



IDAHO DEPARTMENT OF  
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Date: December 2, 2015

To: BPA Health Treatment Provider Network

From: Rosie Andueza, SUD Operations Program Manager  
Idaho Department of Health and Welfare

RE: Follow-Up Survey

The Idaho Department of Health and Welfare is launching a pilot to implement follow-up surveys for clients who receive publically-funded substance use disorder treatment services. The pilot has been designed by a committee represented by partner agencies and a representative from BPA Health. The follow-up survey process will be piloted on the **IDHW adult population only**.

Providers will be paid to conduct a brief follow up survey with these clients at one, six and twelve months post-discharge. Due to the importance of this data and the information it will render, completion of the follow up survey will be a requirement for serving this population. This data will be invaluable in determining best-practices and future funding needs, among other things.

Upon intake of a client with IDHW Adult funding, the agency will require the client to sign an informed consent specific to outcome data collection which is attached to this communication. The agency will be notified in advance of when it is time to conduct a one, six or twelve month follow-up survey. The provider will be paid a fee of \$30 for each successful follow up survey completed and a \$20 fee for each "unsuccessful attempt", defined as a series of 4 calls that do not result in a successful connection with the client. The survey is programmed into WITS; services will be authorized and claims adjudicated in WITS.

Trainings on the process and follow up survey can be registered for, on Thursday, December 10 at 10 AM MST at <https://attendee.gotowebinar.com/register/1512252170517463298>, and Monday, December 14<sup>th</sup> at 2 PM MST at <https://attendee.gotowebinar.com/register/88287855524149506>. If you have any questions you would like answered prior to the training please contact Dan Greenleaf at (208) 334-6681 or [greenled@dhw.idaho.gov](mailto:greenled@dhw.idaho.gov).

# FOLLOW-UP SURVEY INFORMED CONSENT

## INTRODUCTION

You are invited to participate in Follow-Up Survey process upon being discharged from Substance Use Disorder (SUD) Treatment. The decision to complete the survey and allow your answers to be provided to your referral source (IDHW, IDOC, IDJC, or ISC) is completely voluntary. The Follow-Up Survey is designed to get an idea of how your life is going following discharge from SUD Treatment, and what impact treatment may have had on your behaviors as well as quality of life. The survey is completely confidential, and used for data collection purposes only, regardless of your referral source to treatment, with the exception of mandatory reporting standards (Danger to self, others, or reports of harm to anyone who is vulnerable, etc.).

The Follow-Up Survey will include basic questions related to substance use, housing, employment, income, physical health, mental health, involvement in additional treatment, informal recovery supports, and education. Participants will receive a phone call from the treatment provider that completed the discharge process asking a series of short answer questions, which should not take long to answer. The phone calls will be made at approximately 1 month, 6 months, and 1 year following discharge from treatment. You can stop participating at any time by informing the treatment provider of your desire to no longer participate.

## RISKS

Due to the Follow-Up Survey taking place over the phone, there is a risk of anyone in your household or with access to the phone number(s) you provide asking you questions about why you are receiving the phone call. The phone calls will be made in a manner compliant with HIPAA to protect your information related to having participated in SUD Treatment. The person making the phone calls will be instructed to ask for you by name, not stating what agency they are with, or the nature of the call. If asked by whoever answers the phone they will be instructed to state, "I am attempting to follow up with \_\_\_\_\_, can I please leave my name and number for \_\_\_\_\_ to call me back?" There is the risk of whoever answered the phone, calling the number back, which will go to the agency that made the phone call. If you are concerned about this, please do not provide any phone numbers that this risk applies to, answer "No" to Okay to Leave a Message, or opt out of the Follow-Up Survey. The phone calls will be made during normal business hours, Monday through Friday.

## BEST FORM OF CONTACT

Best time/day to contact you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ok to leave a message? Yes / No      Text?      Yes / No

Phone Number: \_\_\_\_\_ Ok to leave a message? Yes / No      Text?      Yes / No

Email Address: \_\_\_\_\_ Ok to mail paper survey to physical address? Yes / No

## BENEFITS TO TAKING PART IN THE STUDY

With the increasing difficulty of securing funding for services, the Follow-Up Survey phone calls will provide needed information to present a picture of the lasting benefits of SUD Treatment to funders. This will provide the best opportunity for ongoing funding for future SUD Treatment. Additionally, by participating in the Follow-Up Survey, SUD Treatment will likely be able to be improved based upon the feedback that is provided to make it more effective.

## CONTACTS FOR QUESTIONS OR PROBLEMS

If you have questions about the study, any concerns, unexpected problems, or think that something unusual or inappropriate is happening, please contact the Provider Agency's Clinical Director or Provider Relations at (800) 922-3406.

## Consent of Subject (or Legally Authorized Representative)

\_\_\_\_\_  
Signature of Subject or Representative

\_\_\_\_\_  
Date

*Upon signing, the participant will receive a copy of this form, and the original will be held in the participant's treatment record. If you do not consent to being contacted for the Follow-Up Survey, please clearly write "Decline" and your initials on the Signature line, as well as add the date.*