FOR PROVIDERS**

Abbreviations
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)
Hepatitis C Virus (HCV)
Sexually Transmitted Infection (STI); Sexually Transmitted Infections (STIs)

**The purpose of this section is to identify the sources of funding and reimbursement that are available for various services offered in HIV/AIDS, HCV, and STI programs. Please provide an answer in each space provided for each service listed. You may need to obtain information from other sources in order to provide accurate responses to the questions in this section.**

**QSSCAT=REIMBURSEMENT FOR PROVIDERS: HIV/AIDS**  
**HIV/AIDS**

For each of the following **HIV/AIDS** services, what types of funding exist in your state?

The table below contains a list of services (1-8) that may be provided by HIV/AIDS treatment programs as well as various possible funding sources (columns A through F) that may provide reimbursement for these services. For each service listed 1-8 below, indicate which funding sources exist in your state by circling '1' if funding is available or '0' if funding is not available from that source.

If multiple sources of funding are available for a particular service, circle '1' for each available source and a '0' for all other sources. If 'Other Funding Source' (F) is selected, please specify that source in space provided below that service.

*If no funding is available for the service listed, please indicate by entering a '0' in the "Funding Exists" column (G) and leaving A through F blank for that service.*

When complete, each service should have either

A '0' or a '1' circled in each cell in columns A through F if '1' is circled in column G (funding exists)

**OR** Only column G completed (if no funding exists for the service).

QSTEST/QSTESTCD

QSORRES

HIV/AIDS Funding That Exists <u>In Your State</u>	FUNDING SOURCES FOR SERVICES OFFERED														
	A		B		C		D		E		F		G		
	Medicaid		Medicare		Private Insurance		Gov't Grant/Contract †		Private Agency Grant/Contract *		Other Funding Source (specify)		Funding Exists		
SERVICES	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
1. Provider education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
2. Patient education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
3. Patient risk assessment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
4. Both patient medical history and physical exam <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
5. Patient biological testing <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
6. Patient counseling <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
7. Patient treatment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
8. Patient monitoring <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

\* Includes pharmaceutical industry  
 † Includes Ryan White

QNAM=SASC01S – SASC08S  
 QLABEL= "HIV STATE FUND-PROVIDER ED-OTHER SPECIFY"  
 - "HIV STATE FUND-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ

For each of the following **HIV/AIDS** services, what types of funding exist for substance abuse treatment programs?

The table below contains a list of services (9-16) that may be provided by HIV/AIDS treatment programs as well as various possible funding sources (columns A through F) that may provide reimbursement for these services. For each service listed 9-16 below, indicate which funding sources exist for substance abuse treatment programs in your state by circling '1' if funding is available or '0' if funding is not available from that source.

If multiple sources of funding are available for a particular service, circle '1' for each available source and a '0' for all other sources. If 'Other Funding Source' (F) is selected, please specify that source in space provided below that service.

If no funding is available for the service listed, please indicate by entering a '0' in the "Funding Exists" column (G) and leaving A through F blank for that service.

When complete, each service should have either

A '0' or a '1' circled in each cell in columns A through F if '1' is circled in column G (funding exists)

**OR** Only column G completed (if no funding exists for the service).

QSTEST/QSTESTCD

QSORRES

HIV/AIDS Funding For Substance Abuse Providers		FUNDING SOURCES FOR SERVICES OFFERED													
		A.		B.		C.		D.		E.		F.		G.	
		Medicaid	Medicare	Private Insurance	Gov't Grant/Contract †	Private Agency Grant/Contract *	Other Funding Source (specify)	Funding Exists							
SERVICES		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
9.	Provider education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
10.	Patient education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
11.	Patient risk assessment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
12.	Both patient medical history and physical exam <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
13.	Patient biological testing <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
14.	Patient counseling <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
15.	Patient treatment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	
16.	Patient monitoring <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	or	0	1	

QNAM=SASC09S - SASC16S  
 QLABEL= "HIV PROVIDERS-PROVIDER ED-OTHER SPECIFY"  
 -"HIV PROVIDERS-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ

\* Includes pharmaceutical industry  
 † Includes Ryan White

Tell us whether or not your state provides the following **HIV/AIDS** services through funding from grants/contracts and/or Medicaid. (For each of the following, circle the appropriate response.)

