

PEER SUPPORT COST ANALYSIS

Prepared by:
Jeffery Thompson, M.D.

Prepared under funding from
The Center for Substance Abuse Prevention

For the
Workplace Managed Care Steering Committee

Contact:
Jeffery Thompson, M.D.
Weyerhaeuser
33663 Weyerhaeuser Way South
Federal Way, WA 98003
Tel: (253) 924-2666
Fax: (253) 924-3604

May 28, 1998

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Name of interviewer(s): _____

Interview date: _____

Program name: _____

Names, titles, and telephone numbers of program employees attending the session:

Name	Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The data in this module corresponds to fiscal year: _____/_____/_____ to _____/_____/_____
Month Date Year Month Date Year

Throughout the data collection process, please answer all questions as they pertain to the treatment program for the above fiscal year (henceforth referred to as “the fiscal year”).

A. PERSONNEL INFORMATION

for fiscal year: / / to / /
Month Date Year Month Date Year

A1. For those people within your organization who work with peer support, list their position, full-time equivalent (FTE), average annual full-time salary, and percentage of time spent working with peer support (or on peer-support-related activities) in the fiscal year. (Assume 1 FTE = 2,080 hours/year.)

Position	Number of FTEs	Average Full-Time Salary	Total	% of Time Worked with Peer Support
1. _____	_____	X \$ _____	= \$ _____	_____
2. _____	_____	X \$ _____	= \$ _____	_____
3. _____	_____	X \$ _____	= \$ _____	_____
4. _____	_____	X \$ _____	= \$ _____	_____
5. _____	_____	X \$ _____	= \$ _____	_____
6. _____	_____	X \$ _____	= \$ _____	_____

A2. For those people outside your organization who work with peer support, list their position, number of FTE, average full-time salary and percentage of time spent working with peer support (or related activities) in fiscal year 1998.

Position	Number of FTEs	Average Full-Time Salary	Total	% of Time Worked with Peer Support
1. _____	_____	X \$ _____	= \$ _____	_____
2. _____	_____	X \$ _____	= \$ _____	_____
3. _____	_____	X \$ _____	= \$ _____	_____
4. _____	_____	X \$ _____	= \$ _____	_____
5. _____	_____	X \$ _____	= \$ _____	_____
6. _____	_____	X \$ _____	= \$ _____	_____

A3. What were the primary peer support related activities that these people (within organization and contractors) conducted in the fiscal year? What amount of time was spent on each activity during that same year?

Position	Peer-Support-Related Activities	Hours Spent (Per Day, Week, Month or Year)
1. Manager	_____	_____
	_____	_____
	_____	_____
2. Director	_____	_____
	_____	_____
	_____	_____
3. Trainer	_____	_____
	_____	_____
	_____	_____
4. Medical	_____	_____
	_____	_____
	_____	_____
5. Site	_____	_____
A. Peer Helper	_____	_____
B. Advisory	_____	_____
C. HR	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

A4. What was the total of those people's other labor costs in the fiscal year (e.g., FICA, fringe benefits, workers' compensation, professional liability)? *(Please provide any calculations used.)*

Other Labor Costs \$_____

A5. What was the total overtime cost for those people in the fiscal year? *(Please provide any calculations used.)*

Overtime Cost \$_____

A6. What was the total cost for peer support planning within your organization (exclusive of on-the-job training) during the fiscal year?

Training Cost \$_____

A7. What was the total travel cost for peer support staff within your organization in the fiscal year?

Travel Cost \$_____

A8. What volunteer services (including unpaid time) did your peer support receive in the fiscal year?

	Volunteer Services	Hours
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

A9. What would you estimate the cost of these volunteer services to be if instead you had to pay for them? (*Please provide any calculations used.*)

Volunteer Cost \$_____

B. BUILDING INFORMATION

for fiscal year: ____/____/____ *to* ____/____/____
Month Date Year Month Date Year

B1. What buildings within your organization were used for any purpose by peer support during the fiscal year?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

for fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

Complete the following set of questions (B2 through B17) once for each building used by peer support for any purpose during the fiscal year. Photocopy and number each set of questions accordingly.

