



Survey Research Laboratory

A Unit of the College of Urban Planning and Public Affairs

WAITING FOR TREATMENT: A SURVEY OF STATE-FUNDED TREATMENT FACILITIES IN ILLINOIS, 2008

FINAL REPORT

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EXECUTIVE SUMMARY

This survey collected information from 134 publicly funded treatment sites in Illinois in order to estimate the numbers of persons currently waiting for assessment, to begin treatment, or to be moved to their assessed level of care. Study methods and highlights include the following:

- Interviews were completed during December 2007–January 2008.
- Data were successfully collected for 134 of the estimated 169 sites currently providing services in Illinois.
- A total of 7,540 adults and youth were estimated to be currently waiting for full assessment, to begin treatment, or to move to their assessed level of care.
- The estimated number of persons waiting for assessment, to begin treatment, or to move to their assessed level of care ranged from 2,168 persons in northern Illinois to 830 in southern Illinois.
- The estimated number of persons currently waiting for full assessment was 5,184.
- The estimated number of persons currently assessed and waiting to begin treatment was 2,014.
- The estimated number of persons currently waiting to move to assessed levels of care was 342.

I. OVERVIEW

In March 2007, a census of substance abuse treatment providers funded by the Illinois Department of Alcoholism and Substance Abuse (DASA) was commissioned by the Illinois Alcoholism and Drug Dependence Association (IADDA). This study was designed to determine the number of persons on waiting lists for treatment across Illinois (Johnson & Graf, 2007). To our knowledge, this was the first effort of its kind. Conducted by the University of Illinois at Chicago (UIC) Survey Research Laboratory (SRL), the findings from that study estimated that, among those providers funded by the State of Illinois, approximately 6,400 youth and adults were then either waiting for assessment, waiting to begin treatment, or waiting to move to an assessed level of care.

In the autumn of 2007, IADDA asked SRL to replicate the study in order to provide updated estimates. In doing so, revisions were made to the survey methodology and instrument to provide regional estimates, information regarding the extent to which waiting lists may exceed current program capacity, and some basic information regarding the current professional staffing of the participating facilities. This report describes the findings of this survey, which might more appropriately be termed a census, as attempts were made to collect information from all State-supported facilities within Illinois. The study protocol was reviewed by the University of Illinois Institutional Review board on November 30, 2007, and found to meet exemption criteria.

II. METHODOLOGY

The Survey Research Laboratory, in conjunction with IADDA, drafted a questionnaire for administration via telephone. The questionnaire (see Appendix A) was designed to collect up to 76 variables from each facility. The chair of the SRL Questionnaire Review Committee reviewed the questionnaire prior to administration.

Sara Moscato Howe of IADDA e-mailed a prenotification of the study to all funded providers on December 11, 2007 (see Appendix B), informing them that they would be called in the near future to participate in the survey. Telephone calls began on December 13, 2007, and were completed on January 23, 2008.

The frame of all publicly funded agencies used for this survey was drawn from a list provided by DASA in October 2007. That list included 151 providers. Upon a review by IADDA and based on response data from the previous survey, we removed those not providing direct treatment services (e.g., hospitals and universities) from the list. The resulting sample frame included 128 providers. Because we were interested in providing regional estimates, it was deemed necessary to collect information separately for each performance site among those providers operating at multiple locations. Consequently, the basic unit of analysis for this study was the treatment site (rather than the provider *per se*).

III. RESPONSE

Of the 128 provider agencies identified, interviewers were able to screen 106 of them. Of these, 3 were classified as ineligible, and 22 could not be contacted. Overall, 82.4% (103/125) of the providers conservatively estimated to be eligible were successfully contacted. Of the 103 eligible providers contacted, 9 reported providing services at multiple sites (8.7% of all providers). In total, these 103 providers were found to represent an estimated 169 unique treatment sites. Of these, complete information was collected for 134 sites, while the other 35 treatment sites could not be contacted. Final dispositions for these 169 eligible sites are provided for the complete frame and by region in Table 1.

