EXECUTIVE SUMMARY

This report is the sixth in a series describing the results of a nationwide program in the Department of Veterans Affairs (VA) to monitor the treatment and treatment outcomes of patients with substance use disorders. A total of 45,703 patients in 142 facilities were assessed with the Addiction Severity Index (ASI) between October 1999 and September 2000. The ASI was used to measure the baseline severity of these patients' problems in seven domains: alcohol use, drug use, psychiatric, medical, family/social, legal, and employment. Approximately 72% of patients (N = 32,782) were assessed within 14 days of entering a new treatment episode; the rest were assessed during treatment. Because patients who are in treatment tend to obtain lower alcohol-related ASI problem scores than do new patients, the data for these two groups were analyzed separately.

Between 6 and 18 months after the initial interview (mean = 7.8, SD = 4.8), the ASI was re-administered via clinician interview (N = 9,156) or self-report questionnaire (N=1,444) to 10,600 of the 45,703 patients (23.2% of those still alive). This report compares these patients' baseline and follow-up scores in each of the seven ASI domains[1], describes their diagnoses and index episodes of care and identifies preliminary associations between characteristics of service episodes and patients' risk-adjusted outcomes.

CHANGES BETWEEN BASELINE AND FOLLOW-UP

Alcohol Use. In general, patients reported having consumed less alcohol at follow-up than they did at baseline. Of patients initially assessed at treatment entry, 74% reported having used alcohol and 57% reported having been intoxicated in the 30 days preceding the baseline interview. These numbers decreased to 46% and 33%, respectively, at follow-up. Patients initially assessed during treatment showed similar, though smaller, reductions in alcohol consumption. Analyses also revealed substantial decreases in alcohol-related problems between baseline and follow-up, with a 21% reduction in 30-day alcohol problems reported for patients initially assessed at treatment entry, and a 12% reduction for patients initially assessed during treatment. ASI composite scores for alcohol problems also mirrored this improvement, decreasing from .45 to .27 for patients initially assessed at treatment entry, and from .32 to .23 for patients assessed during treatment.

Drug Use. ASI composite scores for drug use problems decreased only slightly between baseline and follow-up. However, patients did show substantial improvement on several individual drug use variables. For example, the percentage of patients who used drugs in the past 30 days decreased 18% between baseline and follow-up (8% for patients initially assessed during treatment), and the percentage of patients reporting that they had problems with drugs in the past 30 days decreased by 15% (7% for patients initially assessed during treatment). Furthermore, 13% fewer patients assessed at treatment entry reported using cocaine at follow up (4% fewer patients assessed during treatment), and 10% fewer patients reported using marijuana at follow-up (4% fewer patients assessed during treatment).

Psychiatric Problems. This sample had a high degree of psychiatric comorbidity, with 60% of patients initially assessed at treatment entry reporting having experienced psychological

or emotional problems in the 30 days preceding the baseline interview (65% of patients assessed during treatment). Overall, psychiatric problems remained fairly stable between baseline and follow-up. Psychiatric composite scores for patients assessed at treatment entry decreased marginally from .31 to .29 between baseline and follow-up, and from .36 to .34 for patients initially assessed during treatment.

Medical Problems. This patient population also had a consistently high prevalence of medical problems. Over half of patients reported having experienced medical problems in the 30 days preceding their baseline interview (55% of those assessed at treatment entry and 58% of those assessed during treatment). These problems remained largely unchanged between baseline and follow-up.

Family/Social Problems. Although there was a decrease from baseline to follow-up in the proportion of patients who indicated that they were troubled or bothered by their family problems (9% decrease for patients initially assessed at baseline, 5% decrease for those assessed during treatment), the composite scores for this problem area remained virtually unchanged (.21 to .19 for patients assessed at treatment entry, .19 to .18 for patients assessed during treatment).

Legal Problems. The severity of patients' legal problems also remained relatively consistent between baseline and follow-up. Legal composite scores for patients initially assessed at treatment entry were .10 and .09 for baseline and follow-up, respectively. The parallel measures for patients assessed during treatment were .08 and .08.

Employment Problems. Overall, patients in this sample had relatively severe employment problems that were largely unchanged between baseline and follow-up administration of the ASI. Over half (58%) of patients assessed at treatment entry and 72% of patients initially assessed during treatment were unemployed. These rates did not change significantly between baseline and follow-up. However, fewer patients were troubled or bothered by their employment problems at follow-up (12% fewer patients who were assessed at treatment entry and 9% fewer patients who were initially assessed during treatment).

Overall, patients improved significantly in the alcohol problem area, but made minimal or low improvement in others. These outcomes are slightly less positive than in prior cohorts, which may reflect the declining availability of VA substance abuse services.

DIAGNOSES AND SERVICES PROVIDED

As in previous reports, we used the nationwide VA health care utilization databases to examine the diagnoses and inpatient, extended care, and outpatient mental health services patients received during the index episode of care.

Diagnoses. The vast majority of patients were diagnosed with both alcohol and drug dependence (70% of patients assessed at treatment entry and 77% of those assessed during treatment carried both diagnoses). Among patients with drug dependence diagnoses, 45% were dependent on two or more drugs.

A total of 57% of patients assessed at treatment entry had a psychiatric diagnosis and a striking 78% of patients assessed during treatment had such a diagnosis. These psychiatric diagnoses were in addition to substance use disorder diagnoses – only 1-2% of patients had a psychiatric diagnosis only. The most prevalent psychiatric diagnoses were depression (37% of patients assessed at treatment entry, 56% of patients assessed during treatment), and Post Traumatic Stress Disorder (18% assessed at treatment entry, 30% assessed during treatment).

This sample of patients also presented a high level of co-morbid medical conditions. 89% of patients assessed at treatment entry had one or more medical diagnosis in the index episode and 47% had three or more medical diagnoses

Services Provided. Patients received a substantial amount of VA care in their index episode, which, on average, lasted for approximately 8 months. More than half of the patients received inpatient or extended care (55% of patients assessed at treatment entry and 66% of patients assessed during treatment); the rest received only outpatient care. Majority (99%) of patients assessed at treatment entry had outpatient mental health care in the index episode, and on average, these patients had 68 outpatient mental health contacts. Eighty-four percent of these patients received medical care during their index episode, with an average of 16 contacts.

SERVICE EPISODES AND RISK ADJUSTED OUTCOMES

Consistent with the findings of previous ASI reports, older patients (age 55+) showed relatively greater improvement in the alcohol, drug and family domains. Men had somewhat worse psychiatric and family outcomes but somewhat better employment outcomes than did women. Patients who had longer service episodes tended to experience better outcomes in alcohol, drug, psychiatric and employment domains. Finally, patients who received more outpatient mental health care experienced fewer problems at follow-up in the psychiatric, family and employment domains.

INTRODUCTION

This report is the sixth in a series describing the results of a nationwide program in the Department of Veterans Affairs (VA) to monitor the treatment and treatment outcomes of patients with substance use disorders. The Office of Quality and Performance initiated this program in 1997 by establishing a guideline that called for the ongoing administration of the Addiction Severity Index (ASI) to all patients who obtained VA health care with substance use disorders. A subsequent guideline called for the re-administration of the ASI to these same patients six months after their initial baseline assessment.

Since the inception of this monitoring program, the Program Evaluation and Resource Center (PERC) has produced reports describing a unique cohort of patients who entered treatment during the previous fiscal year (FY). This series of reports provides a valuable longitudinal perspective on the changing nature of VA patients with substance use disorders, their health care utilization, and treatment outcomes that they obtained. Comparison of these variables among four ASI cohorts will be the focus of a future publication.

The present report focuses exclusively on baseline substance abuse and psychosocial problems, health service utilization, and treatment outcomes for Cohort 4, consisting of unique patients entering treatment during FY 00. Reports for each of the three previous cohorts are available through PERC (Moos, Finney, Cannon, Finkelstein, McNicholas, McLellan & Suchinsky, 1998; Moos, Federman, Finney & Suchinsky, 1999a, 1999b; Moos, Finney & Suchinsky, 2000; Otilingam, Ritsher, Finney, Moos & Suchinsky, 2002).

Cohort 4 encountered a markedly different treatment system than did prior cohorts. Overall spending on VA specialized substance abuse treatment decreased by 48.4% from 1995 to 2000 (Chen, 2001). Table 1 depicts the overall decline in the number of patients who received specialized treatment during FY 98, 99 and 00, and the corresponding decrease in the number of patients who completed baseline ASI interviews[2]. Whereas the system comprised 389 substance abuse treatment programs in FY 95, it had only 246 in FY 00. Most notably, the number of inpatient substance abuse programs decreased from 180 to 20 over this same period (Humphreys & Horst, 2001). Cohort 4 thus had less access to a full continuum of specialty substance abuse treatment services than did prior cohorts.

Table 1. Patients in Specialized Substance Abuse Treatment by Fiscal Year

FY	NUMBER OF PATIENTS IN SPECIALIZED TREATMENT	NUMBER OF PATIENTS WITH COMPLETE BASELINE ASI
98	142,200	67,279
99	108,353	31,009
00	101,243	36,960

PATIENTS AND METHODS

A total of 36,960 patients[3] from 142 facilities completed a baseline ASI assessment between October 1999 and September 2000 (FY00)[4]. Of these, 274 deceased patients (0.6%) were excluded from the sample. Patients with no follow-up or a follow-up period longer than 18 months were also excluded. Cohort 4 consisted of the 10,600 remaining patients, which represent 23.2% of those still alive. These 10,600 patients completed a second ASI either as a clinician-administered follow-up (N=9,156) or as a mailed self-report follow-up (N=1,444) conducted between April 2000 and October 2002[5,6].

The demographic characteristics of the 10,600 followed patients were comparable to those of the overall sample of patients from which they were drawn. Cohort 4 patients who completed the ASI at baseline were 47.8 years of age (SD = 8.3) and had 12.0 years of education (SD = 3.6) on average. Almost all (97.2%) were men; 54% were Caucasian, 41% were African American, 4% were Hispanic/Latino, and 2% were of other racial groups. Only 17% of the patients were currently married, 56% were separated or divorced, 3% were widowed, and 22% were single. With respect to their usual living arrangements in the past three years, 56% of the patients lived with family members or friends, 29% lived alone, 4% lived in a controlled environment (hospital or jail), and 11% had no stable living arrangements.

THE ADDICTION SEVERITY INDEX (ASI)

The Office of Quality and Performance chose the Addiction Severity Index (ASI; McLellan et al., 1992) as the most appropriate assessment procedure for a nationwide monitoring program because many VA substance abuse programs employ it as part of their standard intake assessment battery. The ASI covers a broad range of problem areas, including psychiatric, medical, and social problems, as well as substance use. The ASI is suitable for administration both at a baseline (typically intake to treatment) and at subsequent follow-ups. Thus, it can measure stability and change in patients' symptoms and functioning over time.

The ASI is used widely in studies of the outcome of treatment in both VA and non-VA substance abuse programs. Thus, it is suitable for comparing VA substance use disorder patients' characteristics and outcomes to those in other public and in private systems of care. The Fifth Edition of the ASI was used in the current assessment[1].

The ASI obtains summary scores in the seven domains listed below. The scoring key for these seven summary or composite indices is provided in Appendix A.

Table 2. ASI Problem Areas and Domains

PROBLEM AREA	ASI DOMAIN
Substance Use Problems	1. Alcohol use
	2. Drug use
Health Problems	3. Psychiatric symptoms
	4. Medical problems
Social Functioning Problems	5. Family and social problems
	6. Legal problems
	7. Employment problems

HISTORY OF SUBSTANCE USE PROBLEMS AND TREATMENT

Most of the followed patients had a long history of alcohol and drug use. More than three-quarters had regularly used alcohol to intoxication for five years or more. A total of 89% of the patients had regularly used illicit drugs for five years or more; 36% had used cocaine, 13% had used heroin, 6% had used other opiates, and 46% had used marijuana.

Many of the patients also had serious medical and psychiatric problems. More than 60% reported a chronic medical problem that interfered with their daily life. Two-thirds reported a significant episode of depression at some time in their life; 42% had had serious thoughts of suicide and 25% reported a suicide attempt. Moreover, 35% had had problems controlling their violent behavior and 20% had a history of hallucinations.

In addition to their substance use and psychiatric problems, many patients reported a history of legal and social problems. A total of 80% had one or more lifetime arrests, 44% had one or more convictions for criminal behavior, and 41% had spent some time in jail. In addition, 48% had one or more arrests for driving under the influence of alcohol or drugs.

According to their responses to the ASI, the majority of patients had had prior treatment for substance use or psychiatric problems or both. In all, 61% reported prior treatment for alcohol abuse, 44% reported prior treatment for drug abuse, and 40% reported prior treatment for psychological or emotional problems. With respect to hospitalization for any reason, 78% reported a history of hospitalization; 78% had had one or more hospitalizations in the past year. In general, the followed patients' history of substance use and psychosocial problems was comparable to that of the overall sample of patients assessed at baseline.

DIAGNOSES AND SERVICE EPISODES

At the time of their initial assessment with the ASI, the 10,600 followed patients were in varied types and stages of treatment. Using information from the FY99 and FY00 VA nationwide inpatient (Patient Treatment File) and outpatient (Outpatient Care File) databases, we specified an index episode of care. We also used the nationwide files to determine patients' diagnoses and the inpatient and outpatient treatment they received in the index episode[7].

We defined an index episode of care as beginning with the first day of mental health treatment (inpatient, outpatient, or extended care) after an interval of 30 days or more without such treatment. The end of the index episode was defined as the last day of mental health care that was followed by a minimum of 30 days without any mental health care[8, 9]. More specifically, we chose the episode of mental health care in which, or closest to which, the patient completed the baseline ASI. Our goal was to characterize mental health service episodes that encompassed different levels of care, such as inpatient, residential, intensive outpatient, and outpatient. For patients who had no relevant outpatient mental health care we used the dates of outpatient medical care in which patients had a mental health diagnosis[10].

ADMINISTRATION OF BASELINE ASI

Many of the ASI questions focus on patients' problem status in the past 30 days. Because of the benefits of treatment, compared to patients who have recently entered treatment, patients who have been in treatment for some time tend to obtain somewhat lower ASI problem scores. Accordingly, we divided the 10,600 patients who completed the ASI at baseline and follow-up into two groups: Patients who completed an ASI at baseline within 14 days of initiating a new treatment episode (N=5,410 of the followed patients), and patients who completed an ASI at baseline outside of this 14-day window (N=5,190 of the followed patients). For convenience, we refer to these two groups as the patients initially assessed at treatment entry and the patients initially assessed during treatment, respectively[11, 12].

Most of the followed patients assessed at treatment entry completed the ASI in the first week of treatment (median = 4 days after intake). On average, the length of time between the baseline and follow-up ASIs for patients initially assessed at treatment entry was 8.2 months (SD = 4.9 months). The 5,410 followed patients constitute a 17% sample of the initial group of 32,720 patients who were assessed at treatment entry[13].

A total of 5,190 patients (40%) who obtained a follow-up assessment[13] were initially assessed during treatment, that is, outside of the 14-day window at the beginning of a new treatment episode. Among the followed patients assessed during treatment, the median time between treatment entry and administration of the ASI was 40 days. On average, there was an interval of 7.5 months between the baseline and follow-up ASIs (SD = 5.8 months).

Compared with followed patients initially assessed at treatment entry, followed patients initially assessed during treatment had substantially fewer alcohol problems and somewhat fewer family and legal problems. Patients initially assessed during treatment had an average of four months of care prior to the baseline ASI so they had already improved from the time of their treatment entry.

CHANGES BETWEEN BASELINE AND FOLLOW-UP

I. ASI PROBLEM DOMAINS

To provide a detailed picture of the patients' status at baseline and at follow-up, we describe patients' problems in each of the seven ASI domains. Results are reported only for those patients who completed a valid follow-up interview (N=10,600). At baseline, the followed patients were comparable to the complete sample from which they were drawn. Of course, these findings do not necessarily mean that the followed patients' ASI scores at follow-up are representative of what those of patients in the larger sample would have been had they been followed.

Alcohol Use Problems. Over half (58%) of the 5,410 patients assessed at treatment entry stated that they had had problems with alcohol in the past 30 days. About 27% of them had spent $100 or more on alcohol in the past 30 days. A total of 60% were troubled or bothered by their alcohol problems and 72% reported a need for treatment for these problems. Patients assessed at treatment entry reported fewer alcohol-related problems at follow-up. A total of 46% had used alcohol and 33% had been intoxicated in the past 30 days, down from 74% and 57%, respectively, at baseline (Table 3). In addition, fewer of these patients at follow-up reported spending $100 or more on alcohol in the past 30 days and fewer were troubled by their alcohol-related problems. There also was a substantial overall decline in the ASI alcohol composite score (from .45 to .27). ASI composite scores are variables that are calculated as an index of problem severity for each of the seven domains, and range from 0 (no problems) to 1 (very serious problems).

Of the patients who were assessed during treatment, 50% reported having used alcohol in the 30 days preceding the baseline interview, and 37% reported having been intoxicated in the

past 30 days (Table 3). A total of 45% of these patients stated that they had had problems with alcohol in the past 30 days. A total of 49% of the patients were troubled by their alcohol problems, but 65% reported a need for treatment of these problems. On average, these patients' alcohol problems had improved somewhat at follow-up, and a somewhat lower percentage reported a need for treatment.

Table 3. Alcohol Use Problems and ASI Alcohol Composite Score

	Assessed At Treatment Entry (N = 5,410)		Assessed During Treatment (N = 5,190)	
ASI ITEM NUMBER AND CONTENT	*Baseline*	*Follow-up*	*Baseline*	*Follow-up*
D1. Used alcohol in past 30 days (%)	74	46	50	39
D2. Intoxicated in past 30 days (%)	57	33	37	28
D23. Spent $100 or more on alcohol in past 30 days (%)	27	15	14	11
D26. Problems with alcohol in past 30 days (%)	58	37	45	33
D28. Troubled by alcohol problems (%)❖	60	38	49	35
D30. Need treatment for alcohol problems (%)❖	72	52	65	49
ASI Alcohol Composite Score (SD)	.45 (*.32*)	.27 (*.30*)	.32 (*.29*)	.23 (*.28*)

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

Drug Use Problems. As shown in Table 4, 52% of patients who completed their initial assessment at treatment entry reported having used one or more drugs in the past month. About one-third (34%) had used cocaine, 10% had used heroin, 5% had used other opiates or analgesics, and 23% had used marijuana. Overall, 43% of these patients had had problems with drugs in the past 30 days and 39% had used more than one drug per day.

These patients reported slightly fewer drug-related problems at follow-up. At follow-up, a total of 34% reported having used one or more drugs and 28% reported drug-related problems

in the past 30 days, down from 52% and 43%, respectively, at baseline. There were significant declines in the percentages of patients using cocaine (34% to 21%), and marijuana (23% to 13%). However, composite scores decreased only slightly, from .13 to .10.

Of patients who completed their baseline interview during treatment, 44% reported having used drugs in the past month. About one-fourth (23%) of these patients had used cocaine, 9% had used heroin, and 4% had used other opiates or analgesics; in addition, 15% had used marijuana. Overall, 34% of these patients had had problems with drugs in the past 30 days and 27% had used more than one substance per day. A total of 39% were troubled by their drug problems, and 51% believed that they needed treatment for these problems. As was the case for patients initially assessed at treatment entry, drug composite scores remained fairly stable (.11 at baseline and .10 at follow-up).

Compared with patients initially assessed at treatment entry, patients assessed during treatment had fewer drug-related problems. They were somewhat less likely to be using cocaine or marijuana or more than one substance per day, and less likely to report or to be troubled by drug-related problems.

