SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

ICPSR 3436

National Survey of Substance Abuse Treatment Services (N-SSATS), 2000

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies

Questionnaire

SAMHDA
is sponsored by

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Inter-university Consortium for
Political and Social Research
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- Report of the violation of federal law to the United States Attorney General for possible prosecution.
- Court awarded payments of damages to any individual(s)/organization(s) harmed by the breach of confidential data.

Definitions

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: Center for Behavioral Health Statistics and Quality

ICPSR
: Inter-university Consortium for Political and Social Research

Promise of confidentiality
: A promise to a respondent or research participant that the information the respondent provides will not be disseminated in identifiable form without the permission of the respondent; that the fact that the respondent participated in the study will not be disclosed; and that disseminated information will include no linkages to the identity of the respondent. Such a promise encompasses traditional notions of both confidentiality and anonymity. In most cases, federal law protects the confidentiality of the respondent's identity as referenced in the Promise of Confidentiality. Under this condition, names and other identifying information regarding respondents would be confidential.

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SAMHDA
: Substance Abuse and Mental Health Data Archive

SAMHSA
: Substance Abuse and Mental Health Services Administration

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Summary

The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS provides the mechanism for quantifying the dynamic character and composition of the United States substance abuse treatment delivery system. The objectives of N-SSATS are to collect multipurpose data that can be used to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, update SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS), analyze general treatment services trends, and generate the National Directory of Drug and Alcohol Abuse Treatment Programs and its online equivalent, the Substance Abuse Treatment Facility Locator. Data are collected on topics including ownership, services offered (assessment, substance abuse therapy and counseling, testing, transitional, and ancillary), primary focus (substance abuse, mental health, both, general health, other), hotline operation, methadone/LAAM dispensing, languages in which treatment is provided, type of treatment provided, number of clients (total and under age 18), number of beds, types of payment accepted, sliding fee scale, special programs offered, facility accreditation and licensure/certification, and managed care agreements. N-SSATS was formerly titled the Uniform Facility Data Set (UFDS).

Universe

All active treatment facilities on the Inventory of Substance Abuse Treatment Services (I-SATS) at a point six weeks prior to the survey reference date of October 1, 2000. Facilities added by state substance abuse agencies or discovered during the survey prior to the second mailing of the survey were also included in the survey universe.

Data Type

Survey data

Data Source

Mail questionnaire, telephone interview, and Web-based survey

Additional Information for Study 03436

http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/03436

Study Citation

We appreciate the appropriate citation for study documentation obtained from SAMHDA. The study description for this study includes a suggested bibliographic citation for the data.

FORM APPROVED

OMB No.: 0930-0106
APPROVAL EXPIRES:

7/31/2003

National Survey of Substance Abuse Treatment Services

(formerly UFDS)

October 1, 2000

Substance Abuse and Mental Health Services Administration (SAMHSA)

PLEASE REVIEW THE FACILITY INFORMATION PRINTED ABOVE.
CROSS OUT ERRORS AND ENTER CORRECT OR MISSING INFORMATION.

CHECK ONE

☐ Information is complete and correct, no changes needed

☐ All missing or incorrect information has been corrected

Prepared by Mathematica Policy Research, Inc.

Why is completing this questionnaire important?

Your participation makes a difference. The National Survey of Substance Abuse Treatment Services (N-SSATS) is the ONLY source of data on ALL known substance abuse treatment programs in the Nation. When substance abuse policymakers and program managers need up-to-date national information on characteristics of substance abuse treatment programs and the numbers and types of clients served, they rely on the N-SSATS. N-SSATS data are used to formulate the Nation's annual drug control strategy and to make many other important decisions regarding substance abuse policy.

Instructions

- Please answer ONLY for the facility printed on the cover, unless otherwise specified in the questionnaire.
- Return the completed questionnaire in the envelope provided.

