



SURVEY RESEARCH LABORATORY

A Unit of the College of Urban Planning and Public Affairs

WAITING FOR TREATMENT: A SURVEY OF DASA FUNDED TREATMENT FACILITIES

FINAL REPORT

Timothy P. Johnson
Ingrid Graf

Survey Research Laboratory
College of Urban Planning and Public Affairs
University of Illinois at Chicago

April 2007

I. Overview

The Illinois Alcoholism and Drug Dependence Association (IADDA) commissioned a census of substance abuse treatment providers funded by the Department of Alcoholism and Substance Abuse (DASA) in order to determine the number of persons on waiting lists for treatment across the state of Illinois. This report, written by the University of Illinois at Chicago Survey Research Laboratory (SRL), is a description of the results of that survey. The study protocol was reviewed by the University of Illinois Institutional Review board on March 12, 2007 and found to meet exemption criteria.

The Survey Research Laboratory (SRL) is a research and service unit of the University of Illinois at Chicago established in 1964. It is a division of the University of Illinois at Chicago's College of Urban Planning and Public Affairs.

II. Methodology

The Survey Research Laboratory, in conjunction with IADDA, drafted a questionnaire for administration via telephone. The questionnaire (see Appendix A) contained 5 items. The chair of the SRL Questionnaire Review Committee reviewed the questionnaire prior to administration.

Given the limited amount of sample the questionnaire was not pre-tested.

Sara Moscato of IADDA e-mailed a pre-notification of the study to the providers (see Appendix B). Telephone calls began on March 13, 2007 and were completed on March 23rd.

III. Response

Of the 133 agencies contacted by telephone, 111 interviews were completed. Five agencies reported that they were ineligible due to not providing direct services to clients. One agency was identified as eligible but refused to participate, and we were unable to contact 16 agencies during the data collection period.

Table 1. Final Disposition of Sample

Code	Disposition	Number	Percent
(1)	Completed interview	111	83.5%
(32)	Unable to contact during survey period	16	12
(41)	Refusal	1	.8
(71)	Ineligible	5	3.8
TOTAL		133	100.0%

The *response rate* is the proportion of the eligible respondents who completed the questionnaire. The American Association of Public Opinion Research's (AAPOR) *Standard Definitions*¹ includes six different methods for calculating response rates (pp. 36–37). This report describes the calculation of

¹ The American Association for Public Opinion Research. (2006). *Standard definitions: Final dispositions of case codes and outcome rates for surveys* (4th ed.) Lenexa, KS: Author.

response rate number 3 (RR3) in detail. In RR3, the numerator includes completed interviews, while the denominator includes all eligible respondents and a portion of the respondents with unknown eligibility. We could determine eligibility status for 118 of the 133 respondents. Of those 118, 5 (4.2%) were ineligible. Thus, we assumed that 4.2% of the 16 respondents we could not reach were also ineligible. The response rate is the sum of the completed interviews (111) divided by the sum of cases that we know to be eligible (112) and those we assume to be eligible (15). The resulting response rate is 87.4%.

IV. Survey Results

While the survey’s response rate was very good, we nonetheless adjusted our survey estimates to account for those treatment programs that we could not contact. We did so by multiplying the population totals obtained from our survey respondents by a nonresponse weight. This weight was estimated as the reciprocal of the response rate ($1/.874=1.144$) and was applied to each completed survey. These weighted results provide our best estimates of the actual size of current treatment waiting lists in Illinois. Because these results are based on an attempted census of all facilities providing DASA-supported treatment services, it was inappropriate to estimate standard errors or confidence intervals for these data.

Persons Waiting for Assessment or Treatment

The estimated numbers of persons waiting for assessment and treatment at DASA-supported facilities in Illinois are presented in Table 1. Based on our survey interviews, we estimate that a total of 4,429 persons were waiting to be seen by a clinician for a full assessment in March of 2007. The number of persons estimated to have been assessed but currently waiting to begin treatment was 1,670. Persons are sometimes admitted to a lesser level of care when the assessed level of care is not currently available. It is estimated that, in March 2007, a total of 372 individuals were currently waiting to move to their assessed level of care. Overall, we estimate that the total number of persons who were waiting to receive assessment and/or treatment in March 2007 was 6,467.

Table 1
Estimated Numbers of Persons Waiting for Assessment
and Treatment at DASA-Supported Facilities in Illinois: March 2007

	Estimated Number
Persons currently waiting for a full assessment	4,429
Persons currently assessed and waiting to begin treatment	1,670
Persons currently waiting to move to assessed level of care	372
Persons currently waiting for full assessment, to begin treatment, or to move to assessed level of care	6,467

Waiting Time for Assessment and Treatment

Each facility was also asked to report on their average waiting time for patient assessment and treatment. These results are presented in Table 2. Overall, it was estimated that the mean number of days between initial patient contact and receipt of a full assessment by a clinician was 17.5 days. The average wait between assessment and first treatment appointment was estimated to be 15.4 days. When assessment and treatment waiting times were combined, it was projected that the average patient had a waiting time of 32.4 days between initial contact and first treatment appointment.