Table 4. Drug Use Problems and ASI Drug Composite Score

	Assessed At Treatment Entry (N = 5,410)		**Assessed During Treatment (N = 5,190)**	
ASI ITEM NUMBER AND CONTENT	*Baseline*	*Follow-up*	*Baseline*	*Follow-up*
Used 1 or more drugs in past 30 days (%)	52	34	44	36
D3. Used heroin (%)	10	9	9	9
D4. Used nonprescription methadone (%)	3	6	11	13
D5. Used other opiates or analgesics (%)	5	5	4	5
D6. Used barbiturates (%)	1	3	1	2
D7. Used other sedatives, hypnotics, or tranquilizers (%)	5	5	6	6
D8. Used cocaine (%)	34	21	23	19
D9. Used amphetamines (%)	2	3	2	3
D10. Used marijuana (%)	23	13	15	11
D11. Used hallucinogens (%)	0.4	3	0.2	2
D13. Used more than 1 substance a day (%)	39	24	27	21
D27. Problems with drugs in past 30 days (%)	43	28	34	27
D29. Troubled by drug problems (%)❖	45	31	39	30
D31. Need treatment for drug problems (%)❖	51	40	51	42

ASI Drug Composite Score (SD)	.13 (*.14*)	.10 (*.15*)	.11 (*.12*)	.10 (*.14*)

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

Psychiatric Problems. Patients in Cohort 4 had a very high level of psychiatric comorbidity. During their baseline interview, 60% of the patients assessed at treatment entry reported having experienced psychological or emotional problems in the past month (Table 5). With respect to specific symptoms, 50% reported serious anxiety, 46% reported serious depression and 17% had serious thoughts of suicide, 36% reported impaired concentration or memory, 11% had problems controlling their violent behavior, and 9% had hallucinations. Overall, 57% of the patients were troubled by their psychiatric problems and 57% reported a need for treatment of these problems.

Of patients who completed their baseline assessment during treatment, 65% of the patients reported having experienced psychological or emotional problems in the past month. With respect to specific symptoms, 54% reported serious anxiety, 50% reported serious depression, 18% had serious thoughts of suicide, 42% reported impaired concentration or memory, 12% had problems controlling violent behavior, and 12% had hallucinations. Overall, 62% of the patients were troubled by their psychiatric problems and 65% reported a need for treatment of these problems.

Patients assessed at treatment entry, and those assessed during treatment showed modest improvement on some psychiatric problem measures between baseline and follow-up interviews. Compared to baseline levels, 11% fewer patients reported experiencing serious anxiety and tension at follow up (9% reduction for those assessed during treatment) and 8% fewer patients (both those assessed at treatment entry and those assessed during treatment) reported experiencing serious depression at follow-up. Despite these reductions, psychiatric composite scores remained relatively unchanged.

Table 5. Psychiatric Problems and ASI Psychiatric Composite Score

	Assessed At Treatment Entry (N = 5,410)		**Assessed During Treatment (N = 5,190)**	
ASI ITEM NUMBER AND CONTENT	*Baseline*	*Follow-up*	*Baseline*	*Follow-up*
P11. Psychological or emotional problems in past 30 days (%)	60	54	65	63
P4. Serious anxiety or tension (%)	50	39	54	45
P3. Serious depression (%)	46	38	50	42
P8. Serious suicidal thoughts (%)	17	18	18	20
P9. Attempted suicide (%)	3	11	4	12

P5. Hallucinations (%)	9	14	12	18
P6. Impaired concentration or memory (%)	36	30	42	34
P7. Trouble controlling violent behavior (%)	11	15	12	17
P10. Was prescribed medication for psychological or emotional problem (%)	28	38	50	47
P12. Troubled by psychiatric problems (%)❖	57	50	62	58
P13. Need treatment for psychiatric problems (%)❖	57	53	65	62
ASI Psychiatric Composite Score (SD)	.31 (*.27*)	.29 (*.27*)	.36 (*.27*)	.34 (*.27*)

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

Medical Problems. This patient population had a consistently high prevalence of medical problems. Over half (55%) of patients assessed at treatment entry had experienced medical problems in the past 30 days, and 58% of those assessed during treatment reported such problems (Table 6). Fifty-two percent of patients assessed at treatment entry were troubled by these problems, while 56% assessed during treatment reported being troubled or bothered by their medical problems. Overall, 55% assessed at treatment entry reported a need for treatment and 58% assessed during treatment reported a similar need. These problems remained relatively stable between baseline and follow-up.

Table 6. Medical Problems and ASI Medical Composite Score

	Assessed At Treatment Entry (N = 5,410)		Assessed During Treatment (N = 5,190)	
ASI ITEM NUMBER AND CONTENT	*Baseline*	*Follow-up*	*Baseline*	*Follow-up*
M6. Medical problems in past 30 days (%)	55	54	58	59
M7. Troubled by medical problems (%)❖	52	51	56	56
M8. Need treatment for medical problems (%)❖	55	54	58	59
ASI Medical Composite Score (SD)	.43 (*.38*)	.41 (*.38*)	.46 (*.39*)	.45 (*.38*)

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

Family and Social Problems. Over one-third (35%) of patients assessed at treatment intake reported being troubled or bothered by family and social problems. A total of 21% had experienced serious conflicts with a family member in the past 30 days (Table 7). Conflict with a spouse or partner was most common (19% of the patients); conflicts with parents, children, and brothers and sisters also were relatively prevalent. One third (33%) of the patients reported that they needed treatment for these problems.

Approximately 30% of patients who completed the baseline interview during treatment reported being troubled or bothered by family and social problems (Table 7). Conflict with a spouse or partner was the most common type (15% of the patients); conflicts with parents, children, and brothers and sisters were somewhat less common. Overall, 30% of the patients wanted counseling for these problems. Both patient groups showed improved marital satisfaction but also increased conflict with other social network members. On balance, overall family/social problems improved only slightly in each patient group, as revealed in the ASI composite scores (Table 7).

Table 7. Family/Social Problems and ASI Family/Social Composite Score

ASI ITEM NUMBER AND CONTENT	Assessed At Treatment Entry (N = 5,410)		Assessed During Treatment (N = 5,190)	
	Baseline	*Follow-up*	*Baseline*	*Follow-up*
F3. Satisfied with marital situation (%)	72	72	74	73
F18/19. Conflict with mother and/or father (%)	9	11	8	10
F20. Conflict with siblings (%)	10	9	9	10
F21. Conflict with spouse or partner (%)	19	13	15	12
F22. Conflict with children (%)	7	8	6	7
F23. Conflict with other family members (%)	3	6	3	6
F24. Conflict with friends (%)	5	14	5	15
F25. Conflict with neighbors (%)	3	14	4	14
F26. Conflict with coworkers (%)	5	16	4	16
F30. Serious conflict with a family member in past 30 days (%)	21	17	17	15
F32. Troubled by family problems (%)❖	35	26	30	25
F34. Need treatment for family problems (%)❖	33	25	30	24
ASI Family/Social Composite Score (SD)	.21 (*.22*)	.19 (*.21*)	.19 (*.21*)	.18 (*.21*)

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

Legal Problems. A significant minority of patients had legal problems. Of patients assessed at treatment entry, 20% were on probation or parole at baseline and 17% had been mandated by the criminal justice system to engage in treatment (Table 8). A total of 22% of these patients were troubled by their legal problems and 17% wanted counseling for them. A similar proportion of patients who completed the baseline interview during treatment had legal problems. 18% were on probation or parole at baseline and 16% had been mandated to treatment. A total of 18% of these patients were troubled by their legal problems and 14% wanted counseling for them. Neither group of patients' legal problems changed significantly at follow-up.

Table 8. Legal Problems and ASI Legal Composite Score

ASI ITEM NUMBER AND CONTENT	Assessed At Treatment Entry (N = 5,410)		Assessed During Treatment (N = 5,190)	
	Baseline	*Follow-up*	*Baseline*	*Follow-up*
L2. On probation or parole•	20	20	18	18
L1. Treatment mandated by criminal justices system•	17	13	16	12
L26. Detained or jailed in past 30 days•	10	5	6	4
L24. Presently awaiting charges, trial, or sentence (%)	13	19	11	18
L27. Illegal activities in past 30 days (%)	5	2	2	2
E17. Illegal income in past 30 days (%)	3	2	2	1
L28. Troubled by legal problems (%)❖	22	15	18	13
L29. Need counseling for legal problems (%)❖	17	13	14	11
ASI Legal Composite Score (SD)	.10 (*.18*)	.09 (*.15*)	.08 (*.16*)	.08 (*.14*)

• These items are not included in the calculation of composite scores

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

Employment Problems. Although 53% of patients interviewed at treatment entry reported a usual pattern of full-time or part-time employment in the past 3 years, only 42% had worked in the past 30 days (Table 9). Half (50%) of all patients initially interviewed at treatment entry had a valid driver's license, but only one-third (33%) had access to a car. Overall, 45% of the patients were troubled by their employment problems and 43% wanted counseling in this area. These percentages are comparable to those for the overall sample of patients from which the followed patients were drawn.

For patients who completed their baseline interview during treatment, 43% reported a usual pattern of full-time or part-time employment in the past 3 years, but an even smaller proportion (28%) had worked in the past 30 days. Approximately half (51%) of the patients who completed the baseline interview during treatment reported having a valid driver's license, but as with the patients assessed at treatment entry, only 33% had access to a car. Overall, 37% of the patients were troubled by their employment problems and 37% wanted counseling in this area. These percentages are somewhat lower than those for the sample of patients initially assessed at treatment entry. For both groups of patients, employment composite scores remained fairly stable (.67 at baseline and .68 at follow up for patients initially assessed at treatment entry, and .71 at both assessment points for patients initially assessed during treatment).

Table 9. Employment Status and ASI Employment Composite Score

ASI ITEM NUMBER AND CONTENT	Assessed At Treatment Entry (N = 5,410)		Assessed During Treatment (N = 5,190)	
	Baseline	*Follow-up*	*Baseline*	*Follow-up*
E11. Worked in past 30 days (%)	42	41	28	31
E12. Median earned income in past 30 days in dollars	716	800	650	800
E4. Valid driver's license (%)	50	48	51	48
E5. Available automobile (%)	33	32	33	32
E20. Troubled by employment problems (%)❖	45	33	37	28
E21. Need counseling for employment problems (%)❖	43	33	37	29
ASI Employment Composite Score (SD)	.67 (*.29*)	.68 (*.29*)	.71 (*.28*)	.71 (*.29*)

❖ Sum of percent of patients' ratings of *moderately*, *considerably*, or *extremely*

II. COMPOSITE SCORES

Figure 1 summarizes the overall changes in ASI composite scores between baseline and follow-up among patients initially assessed at treatment entry. On average, these patients showed a decline in alcohol problems. However, their drug, psychiatric, medical, family, legal, and employment problems barely improved or remained the same.[14] Prior cohorts of patients assessed at treatment entry experienced somewhat better outcomes than Cohort 4 (see, e.g. Moos, Finney & Suchinsky, 2000), for example, larger reductions in family, medical and psychiatric problems. The slightly worse outcomes of these Cohort 4 patients may be due to the aforementioned cuts in VA substance abuse treatment services.

Figure 1. ASI Composite Scores at Baseline and Follow-up For Patients Initially Assessed At Treatment Entry

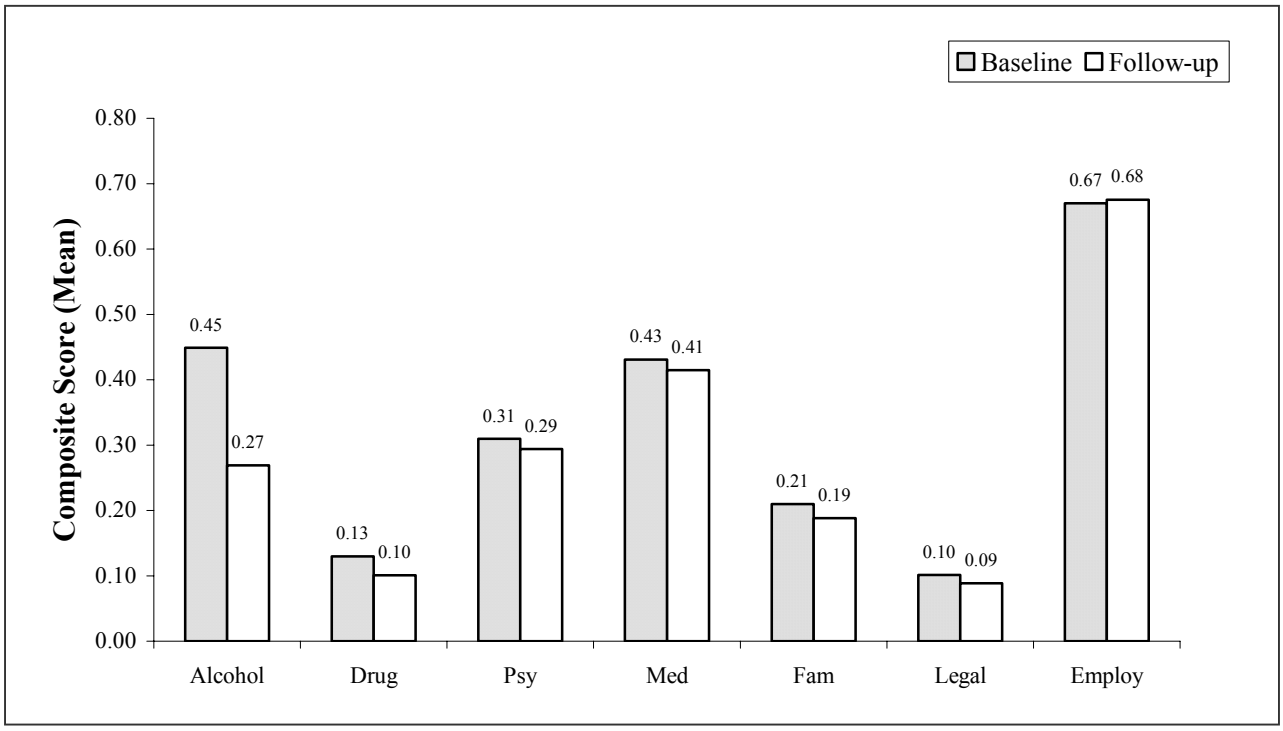
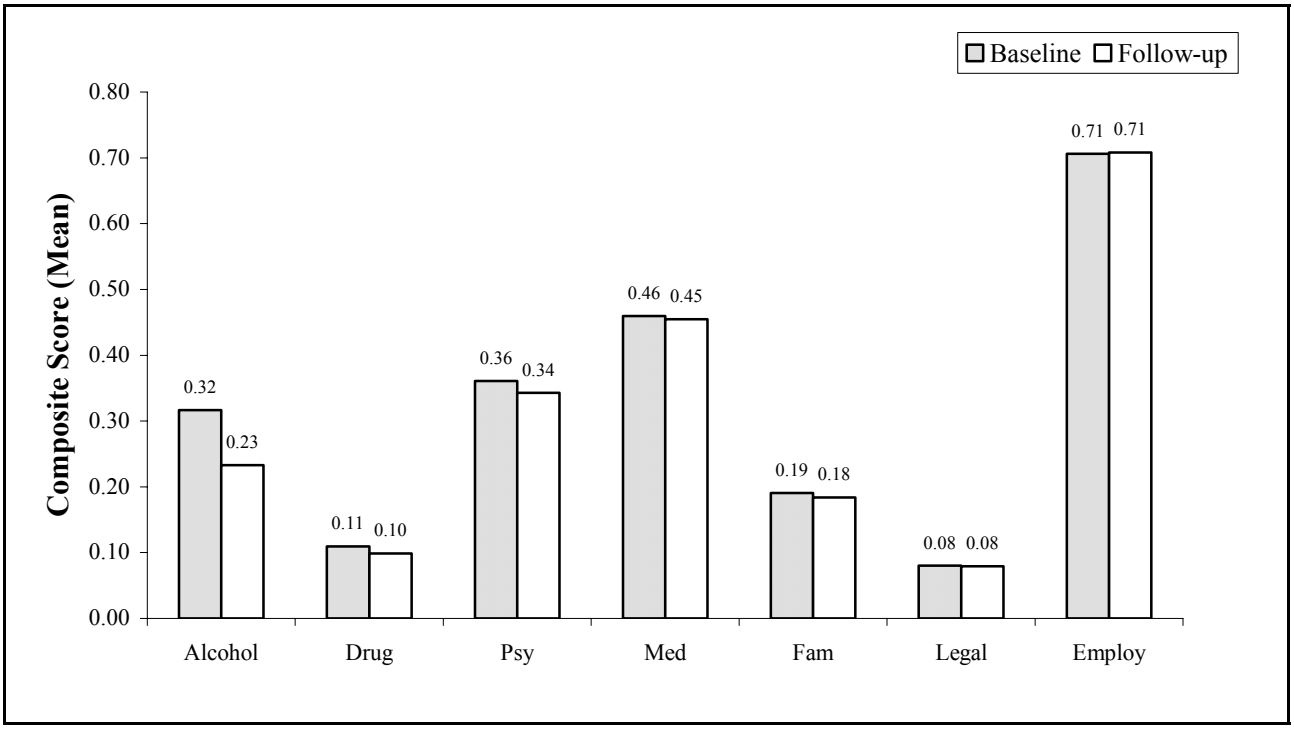


Figure 2 summarizes the overall changes in ASI composite scores between baseline and follow-up among patients initially assessed during treatment. On average, these patients showed a decline in alcohol and a similar pattern of no significant change in other problem areas[15]. Again, this was different than in prior cohorts of patients assessed during treatment who experienced modest gains beyond the alcohol problem domain.

Figure 2. ASI Composite Scores at Baseline and Follow-up For Patients Initially Assessed During Treatment

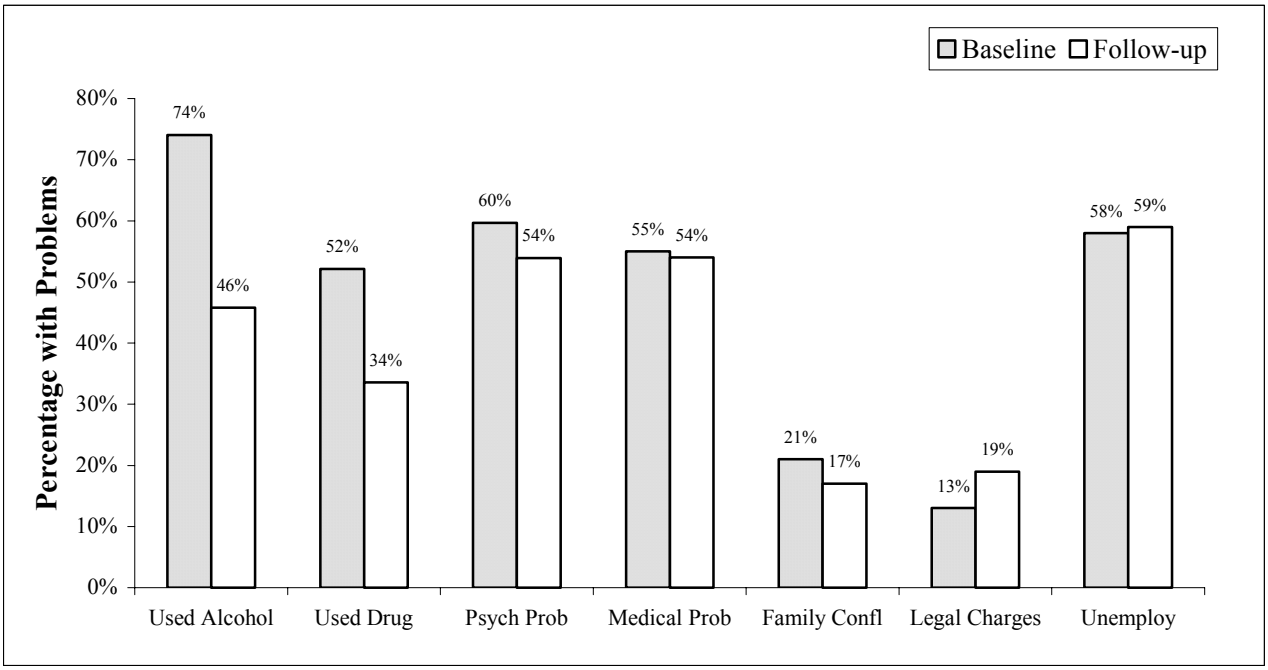


III. DICHOTOMOUS OUTCOME CRITERIA

To obtain a clinically meaningful estimate of the magnitude of change among these patients, we selected and dichotomized one key ASI item in each of the seven domains: use of (1) alcohol and (2) drugs, presence of (3) psychiatric and (4) medical problems and (5) serious family conflict, (6) pending criminal charges, trial, or sentence; and (7) being unemployed[16].