HIV/AIDS Procedure	A. Grants/Contracts		B. Medicaid	
	No	Yes	No	Yes
17. HIV antibody testing	0	1	0	1
18. HIV viral load testing	0	1	0	1
19. CD4 monitoring	0	1	0	1
20. Genotype HIV Resistance	0	1	0	1
21. Phenotype HIV Resistance testing	0	1	0	1
22. HIV antiviral drug level monitoring	0	1	0	1
23. Other (specify _____)	0	1	0	1

QNAM=SASC23S  
 QLABEL= HIV OTHER-SPECIFY  
 IDVAR= QSSEQ

**INFECTIONS AND SUBSTANCE ABUSE - STATE ADMINISTRATOR SURVEY**  
**QSSCAT=REIMBURSEMENT FOR PROVIDERS: HEPATITIS C VIRUS (HCV)**  
**HEPATITIS C VIRUS (HCV)**

For each of the following **HCV** services, what types of funding exist in your state?

The table below contains a list of services (24-31) that may be provided by HCV treatment programs as well as various possible funding sources (columns A through F) that may provide reimbursement for these services. For each service listed 24-31 below, indicate which funding sources exist in your state by circling '1' if funding is available or '0' if funding is not available from that source.

If multiple sources of funding are available for a particular service, circle '1' for each available source and a '0' for all other sources. If 'Other Funding Source' (F) is selected, please specify that source in space provided below that service.

If no funding is available for the service listed, please indicate by entering a '0' in the "Funding Exists" column (G) and leaving A through F blank for that service.

When complete, each service should have either

A '0' or a '1' circled in each cell in columns A through F if '1' is circled in column G (funding exists)

**OR** Only column G completed (if no funding exists for the service).

**QSORRES** →

**QSTEST/QSTESTCD** ↓

HCV Funding That Exists In Your State	FUNDING SOURCES FOR SERVICES OFFERED														
	A.		B.		C.		D.		E.		F.		G.		
	Medicaid		Medicare		Private Insurance		Gov't Grant/Contract †		Private Agency Grant/Contract *		Other Funding Source (specify)		Funding Exists		
SERVICES	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
24. Provider education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
25. Patient education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
26. Patient risk assessment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
27. Both patient medical history and physical exam <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
28. Patient biological testing <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
29. Patient counseling <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
30. Patient treatment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
31. Patient monitoring <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

\* Includes pharmaceutical industry  
 † Includes Ryan White

QNAM=SASC24S – SASC31S  
 QLABEL= "HCV STATE FUND-PROVIDER ED-OTHER SPECIFY"  
 -"HCV STATE FUND-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ

For each of the following **HCV** services, what types of funding exist for substance abuse treatment programs?

The table below contains a list of services (32-39) that may be provided by HCV treatment programs as well as various possible funding sources (columns A through F) that may provide reimbursement for these services. For each service listed 32-39 below, indicate which funding sources exist for substance abuse treatment programs in your state by circling '1' if funding is available or '0' if funding is not available from that source.

If multiple sources of funding are available for a particular service, circle '1' for each available source and a '0' for all other sources. If 'Other Funding Source' (F) is selected, please specify that source in space provided below that service.

If no funding is available for the service listed, please indicate by entering a '0' in the "Funding Exists" column (G) and leaving A through F blank for that service.