Table 1. Provider Site Dispositions, by Region

DISPOSITION	REGION					TOTAL
	Chicago	Collar Counties	Central Illinois	Southern Illinois	Northern Illinois	
Completed Interview	41	26	32	23	12	134
Answering Machine/Voicemail	0	0	0	0	1	1
Respondent Not Available	13	6	4	3	1	27
Unable to Locate	1	2	0	0	4	7
TOTAL	55	34	36	26	18	169

Table 2. Survey Response Rates & Nonresponse Rates

REGION	RESPONSE	NONRESPONSE	UNWEIGHTED		WEIGHTED	
	RATE	WEIGHT	Frequency	%	Frequency	%
Chicago	74.6%	1.34	41	30.6%	55	32.5%
Collar Counties	76.5	1.31	26	19.4	34	20.1
Central Illinois	88.9	1.13	32	23.9	36	21.3
Southern Illinois	88.5	1.13	23	17.2	26	15.4
Northern Illinois	66.7	1.50	12	9.0	18	10.6
TOTAL	79.3%		134	100.1	169	100.0

To calculate *response rates*, which are defined as the proportion of the eligible sites for which complete information is obtained, generally accepted formulas defined by the American Association of Public Opinion Research (AAPOR, 2006) were employed. This report describes the calculation of AAPOR response rate formula number 5 (RR5). In RR5, the numerator includes the number of sites that completed questionnaires, while the denominator includes all sites known to be eligible. The response rate is the sum of completed cases (134) divided by the sum of those that completed the questionnaire (134) and the known eligible cases that did not complete the questionnaire (35). The resulting response rate was 79.3%.

Table 2 also provides response rates separately for each region of Illinois. The highest rates were in southern (88.5%) and central (88.9%) Illinois. These parts of the state typically provide higher response rates in surveys of the general public (Schipani & Retzer, 2004). The lowest response rate was among facilities located in northern Illinois (66.7%), with Chicago (74.6%) and collar county (76.5%) facilities having intermediate rates.

IV. SURVEY RESULTS

All survey estimates were adjusted to account for those treatment programs we could not contact. This was done by multiplying population totals obtained from responding sites within each region by that region's nonresponse weight. These nonresponse weights were estimated as the reciprocal of each region's response rate and were applied to each completed survey. Table 2 reports the sample weights used, by region. This table also compares the distribution of facilities across regions for the unweighted vs. weighted samples. For each region, these differences are less than three percentage points. Results obtained using these weights provide our best estimates for the state as a whole, as well as for each region within Illinois. As all results are based on an attempted census of all facilities providing DASA-funded treatment services, it was deemed inappropriate to estimate standard errors or confidence intervals for these data; thus, they are not reported.

Table 3. Estimated Numbers of Persons Waiting for Assessment & Treatment at DASA-Funded Facilities in Illinois

REGION	# OF SITES	TOTAL	CURRENTLY WAITING FOR FULL ASSESSMENT		CURRENTLY ASSESSED & WAITING TO BEGIN TREATMENT		CURRENTLY WAITING TO MOVE TO ASSESSED LEVEL OF CARE
			Adult	Youth	Adult	Youth	
Total	169	7,540	4,731	453	1,872	142	342
Chicago	55	1,518	846	66	476	4	126
Collar Counties	34	1,471	889	97	378	26	81
Central Illinois	36	1,553	820	118	469	64	82
Southern Illinois	26	830	544	52	165	28	41
Northern Illinois	18	2,168	1,632	120	384	20	12

Persons Waiting for Assessment or Treatment

Statewide, it is estimated that in December 2007–January 2008, there were approximately 7,540 adults and youth in Illinois who currently were either waiting for full assessment, were assessed and waiting to begin treatment, or were in treatment but waiting to be moved to their assessed level of care (Table 3). Across regions, northern Illinois was found to have the greatest number of persons either waiting for assessment or treatment or to begin the assessed level of treatment ($n=2,168$). The smallest estimate was for southern Illinois ($n=830$).