If you have any questions or need additional blank forms, contact:

MATHEMATICA POLICY RESEARCH, INC.
1-888-324-8337

Important notice about questions with an asterisk (*)

- Information from the asterisked (*) questions will be published in SAMHSA's National Directory of Drug and Alcohol Abuse Treatment Programs.
- This information from the asterisked questions will be available online at **http://findtreatment.samhsa.gov**, SAMHSA's Substance Abuse Treatment Facility Locator system. (1999 information is currently available on this system.)
- A complete and accurate location name and address are needed for the online Facility Locator.
- Facilities approved by their State substance abuse office will be listed in the National Directory and online Facility Locator. Your State N-SSATS representative can tell you if your facility is State-approved. For the name and telephone number of your State representative, call the N-SSATS hotline at 1-888-324-8337.

Public burden for this collection of information is estimated to average 35 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is 0930-0106.

1. On October 1, 2000, did this facility offer at this location either substance abuse treatment or detoxification services?

- *By treatment, we mean services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse. It does NOT include drug or alcohol education programs or self-help groups, such as AA or NA.*

1 ☐ Yes → **SKIP TO Q.2**

0 ☐ No

1a. When did this facility stop providing substance abuse treatment or detoxification?

Month	Year

-1 ☐ Don't know

0 ☐ Never provided substance abuse treatment or detoxification

→ **SKIP TO Q.29 (PAGE 8)**

2. Is this facility owned or operated by . . .

MARK ONE ONLY

1 ☐ A private-for-profit organization → **SKIP TO Q.3**

2 ☐ A private non-profit organization

3 ☐ State government

4 ☐ Local, county or community government

5 ☐ Tribal government

→ **SKIP TO Q.4**

6 ☐ Federal government

2a. Which federal government agency?

MARK ONE ONLY

1 ☐ Department of Veterans Affairs

2 ☐ Department of Defense

3 ☐ Indian Health Service

4 ☐ Other (*Specify:*_____)

→ **SKIP TO Q.4**

3. Is this a private solo practice, that is, an office with a single practitioner or therapist?

1 ☐ Yes

0 ☐ No

***4. What is the primary focus of this facility?**

MARK ONE ONLY

1 ☐ Substance abuse treatment services

2 ☐ Mental health services

3 ☐ General health care

4 ☐ Mix of mental health and substance abuse treatment services (neither is primary)

5 ☐ Other (*Specify:*_____)

5. Is this facility located in, or operated by, a hospital?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.6 (PAGE 2)**

5a. What type of hospital?

MARK ONE ONLY

1 ☐ General hospital (including VA hospital)

2 ☐ Psychiatric hospital

3 ☐ Other specialty hospital, e.g., alcoholism, maternity, etc. (*Specify:*_____)

***SEE IMPORTANT NOTICE ON INSIDE FRONT COVER.**

6. Does this facility operate or participate in a substance abuse hotline?

- *A hotline is a telephone service that provides information and referral and immediate counseling, frequently in a crisis situation.*
- *911 or the local police number is not considered a hotline.*

1 ☐ Yes

0 ☐ No → **SKIP TO Q.7**

***6a. Please enter the hotline telephone number(s) below.**

HOTLINE TELEPHONE NUMBER(S)

a. (_____) _____ - _____ ext._____

b. (_____) _____ - _____ ext._____

***7. What telephone number should a potential client call to schedule an <u>intake</u> appointment?**

☐ CHECK HERE IF POTENTIAL CLIENTS SHOULD CALL THE FACILITY NUMBER SHOWN ON THE FRONT COVER.