Table 2
Estimated Mean Number of Days Waiting for Assessment
and Treatment at DASA-Supported Facilities in Illinois: March 2007

	Mean # Days
Average days wait between initial contact and assessment	17.5
Average days wait between assessment and first treatment appointment	15.4
Total average days between initial contact and first treatment appointment	32.4

V. Survey Limitations

All survey estimates are subject to multiple sources of error, including sampling, coverage, measurement and nonresponse error. We briefly address how each of these reflect potential sources of bias.

Sampling error is the variation in estimation that would result if repeated samples were drawn from the same population and each sample provided an estimate of a parameter (e.g., average days between initial contact and assessment). However, in this study, all known treatment providers were included. Thus, there is only one possible “sample” and only one possible set of parameter estimates. Therefore, the standard error is zero.

Coverage error would be a concern to the extent that eligible facilities were not included in the survey. To the best of our knowledge, however, all eligible facilities were included.

Measurement error is a potential problem in those instances in which survey respondents report inaccurate information, either because they either misunderstand questions or are unable or unwilling to provide correct information. In this brief survey, we found that most respondents were enthusiastic about participating. All survey reports, however, are vulnerable to inaccurate reporting of information and we thus cannot rule out the possibility that some information was reported inaccurately. Because we have no reason to expect that respondents would intentionally over- or under-report the information

being requested, it seems reasonable to assume that any misreporting was random and would thus not bias the survey estimates constructed from these data.

Nonresponse error represents the degree to which responding organizations vary in a systematic manner from those who did not respond. Given the high response rate for this study (86.7%), we believe that nonresponse error is not a likely concern.

Appendix A: Pre-notification

"How many people are waiting for services?"

That's the question we hear every year as legislators ponder the state's budget. With no common definition of "waiting", the question can have many answers, and the more different the answers, the weaker our argument is for increased funding.

To that end, IADDA has contracted with the Survey Research Laboratory (SRL) at the University of Illinois/Chicago to conduct a point in time survey of all DASA funded providers. SRL will be working from a list provided by DASA which contains the name of the agency's designated contact person. THIS MAY NOT BE THE APPROPRIATE PERSON TO RESPOND TO THE SURVEY. So please, direct SRL to the appropriate personnel within your agency.

The survey questions are below:

*How many persons are currently waiting to be seen by a clinician for a full assessment? Include those waiting for a methadone slot.

*What is the average wait time (in days) between initial contact and assessment?

*Of those assessed, how many persons are waiting to begin treatment? Include those waiting for a methadone slot.

*What is the average wait time (in days) between assessment and the first treatment appointment?

*Persons may be admitted to a lesser level of care if, for instance, a residential bed is not available. How many persons are waiting to move to the assessed level of care? Include methadone if appropriate.

The Survey Research Laboratory will begin contacting providers tomorrow, MARCH 1. Your cooperation and support are greatly appreciated. An accurate waiting list number will help substantiate the need for additional dollars for treatment and recovery services. Your responses are key to making this effort meaningful! Please contact me if you have any questions.

THANK YOU for your time and attention to this important endeavor!

Sara Moscato, MS, CHES

CEO
IL Alcoholism & Drug Dependence Association (IADDA)

Appendix B: Questionnaire

Screener for Treatment Project

Hello, may I speak with RNAME?

Hello my name is _____ and I am calling from the University of Illinois at Chicago on behalf of the Illinois Alcoholism and Drug Dependence Association. Today we are conducting a very brief survey regarding waiting lists for treatment.

Are you the best person to speak with at your organization regarding the number of people currently on your waiting list?

YES→CONTINUE TO Q1

NO→GET NAME AND NUMBER OF R AND ASK TO BE CONNECTED.

NAME: _____ Number _____

1) How many persons are currently waiting to be seen by a clinician for a full initial assessment? Please include those waiting for a methadone slot.

_____ Persons

2) What is the average wait time between initial contact and assessment?

_____ Days/Weeks/Months

3) How many assessed persons are currently waiting to begin treatment? Please include those waiting for a methadone slot.

_____ Persons

4) What is the average wait time between assessment and first treatment appointment?

_____ Days/Weeks/Months

5) Persons may be admitted to a lesser level of care if, for instance, a residential bed is not available. How many persons are currently waiting to move to the assessed level of care? Please include methadone if appropriate.

_____ Persons

THANK AND END