The total estimated number of adults waiting for full assessment or waiting to begin treatment was 6,603. Another 595 youth were also estimated to be waiting for assessment or to begin treatment. By region, there was considerable variation in the numbers of adults waiting for assessment or treatment, with the estimated numbers varying from 2,016 in northern Illinois to 709 in southern Illinois, and much less variation across central Illinois ($n=1,289$), Chicago ($n=1,322$) and the collar counties ($n=1,267$). The distribution of youth currently waiting for assessment or treatment was different, with the largest concentration ($n=182$) estimated to be in central Illinois, followed by northern Illinois ($n=140$) and the collar counties ($n=123$). Fewer youth waiting for assessment or treatment were estimated to currently be in Chicago ($n=70$) and southern Illinois ($n=80$). Remarkably, only four youth were estimated to be assessed and waiting to begin treatment within Chicago.

The number of persons in Illinois estimated to be currently waiting to move to their assessed level of care was 342. In Chicago, 126 were estimated to be waiting to be moved to the assessed level, a number that represents more than a third of the total for the state. In contrast, the estimate for northern Illinois was 12, indicating that less than 4% of all persons waiting to move to their assessed level of care were in that region.

Program Capacity

The estimated capacity for Illinois, by treatment modality, is presented in Table 4. Briefly, outpatient services for adults were estimated to be offered by 80.3% of all facilities, and for youth, by 54.4% of all facilities. This was the most common modality available in Illinois (in terms of the numbers of facilities providing it). Least available were youth inpatient services, offered by 6.6% of all facilities, and youth recovery homes, offered by 1.7% of all facilities.

Estimated mean and median program capacities for each modality also were estimated, as Table 4 shows. Given the relatively small numbers of facilities upon which estimates are based (for some modalities), we believe the median program capacities may provide more realistic insights than the mean values. Values range from a median capacity of 100 for adult methadone programs in Illinois to 10

Table 4. Program Capacity, by Modality

MODALITY	SITES OFFERING SERVICE		PROGRAM CAPACITY		
	<i>n</i>	%	Mean	Median	Total
Adult outpatient	136	80.3%	122	79	15,785
Adult inpatient	40	23.8	40	32	1,616
Adult methadone	20	11.6	218	100	4,260
Adult recovery home	19	11.3	28	18	506
Adult residential extended care	27	16.1	26	24	685
Adult Detoxification	23	13.8	10	10	187
Youth outpatient	92	54.4	46	33	3,454
Youth inpatient	11	6.6	54	48	598
Youth recovery home	3	1.7	21	22	58

for detox programs. When aggregated across all facilities, it is estimated that total program capacities range from 15,785 spaces for adult outpatient to 58 spaces in youth recovery homes.

Capacity by region is presented in Table 5. The estimated total capacity ranged from 8,948 spaces in Chicago to 3,357 spaces in southern Illinois. For the

state as a whole, there were estimated to be 27,150 spaces available. It should be recognized that the estimates in this table are aggregated by treatment modality. Because various modalities vary in their typical capacities (see Table 4), total capacities across regions are not directly comparable. With this limitation in mind, this table is provided to make available some basic information regarding the known treatment resources available in various parts of the state.

Using the estimates in Tables 3 and 4, it is possible to also roughly estimate the degree to which the number of persons waiting for assessment or treatment exceeds current program capacity. Overall, it can be estimated that the number of adults currently waiting for assessment ($n=4,731$) or to begin treatment ($n=1,872$) exceeds the total estimated adult capacity in Illinois ($n=22,039$, including all detox spaces) by more than one-quarter ($6,603/23,039=28.7\%$). The number of youth waiting for assessment ($n=453$) or to begin treatment ($n=142$) is estimated to exceed total youth capacity ($n=4,110$) by approximately 15% ($595/4,110=14.5\%$).

Program Waiting Lists

Each facility also was asked to indicate, by treatment modality, whether they maintain a waiting list (Table 6). All youth inpatient programs reported keeping a waiting list. In contrast, few youth outpatient facilities (18.9%) and adult detox programs (22.5%) keep such lists. More than half of adult residential extended care facilities (72.9%), adult inpatient (71.3%), adult methadone (59.1%), and adult recovery homes (55.6%) maintain waiting lists. Less than a third of all adult outpatient facilities (30.4%) reported doing so.