INTAKE TELEPHONE NUMBER(S)

a. (_____) _____ - _____ ext._____

b. (_____) _____ - _____ ext._____

8. Which of the following services are provided by this facility?

MARK ALL THAT APPLY

Assessment Services

1 ☐ Comprehensive substance abuse assessment/ diagnosis

2 ☐ Comprehensive mental health assessment/ diagnosis *(for example, psychological/ psychiatric evaluation and testing)*

Substance Abuse Therapy and Counseling

3 ☐ Family counseling

4 ☐ Group therapy, not including relapse prevention

5 ☐ Individual therapy

6 ☐ Pharmacotherapies/prescription medication

7 ☐ Relapse prevention groups

8 ☐ Aftercare counseling

Testing *(Include testing service even if specimen is sent to outside source for chemical analysis.)*

9 ☐ Blood alcohol testing (including breathalyzer)

10 ☐ Drug/alcohol urine screening

11 ☐ Hepatitis testing

12 ☐ HIV testing

13 ☐ STD testing

14 ☐ TB screening

Transitional Services

15 ☐ Assistance with obtaining Social Services (e.g., Medicaid, WIC, SSI, SSDI)

16 ☐ Discharge planning

17 ☐ Employment counseling/training

18 ☐ Housing assistance

19 ☐ Referral to other transitional services

Other Services

20 ☐ Case management services

21 ☐ Child care

22 ☐ Domestic violence--family/partner violence services (physical, sexual and emotional abuse)

23 ☐ HIV/AIDS education/counseling/support

24 ☐ Outcome follow-up (post-discharge)

25 ☐ Transportation assistance to treatment

26 ☐ Acupuncture

***9. Does this facility offer a substance abuse treatment program or group specially designed for . . .**

MARK "YES" OR "NO" FOR EACH

	YES	NO
a. Adolescents	1 ☐	0 ☐
b. Dually diagnosed clients (mental and substance abuse disorders)	1 ☐	0 ☐
c. Persons with HIV/AIDS	1 ☐	0 ☐
d. Gays and lesbians	1 ☐	0 ☐
e. Seniors/older adults	1 ☐	0 ☐
f. Pregnant/postpartum women	1 ☐	0 ☐
g. Other groups of women only	1 ☐	0 ☐
h. Groups of men only	1 ☐	0 ☐
i. Other (*Specify:*_____)	1 ☐	0 ☐

***10. Does this facility offer a special program for DUI/DWI or other drunk driver offenders?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.11**

***10a. Are all of the substance abuse treatment clients at this facility DUI/DWI or other drunk driver offenders?**

1 ☐ Yes

0 ☐ No

***11. Does this facility offer a specially designed substance abuse treatment program or group for criminal justice clients, other than DUI/DWI clients?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.12**

11a. Are all of the substance abuse treatment clients at this facility currently incarcerated?

1 ☐ Yes

0 ☐ No

***12. Does this facility dispense Methadone or LAAM at this location?**

1 ☐ Yes, this facility dispenses Methadone or LAAM

0 ☐ No, this facility does not dispense Methadone or LAAM → **SKIP TO Q.13 (PAGE 4)**

***12a. Are all of the substance abuse treatment clients at this facility currently receiving Methadone or LAAM?**

1 ☐ Yes

0 ☐ No

12b. Does this facility operate a Narcotic Treatment Program regulated by the Food and Drug Administration (FDA)?

1 ☐ Yes → Please review the entry for FDA Number on the front cover and update if incorrect or missing.

0 ☐ No

-1 ☐ Don't Know

13. Does this facility provide substance abuse treatment in a language other than English?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.14**

***13a. In what other language(s) is substance abuse treatment provided at this facility?**

1 ☐ Spanish

2 ☐ Other (*Specify:*_____)

***14. Which of the following <u>substance abuse</u> services are <u>currently</u> offered by this facility at this location?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
HOSPITAL INPATIENT		
a. Detoxification	1 ☐	0 ☐
b. Rehabilitation	1 ☐	0 ☐
NON-HOSPITAL RESIDENTIAL		
c. Detoxification	1 ☐	0 ☐
d. Rehabilitation	1 ☐	0 ☐
OUTPATIENT		
e. Ambulatory detoxification	1 ☐	0 ☐
f. Regular outpatient treatment	1 ☐	0 ☐
g. Intensive outpatient treatment *(defined as a minimum of 2 hours per day on 3 or more days per week)*	1 ☐	0 ☐
h. Day treatment/partial hospitalization program	1 ☐	0 ☐

15. Did you mark "yes" to any of the hospital inpatient or residential services in Q.14 (items a-d)?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.16**

15a. Does this facility designate all, some or none of its beds specifically for substance abuse treatment clients?