BUILDING NO. _____

Full-Time Use

B2. What is the primary use of the space (office space)?

B3. Where is the space (office space) located?

B4. For what purpose(s) did peer support use the space (office space)?

B5. How large is the space that peer support used during the fiscal year, and what percentage of the space (office space) is used by peer support?

Space _____ sq. ft. % of Bldg. _____ %

B6. Was all the space noted in B5 used full-time by peer support (i.e., for the equivalent of 2,000 hours per year)? (Circle one number.)

Yes..... 01 (Go to B8)

No..... 02 (Continue)

BUILDING NO. _____

Not Full-Time Use

B7. List the rooms or space in B5 not used full-time during the fiscal year, their square footage, and the hours per year that peer support used them.

	Rooms Used Less than Full-time	Square Footage	Hours Used Per Year by Peer Support
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

B8. List the rooms or office space of those people within your organization identified in Section A as working with peer support. Do not double count square footage (e.g., if two people share an office, only include square footage once).

	Position	Building/Department	Square Footage
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

B9. In the fiscal year, did your project (not the firm) own, use free of charge, or lease or rent the building that has been assigned the building number at the top of the page? (*Circle one number.*)

- Owned 01 (Continue)
- Used Free..... 02 (Go to B13)
- Leased/Rented 03 (Go to B16)

BUILDING NO. _____

B10. What was the cost of building repairs and maintenance (R&M) in the fiscal year? *(Please explain in the Comments section if the R&M for the fiscal year wasn't typical.)*

R & M \$ _____ Typical? (Y/N) _____

B11. What was the market value of the building, including land, in the fiscal year?

Market Value \$ _____

B12. What is the total service life of the building?

Service Life _____ years

B13. Of the total service life of the building, how many service years remained in the fiscal year?

Remaining Life _____ years

B14. What would you estimate the monthly rent to be if you had to pay rent instead of owning the building or using it free of charge? *(Please provide any calculations used.)*

Estimated Rent \$ _____

B15. If this space were not available to your project, what would you use as an alternative?

B16. What is your estimate of how much this alternative would cost? *(Please include all costs, including estimates, for example, of additional travel expense required, if possible. Please provide any calculation used.)*

Cost of Alt. \$ _____ per month

(GO TO C1)

BUILDING NO. _____

B17. What was the monthly lease or rent of this building?

Lease or Rent \$_____

C. EQUIPMENT INFORMATION

for fiscal year: ____/____/____ *to* ____/____/____
Month Date Year Month Date Year

C1. List all equipment your organization used for peer-support-related activities that has a value of over \$500.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

for fiscal year: / / to / /
Month Date Year Month Date Year

Complete the following set of questions for each of these items.

EQUIPMENT NO. _____

C2. What percentage of the total use of this equipment can be attributed to peer support activities? *(Please explain the basis you are using to calculate your estimate, e.g., number of copies for a copier, amount of time used on a computer.)*

Total Use _____%

C3. Is this equipment owned, used free of charge or leased or rented? *(Circle one number.)*

- Owned 01 (Continue)
 Used Free..... 02 (Go to C8)
 Leased/Rented 03 (Go to C11)

C4. What was the cost of repairs and maintenance (R&M) in the fiscal year? *(Please explain in the Comments section if the R&M for the fiscal year wasn't typical.)*

R & M Cost \$ _____ Typical? (Y/N) _____

C5. What was the market value of this equipment in the fiscal year?

Market Value \$ _____

C6. What is the total service life of the equipment?

Service Life _____ years

C7. Of the total service life of the equipment, how many service years remained in the fiscal year?