The median capacity of most waiting lists was 20 or less, with the exception of detox programs, which had a median waiting list capacity of 35. Median lengths of time that client names were reported to be kept on treatment waiting lists ranged from 10 days for detox programs to 89 days for adult methadone programs. With the exception of adult methadone, all other modalities indicated that the median number of days they kept clients on waiting lists was 30 or less.

Table 5. Program Capacity, by Region

REGION	<i>n</i>	PROGRAM CAPACITY		
		Mean	Median	Total
TOTAL	163	166	100	27,150
Chicago	55	163	58	8,948
Collar Counties	34	192	142	6,518
Central Illinois	36	162	95	4,934
Southern Illinois	26	129	114	3,357
Northern Illinois	18	189	135	3,393

Table 6. Program Waiting List, by Modality

MODALITY	MAINTAINING WAITING LIST		MAXIMUM CAPACITY OF WAITING LIST		DAYS KEPT ON WAITING LIST	
	<i>n</i>	%	Mean	Median	Mean	Median
Adult Outpatient	41	30.4%	30	15	29	28
Adult Inpatient	29	71.3	19	20	36	28
Adult Methadone	12	59.1	16	16	139	89
Adult Recovery Home	11	55.6	17	16	33	25
Adult Residential Extended Care	20	72.9	9	10	36	30
Detoxification	5	22.5	35	35	16	10
Youth Outpatient	17	18.9	11	10	19	14
Youth Inpatient	11	100.0	15	10	21	15
Youth Recovery Home	1	46.6	5	5	30	30

Table 7. Number Assessed Waiting to Begin Treatment & Waiting Time, by Modality

MODALITY	# WAITING TO BEGIN TREATMENT			WAITING TIME (DAYS)	
	Mean	Median	Total	Mean	Median
Adult Outpatient	7	0	844	7	3
Adult Inpatient	14	7	510	29	21
Adult Methadone	12	0	202	38	1
Adult Recovery Home	5	3	89	21	9
Adult Residential Extended Care	7	3	176	24	21
Detoxification	3	0	52	1	0
Youth Outpatient	1	0	87	7	4
Youth Inpatient	4	0	53	8	7
Youth Recovery Home	0	0	1	7	7

Persons Waiting for Treatment, by Modality

The estimated numbers of persons currently waiting to begin treatment by modality is presented in Table 7. The largest estimates were for adult outpatient ($n=844$), adult inpatient ($n=510$), adult methadone ($n=202$), and adult residential extended care ($n=176$). Among youth, most were waiting for outpatient ($n=87$) or inpatient ($n=53$) care. Also of note, only one person was waiting to begin services in a youth recovery home at the time of this study.

The median numbers of persons waiting to begin treatment within each facility was very small, ranging from 0 to 7. The median waiting time ranged from 0 to 21 days.

Facility Staffing Estimates

Estimates also were developed of the size of the clinical and nonclinical staff across all State-supported treatment facilities. As Table 8 indicates, the total estimated number of clinical staff positions statewide was 2,309. The median number of clinical staff per facility was estimated to be six. This estimate ranged between median values of 5 per facility in Chicago and southern Illinois to 12 per facility in the collar counties.

Table 8. Clinical Staffing Estimates

REGION	# CLINICAL STAFF			CLINICS W/UNFILLED POSITIONS		# UNFILLED		
	Mean (per facility)	Median (per facility)	Total (all facilities)	<i>n</i>	%	Mean (per facility)	Median (per facility)	Total (all facilities)
Total	14	6	2,309	53	49.9%	2	1	101
Chicago	9	5	470	12	75.0	2	1	20
Collar Counties	19	12	655	17	50.0	2	2	37
Central Illinois	18	6	613	10	29.0	2	1	17
Southern Illinois	8	5	195	7	26.2	1	1	9
Northern Illinois	25	8	377	7	50.0	2	2	18

Table 9. Nonclinical Staffing Estimates

REGION	# NONCLINICAL STAFF			CLINICS W/UNFILLED POSITIONS		# UNFILLED		
	Mean (per facility)	Median (per facility)	Total (all facilities)	<i>n</i>	%	Mean (per facility)	Median (per facility)	Total (all facilities)
Total	10	4	1,508	20	12.3%	1	1	32
Chicago	6	3	337	4	7.7	1	1	5
Collar Counties	11	4	388	7	19.2	2	2	10
Central Illinois	13	3	440	3	9.7	3	3	11
Southern Illinois	6	3	133	5	17.4	1	1	4
Northern Illinois	14	6	210	1	10.0	1	1	2