0 ☐ None - No beds specifically designated for substance abuse treatment clients

1 ☐ All or Some → NUMBER OF SUBSTANCE ABUSE TREATMENT BEDS:

☐ HOSPITAL INPATIENT

☐ RESIDENTIAL

***16. Which of the following types of payments are accepted by this facility for <u>substance abuse treatment</u>?**

MARK "YES," "NO" OR "DON'T KNOW" FOR EACH

	YES	NO	DON'T KNOW
a. Cash or self-payment	1 ☐	0 ☐	-1 ☐
b. Medicare	1 ☐	0 ☐	-1 ☐
c. Medicaid	1 ☐	0 ☐	-1 ☐
d. A State-financed health insurance plan other than Medicaid (e.g., State children's health insurance plan (SCHIP) or high risk insurance pools)	1 ☐	0 ☐	-1 ☐
e. Federal military insurance such as TRICARE or Champ-VA	1 ☐	0 ☐	-1 ☐
f. Private health insurance	1 ☐	0 ☐	-1 ☐
g. Other (*Specify:*_____)	1 ☐	0 ☐	-1 ☐

***SEE IMPORTANT NOTICE ON INSIDE FRONT COVER.**

17. Does this facility receive any public funds such as federal, state, county, or local government funds for substance abuse treatment programs?

- *Do not include Medicare, Medicaid or federal military insurance.*

1 ☐ Yes

0 ☐ No

***18. Does this facility use a sliding fee scale?**

1 ☐ Yes →

The Directory will explain that sliding fee scales are based on income and other factors.

☐ **CHECK HERE IF YOUR FACILITY DOES NOT WANT THE AVAILABILITY OF A SLIDING FEE SCALE TO BE INCLUDED IN THE DIRECTORY.**

0 ☐ No

***18a. Other than a sliding fee scale, does this facility offer any type of payment assistance for clients receiving substance abuse treatment?**

1 ☐ Yes →

The Directory will explain that potential clients should call the facility for information on eligibility for payment assistance.

☐ **CHECK HERE IF YOUR FACILITY DOES NOT WANT THE AVAILABILITY OF PAYMENT ASSISTANCE TO BE INCLUDED IN THE DIRECTORY.**

0 ☐ No

19. Does this facility have agreements or contracts with managed care organizations for providing substance abuse treatment services?

1 ☐ Yes

0 ☐ No

20. On October 1, 2000, was this facility owned by an organization with multiple facilities or sites that provide substance abuse treatment?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.21 (PAGE 6)**

20a. The next questions ask about the number of clients in treatment at this facility on October 1, 2000. We would prefer to get this information separately for this facility, that is, the facility named on the front cover. However, we understand there are situations when this is not possible.

Please check the option that best describes how client counts will be reported for this facility.

- *If you have any questions on how to proceed, please call the N-SSATS hotline at 1-888-324-8337.*

1 ☐ I will report client counts for this facility alone

2 ☐ I will report client counts for this facility combined with other facilities in the organization

→ **SKIP TO Q.21 (PAGE 6)**

3 ☐ Client counts for this facility will be reported by another facility in the organization

20b. Whom should we contact for client count information?