Remaining Life _____ years

EQUIPMENT NO. _____

C8. What would you estimate the monthly lease or rental payment to be if you had to pay for the use of this equipment? *(Please provide any calculations used.)*

Lease or Rent \$_____ per month

C9. If this equipment were not available to your project, what would you use as an alternative?

C10. What is your estimate of how much this alternative would cost? *(Please include all costs, including estimates, for example, additional person-hours required to perform the same task without the equipment, if possible. Please provide any calculation used.)*

Cost of Alt. \$_____ per month

(GO TO D1)

C11. What was the monthly lease or rental payment for this equipment?

Lease or Rent \$_____ per month

**D. UTILITY, TELEPHONE, OFFICE SUPPLIES, AND
OTHER MISCELLANEOUS COSTS**

for fiscal year: ____/____/____ *to* ____/____/____
Month Date Year Month Date Year

- D1. What was the utility cost paid by your organization for peer-support-related activities in the fiscal year (e.g., electricity, water, sewer, gas)? *(Please explain in the Comments section if the fiscal year wasn't typical as far as the utility cost goes.)*
Utility Cost \$_____ Typical? (Y/N) _____
- D2. What is your estimate of the cost of utilities used by peer support free of charge in the fiscal year? *(Please explain in the Comments section if the fiscal year wasn't typical as far as the utility cost received free of charge goes.)*
Utility Cost \$_____ Typical? (Y/N) _____
- D3. What was the telephone cost paid by your organization for peer-support-related activities in the fiscal year? *(Please explain in the Comments section if the fiscal year wasn't typical as far as the telephone cost goes.)*
Telephone Cost \$_____ Typical? (Y/N) _____
- D4. What is your estimate of the cost of telephone services used for peer-support-related activities free of charge in the fiscal year? *(Please explain in the Comments section if the fiscal year wasn't typical as far as the telephone cost received free or charge goes.)*
Telephone Cost \$_____ Typical? (Y/N) _____
- D5. What was the cost of office supplies purchased by your organization for peer-support-related activities in the fiscal year? *(Please explain in the Comments section if the fiscal year wasn't typical as far as the cost of office supplies goes.)*
Office Supplies \$_____ Typical? (Y/N) _____
- D6. What is your estimate of the cost of office supplies used for peer-support-related activities free of charge in the fiscal year? *(Please explain in the Comments section if the fiscal year wasn't typical as far as the cost of office supplies received free or charge goes.)*
Office Supplies \$_____ Typical? (Y/N) _____

D7. What goods and services were **purchased** by your organization for peer-support-related activities during the fiscal year ending 1998 that are not recorded elsewhere? What was the cost of these goods and services?

	Goods and Services	Cost
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____

D8. What goods and services were used **free of charge** by your organization for peer-support-related activities during the fiscal year ending 1998 that are not recorded elsewhere? What is the estimated cost of these goods and services used free of charge?

	Goods and Services	Cost
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____

E. EXTERNAL CONTACT FEE INFORMATION

for fiscal year: / / to / /
Month Date Year Month Date Year

E1. Do you contract for external peer support services? (*Circle one number.*)

Yes..... 01 (Continue)

No..... 02 (Stop)

E2. Is the cost of the contract a flat rate fee or does it vary according to how many employees the external provider serves? (*Circle one number.*)

Flat rate fee..... 01 (Continue)

Variable cost..... 02 (Go to E4)

E3. (For flat rate): What was the cost of your external contract fee in fiscal year 1998?

External contract cost per employee covered \$ _____

Total cost of external contract \$ _____ (Stop)

E4. (For variable rate): What was the cost of the external services per employee served in fiscal year 1998? What was the total cost of the contract in fiscal year 1998?

External contract cost per employee served \$ _____

Total cost of external contract \$ _____

E5. How many employees were eligible for external peer support services in fiscal year 1998?

Number of employees eligible _____

COMMENTS SPACE

Q #	Explanation
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____