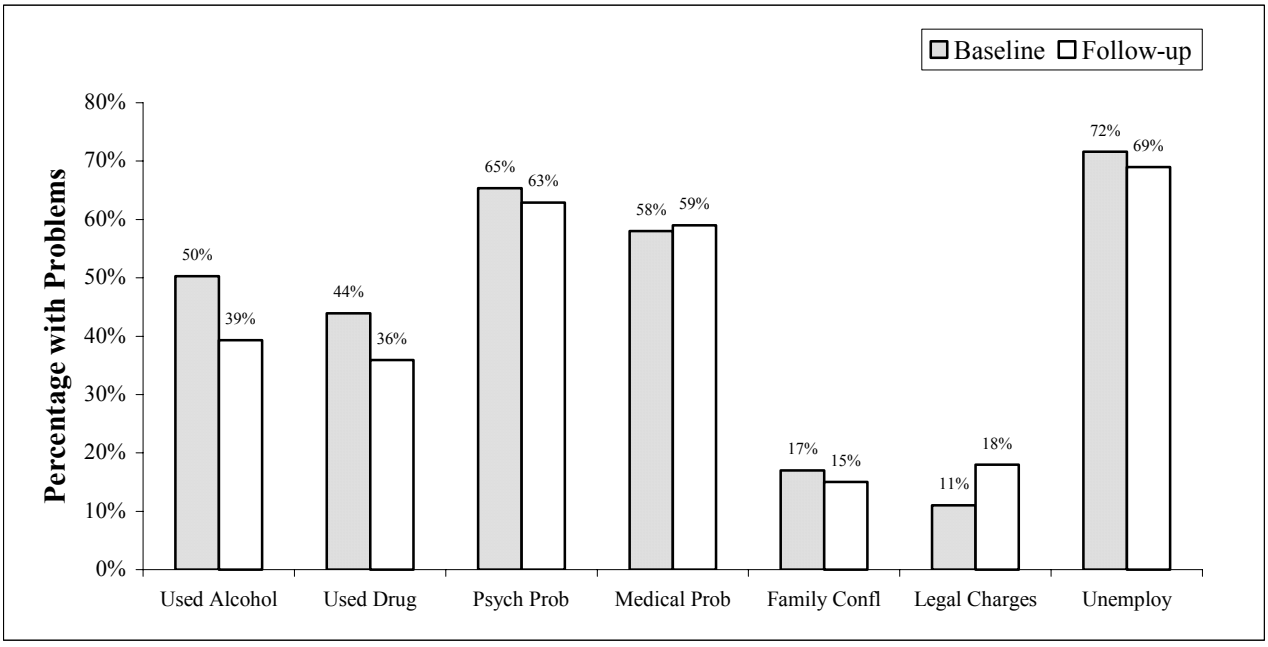
As shown in Figure 3, the percentage of patients who used alcohol or drugs declined substantially between baseline and follow-up. There also were moderate reductions in the percentage of patients who reported psychiatric symptoms and serious family conflict. In general, the changes on these individual items parallel the changes on the composites and reflect slightly worse outcomes than were found in previous cohorts.

Figure 3. Dichotomous Outcome Criteria at Baseline and Follow-up For Patients Initially Assessed At Treatment Entry



A similar pattern emerges in Figure 4, which depicts the dichotomous outcome criteria for patients initially assessed during treatment. The number of patients who used alcohol or drugs decreased moderately between baseline and follow up, as did patient ratings of the severity of their medical problems. Other problem areas remained essentially unchanged.

Figure 4. Dichotomous Outcome Criteria at Baseline and Follow-up For Patients Initially Assessed During Treatment



Government Performance Results Act. As part of its participation in the Government Performance Results Act (GPRA), the VA adopted a performance goal for FY00 that, at a six-month follow-up, 72% of patients who enter treatment in a specialized substance abuse program will show at least 5% improvement from treatment entry on the ASI alcohol and drug composite scores. Among followed patients initially assessed at treatment entry who had specialized substance abuse care, 85% improved 5% or more on the ASI alcohol composite, 78% improved 5% or more on the ASI drug composite. Among patients assessed during treatment, 71% improved 5% or more on both the alcohol and drug composites[17]. Because of the low follow-up rate, these percentages must be interpreted with caution.

Scores for Patients in Each Facility and Network. The 142 facilities and 22 Networks differed substantially in the ASI baseline and follow-up scores of the patients who were initially assessed at treatment entry (see Appendix B). All patients showed at least a 0.10 improvement in the alcohol composite score, with Network 13 (Minneapolis, MN) demonstrating the greatest

improvement. All networks stayed consistently within a small range for drug and legal problems. As compared to patients assessed during treatment (Appendix C)[18], Network 17 (Dallas, TX) and Network 13 (Minneapolis, MN) had the most improvement on alcohol problems. Overall, each network showed changes within a small range for the areas of drug, medical, and legal problems. We plan in the future to examine facility and Network differences in patient characteristics and practice patterns and the associations between practice patterns and casemix-adjusted outcomes.

DIAGNOSES AND SERVICE USE

We focus next on patients' substance use, psychiatric, and medical diagnoses, their VA treatment in the index episode, and the relationship between the treatment they received and risk-adjusted changes in their ASI scores between baseline and follow-up.

Among patients initially assessed at treatment entry, 20% had only an alcohol dependence diagnosis, 8% had only a drug dependence diagnosis, and 70% had both alcohol and drug dependence diagnoses[19]. These percentages are comparable to those in the larger sample from which the followed patients were drawn (Table 10). Among the drug-dependent patients, 40% were dependent on cocaine, 5% were dependent on opioids, and 26% were dependent on marijuana. Among patients with drug dependence diagnoses, 45% were dependent on two or more drugs.

Table 10. Diagnoses of Followed Patients

	Percentage of Patients Assessed At Treatment Entry (N = 5,410)	Percentage of Patients Assessed During Treatment (N = 5,190)
SUBSTANCE USE DIAGNOSIS	**98**	**99**
Alcohol Dependence Only	20	13
Drug Dependence Only	8	9
Alcohol and Drug Dependence	70	77
PSYCHIATRIC DIAGNOSIS	**57**	**78**
Schizophrenia or Paranoid Psychoses	8	20
Manic or Bipolar Affective Psychoses	8	17
Depression	37	56

Post-traumatic Stress Disorder	18	30
Personality Disorder	9	19
MEDICAL DIAGNOSIS	**89**	**96**

A total of 57% of the patients assessed at treatment entry had a psychiatric diagnosis[20], and a striking 78% of patients assessed during treatment had such a diagnosis. Almost all of these patients were dually diagnosed with both a substance use and psychiatric diagnosis. Less than 1% had only a psychiatric diagnosis. The most prevalent psychiatric diagnoses among these patients were depression and posttraumatic stress disorder, which characterized 37% and 18% of patients assessed at treatment entry, respectively (56% and 30% among patients assessed during treatment). For patients assessed at treatment entry, a total of 8% were diagnosed with schizophrenia or paranoid psychoses, 8% with a manic or bipolar disorder, and 9% with a borderline, sociopathic, or other personality disorder. Higher proportions of patients assessed during treatment were diagnosed with schizophrenia or paranoid psychoses (20%), with a manic or bipolar disorder (17%), and with a borderline, sociopathic, or other personality disorder (19%).

The majority of patients also had medical problems. A total of 89% of patients assessed at treatment entry had one or more medical diagnoses in the index episode; 47% had three or more medical diagnoses. The most common diagnoses were for circulatory (35%), digestive (37%), nervous (30%), musculoskeletal (44%), endocrine (25%), respiratory (25%), and infectious disorders (26%). A total of 4% of the patients had cirrhosis of the liver. Among patients assessed during treatment, 96% had a diagnosed medical disorder in the index episode of care; 67% had three or more medical diagnoses. The most common diagnoses were for circulatory (47%), digestive (53%), musculoskeletal (60%), endocrine (35%), respiratory (38%), and infectious (37%) disorders; 7% of the patients had cirrhosis of the liver.

Among patients who were initially assessed during treatment, 13% had only an alcohol dependence diagnosis, 9% had only a drug dependence diagnosis, and 77% had both alcohol and drug dependence diagnoses[19]. These percentages are comparable to those in the larger sample from which the followed patients were drawn (Table 10). Among the drug-dependent patients, 26% were dependent on cocaine, 5% were dependent on opioids, and 16% were dependent on marijuana. Among patients with drug dependence diagnoses, 30% were dependent on two or more drugs.

TREATMENT IN THE INDEX EPISODE OF CARE

The average length of the index episode of care was relatively longer for patients initially assessed at treatment entry. The average length of the index episode for these patients was 8.2 months, (SD = 4.9 months; range from less than one month to 18 months)[21], compared to an average length of 7.4 months for patients assessed during treatment (SD = 4.7 months; range less than 1 month to 18 months)[21].

A total of 59% of patients assessed at treatment entry had inpatient and/or extended care for an average of 69 days while 68% of these patients assessed during treatment had inpatient and/or extended care for an average of 87 days (see Table 11). For patients assessed at treatment entry, 14% were in specialized substance abuse programs for an average of 13 days, 18% were in psychiatric programs for an average of 14 days, 4% were in medical detox for an average of 10 days, and 38% were in extended care for an average of 94 days. For patients initially assessed during treatment, 12% were treated in specialized substance abuse programs for an average of 16 days, 33% were treated in psychiatric programs for an average of 23 days, and 46% received extended care for an average of 103 days.

Compared with the 70% of patients who received only outpatient care, patients who received inpatient or extended care had more severe alcohol, drug, psychiatric, family, and employment problems. On average, patients treated in substance abuse units had the most severe alcohol and drug problems, patients treated in psychiatric units had the most severe psychiatric problems, and patients treated in medical units had the most severe medical problems. Thus, there was some overall matching between patients' problem severity and the type of treatment they received.

A total of 95% of the patients assessed at treatment entry had outpatient mental health care in the index episode (Table 11). On average, these patients had 77 mental health clinic contacts[22]. Majority (90%) of patients assessed at treatment entry had outpatient substance abuse care with an average of 57 contacts. Seventy percent of patients assessed at treatment entry received outpatient psychiatric care with an average of 31 contacts per patient. In addition, 88% of the patients had an average of 19 outpatient medical care contacts.

Table 11. Type and Amount of Services Provided in the Index Episode of Care For Patients Assessed At and During Treatment

TYPE OF CARE	Assessed At Treatment Entry (N = 5,410)		Assessed During Treatment (N = 5,190)	
	% of Pts	*Mean # of Days or Contacts*	*% of Pts*	*Mean # of Days or Contacts*
Inpatient or Extended Care (Days)	**55**	**56**	**66**	**76**
Substance Abuse	13	13	12	16
Psychiatric	16	13	30	22
Detox	4	9	6	11
Medical	6	9	12	10
Extended Care	34	78	43	91
Outpatient Care (Contacts)	**99**	**68**	**100**	**125**
Substance Abuse Care	88	45	91	77
Individual	83	10	85	14
Group	65	29	69	34
Methadone	5	145	11	252
Psychiatric Clinic Care	65	23	81	38
Individual	49	6	67	10
Group	22	16	32	21
Day Treatment	3	27	8	45
Mental Health Care	94	58	98	103
Medical Care	84	16	93	25

SERVICE EPISODES AND RISK-ADJUSTED OUTCOMES

Next, we examined the associations between selected characteristics of the index episode and patients' risk-adjusted ASI outcomes. Prior analyses of this dataset and another dataset composed of more than 5,000 VA patients with substance use disorders (Moos, 1998; Ouimette, Finney, & Moos, 1997) led us to develop a preliminary risk-adjustment index composed of patients' demographic characteristics (age, gender, and married status), the presence of a psychiatric diagnosis in addition to the substance use disorder diagnosis, and the baseline value of the outcome criterion. Controlling for these variables helps to adjust for baseline differences in patients' prognoses before examining associations between characteristics of treatment and treatment outcome.

After conducting initial analyses, we identified three main characteristics of service episodes that tended to predict patients' risk-adjusted ASI outcomes. These predictors were (1) the length of the index episode (in months), (2) whether or not the patient had mental health inpatient or extended care, and (3) the number of outpatient mental health contacts (coded in multiples of six).

Table 12. Regression Analyses Predicting ASI Composite Score Outcomes For Patients Initially Assessed At Treatment Entry (N=5,410)

	ASI COMPOSITE SCORE OUTCOMES				
PREDICTORS	*Alcohol*	*Drug*	*Psych*	*Family*	*Employ*
Patient Characteristics					
Age (55+)	-0.07*	-0.04*	-0.02	-0.06*	0.07*
Gender (Male = 1)	0.03	0.03*	-0.02	-0.03	0.01
Married (Yes = 1)	-0.04*	-0.01	0.00	0.06*	-0.02
Psychiatric Dx (Yes = 1)	0.02	0.00	0.15*	0.05*	0.06*
Intake Value of Outcome	0.38*	0.45*	0.39*	0.25*	0.45*
Service Episode Characteristics					
Inpt. Or Ext. Care (Yes = 1)	-0.01	-0.04*	-0.02	-0.01	0.01
Length of Index Episode (in months)	-0.23*	-0.06*	-0.01	0.07*	-0.04
Outpatient Mental Health Contacts (in units of 6)	0.02	0.03	-0.01	-0.08*	-0.03
R	0.46*	0.46*	0.47*	0.28*	0.47*

Note: Entries for the predictors are Beta coefficients.

* $p < 0.01$

Table 12 summarizes the findings for five of the seven ASI problem domains for patients assessed at treatment entry. For each domain, the composite score at baseline was the best predictor of the composite score at follow-up. In general, older patients (age 55+) showed relatively greater improvement on the alcohol and family problem domains. Compared to women, men had somewhat worse psychiatric and family outcomes but somewhat better employment outcomes. Patients without psychiatric diagnoses had better outcomes in the psychiatric, family, and employment domains.

Patients whose service episode included inpatient and/or extended care tended to have somewhat better outcomes, specifically in the drug and psychiatric domains. Consistent with prior literature (Moos, Pettit, & Gruber, 1995; Simpson, Joe, & Brown, 1997), patients who had longer service episodes tended to experience better outcomes in alcohol, psychiatric, and employment domains. Finally, patients who received more outpatient mental health care experienced fewer problems at follow-up in the psychiatric, family, and employment domains[23].

Table 13. Regression Analyses Predicting ASI Composite Score Outcomes For Patients Initially Assessed During Treatment (N=5,190)

	ASI COMPOSITE SCORE OUTCOMES				
PREDICTORS	*Alcohol*	*Drug*	*Psych*	*Family*	*Employ*
Patient Characteristics					
Age (55+)	-0.04*	-0.05*	-0.02	-0.03	0.04*
Gender (Male = 1)	0.02	0.00	-0.03	-0.03	0.01
Married (Yes = 1)	-0.02	-0.01	0.01	0.07*	0.01
Psychiatric Dx (Yes = 1)	0.04*	0.00	0.16*	0.09*	0.06*
Intake Value of Outcome	0.33*	0.43*	0.43*	0.27*	0.48*
Service Episode Characteristics					
Inpt. Or Ext. Care (Yes = 1)	0.08*	-0.05*	0.02	0.02	0.05*
Length of Index Episode (in months)	-0.16*	-0.02	-0.02	0.01	-0.01
Outpatient Mental Health Contacts (in units of 6)	-0.02	0.06*	-0.05*	-0.09*	-0.04
R	0.44*	0.45*	0.53*	0.32*	0.51*

Note: Entries for the predictors are Beta coefficients.
* $p < 0.01$

We conducted parallel regression analyses to predict ASI composite score outcomes for patients initially assessed during treatment. Consistent with the findings for patients initially assessed at treatment entry, the baseline value was the strongest predictor of each outcome criterion (see Table 13). Older patients (55+) experienced somewhat better outcomes in the domains of alcohol and psychiatric problems. Compared with women, men showed somewhat better psychiatric and family outcomes. Married patients had more psychiatric and family problems than unmarried patients. Patients with psychiatric diagnoses experienced more alcohol, psychiatric, family, and employment problems.

Patients whose index episode included some inpatient and/or extended care tended to have somewhat better drug use outcomes. Consistent with the findings on followed patients initially assessed at treatment entry, patients who had longer service episodes experienced better outcomes in alcohol, drug, psychiatric, and employment domains. However, more outpatient mental health care was associated with somewhat better alcohol, drug, and family outcomes. This finding may reflect the likelihood that more care is a response to a relapse. Moreover, it is possible that we did not control for all the patient risk factors that are associated with obtaining more outpatient mental health care and poorer outcomes [24].

Figures 5 and 6 illustrate the association between the length of the index episode and the risk-adjusted percentage of patients who were abstinent from alcohol and free of psychiatric problems. Regardless of when their initial assessment took place, patients who remained in treatment longer were more likely to be abstinent at follow-up (Figure 5). However, there was little if any relationship between the length of the index episode and being free of psychiatric problems (Figure 6).