- *Please record the name and phone number of the contact person and the name, city and state of the facility where he or she is located.*

NAME OF CONTACT PERSON

PHONE NUMBER

FACILITY NAME

CITY/STATE

→ **SKIP TO Q.28 (PAGE 8)**

***SEE IMPORTANT NOTICE ON INSIDE FRONT COVER.**

HOSPITAL INPATIENT SUBSTANCE ABUSE SERVICES

21. On October 1, 2000, were any clients receiving hospital inpatient substance abuse treatment or detoxification at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.22**

21a. On October 1, 2000, how many hospital inpatients were receiving the following substance abuse services at this facility?

- *Count a client in one service category only, even if the client was receiving both services.*
- *DO NOT count codependents, parents, other relatives, friends (i.e., "collaterals"), or other non-treatment clients.*

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
a. Inpatient detoxification	_____	or	☐
b. Inpatient rehabilitation	_____	or	☐
TOTAL	☐		

21b. On October 1, 2000, how many of the hospital inpatients from the total box above were under 18 years of age?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
Number under 18	_____	or	☐

21c. On October 1, 2000, how many of the hospital inpatients from the total box above were receiving Methadone or LAAM dispensed at this facility?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
a. Methadone	_____	or	☐
b. LAAM	_____	or	☐

NON-HOSPITAL RESIDENTIAL SUBSTANCE ABUSE SERVICES

22. On October 1, 2000, were any clients receiving non-hospital residential substance abuse treatment or detoxification at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.23 (PAGE 7)**

22a. On October 1, 2000, how many non-hospital residential clients were receiving the following substance abuse services at this facility?

- *Count a client in one service category only, even if the client was receiving both services.*
- *DO NOT count codependents, parents, other relatives, friends (i.e., "collaterals"), or other non-treatment clients.*

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
a. Residential detoxification	_____	or	☐
b. Residential rehabilitation	_____	or	☐
TOTAL	☐		

22b. On October 1, 2000, how many of the non-hospital residential clients from the total box above were under 18 years of age?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
Number under 18	_____	or	☐

22c. On October 1, 2000, how many of the non-hospital residential clients from the total box above were receiving Methadone or LAAM dispensed at this facility?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
a. Methadone	_____	or	☐
b. LAAM	_____	or	☐

OUTPATIENT SUBSTANCE ABUSE SERVICES

23. On October 1, 2000, were any clients enrolled in an outpatient substance abuse program at this facility?

- *Enrolled clients are those who received services in the 30 days up to and including October 1, and were not discharged during that time.*

1 ☐ Yes

0 ☐ No → **SKIP TO Q.24**

23a. On October 1, 2000, how many outpatients were enrolled in the following substance abuse services at this facility?

- *Count a client in one category only, even if the client was receiving multiple services.*
- *DO NOT count codependents, parents, other relatives, friends (i.e., "collaterals"), or other non-treatment clients.*

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
a. Ambulatory detoxification . . .	_____	or	☐
b. Regular outpatient treatment. .	_____	or	☐
c. Intensive outpatient treatment (*defined as a minimum of 2 hours per day on 3 or more days per week*)	_____	or	☐
d. Day treatment or partial hospitalization	_____	or	☐
TOTAL	☐		

23b. On October 1, 2000, how many of the outpatients from the total box above were under 18 years of age?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
Number under 18	_____	or	☐

23c. On October 1, 2000, how many of the outpatients from the total box above were receiving Methadone or LAAM dispensed at this facility?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER		NONE
a. Methadone.	_____	or	☐
b. LAAM	_____	or	☐

24. Approximately what percent of all substance abuse treatment clients enrolled at this facility on October 1, 2000, were being treated for . . .

a. Abuse of both alcohol and drugs . . . . . _____%

b. Alcohol abuse only . . . . _____%

c. Drug abuse only . . . . . _____%

TOTAL ☐ %

This should total 100%. If not, please reconcile.

25. During the 12 months between October 1, 1999 and September 30, 2000, how many admissions for substance abuse treatment did this facility have?