When complete, each service should have either

A '0' or a '1' circled in each cell in columns A through F if '1' is circled in column G (funding exists)

**OR** Only column G completed (if no funding exists for the service).

**QSTEST/QSTESTCD** **QSORRES**

HCV Funding For Substance Abuse Providers		FUNDING SOURCES FOR SERVICES OFFERED							G. Funding Exists							
		A. Medicaid		B. Medicare		C. Private Insurance		D. Gov't Grant/Contract †			E. Private Agency Grant/Contract *		F. Other Funding Source (specify)			
		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes			
32. Provider education	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
33. Patient education	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
34. Patient risk assessment	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
35. Both patient medical history and physical exam	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
36. Patient biological testing	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
37. Patient counseling	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
38. Patient treatment	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
39. Patient monitoring	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

QNAM=SASC32\$ - SASC39\$  
 QLABEL= "HCV PROVIDERS-PROVIDER ED-OTHER SPECIFY"  
 -"HCV PROVIDERS-MONITORING-OTHER SPECIFY"  
 IDVAR= QSSEQ

\* Includes pharmaceutical industry  
 † Includes Ryan White

Tell us whether or not your state provides the following **HCV** services through funding from grants/contracts and/or Medicaid. (For each of the following, circle the appropriate response.)

Procedure	A. Grants/Contracts		B. Medicaid	
	No	Yes	No	Yes
40. HCV antibody testing	0	1	0	1
41. Hepatitis C recombinant immunoblot assay (RIBA)	0	1	0	1
42. HCV quantitative PCR testing	0	1	0	1
43. HCV qualitative PCR testing	0	1	0	1
44. HCV viral load testing	0	1	0	1
45. HCV genotype testing	0	1	0	1
46. Other (specify _____)	0	1	0	1

QNAM=SASC46S  
 QLABEL= HCV OTHER-SPECIFY  
 IDVAR= QSSEQ



**QSSCAT=REIMBURSEMENT FOR PROVIDERS:  
SEXUALLY TRANSMITTED INFECTIONS (STIS)  
INFECTIONS AND SUBSTANCE ABUSE - STATE ADMINISTRATOR SURVEY  
QSSCAT=REIMBURSEMENT FOR PROVIDERS: SEXUALLY TRANSMITTED  
INFECTIONS (STIS) SEXUALLY TRANSMITTED INFECTIONS (STIS)**

For each of the following **STI** services, what types of funding exist in your state?

The table below contains a list of services (47-54) that may be provided by STI treatment programs as well as various possible funding sources (columns A through F) that may provide reimbursement for these services. For each service listed 47-54 below, indicate which funding sources exist in your state by circling '1' if funding is available or '0' if funding is not available from that source.

If multiple sources of funding are available for a particular service, circle '1' for each available source and a '0' for all other sources. If 'Other Funding Source' (F) is selected, please specify that source in space provided below that service.

If no funding is available for the service listed, please indicate by entering a '0' in the "Funding Exists" column (G) and leaving A through F blank for that service.

When complete, each service should have either

A '0' or a '1' circled in each cell in columns A through F if '1' is circled in column G (funding exists)

**OR** Only column G completed (if no funding exists for the service).

**QSORRES** →

**QSTEST/QSTESTCD** ↓

STIs Funding That Exists In Your State	FUNDING SOURCES FOR SERVICES OFFERED														
	A.		B.		C.		D.		E.		F.	G.			
	Medicaid	Medicare	Private Insurance	Gov't Grant/Contract †	Private Agency Grant/Contract *	Other Funding Source (specify)	Funding Exists								
SERVICES	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes			
47. Provider education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
48. Patient education <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
49. Patient risk assessment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
50. Both patient medical history and physical exam <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
51. Patient biological testing <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
52. Patient counseling <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
53. Patient treatment <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
54. Patient monitoring <i>If other, please Specify _____</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

\* Includes pharmaceutical industry  
† Includes Ryan White

QNAM=SASC47S – SASC54S  
QLABEL= "STI STATE FUND-PROVIDER ED-OTHER SPECIFY"  
          -"STI STATE FUND-MONITORING-OTHER SPECIFY"  
IDVAR= QSSEQ



For each of the following **STI** services, what types of funding exist for substance abuse treatment programs?

The table below contains a list of services (55-62) that may be provided by STI treatment programs as well as various possible funding sources (columns A through F) that may provide reimbursement for these services. For each service listed 55-62 below, indicate which funding sources exist for substance abuse treatment programs in your state by circling '1' if funding is available or '0' if funding is not available from that source.

If multiple sources of funding are available for a particular service, circle '1' for each available source and a '0' for all other sources. If 'Other Funding Source' (F) is selected, please specify that source in space provided below that service.