Table 9 provides similar estimates for nonclinical staff. Overall, there were estimated to be 1,508 nonclinical staff positions within these facilities. The median number statewide was estimated to be four, a value that ranged slightly from three nonclinical staff in three regions to six within facilities located in northern Illinois. Statewide, half of all facilities reported currently having at least one unfilled clinical staff position. This estimated proportion ranged from 75% with unfilled clinical positions in Chicago to 26.1% and 29% in southern and central Illinois, respectively. The total number of unfilled clinical positions in Illinois was estimated to be 101, a value that represents about 4.4% of the estimated total clinical staff workforce statewide. The estimated proportions of clinical staff positions now unfilled ranges from 2.8% (central Illinois) to 5.6% (collar counties) across regions of the state. The median number of unfilled clinical positions reported statewide by facilities was one position.

Finally, the estimated total number of nonclinical staff positions currently unfilled across all State-funded treatment facilities in Illinois was 32, an estimate that represents approximately 2.1% of the current nonclinical staff total labor force projection for Illinois. This proportion did not vary appreciably across regions.

Predicting Numbers Waiting for Assessment and Treatment

A final set of analyses were designed to investigate the degree to which the presence of unfilled clinical positions within treatment sites were associated with the numbers of patients waiting for assessment and treatment. These analyses were conducted using ordinary least squares (OLS) regression models (Cohen, Cohen, West, & Aiken, 2003). Regression is a statistical model commonly used to examine the linear relationships between a dependent variable—in this case, the numbers of persons waiting to be assessed or waiting to begin treatment—and a set of independent measures believed to be associated with it. As with all other analyses presented in this report, the unit of analysis was the sample of 169 treatment sites.

In the analyses reported here, the effects of having unfilled clinical positions on the numbers waiting for assessment or treatment are examined after first controlling for other treatment site characteristics that analyses presented earlier demonstrated to be associated with one or both of these outcome measures. These include treatment modality and region of the state where the site is located. Each of the indicators was included as a dichotomous measure in these analyses. Because region is a mutually exclusive variable, indicators for only four of the five regions were necessary. Hence, in these models, each region is compared to Chicago. In contrast, treatment modalities were not mutually exclusive within treatment sites. Hence, dichotomous indicators for each modality are included. Two other measures – total patient capacity and total number of clinician positions – also were included as proxy indicators of facility size.

The findings for the first regression model, which examined the associations between these measures and the number of unfilled clinical positions at each treatment site, are presented in Table 10. This model indicated that, on average, youth inpatient facilities have smaller numbers waiting for full initial assessment, while youth recovery homes have larger numbers currently waiting. The estimated numbers currently waiting for initial assessments is also greater within those sites with larger numbers of clinical positions, and compared to Chicago, the collar counties reported smaller numbers currently waiting for assessment. With each of these factors held constant, a positive relationship was found between number of unfilled clinical positions and the total number of persons waiting for assessment. That is, the numbers waiting for their initial assessment was greater within those sites reporting currently having unfilled clinical positions. The unstandardized regression coefficient shown in Table 10 ($b=12.901$) indicates that for each unfilled clinical spot, sites reported an average of almost 13 more persons waiting for assessment. Overall, this model accounted for 63.8% of the variability in numbers waiting to be assessed across sites, as estimated by the model's adjusted R^2 value.