Figure 5. Length of Index Episode and Abstinence from Alcohol at Follow-up For Patients Assessed At and During Treatment

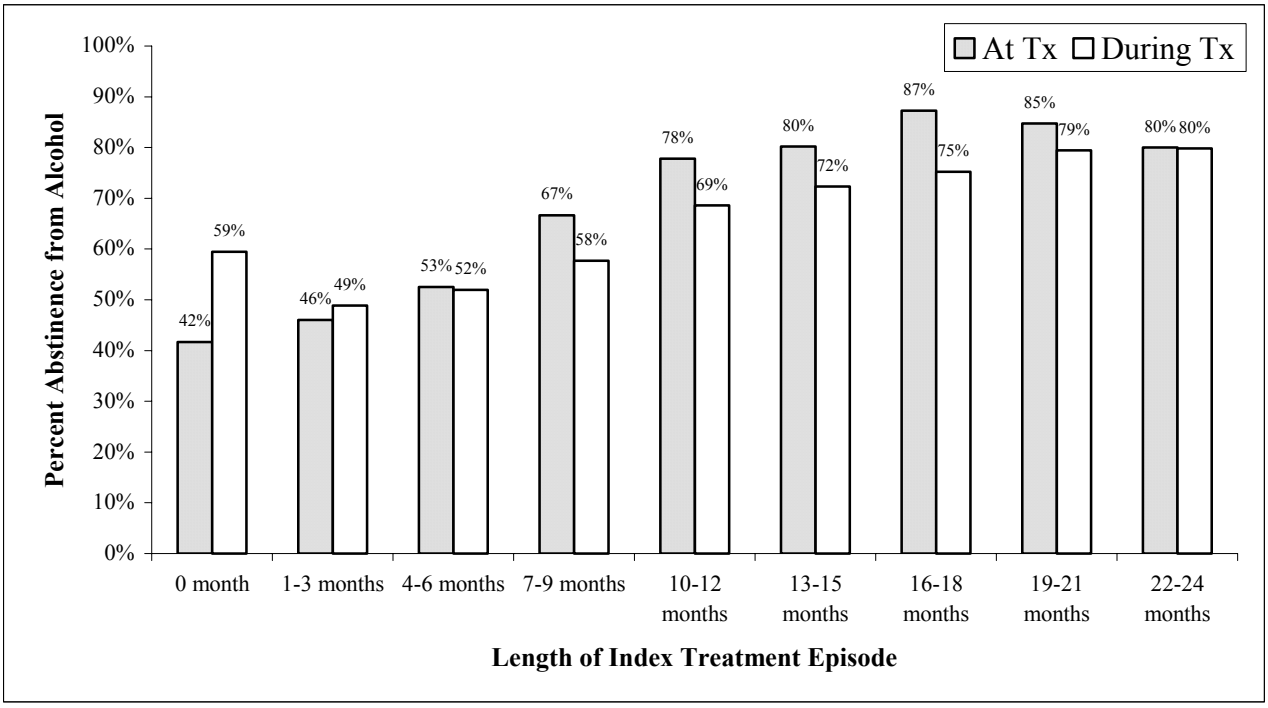
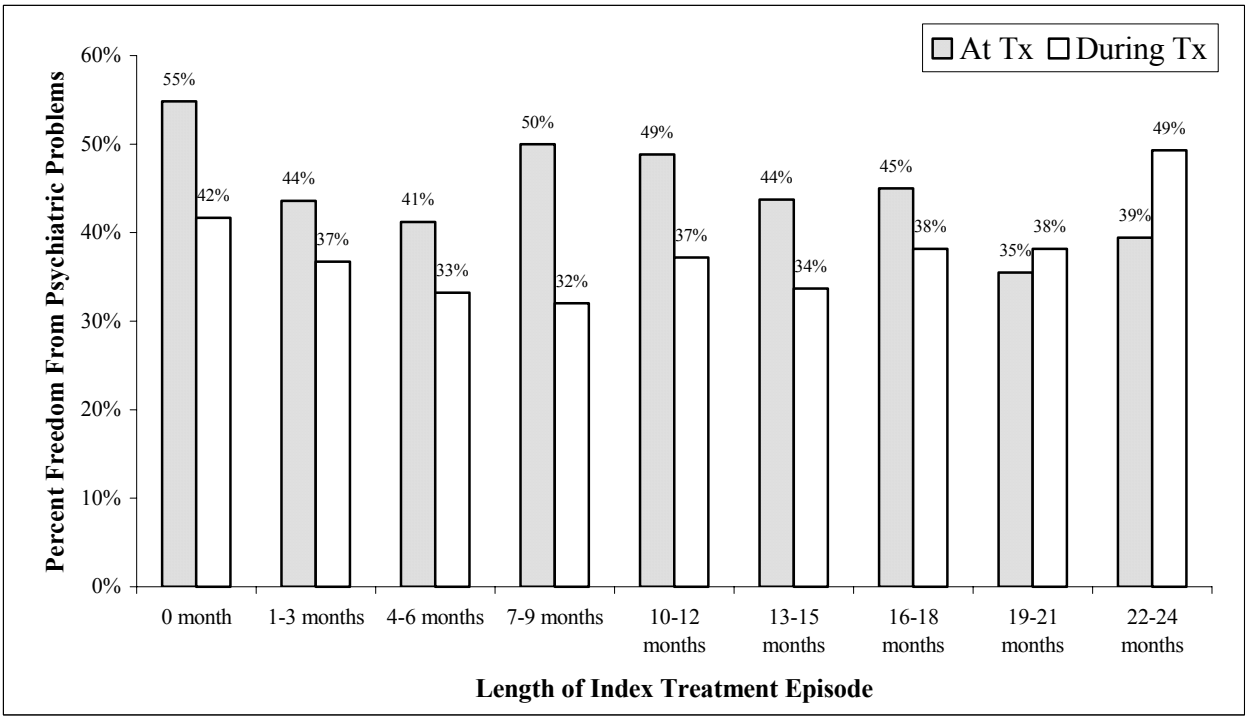


Figure 6. Length of Index Episode and Freedom from Psychiatric Problems At Follow-up for Patients Assessed At and During Treatment



CONCLUSIONS AND RECOMMENDATIONS

We have reported the results of the baseline and follow-up assessment of the fourth cohort of patients in a nationwide outcomes monitoring program for VA patients with substance use disorders. In FY00, more than 45,703 patients in 142 facilities received a baseline assessment with the Addiction Severity Index (ASI). In all, 10,600 of these patients were reassessed between October 2000 and December 2001. Many of these patients had a long history of substance use and psychosocial problems. A total of 75% had regularly used alcohol to intoxication for five years or more; 51% had regularly used illegal drugs for five years or more. A total of 64% reported one or more lifetime arrests and more than 40% had spent some time in jail.

We divided the 10,600 followed patients into two groups: Patients who completed an ASI at baseline within 14 days of initiating a new treatment episode (N=5,410) and patients who completed an ASI at baseline outside this 14-day window (N=5,190).

PATIENTS' SUBSTANCE USE PROBLEMS AT BASELINE AND FOLLOW-UP

In the 30 days prior to assessment with the ASI, 76% of the patients who were initially assessed at treatment entry had used alcohol to intoxication and 48% had used one or more drugs. Most of these patients had also experienced recent psychiatric and medical problems, as well as family, legal, and employment problems.

Compared with followed patients initially assessed at treatment entry, followed patients initially assessed during treatment had somewhat fewer alcohol and drug problems. However, a significant minority of these patients still reported a need for treatment in these areas. In addition, a majority of these patients expressed a need for continuing treatment for their psychiatric and medical problems, and 40% wanted additional treatment for their drug problems.

Among patients initially assessed at treatment entry, there were some substantial changes in ASI composite scores between baseline and follow-up in alcohol use and alcohol-related problems. Among patients initially assessed during treatment, there were also small improvements over the follow-up interval in drug, and psychiatric problems. However, compared to prior cohorts of patients assessed at treatment entry (see, e.g. Moos, Finney & Suchinsky, 2000), this cohort had slightly worse outcomes in family and medical problems. The slightly worse outcomes of these Cohort 4 patients may be due to cuts in VA substance abuse treatment services.

These findings are consistent with prior literature indicating that patients with substance use disorders can improve significantly during treatment (Finney & Monahan, 1996; Ouimette, Finney, & Moos, 1997). However, the current findings are limited by the low follow-up rate, the fact that clinicians followed some of the patients and may have obtained overly positive patient reports, differences between interview and self-report ASI scores, variations in the length of the follow-up interval, and the fact that some followed patients were still in their index episode of

treatment.

PATIENTS' DIAGNOSES AND SERVICE UTILIZATION

Among followed patients initially assessed at treatment entry, 70% had both alcohol and drug dependence diagnoses and 57% also had a concomitant psychiatric diagnosis. The most prevalent psychiatric diagnoses were depression and posttraumatic stress disorder.

On average, these patients' index episode of care lasted for 8.2 months. A total of 59% received inpatient and/or extended care for an average of 69 days; almost all of these patients also received outpatient care. The other 40% of patients received only outpatient care. Overall, 94% of the patients received an average of 58 outpatient mental health care contacts in the index episode.

Among followed patients initially assessed during treatment, 77% had both alcohol and drug dependence diagnoses and a striking 78% had a concomitant psychiatric diagnosis. The most prevalent psychiatric diagnoses were depression, posttraumatic stress disorder, and schizophrenia or paranoid psychoses.

On average, these patients' index episode of care lasted for 7.4 months. A total of 66% received inpatient and/or extended care for an average of 76 days; almost all of these patients also received outpatient care. The other 34% of patients received only outpatient care. Overall, the patients who received outpatient mental health care (98%) had an average of 103 outpatient mental health care contacts in the index episode.

SERVICE EPISODES AND RISK-ADJUSTED OUTCOMES

Among both patients initially assessed at treatment entry and patients initially assessed during treatment, older patients and married patients tended to have somewhat better substance use outcomes. Consistent with prior research (Ouimette, Gima, Moos, & Finney, 1999), patients with psychiatric diagnoses tended to have somewhat worse outcomes, especially in the psychiatric, family, and employment domains.

Between both groups of patients, those who remained in treatment longer experienced better risk-adjusted outcomes. For example, among patients initially assessed at treatment entry, on average, 17% of those treated for 13 months or more were abstinent from alcohol and 59% were free of psychiatric problems, compared to 24% and 60%, respectively, of patients treated for 3 months or less. In addition, among patients initially assessed at treatment entry, those who received more outpatient mental health care reported fewer problems at follow-up in the alcohol, drug, psychiatric, family, and employment domains.

GOVERNMENT PERFORMANCE RESULTS ACT

As part of its participation in the Government Performance Results Act (GPRA), the VA has adopted a performance goal for FY00 that, at a six-month follow-up, 72% of patients who enter treatment in a specialized substance abuse program will show at least 5% improvement

from treatment entry on the ASI alcohol and drug composite scores. Among followed patients initially assessed at treatment entry, 85% improved 5% or more on the ASI alcohol composite, 78% improved 5% or more on the ASI drug composite. For patients assessed during treatment, 71% improved 5% or more on both the alcohol and drug composites. Because of the low follow-up rate, these percentages must be interpreted with caution.

FUTURE DIRECTIONS

The information provided in this report represents another step toward an outcomes monitoring system that will enable the VA to understand the connections between the process and outcome of substance abuse care. The findings highlight the severe nature and extent of many VA substance use disorder patients' problems, as well as the extensive amount of treatment resources devoted to caring for these patients.

We derive five recommendations from this experience with a nationwide outcomes monitoring program:

- Clinicians can obtain baseline information about patients' symptoms and functioning at the point-of-service delivery. However, clinician follow-ups have several drawbacks. Clinicians have competing demands and thus have low follow-up rates. The patients whom clinicians are most likely to follow are those who are either still in treatment or who have returned to treatment. Such samples are not representative. Finally, patients may be reluctant to admit to clinicians who have provided them care that the treatment has been unsuccessful. Thus, patients' responses may be biased. For these reasons, an independent outcomes monitoring procedure should be initiated to obtain data on patients' outcomes.

- It is essential to obtain baseline information when patients enter a new treatment episode; information obtained during treatment already reflects improvements that may have occurred in the initial stages of treatment.

- A reliable and valid mail and telephone-based self-report assessment procedure is an important part of a practical, cost-effective, nationwide outcomes monitoring program for substance use disorder patients.

- To enable the VA to deliver cost-effective substance abuse care, a feedback system is needed to provide clinicians with timely information about their patients' symptom and functioning outcomes.

- A national system can apparently pick up changes in service structure as shown by the better outcomes experienced by prior cohorts.

More specifically, in conjunction with comparable baseline and follow-up data on a new

sample of patients with substance use disorders seen in FY99, these data will make it possible to examine several key issues, such as:

- Do patients who obtain intensive but intermittent outpatient mental health care show better risk-adjusted outcomes than patients who obtain regular but less intensive outpatient care?

- Do effective patterns of care differ for patients with only substance use disorders compared to those for patients who have both substance use and psychiatric disorders?

- Do patients whose treatment episodes include residential care experience better outcomes than comparable patients treated entirely as outpatients?

- Do patients with substance use disorders who are treated in primary care or in psychiatric settings do as well as patients treated in specialized substance abuse care? In this respect, among patients in the second ASI cohort, those who obtained at least a minimum amount of specialty mental health care were more likely to be abstinent, free of substance use problems, and employed, and less likely to have psychiatric symptoms, than patients who did not receive specialized care (Moos, et al., 2000).

In a continuing phase of this outcomes monitoring program, patients with primary substance use disorder diagnoses who enter treatment in FY00 were being assessed at baseline and followed over time. The findings on VA patients' changes during treatment and their treatment outcome will be compared with findings on patients in other systems of care. Overall, this outcomes monitoring program should help the VA to provide evidence-based and cost-effective substance abuse care.

ACKNOWLEDGMENTS

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FOOTNOTES

[1] The family history section of the Fifth Edition of the ASI was not included.

[2] Calculation of the number of patients who received specialized substance abuse treatment is described in detail in Piette, Baisden, & Moos, 1999; Piette & Fong, 2000; McKellar & Lie, 2002. Calculation of the number of patients who completed a baseline ASI interview in each FY is described in Moos, Federman, Finney & Suchinsky, 1999; Moos, Finney & Suchinsky, 2000; and Otilingam & Ritsher, 2002.

[3] The initial baseline ASI data file contained 56,185 entries. We created a file of 45,703 unique patients by selecting, for each patient, the ASI that was administered closest to the date of entry into a treatment episode.

[4] To be placed into the group that completed the ASI, patients had to have all seven ASI composite scores, or scores for both the alcohol and drug use composites and scores for three or more of the other five composites.

[5] ASI interviewers were asked to provide two confidence ratings for each of the seven sections of the ASI. These yes/no ratings reflect whether or not the interviewer believed that the information in the section was significantly distorted due to the patient's misrepresentation or inability to understand. Of the 10,600 completed baseline ASIs with follow-up, clinicians rated the answers to an average of less than 1.9% of the sections as potentially distorted. In each problem area, the mean ASI scores for the sections rated as potentially distorted were generally comparable to those rated as not distorted. Accordingly, we opted to retain all the scores.

[6] Our prior findings have shown that the psychometric characteristics (Cronbach's alpha; corrected item-subscale correlations) of interviewer-based and self-report ASI scores are closely comparable (Rosen et al., 2000).

[7] ASI interviewers identified the patients' type of treatment program at the time of the ASI administration with respect to 21 categories. We coded these 21 categories into five sets: detox, inpatient, residential rehabilitation, outpatient, and consultation or referral. We found little or no correspondence between these five categories and patients' treatment as documented in the VA data files. In addition, we wanted to define mental health service episodes on the basis of a combination of inpatient, residential, and outpatient care. Accordingly, we opted to characterize patients' treatment on the basis of information obtained from the nationwide VA databases.

[8] In this report, we focused on all services received during FY99 and FY00.

[9] Because we wanted to identify index episodes in which patients had mental health treatment, patients had to have a substance abuse and/or psychiatric diagnosis in order for an inpatient or

extended care stay to be counted as part of the index episode. As noted above, a readmission for an inpatient or extended care stay that occurred within 30 days of discharge from a prior stay, and in which the patient had a substance abuse or psychiatric diagnosis, was considered part of the index episode. In order for a readmission to trigger the beginning of a new episode, patients had to have had an interval of at least 30 days without inpatient or extended mental health care.

[10] We defined outpatient care that addressed patients' mental health problems (or relevant outpatient care) as outpatient mental health care or outpatient care for which the patient had a substance abuse and/or psychiatric diagnosis. We assumed that the presence of the diagnosis reflected some assessment or treatment directed at the disorder. We included outpatient mental health telephone contacts as part of the index episode of care.

[11] Because analyses showed that patients who completed the ASI within 7 days of entering treatment obtained baseline ASI scores that were comparable to those who completed the ASI between 8 and 14 days of entering treatment, we opted to use the 14-day window to categorize patients.

[12] A total of 7 followed patients are not included because we could not find any record of mental health inpatient, extended care, or outpatient treatment for them in the FY99 or FY00 VA Patient Treatment or Outpatient Clinic File databases.

[13] The number of patients included in the tables varies somewhat due to missing and incomplete data.

[14] For those assessed at treatment entry, the correlations between patients' baseline and follow-up ASI composite scores were as follows: alcohol (.40), drug (.46), psychological (.44), medical (.39), family (.26), legal (.20), and employment (.46).

[15] For those assessed during treatment, the correlations between patients' baseline and follow-up ASI composite scores were as follows: alcohol (.40), drug (.44), psychological (.51), medical (.40), family (.29), legal (.22), and employment (.50).

[16] The specific items used for dichotomous outcome criteria were: alcohol (D1: Number of days used alcohol in the past 30, any versus none), drug (the dichotomized sum of items D3-D11), psychiatric (P11: Number of days experienced psychiatric problems in the past 30 days, any versus none), medical (M6: Number of days experienced medical problems in the past 30 days, any versus none), family (F30: Number of days experienced serious conflicts with family in the past 30 days, any versus none), legal (L24: Are you presently awaiting charges, trial or sentence, yes or no), and unemployment (complement of E11: Number of days paid for working in the past 30 days, any versus none).

[17] At treatment entry, patients who at entry to treatment had no alcohol (N = 1,845) or drug (N = 2,523) problems were not included in calculating the percent of improved patients on the

alcohol and drug composites, respectively. Whereas patients assessed during treatment, 2,523 were excluded for no alcohol use and 3,022 for no drug use problems.

[18] No patients were assessed during treatment (N = 5,190) at Sheridan, WY (Network 19).

[19] The percentage of patients who had substance use disorders is based on primary or secondary diagnoses associated with inpatient or outpatient care in the index episode. Specific drug dependence diagnoses also are based on the index episode of care. The ICD-9-CM categories are as follows: (1) alcohol diagnoses (291, 303), and (2) drug diagnoses (292, 304, 305). Patients whose only diagnosable substance use disorder involved caffeine or nicotine were excluded from the required ASI assessment.

[20] The percentage of patients who had psychiatric disorders is based on primary or secondary diagnoses associated with the index episode of care. The ICD-9-CM categories are as follows: (1) schizophrenic or paranoid disorders (295, 297, 298); (2) manic or bipolar affective psychoses (296.0, 296.1, 296.4-296.7, 296.80, 296.81, 296.89); (3) posttraumatic stress disorder (309.81); (4) depressive disorders, including atypical depressive disorder, other and unspecified affective psychoses, neurotic depression, and depressive disorders not elsewhere classified (296.2, 296.3, 296.82, 296.9, 298.0, 300.4, 301.12, 309.0, 309.1, 311); (5) personality disorders, including borderline personality (301.83) and antisocial personality disorders (301.7); and (6) other psychiatric disorders (all other 290-319 codes).

[21] According to the Patient Treatment and Outpatient Clinic Files, some patients' index episodes of care began before the beginning of FY00 (October 1, 1999). We therefore set the beginning of these patients' index episodes as October 1, 1999. In addition, some patients' index episodes had not been completed by the end of FY00 (September 30, 2000).

[22] Each record in the Outpatient Clinic File can have 1 or 2 clinic stops. We used a hierarchical system to classify records with two stops into one category. We gave specialized substance abuse care priority over psychiatric care, which had priority over medical care. In addition, when patients had more than one record per day, we counted all unique clinic stops separately.

[23] When we controlled for the method of follow-up (interview or self-report) and the time between the end of the index episode and follow-up (whether or not the patient was still in the index episode and, if not, the length of time to follow-up in three-month intervals), all except four of the significant findings shown in Table 12 were replicated. Specifically, unmarried status and a longer index episode of care were no longer significantly related to fewer psychiatric problems, and the provision of inpatient/extended care and the amount of outpatient mental health care were no longer significantly related to fewer family problems. In this regard, compared with patients who had completed their index episode before the follow-up ASI was administered, patients who were still in the index episode when they completed the follow-up (N = 1,116) had lower risk-adjusted alcohol, drug, psychiatric, family, legal, and employment composite scores.

[24] When we controlled for the method of follow-up (interview or self-report) and the time between the end of the index episode and follow-up (whether or not the patient was still in the index episode and, if not, the length of time to follow-up in three-month intervals), all except three of the significant findings shown in Table 13 were replicated.

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Appendix A. Scoring of the ASI Composite Indices

Appendix A. Scoring of the ASI Composite Indices

The items included in the ASI composites are listed below. The item numbers are those in the Fifth Edition of the ASI. Complete scoring directions are provided elsewhere (McGahan, Griffith, Parente, & McLellan, 1986). In each section, the items that tap patients' ratings of how troubled or bothered they are and their need for treatment are rated on 5-point scales varying from "not at all" to "extremely".

1. Alcohol Use

Six questions are used to determine this composite score.

- D1. The number of days of any alcohol use at all in the past 30 days
- D2. The number of days of alcohol use to intoxication in the past 30 days
- D23. How much money would you say you spent during the past 30 days on alcohol?
- D26. How many days in the past 30 have you experienced alcohol problems?
- D28 . How troubled or bothered have you been in the past 30 days by these alcohol problems?
- D30. How important to you now is treatment for these alcohol problems?

2. Drug Use

Thirteen questions are used to determine this composite score. The first 10 questions are answered in terms of the number of days of use in the past 30 days: heroin (D3), methadone (D4), other opiates or analgesics (D5), barbiturates (D6), other sedatives, hypnotics, or tranquilizers (D7), cocaine (D8), amphetamines (D9), cannabis (D10), hallucinogens (D11), and more than one substance (D13).

- D27. How many days in the past 30 have you experienced drug problems?
- D29. How troubled or bothered have you been in the past 30 days by these drug problems?
- D31. How important to you now is treatment for these drug problems?