If no funding is available for the service listed, please indicate by entering a '0' in the "Funding Exists" column (G) and leaving A through F blank for that service.

When complete, each service should have either

A '0' or a '1' circled in each cell in columns A through F if '1' is circled in column G (funding exists)

**OR** Only column G completed (if no funding exists for the service).

QSTEST/QSTESTCD

QSORRES

STIs Funding For Substance Abuse Providers		FUNDING SOURCES FOR SERVICES OFFERED										G. Funding Exists				
		A. Medicaid		B. Medicare		C. Private Insurance		D. Gov't Grant/Contract †		E. Private Agency Grant/Contract *				F. Other Funding Source (specify)		
		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes			No	Yes	
55. Provider education	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
56. Patient education	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
57. Patient risk assessment	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
58. Both patient medical history and physical exam	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
59. Patient biological testing	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
60. Patient counseling	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
61. Patient treatment	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1
62. Patient monitoring	<i>If other, please Specify</i>	0	1	0	1	0	1	0	1	0	1	0	1	or	0	1

\* Includes pharmaceutical industry  
† Includes Ryan White

QNAM=SASC55S – SASC62S  
QLABEL= "STI PROVIDERS-PROVIDER ED-OTHER SPECIFY"  
          -"STI PROVIDERS-MONITORING-OTHER SPECIFY"  
IDVAR= QSSEQ

Tell us whether or not your state provides the following **STI** services through funding from grants/contracts and/or Medicaid. (For each of the following, circle the appropriate response.)

Procedure	A. Grants/Contracts		B. Medicaid	
	No	Yes	No	Yes
63. RPR testing	0	1	0	1
64. FTS-antibody testing	0	1	0	1
65. Biological cultures	0	1	0	1
66. Viral titer testing	0	1	0	1
67. Microscopic examination	0	1	0	1
68. Other (specify _____)	0	1	0	1

QNAM=SASC68S  
QLABEL= STIS OTHER-SPECIFY  
IDVAR= QSSEQ

**QSSCAT=LEVEL OF PRIORITY D. LEVEL OF PRIORITY**

Please indicate the level of priority that your agency has assigned to each of the following areas. *(For each of the following, circle the appropriate response.)*

**QSORRES**

**QSTEST/QSTESTCD**

	Not a priority	Low priority	Medium Priority	High Priority
1. Provider Education related to HIV/AIDS	1	2	3	4
2. Provider Education related to HCV	1	2	3	4
3. Provider Education related to STIs	1	2	3	4
4. Patient Education related to HIV/AIDS	1	2	3	4
5. Patient Education related to HCV	1	2	3	4
6. Patient Education related to STIs	1	2	3	4
7. Patient HIV Risk Assessment	1	2	3	4
8. Patient HCV Risk Assessment	1	2	3	4
9. Patient STI Risk Assessment	1	2	3	4
10. Both Medical History and Physical Exam for HIV/AIDS Patients	1	2	3	4
11. Both Medical History and Physical Exam for HCV Patients	1	2	3	4
12. Both Medical History and Physical Exam for STI Patients	1	2	3	4
13. Biological Testing for HIV/AIDS Patients	1	2	3	4
14. Biological Testing for HCV Patients	1	2	3	4
15. Biological Testing for STI Patients	1	2	3	4
16. HIV/AIDS Patient Counseling	1	2	3	4
17. HCV Patient Counseling	1	2	3	4
18. STI Patient Counseling	1	2	3	4
19. HIV/AIDS Patient Treatment	1	2	3	4
20. HCV Patient Treatment	1	2	3	4
21. STI Patient Treatment	1	2	3	4
22. HIV/AIDS Patient Monitoring	1	2	3	4
23. HCV Patient Monitoring	1	2	3	4
24. STI Patient Monitoring	1	2	3	4

25. Enter the number of the highest priority service. *(Enter the number from 1-24 above.)* \_\_\_

26. Enter the number of the lowest priority service. *(Enter the number from 1-24 above.)* \_\_\_

**THANK YOU FOR YOUR PARTICIPATION!**