Table 10. OLS Regression Model Predicting Total Number of Youths & Adults Currently Waiting for Full Initial Assessment ($n=155$ treatment sites)

VARIABLE	UNSTANDARDIZED COEFFICIENTS		STANDARDIZED COEFFICIENTS Beta	t	Sig.
	b	SE			
Constant	-26.616	13.536		-1.966	0.051
Modality					
Adult outpatient	16.669	13.800	0.073	1.208	0.229
Adult inpatient	-9.576	13.493	-0.045	-0.710	0.479
Adult methadone	5.071	18.167	0.018	0.279	0.781
Adult recovery home	9.669	15.553	0.034	0.622	0.535
Adult residential extended care	25.657	13.703	0.105	1.872	0.063
Detoxification	-17.692	16.991	-0.068	-1.041	0.300
Youth outpatient	2.931	11.785	0.016	0.249	0.804
Youth inpatient	-58.914	25.291	-0.157	-2.329	0.021
Youth recovery home	179.700	47.914	0.264	3.750	0.000
Region (Reference=Chicago)					
Collar counties	-32.297	12.966	-0.147	-2.491	0.014
Central Illinois	12.732	14.109	0.056	0.902	0.368
Southern Illinois	9.179	14.194	0.038	0.647	0.519
Northern Illinois	18.470	17.199	0.060	1.074	0.285
Number of Clinicians	2.432	0.385	0.585	6.319	0.000
Total Capacity of Treatment (n of persons)	0.028	0.033	0.056	0.862	0.390
Number of Unfilled Clinician Positions	13.901	5.445	0.179	2.553	0.012
Adjusted $R^2=.638$ (df=16)					

Table 11. OLS Regression Model Predicting Total Number of Youths & Adults Waiting to Begin Treatment (n=154 treatment sites)

VARIABLE	UNSTANDARDIZED COEFFICIENTS		STANDARDIZED COEFFICIENTS	t	Sig.
	b	SE	Beta		
Constant	-10.979	4.102		-2.676	0.008
Modality					
Adult outpatient	11.521	4.156	0.195	2.772	0.006
Adult inpatient	9.291	4.113	0.166	2.259	0.025
Adult methadone	3.990	5.842	0.052	0.683	0.496
Adult recovery home	11.882	4.748	0.158	2.502	0.014
Adult residential extended care	5.936	4.224	0.093	1.405	0.162
Detoxification	-1.551	5.141	-0.022	-0.302	0.763
Youth outpatient	-8.021	3.756	-0.167	-2.136	0.034
Youth inpatient	3.719	7.742	0.038	0.480	0.632
Youth recovery home	-9.230	14.985	-0.051	-0.616	0.539
Region (Reference=Chicago)					
Collar counties	-1.213	4.096	-0.021	-0.296	0.768
Central Illinois	9.321	4.430	0.155	2.104	0.037
Southern Illinois	3.904	4.456	0.061	0.876	0.382
Northern Illinois	4.777	5.370	0.059	0.890	0.375
Number of Clinicians	0.580	0.116	0.533	4.991	0.000
Total Capacity of Treatment (n of persons)	0.038	0.010	0.275	3.699	0.000
Number of Unfilled Clinician Positions	-3.898	1.733	-0.191	-2.250	0.026
Adjusted R²=.497 (df=16)					

A similar regression model was estimated to examine the association between unfilled clinical positions and the total number of patients waiting to begin treatment (Table 11). Several modalities were associated with this outcome. Those sites with adult outpatient, adult inpatient, and adult recovery home modalities each reported higher numbers of patients waiting to begin treatment. In contrast, those sites offering youth outpatient services reported, on average, fewer persons waiting to begin treatment. Compared to Chicago, sites located in central Illinois reported more persons waiting to start treatment. Sites with more clinical positions and those with larger total capacities also reported more patients waiting for treatment. After adjusting for each of these factors, a negative association was found between number of unfilled clinical positions and number of patients waiting to be treated. The unstandardized coefficient for this variable ($b=-3.989$) indicates that each unfilled position is associated with four fewer patients waiting to begin treatment. While at first glance this may seem counterintuitive, consideration within the context of the model presented in Table 10, which examined correlates of numbers waiting for assessment, would seem to suggest the following process. Unfilled clinical positions within a site will lead to increased numbers of patients waiting for treatment, controlling for site location, size and treatment modalities offered. Within sites, this results in more persons waiting to be assessed and fewer waiting to be treated due to bottlenecks at the assessment stage. Hence, we observe a negative relationship between open, or unfilled, clinical positions and fewer persons waiting to begin treatment. This model accounts for about half of the variance in the reported numbers waiting to begin treatment (adjusted $R^2=0.497$).