3. Psychiatric Problems

Eleven questions are used to determine this composite score. The first eight questions tap a significant period (not the direct result of drug or alcohol use) in the past 30 days in which the patient:

- P3. Experienced serious depression
- P4. Experienced serious anxiety or tension
- P5. Experienced hallucinations

P6. Experienced trouble understanding, concentrating, or remembering
P7. Experienced trouble controlling violent behavior
P8. Experienced serious thoughts of suicide
P9. Attempted suicide
P10. Was medication prescribed for any psychological or emotional problems?
P11. How many days in the past 30 have you experienced these psychological or emotional problems?
P12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
P13. How important to you now is treatment for these psychological problems?

4. Medical Problems

This score is determined by the answers to three questions.

M6. How many days have you experienced medical problems in the last 30 days?
M7. How troubled or bothered have you been by these medical problems in the past 30 days?
M8. How important to you now is treatment for these medical problems?

5. Family/Social Problems

Five questions are used to determine this composite score:

F3. Are you satisfied with this situation (your current marital situation)?
F5. Have you had significant periods in the past 30 days in which you have experienced serious problems getting along with your mother (F18), father (F19), brothers and sisters (F20), sexual partner or spouse (F21), children (F22), other significant family (F23), close friends (F24), neighbors (F25), and coworkers (F26)?
F30. How many days in the past 30 have you had serious conflicts with your family?
F32. How troubled or bothered have you been in the past 30 days by these family problems?
F34. How important to you now is treatment or counseling for these family problems?

6. Legal Problems

Five questions are used to determine this composite score.

L24. Are you presently awaiting charges, trial, or sentence?

L27. How many days in the past 30 have you engaged in illegal activities for profit?
L28. How serious do you feel your present legal problems are?
L29. How important to you now is counseling or referral for these legal problems?
E17. How much money did you receive from illegal sources in the past 30 days?

7. Employment Problems

Four questions are used to determine this composite score.

E4. Do you have a valid driver's license?
E5. Do you have an automobile available for your use?
E11. How many days were you paid for working in the past 30?
E12. How much money did you receive from employment (net income) in the past 30 days?

Appendix B. Mean Baseline and Follow-up ASI Scores of Patients Initially Assessed at Treatment Entry (by Facility and Network)

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 1 (BOSTON, MA)

	CT	MA			ME	NH	VT
	WEST HAVEN	BEDFORD	BOSTON	NORTH-AMPTON	TOGUS	MAN-CHESTER	WHITE RIVER JUNCTION
NUMBER OF PATIENTS	64	48	48	5	9	3	2
BASELINE							
ASI ALCOHOL	0.32	0.65	0.57	0.30	0.70	0.08	0.51
ASI DRUG	0.18	0.08	0.14	0.13	0.16	0.00	0.02
ASI PSYCHIATRIC	0.30	0.40	0.24	0.17	0.46	0.39	0.34
ASI MEDICAL	0.37	0.34	0.34	0.32	0.64	0.00	0.00
ASI FAMILY/SOCIAL	0.22	0.22	0.23	0.10	0.24	0.15	0.30
ASI LEGAL	0.09	0.08	0.07	0.00	0.06	0.07	0.20
ASI EMPLOYMENT	0.57	0.66	0.68	0.64	0.66	0.60	0.67
FOLLOW-UP							
ASI ALCOHOL	0.21	0.37	0.38	0.31	0.31	0.07	0.31
ASI DRUG	0.23	0.09	0.23	0.13	0.21	0.00	0.04
ASI PSYCHIATRIC	0.39	0.39	0.54	0.40	0.62	0.10	0.69
ASI MEDICAL	0.35	0.38	0.46	0.25	0.50	0.33	0.45
ASI FAMILY/SOCIAL	0.20	0.20	0.30	0.01	0.33	0.03	0.57
ASI LEGAL	0.15	0.07	0.25	0.00	0.21	0.00	0.38
ASI EMPLOYMENT	0.56	0.58	0.64	0.62	0.56	0.72	0.38

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 2 (ALBANY, NY)

	NY			
	ALBANY	BATH	BUFFALO	SYRA-CUSE
NUMBER OF PATIENTS	73	16	155	35
BASELINE				
ASI ALCOHOL	0.43	0.27	0.44	0.47
ASI DRUG	0.10	0.11	0.11	0.11
ASI PSYCHIATRIC	0.38	0.35	0.34	0.35
ASI MEDICAL	0.48	0.45	0.42	0.50
ASI FAMILY/SOCIAL	0.22	0.20	0.23	0.16
ASI LEGAL	0.13	0.08	0.09	0.16
ASI EMPLOYMENT	0.67	0.88	0.68	0.69
FOLLOW-UP				
ASI ALCOHOL	0.27	0.29	0.28	0.27
ASI DRUG	0.05	0.09	0.11	0.06
ASI PSYCHIATRIC	0.29	0.35	0.36	0.26
ASI MEDICAL	0.45	0.29	0.43	0.43
ASI FAMILY/SOCIAL	0.15	0.12	0.20	0.13
ASI LEGAL	0.05	0.06	0.13	0.06
ASI EMPLOYMENT	0.67	0.74	0.68	0.64

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 3 (BRONX, NY)

	NJ	NY			
	EAST ORANGE	BRONX	MONT-ROSE	NEW YORK	NORTH-PORT
NUMBER OF PATIENTS	95	22	12	78	28
BASELINE					
ASI ALCOHOL	0.45	0.30	0.29	0.38	0.52
ASI DRUG	0.18	0.16	0.12	0.23	0.12
ASI PSYCHIATRIC	0.24	0.29	0.27	0.13	0.30
ASI MEDICAL	0.31	0.39	0.21	0.35	0.36
ASI FAMILY/SOCIAL	0.30	0.13	0.19	0.17	0.23
ASI LEGAL	0.08	0.03	0.09	0.06	0.08
ASI EMPLOYMENT	0.70	0.83	0.72	0.72	0.62
FOLLOW-UP					
ASI ALCOHOL	0.30	0.24	0.16	0.23	0.35
ASI DRUG	0.25	0.44	0.21	0.27	0.11
ASI PSYCHIATRIC	0.35	0.60	0.63	0.36	0.42
ASI MEDICAL	0.34	0.50	0.59	0.42	0.35
ASI FAMILY/SOCIAL	0.26	0.30	0.34	0.18	0.27
ASI LEGAL	0.19	0.23	0.20	0.12	0.17
ASI EMPLOYMENT	0.61	0.71	0.57	0.71	0.61

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 4 (PITTSBURG, PA)

	DE	PA							WV
	WILMING-TON	ALTOONA	BUTLER	COATES-VILLE	LEBANON	PHILA-DELPHIA	PITTS-BURGH	WILKES BARRE	CLARKS-BURG
NUMBER OF PATIENTS	9	4	33	96	46	39	61	12	9
BASELINE									
ASI ALCOHOL	0.28	0.72	0.60	0.43	0.41	0.26	0.50	0.66	0.74
ASI DRUG	0.05	0.14	0.13	0.18	0.12	0.22	0.15	0.04	0.12
ASI PSYCHIATRIC	0.21	0.60	0.18	0.28	0.27	0.35	0.27	0.20	0.40
ASI MEDICAL	0.29	0.75	0.35	0.38	0.28	0.41	0.29	0.50	0.62
ASI FAMILY/SOCIAL	0.11	0.50	0.16	0.28	0.16	0.22	0.21	0.23	0.11
ASI LEGAL	0.07	0.10	0.17	0.08	0.10	0.16	0.09	0.09	0.04
ASI EMPLOYMENT	0.63	0.41	0.53	0.73	0.67	0.65	0.66	0.69	0.76
FOLLOW-UP									
ASI ALCOHOL	0.35	0.31	0.38	0.26	0.27	0.23	0.30	0.37	0.47
ASI DRUG	0.10	0.01	0.11	0.14	0.09	0.18	0.10	0.06	0.06
ASI PSYCHIATRIC	0.29	0.57	0.23	0.33	0.31	0.37	0.26	0.29	0.37
ASI MEDICAL	0.38	0.52	0.25	0.48	0.30	0.34	0.26	0.45	0.53
ASI FAMILY/SOCIAL	0.19	0.09	0.11	0.22	0.21	0.18	0.16	0.14	0.13
ASI LEGAL	0.18	0.13	0.10	0.10	0.10	0.09	0.07	0.09	0.06
ASI EMPLOYMENT	0.69	0.28	0.55	0.70	0.57	0.62	0.62	0.76	0.81

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 5 (BALTIMORE, MD)

	DC	MD	WV
	WASHIN-GTON	BALTI-MORE	MARTIN-SBURG
NUMBER OF PATIENTS	85	70	22
BASELINE			
ASI ALCOHOL	0.25	0.43	0.26
ASI DRUG	0.13	0.20	0.06
ASI PSYCHIATRIC	0.38	0.25	0.31
ASI MEDICAL	0.44	0.40	0.38
ASI FAMILY/SOCIAL	0.14	0.26	0.14
ASI LEGAL	0.10	0.15	0.04
ASI EMPLOYMENT	0.69	0.69	0.63
FOLLOW-UP			
ASI ALCOHOL	0.14	0.31	0.05
ASI DRUG	0.12	0.22	0.02
ASI PSYCHIATRIC	0.45	0.44	0.24
ASI MEDICAL	0.48	0.47	0.28
ASI FAMILY/SOCIAL	0.19	0.23	0.07
ASI LEGAL	0.12	0.18	0.05
ASI EMPLOYMENT	0.67	0.64	0.61

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 6 (DURHAM, NC)

	NC				VA			WV
	DURHAM	FAYETTE-VILLE	ASHE-VILLE	SALIS-BURY	HAMPTON	RICH-MOND	SALEM	BECKLEY
NUMBER OF PATIENTS	10	21	21	51	11	66	30	19
BASELINE								
ASI ALCOHOL	0.31	0.55	0.55	0.54	0.37	0.32	0.53	0.59
ASI DRUG	0.05	0.13	0.13	0.13	0.17	0.20	0.10	0.11
ASI PSYCHIATRIC	0.22	0.46	0.30	0.45	0.46	0.23	0.27	0.43
ASI MEDICAL	0.36	0.45	0.47	0.47	0.81	0.48	0.37	0.67
ASI FAMILY/SOCIAL	0.08	0.17	0.15	0.24	0.25	0.18	0.20	0.11
ASI LEGAL	0.05	0.13	0.12	0.12	0.24	0.12	0.03	0.01
ASI EMPLOYMENT	0.74	0.67	0.77	0.69	0.90	0.65	0.51	0.69
FOLLOW-UP								
ASI ALCOHOL	0.14	0.32	0.40	0.35	0.34	0.16	0.40	0.38
ASI DRUG	0.04	0.32	0.17	0.18	0.21	0.13	0.22	0.01
ASI PSYCHIATRIC	0.32	0.75	0.32	0.56	1.12	0.21	0.56	0.24
ASI MEDICAL	0.38	0.58	0.54	0.48	0.71	0.37	0.54	0.71
ASI FAMILY/SOCIAL	0.15	0.24	0.19	0.30	0.41	0.15	0.26	0.09
ASI LEGAL	0.12	0.30	0.11	0.17	0.41	0.07	0.17	0.02
ASI EMPLOYMENT	0.62	0.61	0.73	0.63	0.44	0.52	0.47	0.69

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 7 (ATLANTA, GA)

	AL			GA			SC	
	BIRMING-HAM	MONT-GOMERY/ TUSKEGEE	TUSCA-LOOSA	ATLANTA	AUGUSTA	DUBLIN	CHARLES-TON	COLUM-BIA
NUMBER OF PATIENTS	43	25	37	124	20	41	16	12
BASELINE								
ASI ALCOHOL	0.54	0.42	0.48	0.45	0.47	0.47	0.46	0.51
ASI DRUG	0.20	0.13	0.11	0.18	0.12	0.15	0.11	0.20
ASI PSYCHIATRIC	0.32	0.55	0.33	0.27	0.36	0.38	0.36	0.35
ASI MEDICAL	0.41	0.47	0.54	0.44	0.49	0.49	0.61	0.64
ASI FAMILY/SOCIAL	0.27	0.22	0.26	0.25	0.26	0.40	0.27	0.29
ASI LEGAL	0.12	0.10	0.17	0.09	0.13	0.08	0.09	0.12
ASI EMPLOYMENT	0.78	0.62	0.72	0.68	0.84	0.69	0.68	0.67
FOLLOW-UP								
ASI ALCOHOL	0.36	0.33	0.26	0.38	0.21	0.24	0.12	0.24
ASI DRUG	0.20	0.12	0.09	0.25	0.08	0.12	0.02	0.15
ASI PSYCHIATRIC	0.54	0.44	0.30	0.45	0.47	0.34	0.16	0.66
ASI MEDICAL	0.52	0.44	0.38	0.48	0.54	0.39	0.48	0.77
ASI FAMILY/SOCIAL	0.32	0.21	0.15	0.33	0.26	0.22	0.11	0.35
ASI LEGAL	0.25	0.09	0.05	0.19	0.17	0.15	0.03	0.23
ASI EMPLOYMENT	0.61	0.71	0.59	0.61	0.56	0.53	0.64	0.66

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 8 (BAY PINES, FL)

	FL					PR
	BAY PINES	GAINES-VILLE	MIAMI	TAMPA	WEST PALM BEACH	SAN JUAN
NUMBER OF PATIENTS	31	46	32	46	17	54
BASELINE						
ASI ALCOHOL	0.35	0.48	0.41	0.54	0.32	0.32
ASI DRUG	0.05	0.14	0.11	0.13	0.08	0.10
ASI PSYCHIATRIC	0.26	0.35	0.37	0.24	0.36	0.42
ASI MEDICAL	0.34	0.54	0.43	0.48	0.61	0.56
ASI FAMILY/SOCIAL	0.13	0.16	0.21	0.18	0.28	0.16
ASI LEGAL	0.19	0.04	0.05	0.08	0.08	0.02
ASI EMPLOYMENT	0.64	0.58	0.71	0.68	0.60	0.57
FOLLOW-UP						
ASI ALCOHOL	0.23	0.28	0.32	0.23	0.14	0.27
ASI DRUG	0.11	0.09	0.12	0.06	0.04	0.17
ASI PSYCHIATRIC	0.44	0.42	0.61	0.18	0.46	0.63
ASI MEDICAL	0.52	0.57	0.58	0.39	0.57	0.63
ASI FAMILY/SOCIAL	0.21	0.17	0.27	0.13	0.18	0.23
ASI LEGAL	0.15	0.10	0.22	0.09	0.06	0.17
ASI EMPLOYMENT	0.48	0.53	0.55	0.56	0.55	0.58

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 9 (NASHVILLE, TN)

	KY		TN				WV
	LEXING-TON	LOUIS-VILLE	MEMPHIS	MTN HOME	MURFREE-SBORO	NASH-VILLE	HUNTING-TON
NUMBER OF PATIENTS	17	11	34	65	54	28	40
BASELINE							
ASI ALCOHOL	0.43	0.69	0.61	0.48	0.50	0.50	0.40
ASI DRUG	0.10	0.07	0.15	0.10	0.11	0.11	0.06
ASI PSYCHIATRIC	0.36	0.48	0.18	0.33	0.29	0.44	0.46
ASI MEDICAL	0.45	0.65	0.30	0.49	0.32	0.50	0.37
ASI FAMILY/SOCIAL	0.25	0.21	0.13	0.17	0.11	0.27	0.13
ASI LEGAL	0.06	0.05	0.04	0.05	0.07	0.13	0.06
ASI EMPLOYMENT	0.50	0.51	0.62	0.66	0.63	0.63	0.64
FOLLOW-UP							
ASI ALCOHOL	0.24	0.28	0.31	0.19	0.32	0.41	0.20
ASI DRUG	0.15	0.18	0.09	0.04	0.09	0.17	0.07
ASI PSYCHIATRIC	0.36	0.64	0.21	0.26	0.25	0.60	0.45
ASI MEDICAL	0.38	0.68	0.33	0.44	0.36	0.54	0.46
ASI FAMILY/SOCIAL	0.21	0.30	0.14	0.14	0.16	0.23	0.14
ASI LEGAL	0.07	0.23	0.04	0.05	0.04	0.11	0.08
ASI EMPLOYMENT	0.49	0.61	0.61	0.58	0.67	0.65	0.68

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 10 (CLEVELAND, OH)

	OH				
	CHILLI-COTHE	CINCIN-NATI	CLEVE-LAND	COLUM-BUS	DAYTON
NUMBER OF PATIENTS	37	64	227	22	58
BASELINE					
ASI ALCOHOL	0.48	0.31	0.46	0.29	0.42
ASI DRUG	0.14	0.07	0.16	0.05	0.17
ASI PSYCHIATRIC	0.20	0.19	0.29	0.26	0.31
ASI MEDICAL	0.42	0.40	0.52	0.26	0.30
ASI FAMILY/SOCIAL	0.22	0.20	0.27	0.11	0.26
ASI LEGAL	0.13	0.10	0.10	0.18	0.07
ASI EMPLOYMENT	0.63	0.54	0.64	0.52	0.57
FOLLOW-UP					
ASI ALCOHOL	0.31	0.16	0.19	0.18	0.33
ASI DRUG	0.11	0.09	0.06	0.05	0.18
ASI PSYCHIATRIC	0.36	0.28	0.31	0.25	0.36
ASI MEDICAL	0.32	0.39	0.42	0.38	0.40
ASI FAMILY/SOCIAL	0.20	0.17	0.18	0.09	0.31
ASI LEGAL	0.09	0.10	0.09	0.05	0.13
ASI EMPLOYMENT	0.53	0.58	0.67	0.48	0.53

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 11 (ANN ARBOR, MI)

	IL	IN		MI		
	DAN-VILLE	INDIANA-POLIS	MARION	ANN ARBOR	BATTLE CREEK	DETROIT
NUMBER OF PATIENTS	28	49	11	64	1	109
BASELINE						
ASI ALCOHOL	0.48	0.32	0.27	0.37	0.88	0.41
ASI DRUG	0.07	0.13	0.17	0.07	0.05	0.22
ASI PSYCHIATRIC	0.37	0.14	0.10	0.34	0.59	0.25
ASI MEDICAL	0.47	0.19	0.06	0.51	0.33	0.39
ASI FAMILY/SOCIAL	0.28	0.12	0.15	0.17	0.20	0.16
ASI LEGAL	0.11	0.07	0.11	0.22	0.20	0.08
ASI EMPLOYMENT	0.68	0.55	0.68	0.57	0.50	0.64
FOLLOW-UP						
ASI ALCOHOL	0.29	0.28	0.37	0.16	0.46	0.37
ASI DRUG	0.05	0.14	0.23	0.06	0.00	0.25
ASI PSYCHIATRIC	0.38	0.24	0.28	0.22	0.68	0.42
ASI MEDICAL	0.45	0.31	0.39	0.34	0.00	0.48
ASI FAMILY/SOCIAL	0.21	0.12	0.12	0.08	0.00	0.27
ASI LEGAL	0.14	0.18	0.12	0.07	0.40	0.19
ASI EMPLOYMENT	0.69	0.55	0.72	0.58	0.50	0.64

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 12 (HINES, IL)