- *If data for that specified time period are not readily available, use the most recent 12-month period for which you have data.*
- *Count every admission and re-admission. If a person is admitted 3 times, count this as 3 admissions.*
- *For outpatients, an admission is the initiation of a treatment episode.*

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN 12 MONTH PERIOD ☐

26. How many facilities are included in the client counts reported in Q.21-Q.23c?

☐ ONLY THIS FACILITY → **SKIP TO Q.27**

☐ THIS FACILITY PLUS OTHERS → **ENTER TOTAL NUMBER OF FACILITIES BELOW:**

NUMBER OF FACILITIES: ☐

(INCLUDE THIS FACILITY IN YOUR NUMBER)

When we receive your questionnaire, we will contact you for a list of the other facilities included in your client counts.

If you prefer, attach a separate piece of paper listing the name and location address of each facility included in your client counts.

Please continue with Question 27.

27. For which of the numbers you just reported did you provide actual client counts and for which did you provide your best estimate?

- *Mark "N/A" for any type of care not offered by this facility on October 1, 2000.*

MARK "ACTUAL," "ESTIMATE" OR "NA" FOR EACH

	ACTUAL	ESTIMATE	N/A
a. Hospital inpatient client counts (Q.21a, Pg. 6)	1 ☐	2 ☐	0 ☐
b. Non-hospital residential client counts (Q.22a, Pg. 6)	1 ☐	2 ☐	0 ☐
c. Outpatient client counts (Q.23a, Pg. 7)	1 ☐	2 ☐	0 ☐
d. 12-Month admissions (Q.25, Pg. 7)	1 ☐	2 ☐	0 ☐

28. Is this facility or program accredited by any of the following organizations?

MARK "YES", "NO" OR "DON'T KNOW" FOR EACH

	YES	NO	DON'T KNOW
a. JCAHO (Joint Commission on Accreditation of Healthcare Organizations)	1 ☐	0 ☐	-1 ☐
b. CARF (The Rehabilitation Accreditation Commission)	1 ☐	0 ☐	-1 ☐
c. NCQA (National Committee for Quality Assurance)	1 ☐	0 ☐	-1 ☐

28a. Is this facility licensed or certified by the State substance abuse agency?

1 ☐ Yes → **SKIP TO Q.29**

0 ☐ No

-1 ☐ Don't know

-4 ☐ Not applicable - State substance abuse agency does not license or certify facilities

28b. Is this facility licensed or certified by another State agency?

1 ☐ Yes (*Specify:*_____)

0 ☐ No

-1 ☐ Don't know

***29. Does this facility operate a halfway house for substance abuse clients?**

MARK ALL THAT APPLY

1 ☐ Yes, at this location

2 ☐ Yes, at another location

0 ☐ No, does not operate a halfway house

30. Please provide the following information about the person primarily responsible for completing this form.

***SEE IMPORTANT NOTICE ON INSIDE FRONT COVER.**

Name: _____

Phone Number: (_____) - _____ - _____

FAX Number: (_____) - _____ - _____

OR ☐ No FAX Number

E-mail Address: _____

OR ☐ No E-mail Address

31. Does this facility have a Web Site with information about your facility's substance abuse treatment programs?

1 ☐ Yes → Please review the address of your Web Site on the front cover and update if incorrect or missing.

0 ☐ No

32. Would you like to receive a free paper copy of the next National Directory of Drug and Alcohol Abuse Treatment Programs when it is published?

1 ☐ Yes

0 ☐ No

☐ **CHECK HERE IF YOUR FACILITY DOES NOT WANT TO BE LISTED IN THE NEXT NATIONAL DIRECTORY.**

COMMENTS

If you would like to provide comments about the 2000 National Survey of Substance Abuse Treatment Services or suggestions for next year's survey, please write them below.

Thank you for your participation. Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:

MATHEMATICA POLICY RESEARCH, INC.
ATTN: Receipt Control - Project 8437
P.O. Box 2393
Princeton, NJ 08543-2393