A final regression model examined the correlates of reported numbers of patients waiting to move to the assessed level of treatment. In this model, only two site-level measures are found to be associated with numbers waiting to move to an assessed level of care, as Table 12 shows. First, sites offering adult inpatient services reported larger numbers waiting to move to another level of treatment. Second, larger facilities, as measured by total capacity, reported having more patients waiting to move. Number of

Table 12. OLS Regression Model Predicting Number of Youths & Adults Waiting to Move to Assessed Level of Care (n=147 treatment sites)

VARIABLE	UNSTANDARDIZED COEFFICIENTS		STANDARDIZED COEFFICIENTS	t	Sig.
	b	SE	Beta		
Constant	-1.749	1.920		-0.911	0.364
Modality					
Adult outpatient	1.932	1.984	0.092	0.974	0.332
Adult inpatient	6.017	1.987	0.303	3.028	0.003
Adult methadone	1.354	2.627	0.053	0.515	0.607
Adult recovery home	1.975	2.278	0.074	0.867	0.388
Adult residential extended care	-0.198	2.028	-0.009	-0.098	0.922
Detoxification	-0.116	2.405	-0.005	-0.048	0.962
Youth outpatient	-1.578	1.763	-0.093	-0.895	0.372
Youth inpatient	2.061	3.909	0.057	0.527	0.599
Youth recovery home	-4.557	6.938	-0.074	-0.657	0.512
Region (Reference=Chicago)					
Collar counties	0.199	1.923	0.010	0.103	0.918
Central Illinois	-0.675	2.137	-0.031	-0.316	0.753
Southern Illinois	0.274	2.175	0.012	0.126	0.900
Northern Illinois	-1.056	2.504	-0.038	-0.422	0.674
Number of Clinicians	0.012	0.052	0.033	0.235	0.814
Total Capacity of Treatment (n of persons)	0.015	0.005	0.318	3.149	0.002
Number of Unfilled Clinician Positions	-1.526	0.823	-0.216	-1.854	0.066
Adjusted R²=.135 (df=16)					

unfilled clinical positions was borderline associated ($p=0.066$) with numbers waiting to move to assessed level of care ($b=-1.526$), suggesting that each currently unfilled clinical slot was associated with about 1.5 fewer persons waiting to be moved to their assessed level of treatment. This model accounted for a relatively small proportion of variance in site reports of patients waiting to move to assessed level of care (adjusted $R^2=0.135$).

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. However, all survey reports are vulnerable to inaccurate reporting of information;

thus, we cannot rule out the possibility that some information was reported inaccurately. One potential area of measurement error may be our measure of geographic region, which was based on self-reports. Also, because we have no reason to expect that respondents would intentionally over- or underreport the quantitative information being requested, it seems reasonable to assume that any misreporting was random and thus would 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 that did not respond. Given the relatively high unit response rate for this study (79.3%), we believe that nonresponse error is not a likely concern. In terms of item nonresponse, however, it should be noted that the estimated numbers are based only on reported values and that no missing data imputations were employed. This is most important in regards to estimation of waiting lists. For example, although 41 sites providing adult outpatient services reported maintaining a waiting list, only 13 of these sites could provide information on the total capacity of their waiting list.

VI. REFERENCES

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APPENDIX A

Questionnaire

IADDA Questionnaire

Survey Research Laboratory

December 2007

Study 1040
Case ID # _____
Interviewer _____
Date _____

1a. 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.

Is this your program's only treatment location in Illinois or does your organization provide treatment services in multiple Illinois locations?

- 1 Multiple
- 2 Only → SKIP TO Q2

1b. How many treatment locations in Illinois does your organization have?

_____ Number of locations

1c. Will you be providing information on all your agency's treatment sites, or just for this treatment location?

- 1 All treatment locations → SKIP TO Q2
- 2 Only this treatment location

1d. May I have a name and contact information for the person or persons at your organization who can provide us with information on the other treatment locations?

NAME _____

TITLE _____ PHONE _____

2. Now I'd like to ask you some questions about your treatment location only. What is the geographic service area for this program site? Is it...