	IL			MI	WI		
	CHICAGO (WEST SIDE)	HINES	NORTH CHICAGO	IRON MTN	MADISON	MILWAU-KEE	TOMAH
NUMBER OF PATIENTS	98	98	96	37	73	17	28
BASELINE							
ASI ALCOHOL	0.31	0.46	0.34	0.52	0.41	0.46	0.43
ASI DRUG	0.21	0.21	0.18	0.01	0.06	0.13	0.06
ASI PSYCHIATRIC	0.23	0.23	0.19	0.34	0.28	0.48	0.34
ASI MEDICAL	0.50	0.41	0.40	0.48	0.40	0.57	0.49
ASI FAMILY/SOCIAL	0.25	0.25	0.29	0.16	0.16	0.18	0.24
ASI LEGAL	0.08	0.09	0.12	0.15	0.16	0.10	0.13
ASI EMPLOYMENT	0.73	0.65	0.71	0.59	0.57	0.76	0.72
FOLLOW-UP							
ASI ALCOHOL	0.20	0.33	0.25	0.19	0.31	0.37	0.23
ASI DRUG	0.16	0.22	0.12	0.09	0.06	0.08	0.05
ASI PSYCHIATRIC	0.25	0.32	0.22	0.37	0.28	0.53	0.31
ASI MEDICAL	0.44	0.46	0.34	0.47	0.33	0.60	0.25
ASI FAMILY/SOCIAL	0.18	0.25	0.26	0.14	0.14	0.22	0.17
ASI LEGAL	0.08	0.17	0.14	0.12	0.10	0.14	0.04
ASI EMPLOYMENT	0.66	0.65	0.66	0.54	0.54	0.70	0.64

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 13 (MINNEAPOLIS, MN)

	MN		ND	SD	
	MINNEA-POLIS	ST. CLOUD	FARGO	FORT MEADE	SIOUX FALLS
NUMBER OF PATIEN TS	3	121	11	45	20
BASELINE					
ASI ALCOHOL	0.43	0.59	0.54	0.60	0.47
ASI DRUG	0.00	0.09	0.02	0.03	0.04
ASI PSYCHIATRIC	0.48	0.26	0.37	0.20	0.22
ASI MEDICAL	0.59	0.39	0.21	0.35	0.26
ASI FAMILY/SOCIAL	0.39	0.20	0.24	0.23	0.14
ASI LEGAL	0.18	0.10	0.09	0.09	0.09
ASI EMPLOYMENT	0.39	0.69	0.54	0.71	0.46
FOLLOW-UP					
ASI ALCOHOL	0.29	0.24	0.46	0.32	0.21
ASI DRUG	0.00	0.05	0.13	0.05	0.02
ASI PSYCHIATRIC	0.27	0.23	0.53	0.30	0.16
ASI MEDICAL	0.46	0.23	0.27	0.43	0.21
ASI FAMILY/SOCIAL	0.25	0.11	0.14	0.15	0.07
ASI LEGAL	0.00	0.07	0.20	0.10	0.03
ASI EMPLOYMENT	0.53	0.64	0.59	0.70	0.50

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 14 (OMAHA, NE)

	IA		NE	
	DES MOINES	IOWA CITY	LINCOLN	OMAHA
NUMBER OF PATIENTS	4	1	9	54
BASELINE				
ASI ALCOHOL	0.63	0.00	0.64	0.45
ASI DRUG	0.04	0.00	0.08	0.06
ASI PSYCHIATRIC	0.27	0.09	0.42	0.30
ASI MEDICAL	0.30	0.83	0.42	0.51
ASI FAMILY/SOCIAL	0.47	0.00	0.31	0.29
ASI LEGAL	0.01	0.05	0.29	0.19
ASI EMPLOYMENT	0.71	1.00	0.73	0.57
FOLLOW-UP				
ASI ALCOHOL	0.57	0.30	0.50	0.26
ASI DRUG	0.06	0.12	0.10	0.05
ASI PSYCHIATRIC	0.40	1.27	0.47	0.32
ASI MEDICAL	0.27	1.00	0.34	0.48
ASI FAMILY/SOCIAL	0.26	0.62	0.21	0.18
ASI LEGAL	0.15	0.50	0.22	0.15
ASI EMPLOYMENT	0.83	0.00	0.85	0.55

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 15 (KANSAS CITY, MO)

	IL	KS		MO			
	MARION	TOPEKA	WICHITA	COLUM-BIA	KANSAS CITY	POPLAR BLUFF	ST. LOUIS
NUMBER OF PATIENTS	3	50	10	9	46	14	123
BASELINE							
ASI ALCOHOL	0.44	0.49	0.45	0.65	0.54	0.63	0.48
ASI DRUG	0.10	0.06	0.03	0.09	0.18	0.09	0.15
ASI PSYCHIATRIC	0.50	0.29	0.07	0.52	0.24	0.48	0.41
ASI MEDICAL	1.00	0.40	0.42	0.56	0.30	0.43	0.39
ASI FAMILY/SOCIAL	0.32	0.24	0.18	0.29	0.22	0.16	0.23
ASI LEGAL	0.32	0.11	0.26	0.07	0.07	0.15	0.06
ASI EMPLOYMENT	0.74	0.60	0.52	0.59	0.68	0.73	0.70
FOLLOW-UP							
ASI ALCOHOL	0.29	0.42	0.22	0.58	0.47	0.37	0.37
ASI DRUG	0.07	0.09	0.02	0.06	0.14	0.04	0.12
ASI PSYCHIATRIC	0.33	0.33	0.54	0.53	0.28	0.39	0.37
ASI MEDICAL	0.49	0.41	0.69	0.45	0.35	0.44	0.47
ASI FAMILY/SOCIAL	0.25	0.27	0.19	0.16	0.18	0.11	0.20
ASI LEGAL	0.38	0.13	0.30	0.18	0.07	0.07	0.07
ASI EMPLOYMENT	0.55	0.57	0.44	0.55	0.72	0.69	0.67

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 16 (JACKSON, MS)

	AR		LA			MS		OK		TX
	FAYETTE-VILLE	LITTLE ROCK	ALEX-ANDRIA	NEW ORLEANS	SHREVE-PORT	BILOXI	JACKSON	MUSKO-GEE	OKLA-HOMA CITY	HOUSTON
NUMBER OF PATIENTS	1	120	15	124	61	13	22	10	73	68
BASELINE										
ASI ALCOHOL	0.48	0.53	0.41	0.42	0.45	0.36	0.56	0.48	0.52	0.38
ASI DRUG	0.00	0.15	0.04	0.18	0.11	0.18	0.16	0.10	0.13	0.16
ASI PSYCHIATRIC	0.52	0.40	0.31	0.38	0.26	0.29	0.41	0.42	0.40	0.36
ASI MEDICAL	0.75	0.48	0.40	0.48	0.37	0.42	0.38	0.63	0.43	0.41
ASI FAMILY/SOCIAL	0.10	0.25	0.13	0.21	0.17	0.18	0.23	0.28	0.24	0.22
ASI LEGAL	0.60	0.10	0.14	0.10	0.12	0.02	0.08	0.12	0.14	0.06
ASI EMPLOYMENT	0.50	0.68	0.66	0.75	0.64	0.76	0.63	0.62	0.65	0.63
FOLLOW-UP										
ASI ALCOHOL	0.39	0.43	0.22	0.28	0.22	0.32	0.19	0.33	0.42	0.23
ASI DRUG	0.04	0.20	0.05	0.18	0.05	0.17	0.07	0.02	0.13	0.14
ASI PSYCHIATRIC	1.08	0.42	0.41	0.55	0.16	0.26	0.49	0.37	0.44	0.45
ASI MEDICAL	0.78	0.47	0.30	0.53	0.38	0.39	0.49	0.63	0.50	0.52
ASI FAMILY/SOCIAL	0.50	0.22	0.11	0.27	0.09	0.20	0.19	0.27	0.26	0.19
ASI LEGAL	0.50	0.13	0.10	0.18	0.06	0.06	0.23	0.19	0.17	0.17
ASI EMPLOYMENT	0.50	0.63	0.59	0.66	0.53	0.75	0.51	0.63	0.63	0.57

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 17 (DALLAS, TX)

	TX		
	DALLAS	SAN ANTONIO	TEMPLE
NUMBER OF PATIENTS	17	8	13
BASELINE			
ASI ALCOHOL	0.38	0.53	0.45
ASI DRUG	0.13	0.20	0.09
ASI PSYCHIATRIC	0.26	0.32	0.28
ASI MEDICAL	0.46	0.30	0.29
ASI FAMILY/SOCIAL	0.13	0.21	0.19
ASI LEGAL	0.09	0.14	0.00
ASI EMPLOYMENT	0.49	0.51	0.66
FOLLOW-UP			
ASI ALCOHOL	0.37	0.43	0.51
ASI DRUG	0.40	0.28	0.23
ASI PSYCHIATRIC	0.82	0.48	0.57
ASI MEDICAL	0.60	0.49	0.59
ASI FAMILY/SOCIAL	0.28	0.31	0.32
ASI LEGAL	0.31	0.16	0.20
ASI EMPLOYMENT	0.46	0.61	0.65

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 18 (TUSCON, AZ)

	AZ			NM	TX		
	PHOENIX	PRESCOTT	TUCSON	ALBU-QUERQUE	AMA-RILLO	BIG SPRING	EL PASO
NUMBER OF PATIENTS	54	21	74	2	12	16	4
BASELINE							
ASI ALCOHOL	0.40	0.55	0.54	0.38	0.46	0.48	0.50
ASI DRUG	0.10	0.07	0.11	0.03	0.07	0.10	0.00
ASI PSYCHIATRIC	0.40	0.40	0.25	0.14	0.30	0.34	0.27
ASI MEDICAL	0.39	0.47	0.55	0.00	0.49	0.38	0.71
ASI FAMILY/SOCIAL	0.25	0.22	0.17	0.03	0.21	0.18	0.11
ASI LEGAL	0.17	0.06	0.10	0.00	0.08	0.05	0.00
ASI EMPLOYMENT	0.62	0.65	0.65	0.87	0.68	0.58	0.53
FOLLOW-UP							
ASI ALCOHOL	0.26	0.42	0.32	0.66	0.28	0.32	0.33
ASI DRUG	0.05	0.11	0.08	0.68	0.15	0.14	0.02
ASI PSYCHIATRIC	0.37	0.49	0.32	0.81	0.32	0.39	0.32
ASI MEDICAL	0.49	0.51	0.47	0.25	0.34	0.53	0.22
ASI FAMILY/SOCIAL	0.19	0.25	0.15	0.15	0.20	0.13	0.29
ASI LEGAL	0.09	0.12	0.09	0.53	0.20	0.11	0.10
ASI EMPLOYMENT	0.61	0.71	0.64	0.00	0.78	0.52	0.66

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 19 (DENVER, CO)

	CO			MT	UT	WY	
	DENVER	FORT LYON	GRAND JUNCTION	FORT HARRI-SON	SALT LAKE CITY	CHEY-ENNE	SHERI-DAN
NUMBER OF PATIENTS	19	3	2	4	6	13	2
BASELINE							
ASI ALCOHOL	0.37	0.66	0.66	0.41	0.50	0.46	0.67
ASI DRUG	0.07	0.10	0.16	0.02	0.02	0.04	0.00
ASI PSYCHIATRIC	0.14	0.56	0.08	0.32	0.24	0.35	0.38
ASI MEDICAL	0.34	0.56	0.00	0.42	0.40	0.46	0.66
ASI FAMILY/SOCIAL	0.11	0.13	0.21	0.23	0.20	0.25	0.41
ASI LEGAL	0.25	0.15	0.08	0.04	0.25	0.20	0.30
ASI EMPLOYMENT	0.55	0.56	0.75	0.66	0.67	0.67	0.48
FOLLOW-UP							
ASI ALCOHOL	0.33	0.56	0.44	0.23	0.23	0.37	0.43
ASI DRUG	0.21	0.03	0.09	0.07	0.04	0.01	0.02
ASI PSYCHIATRIC	0.58	0.83	0.29	0.52	0.26	0.36	0.88
ASI MEDICAL	0.58	0.83	0.00	0.69	0.43	0.49	0.96
ASI FAMILY/SOCIAL	0.22	0.34	0.28	0.21	0.33	0.15	0.10
ASI LEGAL	0.33	0.20	0.25	0.04	0.24	0.15	0.33
ASI EMPLOYMENT	0.65	0.77	1.00	0.42	0.62	0.60	0.67

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 20 (PORTLAND, OR)

	AK	ID	OR			WA		
	ANCHO-RAGE	BOISE	PORT-LAND	ROSE-BURG	WHITE CITY	SEATTLE	SPOKANE	WALLA WALLA
NUMBER OF PATIENTS	19	18	34	39	143	151	7	42
BASELINE								
ASI ALCOHOL	0.43	0.42	0.49	0.57	0.29	0.44	0.28	0.44
ASI DRUG	0.04	0.05	0.11	0.08	0.07	0.11	0.00	0.07
ASI PSYCHIATRIC	0.24	0.29	0.37	0.39	0.30	0.30	0.22	0.22
ASI MEDICAL	0.36	0.44	0.45	0.46	0.55	0.44	0.45	0.32
ASI FAMILY/SOCIAL	0.12	0.21	0.30	0.17	0.18	0.20	0.10	0.17
ASI LEGAL	0.09	0.11	0.05	0.08	0.07	0.17	0.11	0.18
ASI EMPLOYMENT	0.75	0.71	0.62	0.72	0.77	0.64	0.79	0.68
FOLLOW-UP								
ASI ALCOHOL	0.35	0.21	0.28	0.30	0.10	0.26	0.19	0.11
ASI DRUG	0.13	0.02	0.14	0.09	0.03	0.08	0.02	0.01
ASI PSYCHIATRIC	0.58	0.24	0.69	0.39	0.33	0.36	0.20	0.31
ASI MEDICAL	0.62	0.21	0.66	0.42	0.47	0.46	0.45	0.32
ASI FAMILY/SOCIAL	0.24	0.14	0.33	0.15	0.13	0.21	0.05	0.10
ASI LEGAL	0.26	0.09	0.30	0.11	0.09	0.13	0.09	0.07
ASI EMPLOYMENT	0.63	0.71	0.50	0.66	0.65	0.59	0.73	0.65

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 21 (SAN FRANCISCO, CA)

	CA				HI	NV
	FRESNO	PALO ALTO	PLEA-SANT HILL	SAN FRAN-CISCO	HONO-LULU	RENO
NUMBER OF PATIENTS	36	34	1	35	19	46
BASELINE						
ASI ALCOHOL	0.50	0.62	0.46	0.47	0.37	0.52
ASI DRUG	0.09	0.17	0.25	0.12	0.10	0.06
ASI PSYCHIATRIC	0.30	0.36	0.61	0.37	0.30	0.39
ASI MEDICAL	0.48	0.33	0.92	0.53	0.38	0.49
ASI FAMILY/SOCIAL	0.21	0.28	0.32	0.25	0.31	0.19
ASI LEGAL	0.13	0.09	0.20	0.12	0.12	0.09
ASI EMPLOYMENT	0.73	0.76	1.00	0.77	0.68	0.65
FOLLOW-UP						
ASI ALCOHOL	0.30	0.44	0.00	0.27	0.30	0.28
ASI DRUG	0.08	0.14	0.10	0.12	0.14	0.06
ASI PSYCHIATRIC	0.30	0.39	0.82	0.37	0.36	0.37
ASI MEDICAL	0.48	0.48	0.92	0.48	0.20	0.40
ASI FAMILY/SOCIAL	0.24	0.28	0.25	0.17	0.19	0.09
ASI LEGAL	0.12	0.20	0.00	0.10	0.13	0.12
ASI EMPLOYMENT	0.60	0.70	1.00	0.66	0.69	0.58

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

VISN 22 (LONG BEACH, CA)

	CA				NV
	LOMA LINDA	LONG BEACH	LOS ANGELES	SAN DIEGO	LAS VEGAS
NUMBER OF PATIENTS	23	70	28	34	8
BASELINE					
ASI ALCOHOL	0.58	0.59	0.31	0.36	0.38
ASI DRUG	0.16	0.15	0.19	0.13	0.09
ASI PSYCHIATRIC	0.44	0.37	0.33	0.21	0.20
ASI MEDICAL	0.49	0.31	0.51	0.23	0.33
ASI FAMILY/SOCIAL	0.34	0.30	0.16	0.16	0.21
ASI LEGAL	0.14	0.07	0.14	0.05	0.34
ASI EMPLOYMENT	0.76	0.67	0.76	0.72	0.71
FOLLOW-UP					
ASI ALCOHOL	0.36	0.51	0.24	0.35	0.23
ASI DRUG	0.08	0.19	0.23	0.21	0.24
ASI PSYCHIATRIC	0.54	0.51	0.61	0.74	0.35
ASI MEDICAL	0.58	0.43	0.59	0.59	0.45
ASI FAMILY/SOCIAL	0.28	0.30	0.30	0.35	0.23
ASI LEGAL	0.16	0.19	0.23	0.33	0.28
ASI EMPLOYMENT	0.64	0.63	0.66	0.53	0.76

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

	VISN									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
NUMBER OF PATIENTS	179	279	235	309	177	229	319	226	249	408
BASELINE										
ASI ALCOHOL	0.49	0.43	0.41	0.45	0.32	0.46	0.47	0.41	0.50	0.42
ASI DRUG	0.14	0.11	0.18	0.15	0.15	0.14	0.16	0.11	0.10	0.14
ASI PSYCHIATRIC	0.31	0.35	0.22	0.28	0.32	0.34	0.33	0.34	0.34	0.27
ASI MEDICAL	0.35	0.45	0.33	0.36	0.42	0.48	0.48	0.50	0.41	0.45
ASI FAMILY/SOCIAL	0.22	0.22	0.23	0.22	0.19	0.19	0.28	0.18	0.16	0.24
ASI LEGAL	0.08	0.11	0.07	0.10	0.11	0.10	0.11	0.07	0.06	0.10
ASI EMPLOYMENT	0.63	0.69	0.71	0.67	0.68	0.67	0.71	0.62	0.62	0.61
FOLLOW-UP										
ASI ALCOHOL	0.31	0.28	0.27	0.29	0.20	0.30	0.31	0.26	0.27	0.22
ASI DRUG	0.18	0.09	0.26	0.12	0.15	0.17	0.17	0.11	0.09	0.09
ASI PSYCHIATRIC	0.44	0.33	0.40	0.31	0.42	0.45	0.43	0.45	0.34	0.31
ASI MEDICAL	0.39	0.43	0.39	0.36	0.45	0.49	0.47	0.54	0.43	0.40
ASI FAMILY/SOCIAL	0.23	0.17	0.24	0.18	0.19	0.22	0.27	0.20	0.17	0.19
ASI LEGAL	0.15	0.10	0.17	0.10	0.13	0.14	0.16	0.13	0.07	0.09
ASI EMPLOYMENT	0.59	0.67	0.65	0.64	0.65	0.58	0.60	0.55	0.62	0.61

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

	VISN									
	11	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
NUMBER OF PATIENTS	262	447	200	68	255	507	38	183	49	453
BASELINE										
ASI ALCOHOL	0.39	0.40	0.58	0.48	0.51	0.46	0.44	0.49	0.46	0.40
ASI DRUG	0.15	0.15	0.06	0.06	0.13	0.15	0.13	0.10	0.05	0.09
ASI PSYCHIATRIC	0.26	0.26	0.25	0.31	0.35	0.37	0.28	0.32	0.26	0.30
ASI MEDICAL	0.38	0.44	0.36	0.49	0.39	0.45	0.37	0.47	0.40	0.46
ASI FAMILY/SOCIAL	0.17	0.23	0.21	0.30	0.23	0.22	0.17	0.20	0.18	0.19
ASI LEGAL	0.12	0.11	0.09	0.19	0.08	0.10	0.07	0.10	0.21	0.12
ASI EMPLOYMENT	0.61	0.67	0.66	0.61	0.67	0.68	0.55	0.64	0.61	0.70
FOLLOW-UP										
ASI ALCOHOL	0.30	0.26	0.27	0.31	0.40	0.32	0.43	0.32	0.34	0.20
ASI DRUG	0.16	0.13	0.05	0.05	0.10	0.15	0.32	0.09	0.10	0.06
ASI PSYCHIATRIC	0.33	0.29	0.26	0.36	0.36	0.43	0.66	0.37	0.49	0.38
ASI MEDICAL	0.40	0.40	0.28	0.46	0.44	0.48	0.58	0.47	0.55	0.46
ASI FAMILY/SOCIAL	0.18	0.20	0.12	0.20	0.20	0.22	0.30	0.18	0.22	0.17
ASI LEGAL	0.15	0.12	0.08	0.16	0.10	0.15	0.24	0.11	0.24	0.13
ASI EMPLOYMENT	0.62	0.63	0.63	0.60	0.64	0.61	0.56	0.63	0.64	0.62