- Chicago, 1
- Collar Counties, 2
- Central Illinois, 3
- Southern Illinois, or..... 4
- Northern Illinois? 5

3. How many adults are **currently** waiting to be seen by a clinician for a full initial assessment at this location? Please answer regardless of whether they are on your formal waiting list.

_____ Persons

4. How many youth are **currently** waiting to be seen by a clinician for a full initial assessment at this location? Please answer regardless of whether they are on your formal waiting list.

_____ Persons

READ Q5 DOWN FOR EACH PROGRAM.

5. What types of services are offered by your program site? Does it offer...

(IF YES TO Q5):
6. What is the current maximum capacity of your PROGRAM TYPE?

(IF YES TO Q5):
7. Does PROGRAM TYPE maintain a formal waiting list?

(IF YES TO Q7):
8. What, if any, is the current maximum capacity of the waiting list for PROGRAM TYPE?

(IF YES TO Q7):
9. How long, on average, is a client's name kept on your treatment waiting list for PROGRAM?

	No or		Capacity	(IF YES TO Q5):		Capacity	Length of time
	Yes	N/A		Yes	No		
a. Adult outpatient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
b. Adult inpatient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
c. Adult methadone?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
d. Adult recovery home?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
e. Adult residential extended care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
f. Detox?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
g. Youth outpatient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
h. Youth inpatient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months
i. Youth recovery home?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____ days / weeks / months

READ ACROSS FOR ALL PROGRAMS CHECKED "YES" IN Q5.

10. How many assessed persons are **currently** waiting to begin treatment for PROGRAM TYPE?

11. What is currently the average wait time between **assessment and first treatment appointment** for PROGRAM TYPE?

	# persons	Wait time
a. Adult outpatient?	_____	_____ days / weeks / months
b. Adult inpatient?	_____	_____ days / weeks / months
c. Adult methadone?	_____	_____ days / weeks / months
d. Adult recovery home?	_____	_____ days / weeks / months
e. Adult residential extended care?	_____	_____ days / weeks / months
f. Detox?	_____	_____ days / weeks / months
g. Youth outpatient?	_____	_____ days / weeks / months
h. Youth inpatient?	_____	_____ days / weeks / months
i. Youth recovery home?	_____	_____ days / weeks / months

12. 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

13. How many clinicians, either full time or part time, are currently employed at this program site?

_____ clinicians

14a. Are any clinician positions unfilled at this time?

1 Yes

2 No → SKIP TO Q15

14b. How many clinician positions are unfilled?

_____ Number of unfilled positions

15. How many non-clinical staff are currently employed at this program site?

_____ persons

16a. Are any non-clinical staff positions unfilled at this time?

1 Yes

2 No → Thank You!

16b. How many non-clinical staff positions are unfilled?

_____ Number of unfilled positions

THANK YOU FOR YOUR TIME!

APPENDIX B

Prenotification

Last Spring treatment and recovery service providers from around the state responded to a telephone survey commissioned by the Illinois Alcoholism and Drug Dependence Association (IADDA) and conducted by the Survey Research Laboratory at the University of Illinois/Chicago (UIC). The findings were instrumental in framing our talks with members of the legislature and seeking additional funding for the prevention, treatment, and recovery systems.

Based on this successful effort, IADDA has again contracted with the Survey Research Laboratory (SRL) to conduct a follow-up telephone survey of state funded providers. Survey Research Lab staff will contact agencies via telephone beginning Thursday, December 13, 2007. YOUR RESPONSES ARE KEY IN MAKING THIS EFFORT MEANINGFUL.

An advance copy of the survey is also attached to this email. We suggest you review the questions which will be asked, and gather this important information in advance of the call. The SRL personnel will be working with a list which contains the name of your organization's designated contact person. THIS MAY NOT BE THE APPROPRIATE PERSON TO RESPOND TO THE SURVEY QUESTIONS. If that is the case, please direct SRL to the individual who can provide the most accurate response. If you prefer, you may fax your completed survey to UIC at 312-996-3358.

We recognize that your agency may not hold membership in IADDA, but your response to the survey is critical to providing a complete picture of the wait for those seeking treatment in Illinois. If you would like to learn more about IADDA and participate as a member agency, please contact me at the number below.

THANK YOU in advance for your contribution to this important endeavor!

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