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED WITHIN 14 DAYS OF TREATMENT ENTRY

	VISN		NATION TOTAL
	21	22	
NUMBER OF PATIENTS	171	163	5,406
BASELINE			
ASI ALCOHOL	0.51	0.48	0.45
ASI DRUG	0.11	0.15	0.13
ASI PSYCHIATRIC	0.35	0.33	0.31
ASI MEDICAL	0.45	0.35	0.43
ASI FAMILY/SOCIAL	0.24	0.25	0.21
ASI LEGAL	0.11	0.10	0.10
ASI EMPLOYMENT	0.72	0.71	0.67
FOLLOW-UP			
ASI ALCOHOL	0.31	0.40	0.28
ASI DRUG	0.10	0.19	0.13
ASI PSYCHIATRIC	0.36	0.57	0.38
ASI MEDICAL	0.43	0.51	0.44
ASI FAMILY/SOCIAL	0.19	0.31	0.20
ASI LEGAL	0.13	0.22	0.13
ASI EMPLOYMENT	0.64	0.62	0.62

Appendix C. Mean Baseline and Follow-up ASI Scores of Patients Initially Assessed During Treatment (by Facility and Network)

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 1 (BOSTON, MA)

	CT	MA			ME	NH	VT
	WEST HAVEN	BEDFORD	BOSTON	NORTH-AMPTON	TOGUS	MAN-CHESTER	WHITE RIVER JUNCTION
NUMBER OF PATIENTS	26	42	42	11	8	1	9
BASELINE							
ASI ALCOHOL	0.31	0.33	0.50	0.36	0.60	0.66	0.26
ASI DRUG	0.08	0.08	0.12	0.06	0.00	0.00	0.06
ASI PSYCHIATRIC	0.29	0.35	0.38	0.36	0.29	0.00	0.35
ASI MEDICAL	0.39	0.29	0.39	0.28	0.48	0.67	0.31
ASI FAMILY/SOCIAL	0.21	0.21	0.18	0.17	0.09	0.00	0.27
ASI LEGAL	0.07	0.09	0.08	0.09	0.16	0.00	0.14
ASI EMPLOYMENT	0.61	0.72	0.73	0.80	0.64	1.00	0.53
FOLLOW-UP							
ASI ALCOHOL	0.26	0.36	0.42	0.44	0.40	0.71	0.14
ASI DRUG	0.06	0.06	0.11	0.11	0.07	0.00	0.04
ASI PSYCHIATRIC	0.40	0.49	0.54	0.38	0.71	0.45	0.30
ASI MEDICAL	0.32	0.40	0.42	0.42	0.68	0.00	0.34
ASI FAMILY/SOCIAL	0.19	0.19	0.23	0.30	0.31	0.00	0.14
ASI LEGAL	0.16	0.16	0.14	0.11	0.31	0.00	0.14
ASI EMPLOYMENT	0.67	0.64	0.65	0.74	0.40	0.70	0.48

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 2 (ALBANY, NY)

	NY			
	ALBANY	BATH	BUFFALO	SYRA-CUSE
NUMBER OF PATIENTS	40	87	172	35
BASELINE				
ASI ALCOHOL	0.28	0.23	0.32	0.27
ASI DRUG	0.09	0.09	0.09	0.06
ASI PSYCHIATRIC	0.43	0.33	0.43	0.38
ASI MEDICAL	0.46	0.44	0.49	0.50
ASI FAMILY/SOCIAL	0.20	0.15	0.20	0.17
ASI LEGAL	0.06	0.04	0.09	0.11
ASI EMPLOYMENT	0.65	0.86	0.75	0.60
FOLLOW-UP				
ASI ALCOHOL	0.33	0.33	0.30	0.21
ASI DRUG	0.08	0.11	0.14	0.03
ASI PSYCHIATRIC	0.42	0.40	0.50	0.35
ASI MEDICAL	0.41	0.47	0.49	0.51
ASI FAMILY/SOCIAL	0.18	0.17	0.22	0.16
ASI LEGAL	0.10	0.04	0.14	0.07
ASI EMPLOYMENT	0.63	0.75	0.70	0.64

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 3 (BRONX, NY)

	NJ	NY			
	EAST ORANGE	BRONX	MONT-ROSE	NEW YORK	NORTH-PORT
NUMBER OF PATIENTS	29	18	43	96	9
BASELINE					
ASI ALCOHOL	0.33	0.32	0.28	0.18	0.41
ASI DRUG	0.09	0.09	0.09	0.16	0.10
ASI PSYCHIATRIC	0.38	0.33	0.36	0.28	0.33
ASI MEDICAL	0.36	0.33	0.47	0.38	0.28
ASI FAMILY/SOCIAL	0.21	0.10	0.23	0.13	0.28
ASI LEGAL	0.05	0.00	0.13	0.05	0.01
ASI EMPLOYMENT	0.85	0.83	0.83	0.78	0.75
FOLLOW-UP					
ASI ALCOHOL	0.34	0.43	0.33	0.16	0.37
ASI DRUG	0.15	0.15	0.10	0.16	0.11
ASI PSYCHIATRIC	0.52	0.38	0.43	0.44	0.92
ASI MEDICAL	0.44	0.41	0.46	0.46	0.75
ASI FAMILY/SOCIAL	0.25	0.19	0.29	0.18	0.40
ASI LEGAL	0.16	0.08	0.17	0.13	0.32
ASI EMPLOYMENT	0.76	0.65	0.75	0.71	0.53

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 4 (PITTSBURG, PA)

	DE	PA								WV
	WILMING-TON	ALTOONA	BUTLER	COATES-VILLE	ERIE	LEBANON	PHILA-DELPHIA	PITTS-BURGH	WILKES BARRE	CLARKS-BURG
NUMBER OF PATIENTS	4	2	24	143	2	35	111	68	8	2
BASELINE										
ASI ALCOHOL	0.23	0.80	0.31	0.42	0.04	0.34	0.18	0.16	0.60	0.97
ASI DRUG	0.08	0.00	0.08	0.18	0.00	0.11	0.14	0.11	0.03	0.05
ASI PSYCHIATRIC	0.25	0.56	0.16	0.37	0.13	0.37	0.28	0.17	0.48	0.56
ASI MEDICAL	0.45	0.79	0.34	0.42	0.58	0.37	0.38	0.39	0.38	0.46
ASI FAMILY/SOCIAL	0.12	0.02	0.09	0.30	0.00	0.24	0.16	0.12	0.12	0.30
ASI LEGAL	0.09	0.00	0.06	0.10	0.08	0.17	0.05	0.02	0.05	0.00
ASI EMPLOYMENT	0.44	0.88	0.76	0.76	1.00	0.60	0.63	0.57	0.71	0.88
FOLLOW-UP										
ASI ALCOHOL	0.34	0.55	0.27	0.26	0.18	0.24	0.18	0.11	0.28	0.91
ASI DRUG	0.10	0.00	0.09	0.14	0.70	0.16	0.18	0.10	0.05	0.02
ASI PSYCHIATRIC	0.33	0.47	0.17	0.40	0.83	0.47	0.42	0.20	0.49	0.63
ASI MEDICAL	0.34	0.71	0.31	0.45	0.67	0.46	0.47	0.38	0.52	0.54
ASI FAMILY/SOCIAL	0.35	0.01	0.08	0.21	0.20	0.29	0.22	0.10	0.03	0.13
ASI LEGAL	0.22	0.00	0.02	0.14	0.53	0.18	0.11	0.07	0.06	0.00
ASI EMPLOYMENT	0.45	0.81	0.61	0.68	0.13	0.63	0.63	0.51	0.51	0.63

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 5 (BALTIMORE, MD)

	DC	MD	WV
	WASHIN-GTON	BALTI-MORE	MARTIN-SBURG
NUMBER OF PATIENTS	106	149	85
BASELINE			
ASI ALCOHOL	0.04	0.22	0.25
ASI DRUG	0.09	0.12	0.07
ASI PSYCHIATRIC	0.29	0.22	0.43
ASI MEDICAL	0.33	0.41	0.56
ASI FAMILY/SOCIAL	0.09	0.13	0.17
ASI LEGAL	0.03	0.07	0.04
ASI EMPLOYMENT	0.73	0.71	0.75
FOLLOW-UP			
ASI ALCOHOL	0.07	0.17	0.14
ASI DRUG	0.09	0.11	0.05
ASI PSYCHIATRIC	0.28	0.31	0.37
ASI MEDICAL	0.35	0.43	0.42
ASI FAMILY/SOCIAL	0.08	0.16	0.13
ASI LEGAL	0.07	0.09	0.03
ASI EMPLOYMENT	0.70	0.66	0.75

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 6 (DURHAM, NC)

	NC				VA			WV
	ASHE-VILLE	DURHAM	FAYETTE-VILLE	SALIS-BURY	HAMPTON	RICH-MOND	SALEM	BECKLEY
NUMBER OF PATIENTS	14	28	7	32	10	31	23	10
BASELINE								
ASI ALCOHOL	0.44	0.22	0.50	0.38	0.30	0.14	0.37	0.30
ASI DRUG	0.09	0.10	0.12	0.11	0.14	0.12	0.11	0.06
ASI PSYCHIATRIC	0.46	0.36	0.34	0.44	0.42	0.35	0.42	0.32
ASI MEDICAL	0.64	0.43	0.56	0.47	0.67	0.46	0.45	0.77
ASI FAMILY/SOCIAL	0.27	0.17	0.19	0.25	0.29	0.17	0.25	0.00
ASI LEGAL	0.10	0.06	0.13	0.08	0.03	0.11	0.02	0.04
ASI EMPLOYMENT	0.74	0.57	0.74	0.69	0.93	0.60	0.74	0.75
FOLLOW-UP								
ASI ALCOHOL	0.36	0.22	0.37	0.33	0.37	0.08	0.23	0.25
ASI DRUG	0.03	0.16	0.13	0.09	0.22	0.10	0.09	0.05
ASI PSYCHIATRIC	0.57	0.53	0.66	0.58	0.90	0.37	0.48	0.17
ASI MEDICAL	0.61	0.50	0.77	0.66	0.76	0.46	0.48	0.56
ASI FAMILY/SOCIAL	0.26	0.21	0.40	0.33	0.38	0.19	0.15	0.02
ASI LEGAL	0.11	0.12	0.40	0.11	0.36	0.08	0.12	0.00
ASI EMPLOYMENT	0.79	0.55	0.67	0.55	0.43	0.61	0.73	0.79

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 7 (ATLANTA, GA)

	AL			GA			SC	
	BIRMING-HAM	MONT-GOMERY/ TUSKEGEE	TUSCA-LOOSA	ATLANTA	AUGUSTA	DUBLIN	CHARLES-TON	COLUM-BIA
NUMBER OF PATIENTS	9	22	38	22	14	12	34	4
BASELINE								
ASI ALCOHOL	0.28	0.25	0.45	0.44	0.31	0.32	0.45	0.71
ASI DRUG	0.19	0.12	0.13	0.11	0.14	0.06	0.09	0.13
ASI PSYCHIATRIC	0.57	0.54	0.44	0.40	0.48	0.40	0.32	0.39
ASI MEDICAL	0.58	0.52	0.64	0.57	0.55	0.42	0.52	0.31
ASI FAMILY/SOCIAL	0.12	0.22	0.19	0.26	0.17	0.25	0.21	0.14
ASI LEGAL	0.12	0.04	0.17	0.06	0.07	0.03	0.13	0.00
ASI EMPLOYMENT	0.78	0.78	0.66	0.66	0.70	0.75	0.76	0.82
FOLLOW-UP								
ASI ALCOHOL	0.31	0.32	0.20	0.47	0.20	0.31	0.21	0.32
ASI DRUG	0.12	0.17	0.05	0.14	0.21	0.13	0.03	0.39
ASI PSYCHIATRIC	0.44	0.37	0.40	0.62	0.58	0.42	0.29	1.01
ASI MEDICAL	0.62	0.37	0.44	0.70	0.62	0.56	0.46	0.58
ASI FAMILY/SOCIAL	0.23	0.18	0.21	0.26	0.18	0.25	0.12	0.34
ASI LEGAL	0.14	0.04	0.07	0.17	0.11	0.17	0.07	0.25
ASI EMPLOYMENT	0.74	0.78	0.61	0.63	0.57	0.72	0.61	0.69

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 8 (BAY PINES, FL)

	FL					PR
	BAY PINES	GAINES-VILLE	MIAMI	TAMPA	WEST PALM BEACH	SAN JUAN
NUMBER OF PATIENTS	50	33	14	27	27	35
BASELINE						
ASI ALCOHOL	0.32	0.37	0.30	0.39	0.32	0.33
ASI DRUG	0.03	0.13	0.10	0.08	0.05	0.16
ASI PSYCHIATRIC	0.32	0.49	0.49	0.38	0.45	0.44
ASI MEDICAL	0.42	0.49	0.56	0.47	0.54	0.56
ASI FAMILY/SOCIAL	0.19	0.21	0.34	0.17	0.19	0.32
ASI LEGAL	0.12	0.04	0.05	0.07	0.04	0.01
ASI EMPLOYMENT						
FOLLOW-UP	0.67	0.60	0.70	0.66	0.59	0.63
ASI ALCOHOL	0.24	0.28	0.23	0.23	0.22	0.22
ASI DRUG	0.02	0.18	0.40	0.09	0.09	0.13
ASI PSYCHIATRIC	0.47	0.54	0.84	0.44	0.50	0.52
ASI MEDICAL	0.56	0.64	0.84	0.64	0.50	0.61
ASI FAMILY/SOCIAL	0.15	0.27	0.40	0.20	0.16	0.30
ASI LEGAL	0.15	0.08	0.34	0.21	0.05	0.09
ASI EMPLOYMENT	0.52	0.58	0.49	0.48	0.69	0.70

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 9 (NASHVILLE, TN)

	KY		TN				WV
	LEXING-TON	LOUIS-VILLE	MEMPHIS	MTN HOME	MURFREE-SBORO	NASH-VILLE	HUNTING-TON
NUMBER OF PATIENTS	14	3	6	49	19	22	33
BASELINE							
ASI ALCOHOL	0.42	0.36	0.50	0.52	0.33	0.44	0.35
ASI DRUG	0.06	0.02	0.17	0.08	0.05	0.12	0.05
ASI PSYCHIATRIC	0.46	0.51	0.20	0.42	0.39	0.55	0.55
ASI MEDICAL	0.57	0.14	0.24	0.64	0.43	0.47	0.41
ASI FAMILY/SOCIAL	0.24	0.10	0.04	0.14	0.09	0.34	0.10
ASI LEGAL	0.18	0.00	0.04	0.04	0.04	0.06	0.03
ASI EMPLOYMENT	0.64	0.83	0.45	0.77	0.68	0.71	0.67
FOLLOW-UP							
ASI ALCOHOL	0.34	0.23	0.33	0.27	0.38	0.43	0.23
ASI DRUG	0.04	0.03	0.10	0.05	0.07	0.09	0.05
ASI PSYCHIATRIC	0.46	0.40	0.06	0.42	0.32	0.43	0.52
ASI MEDICAL	0.60	0.47	0.39	0.62	0.43	0.37	0.54
ASI FAMILY/SOCIAL	0.17	0.25	0.11	0.17	0.16	0.20	0.14
ASI LEGAL	0.08	0.03	0.00	0.07	0.12	0.08	0.08
ASI EMPLOYMENT	0.60	0.86	0.53	0.72	0.70	0.74	0.61

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 10 (CLEVELAND, OH)

	OH				
	CHILLI-COTHE	CINCIN-NATI	CLEVE-LAND	COLUM-BUS	DAYTON
NUMBER OF PATIENTS	61	97	180	23	19
BASELINE					
ASI ALCOHOL	0.42	0.29	0.33	0.23	0.61
ASI DRUG	0.14	0.09	0.10	0.07	0.18
ASI PSYCHIATRIC	0.33	0.37	0.35	0.29	0.48
ASI MEDICAL	0.47	0.51	0.55	0.45	0.45
ASI FAMILY/SOCIAL	0.18	0.24	0.21	0.15	0.35
ASI LEGAL	0.11	0.10	0.08	0.09	0.08
ASI EMPLOYMENT	0.73	0.72	0.71	0.70	0.70
FOLLOW-UP					
ASI ALCOHOL	0.30	0.23	0.14	0.32	0.43
ASI DRUG	0.10	0.07	0.09	0.08	0.11
ASI PSYCHIATRIC	0.34	0.45	0.47	0.33	0.40
ASI MEDICAL	0.44	0.53	0.53	0.36	0.53
ASI FAMILY/SOCIAL	0.18	0.21	0.19	0.25	0.20
ASI LEGAL	0.11	0.14	0.11	0.09	0.10
ASI EMPLOYMENT	0.66	0.64	0.68	0.51	0.72

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 11 (ANN ARBOR, MI)

	IL	IN		MI	
	DAN-VILLE	INDIANA-POLIS	MARION	ANN ARBOR	DETROIT
NUMBER OF PATIENTS	17	20	9	61	25
BASELINE					
ASI ALCOHOL	0.43	0.28	0.44	0.24	0.28
ASI DRUG	0.13	0.09	0.17	0.06	0.17
ASI PSYCHIATRIC	0.54	0.26	0.21	0.44	0.32
ASI MEDICAL	0.40	0.38	0.28	0.56	0.47
ASI FAMILY/SOCIAL	0.24	0.10	0.11	0.11	0.17
ASI LEGAL	0.13	0.04	0.16	0.14	0.03
ASI EMPLOYMENT					
FOLLOW-UP	0.86	0.71	0.78	0.66	0.68
ASI ALCOHOL	0.32	0.19	0.39	0.19	0.30
ASI DRUG	0.05	0.13	0.15	0.04	0.29
ASI PSYCHIATRIC	0.40	0.40	0.35	0.41	0.48
ASI MEDICAL	0.47	0.46	0.35	0.50	0.56
ASI FAMILY/SOCIAL	0.11	0.16	0.20	0.08	0.32
ASI LEGAL	0.08	0.12	0.07	0.10	0.15
ASI EMPLOYMENT	0.80	0.56	0.58	0.69	0.56

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 12 (HINES, IL)

	IL			MI	WI		
	CHICAGO (WEST SIDE)	HINES	NORTH CHICAGO	IRON MTN	MADISON	MILWAU-KEE	TOMAH
NUMBER OF PATIENTS	313	144	106	10	25	89	38
BASELINE							
ASI ALCOHOL	0.19	0.20	0.29	0.36	0.31	0.34	0.41
ASI DRUG	0.21	0.17	0.13	0.01	0.08	0.11	0.05
ASI PSYCHIATRIC	0.27	0.20	0.37	0.50	0.38	0.44	0.37
ASI MEDICAL	0.45	0.38	0.48	0.42	0.45	0.51	0.40
ASI FAMILY/SOCIAL	0.20	0.13	0.24	0.15	0.20	0.29	0.17
ASI LEGAL	0.06	0.04	0.07	0.08	0.13	0.08	0.07
ASI EMPLOYMENT	0.68	0.57	0.75	0.68	0.56	0.78	0.79
FOLLOW-UP							
ASI ALCOHOL	0.14	0.14	0.26	0.19	0.23	0.36	0.26
ASI DRUG	0.20	0.19	0.13	0.02	0.12	0.16	0.05
ASI PSYCHIATRIC	0.30	0.26	0.40	0.66	0.34	0.64	0.40
ASI MEDICAL	0.44	0.41	0.55	0.55	0.61	0.60	0.45
ASI FAMILY/SOCIAL	0.17	0.15	0.25	0.22	0.21	0.34	0.13
ASI LEGAL	0.06	0.12	0.11	0.14	0.14	0.21	0.11
ASI EMPLOYMENT	0.64	0.51	0.66	0.63	0.66	0.63	0.74

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 13 (MINNEAPOLIS, MN)

	MN		ND	SD	
	MINNEA-POLIS	ST. CLOUD	FARGO	FORT MEADE	SIOUX FALLS
NUMBER OF PATIENTS	10	97	9	61	19
BASELINE					
ASI ALCOHOL	0.13	0.48	0.40	0.45	0.40
ASI DRUG	0.07	0.08	0.01	0.05	0.05
ASI PSYCHIATRIC	0.39	0.43	0.40	0.34	0.29
ASI MEDICAL	0.54	0.49	0.39	0.36	0.42
ASI FAMILY/SOCIAL	0.28	0.19	0.11	0.25	0.23
ASI LEGAL	0.15	0.06	0.20	0.06	0.22
ASI EMPLOYMENT	0.66	0.71	0.80	0.75	0.54
FOLLOW-UP					
ASI ALCOHOL	0.14	0.23	0.31	0.37	0.13
ASI DRUG	0.08	0.04	0.07	0.09	0.05
ASI PSYCHIATRIC	0.40	0.40	0.64	0.39	0.31
ASI MEDICAL	0.47	0.28	0.42	0.48	0.40
ASI FAMILY/SOCIAL	0.10	0.14	0.25	0.17	0.14
ASI LEGAL	0.14	0.10	0.22	0.10	0.00
ASI EMPLOYMENT	0.79	0.70	0.51	0.77	0.53

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 14 (OMAHA, NE)

	IA		NE	
	DES MOINES	IOWA CITY	LINCOLN	OMAHA
NUMBER OF PATIENTS	3	2	4	52
BASELINE				
ASI ALCOHOL	0.26	0.13	0.55	0.36
ASI DRUG	0.08	0.00	0.07	0.09
ASI PSYCHIATRIC	0.08	0.35	0.42	0.35
ASI MEDICAL	0.11	0.38	0.52	0.51
ASI FAMILY/SOCIAL	0.51	0.12	0.38	0.20
ASI LEGAL	0.00	0.00	0.30	0.16
ASI EMPLOYMENT	0.69	0.44	0.80	0.59
FOLLOW-UP				
ASI ALCOHOL	0.45	0.21	0.38	0.19
ASI DRUG	0.47	0.00	0.04	0.06
ASI PSYCHIATRIC	0.84	0.55	0.73	0.35
ASI MEDICAL	0.71	0.43	0.42	0.58
ASI FAMILY/SOCIAL	0.48	0.02	0.35	0.16
ASI LEGAL	0.17	0.00	0.31	0.17
ASI EMPLOYMENT	0.75	0.36	0.68	0.55

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 15 (KANSAS CITY, MO)

	IL	KS		MO			
	MARION	TOPEKA	WICHITA	COLUM-BIA	KANSAS CITY	POPLAR BLUFF	ST. LOUIS
NUMBER OF PATIENTS	2	98	12	3	46	7	70
BASELINE							
ASI ALCOHOL	0.17	0.35	0.45	0.77	0.49	0.24	0.37
ASI DRUG	0.04	0.08	0.08	0.10	0.14	0.00	0.11
ASI PSYCHIATRIC	0.13	0.42	0.15	0.59	0.32	0.38	0.40
ASI MEDICAL	0.54	0.39	0.78	0.83	0.34	0.56	0.31
ASI FAMILY/SOCIAL	0.08	0.21	0.14	0.36	0.21	0.13	0.18
ASI LEGAL	0.05	0.12	0.11	0.13	0.07	0.03	0.05
ASI EMPLOYMENT	0.51	0.72	0.62	0.58	0.74	0.75	0.70
FOLLOW-UP							
ASI ALCOHOL	0.04	0.37	0.32	0.36	0.42	0.06	0.35
ASI DRUG	0.02	0.12	0.10	0.04	0.17	0.00	0.12
ASI PSYCHIATRIC	0.68	0.44	0.73	0.98	0.36	0.47	0.37
ASI MEDICAL	0.56	0.47	0.62	0.60	0.45	0.11	0.38
ASI FAMILY/SOCIAL	0.11	0.24	0.25	0.31	0.23	0.08	0.16
ASI LEGAL	0.35	0.16	0.26	0.17	0.15	0.00	0.02
ASI EMPLOYMENT	0.26	0.68	0.45	0.29	0.70	0.67	0.69

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 16 (JACKSON, MS)

	AZ		LA			MS		OK		TX
	FAYETTE-VILLE	LITTLE ROCK	ALEX-ANDRIA	NEW ORLEANS	SHREVE-PORT	BILOXI	JACKSON	MUSKO-GEE	OKLA-HOMA CITY	HOUSTON
NUMBER OF PATIENTS	1	119	11	31	27	53	39	7	28	54
BASELINE										
ASI ALCOHOL	0.17	0.44	0.48	0.32	0.39	0.41	0.50	0.20	0.40	0.27
ASI DRUG	0.15	0.12	0.17	0.12	0.10	0.10	0.10	0.01	0.11	0.12
ASI PSYCHIATRIC	0.64	0.46	0.35	0.48	0.35	0.42	0.39	0.35	0.39	0.42
ASI MEDICAL	0.83	0.45	0.38	0.35	0.37	0.61	0.47	0.66	0.53	0.63
ASI FAMILY/SOCIAL	0.00	0.23	0.05	0.23	0.14	0.14	0.27	0.09	0.24	0.23
ASI LEGAL	0.00	0.08	0.11	0.01	0.13	0.05	0.13	0.16	0.06	0.06
ASI EMPLOYMENT	0.50	0.67	0.73	0.82	0.74	0.85	0.62	0.56	0.72	0.70
FOLLOW-UP										
ASI ALCOHOL	0.08	0.46	0.23	0.24	0.32	0.33	0.35	0.38	0.36	0.28
ASI DRUG	0.04	0.16	0.03	0.12	0.07	0.13	0.11	0.24	0.15	0.22
ASI PSYCHIATRIC	1.33	0.47	0.40	0.41	0.26	0.47	0.44	0.83	0.64	0.55
ASI MEDICAL	0.50	0.53	0.32	0.41	0.46	0.39	0.54	0.65	0.54	0.51
ASI FAMILY/SOCIAL	0.30	0.24	0.20	0.17	0.09	0.19	0.22	0.36	0.20	0.27
ASI LEGAL	0.50	0.10	0.12	0.07	0.04	0.13	0.09	0.30	0.18	0.18
ASI EMPLOYMENT	0.50	0.67	0.68	0.76	0.70	0.68	0.61	0.64	0.55	0.62

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 17 (DALLAS, TX)

	TX		
	DALLAS	SAN ANTONIO	TEMPLE
NUMBER OF PATIENTS	45	27	26
BASELINE			
ASI ALCOHOL	0.53	0.44	0.50
ASI DRUG	0.19	0.10	0.09
ASI PSYCHIATRIC	0.27	0.33	0.53
ASI MEDICAL	0.45	0.48	0.66
ASI FAMILY/SOCIAL	0.14	0.22	0.20
ASI LEGAL	0.10	0.13	0.13
ASI EMPLOYMENT	0.67	0.62	0.76
FOLLOW-UP			
ASI ALCOHOL	0.28	0.35	0.44
ASI DRUG	0.23	0.24	0.20
ASI PSYCHIATRIC	0.53	0.80	0.73
ASI MEDICAL	0.57	0.62	0.65
ASI FAMILY/SOCIAL	0.25	0.39	0.39
ASI LEGAL	0.29	0.42	0.29
ASI EMPLOYMENT	0.59	0.47	0.61

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 18 (TUSCON, AZ)

	AZ			NM	TX		
	PHOENIX	PRESCOTT	TUCSON	ALBU-QUERQUE	AMA-RILLO	BIG SPRING	EL PASO
NUMBER OF PATIENTS	22	5	47	7	9	14	11
BASELINE							
ASI ALCOHOL	0.43	0.38	0.53	0.46	0.41	0.36	0.25
ASI DRUG	0.11	0.11	0.12	0.10	0.04	0.14	0.05
ASI PSYCHIATRIC	0.53	0.49	0.35	0.37	0.37	0.50	0.42
ASI MEDICAL	0.45	0.36	0.52	0.54	0.37	0.35	0.51
ASI FAMILY/SOCIAL	0.29	0.20	0.22	0.27	0.26	0.21	0.07
ASI LEGAL	0.13	0.05	0.07	0.16	0.11	0.00	0.07
ASI EMPLOYMENT	0.57	0.63	0.75	0.60	0.66	0.70	0.58
FOLLOW-UP							
ASI ALCOHOL	0.33	0.42	0.26	0.26	0.27	0.26	0.32
ASI DRUG	0.07	0.12	0.06	0.04	0.06	0.17	0.20
ASI PSYCHIATRIC	0.51	0.76	0.33	1.29	0.47	0.51	0.44
ASI MEDICAL	0.56	0.33	0.47	0.77	0.45	0.47	0.80
ASI FAMILY/SOCIAL	0.17	0.42	0.16	0.66	0.13	0.24	0.19
ASI LEGAL	0.10	0.22	0.08	0.56	0.15	0.09	0.14
ASI EMPLOYMENT	0.64	0.65	0.70	0.23	0.52	0.64	0.53

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 19 (DENVER, CO)

	CO			MT	UT	WY
	DENVER	FORT LYON	GRAND JUNCTION	FORT HARRI-SON	SALT LAKE CITY	CHEY-ENNE
NUMBER OF PATIENTS	26	6	1	3	23	3
BASELINE						
ASI ALCOHOL	0.14	0.34	0.00	0.28	0.27	0.66
ASI DRUG	0.05	0.05	0.00	0.01	0.05	0.03
ASI PSYCHIATRIC	0.28	0.35	0.00	0.23	0.39	0.37
ASI MEDICAL	0.35	0.60	0.00	0.53	0.51	0.78
ASI FAMILY/SOCIAL	0.12	0.15	0.00	0.24	0.22	0.32
ASI LEGAL	0.13	0.17	0.00	0.13	0.17	0.15
ASI EMPLOYMENT	0.65	0.76	1.00	0.38	0.62	1.00
FOLLOW-UP						
ASI ALCOHOL	0.22	0.30	0.79	0.44	0.23	0.66
ASI DRUG	0.18	0.01	0.00	0.01	0.24	0.11
ASI PSYCHIATRIC	0.91	0.38	0.64	0.84	0.53	0.61
ASI MEDICAL	0.68	0.45	0.81	0.58	0.47	0.64
ASI FAMILY/SOCIAL	0.42	0.15	0.60	0.22	0.30	0.22
ASI LEGAL	0.43	0.07	0.00	0.27	0.25	0.10
ASI EMPLOYMENT	0.41	0.79	1.00	0.33	0.48	0.92

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 20 (PORTLAND, OR)

	AK	ID	OR			WA		
	ANCHO-RAGE	BOISE	PORT-LAND	ROSE-BURG	WHITE CITY	SEATTLE	SPOKANE	WALLA WALLA
NUMBER OF PATIENTS	13	35	20	17	152	147	28	34
BASELINE								
ASI ALCOHOL	0.29	0.30	0.53	0.33	0.15	0.34	0.22	0.40
ASI DRUG	0.04	0.05	0.09	0.10	0.03	0.11	0.03	0.07
ASI PSYCHIATRIC	0.39	0.24	0.39	0.42	0.34	0.43	0.13	0.40
ASI MEDICAL	0.56	0.34	0.37	0.49	0.51	0.54	0.24	0.58
ASI FAMILY/SOCIAL	0.20	0.13	0.26	0.21	0.14	0.19	0.12	0.17
ASI LEGAL	0.11	0.14	0.08	0.08	0.04	0.15	0.09	0.16
ASI EMPLOYMENT	0.83	0.63	0.66	0.74	0.71	0.70	0.53	0.60
FOLLOW-UP								
ASI ALCOHOL	0.32	0.12	0.32	0.20	0.15	0.20	0.15	0.11
ASI DRUG	0.25	0.02	0.13	0.05	0.03	0.12	0.01	0.01
ASI PSYCHIATRIC	0.81	0.18	0.66	0.60	0.38	0.47	0.17	0.32
ASI MEDICAL	0.63	0.22	0.41	0.66	0.45	0.50	0.30	0.38
ASI FAMILY/SOCIAL	0.23	0.10	0.26	0.27	0.13	0.21	0.07	0.07
ASI LEGAL	0.30	0.05	0.23	0.18	0.07	0.16	0.06	0.02
ASI EMPLOYMENT	0.67	0.78	0.50	0.75	0.67	0.63	0.44	0.56

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 21 (SAN FRANCISCO, CA)

	CA			HI	NV
	FRESNO	PALO ALTO	SAN FRAN-CISCO	HONO-LULU	RENO
NUMBER OF PATIENTS	30	47	92	22	21
BASELINE					
ASI ALCOHOL	0.41	0.44	0.26	0.35	0.26
ASI DRUG	0.14	0.13	0.14	0.11	0.06
ASI PSYCHIATRIC	0.40	0.41	0.39	0.39	0.53
ASI MEDICAL	0.31	0.47	0.56	0.40	0.53
ASI FAMILY/SOCIAL	0.24	0.24	0.17	0.21	0.27
ASI LEGAL	0.16	0.06	0.07	0.12	0.01
ASI EMPLOYMENT	0.72	0.73	0.78	0.74	0.67
FOLLOW-UP					
ASI ALCOHOL	0.33	0.36	0.23	0.12	0.22
ASI DRUG	0.13	0.14	0.16	0.02	0.04
ASI PSYCHIATRIC	0.47	0.56	0.48	0.45	0.50
ASI MEDICAL	0.35	0.42	0.59	0.30	0.50
ASI FAMILY/SOCIAL	0.27	0.33	0.16	0.21	0.15
ASI LEGAL	0.17	0.18	0.10	0.15	0.13
ASI EMPLOYMENT	0.70	0.61	0.68	0.52	0.63

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

VISN 22 (LONG BEACH, CA)

	CA				NV
	LOMA LINDA	LONG BEACH	LOS ANGELES	SAN DIEGO	LAS VEGAS
NUMBER OF PATIENTS	8	25	29	13	18
BASELINE					
ASI ALCOHOL	0.45	0.56	0.23	0.28	0.27
ASI DRUG	0.09	0.13	0.13	0.09	0.08
ASI PSYCHIATRIC	0.60	0.42	0.30	0.25	0.26
ASI MEDICAL	0.70	0.29	0.49	0.13	0.37
ASI FAMILY/SOCIAL	0.43	0.24	0.12	0.19	0.08
ASI LEGAL	0.15	0.12	0.07	0.01	0.13
ASI EMPLOYMENT	0.67	0.85	0.86	0.94	0.66
FOLLOW-UP					
ASI ALCOHOL	0.34	0.45	0.18	0.40	0.13
ASI DRUG	0.13	0.17	0.24	0.07	0.07
ASI PSYCHIATRIC	0.70	0.48	0.71	0.57	0.28
ASI MEDICAL	0.45	0.32	0.82	0.41	0.35
ASI FAMILY/SOCIAL	0.31	0.32	0.37	0.24	0.05
ASI LEGAL	0.11	0.13	0.32	0.04	0.09
ASI EMPLOYMENT	0.67	0.79	0.60	0.83	0.63

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

	VISN									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
NUMBER OF PATIENTS	139	334	195	399	340	155	152	186	146	380
BASELINE										
ASI ALCOHOL	0.39	0.28	0.25	0.30	0.17	0.30	0.39	0.34	0.43	0.34
ASI DRUG	0.08	0.09	0.12	0.14	0.10	0.11	0.11	0.09	0.08	0.11
ASI PSYCHIATRIC	0.34	0.40	0.32	0.30	0.30	0.39	0.43	0.41	0.46	0.35
ASI MEDICAL	0.35	0.47	0.39	0.40	0.42	0.51	0.55	0.49	0.50	0.51
ASI FAMILY/SOCIAL	0.19	0.18	0.17	0.20	0.13	0.21	0.21	0.22	0.16	0.22
ASI LEGAL	0.09	0.08	0.06	0.07	0.05	0.07	0.10	0.06	0.05	0.09
ASI EMPLOYMENT	0.70	0.75	0.81	0.68	0.73	0.68	0.72	0.64	0.70	0.72
FOLLOW-UP										
ASI ALCOHOL	0.36	0.30	0.26	0.22	0.13	0.25	0.28	0.24	0.31	0.22
ASI DRUG	0.08	0.11	0.14	0.14	0.09	0.11	0.11	0.12	0.06	0.08
ASI PSYCHIATRIC	0.48	0.45	0.47	0.37	0.32	0.51	0.44	0.52	0.42	0.43
ASI MEDICAL	0.40	0.47	0.47	0.44	0.40	0.56	0.51	0.61	0.53	0.50
ASI FAMILY/SOCIAL	0.21	0.20	0.23	0.19	0.13	0.23	0.20	0.23	0.17	0.20
ASI LEGAL	0.16	0.10	0.15	0.12	0.07	0.13	0.10	0.13	0.08	0.12
ASI EMPLOYMENT	0.63	0.70	0.72	0.62	0.70	0.62	0.65	0.58	0.68	0.66

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

	VISN									
	11	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
NUMBER OF PATIENTS	132	725	196	61	238	370	98	115	62	446
BASELINE										
ASI ALCOHOL	0.29	0.24	0.44	0.36	0.39	0.40	0.50	0.44	0.24	0.28
ASI DRUG	0.10	0.16	0.06	0.09	0.10	0.11	0.14	0.10	0.05	0.07
ASI PSYCHIATRIC	0.39	0.31	0.39	0.34	0.38	0.42	0.36	0.42	0.33	0.36
ASI MEDICAL	0.48	0.44	0.44	0.49	0.39	0.50	0.51	0.47	0.45	0.49
ASI FAMILY/SOCIAL	0.14	0.20	0.21	0.22	0.20	0.20	0.18	0.22	0.17	0.16
ASI LEGAL	0.10	0.06	0.09	0.16	0.08	0.08	0.11	0.08	0.15	0.10
ASI EMPLOYMENT	0.71	0.68	0.71	0.61	0.71	0.72	0.68	0.67	0.66	0.68
FOLLOW-UP										
ASI ALCOHOL	0.24	0.20	0.26	0.22	0.36	0.36	0.34	0.29	0.27	0.18
ASI DRUG	0.11	0.17	0.06	0.07	0.12	0.15	0.23	0.09	0.17	0.07
ASI PSYCHIATRIC	0.41	0.36	0.40	0.41	0.43	0.48	0.66	0.48	0.70	0.41
ASI MEDICAL	0.49	0.48	0.37	0.57	0.44	0.49	0.61	0.53	0.57	0.44
ASI FAMILY/SOCIAL	0.15	0.20	0.15	0.18	0.21	0.22	0.33	0.21	0.33	0.16
ASI LEGAL	0.11	0.11	0.10	0.17	0.12	0.12	0.33	0.13	0.30	0.11
ASI EMPLOYMENT	0.65	0.62	0.70	0.56	0.67	0.66	0.56	0.62	0.51	0.64

ADDICTION SEVERITY INDEX COMPOSITE SCALE SCORES AT BASELINE AND FOLLOW-UP FOR PATIENTS INITIALLY ASSESSED DURING TREATMENT

	VISN		NATION TOTAL
	21	22	
NUMBER OF PATIENTS	212	93	5,174
BASELINE			
ASI ALCOHOL	0.33	0.35	0.32
ASI DRUG	0.12	0.11	0.11
ASI PSYCHIATRIC	0.41	0.34	0.36
ASI MEDICAL	0.49	0.39	0.46
ASI FAMILY/SOCIAL	0.21	0.18	0.19
ASI LEGAL	0.08	0.09	0.08
ASI EMPLOYMENT	0.75	0.81	0.71
FOLLOW-UP			
ASI ALCOHOL	0.26	0.29	0.25
ASI DRUG	0.12	0.15	0.12
ASI PSYCHIATRIC	0.50	0.55	0.43
ASI MEDICAL	0.48	0.50	0.48
ASI FAMILY/SOCIAL	0.22	0.27	0.20
ASI LEGAL	0.13	0.17	0.12
ASI EMPLOYMENT	0.64	0.69	0.65