SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

ICPSR 3819

National Survey of Substance Abuse Treatment Services (N-SSATS), 2002

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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- 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
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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, pharmacotherapies, testing, transitional, 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.

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 March 29, 2002. Facilities added by state substance abuse agencies or discovered during the first three weeks 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 03819

http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/03819

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.

U.S. Department of Health and Human Services

FORM APPROVED:

OMB No. 0930-0106
APPROVAL EXPIRES: 7/31/2003
See OMB burden statement on back cover

National Survey of Substance Abuse Treatment Services

(N-SSATS)

March 29, 2002

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.

(REV--2/27/02)

INSTRUCTIONS

- ***New this year***

  Almost all of the questions in this survey ask about "this facility." This year we are providing a definition. By "this facility" we mean the substance abuse treatment facility or program listed on the front cover.

  The questionnaire is divided into Section A: Facility Characteristics, Section B: Client Count Information, and Section C: General Information.

  Section A asks about characteristics of individual facilities and should be completed for only this substance abuse treatment facility, that is, the facility listed on the front cover.

  Section B asks for client count information and should be completed for only this facility if possible. However, if this is not possible, it is acceptable to combine the counts of multiple facilities.

  Section C asks general questions about this facility and should be completed for only this facility.

  If you prefer, you may complete this questionnaire online. See the pink flyer enclosed in your questionnaire packet for the Internet Web address and your unique user name and password. If you need more information, call the N-SSATS Web Helpline at 1-877-236-4229.

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

- Return the completed questionnaire in the envelope provided. Please keep a copy for your records.

- 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 asterisked (∗) questions will be published in SAMHSA's National Directory of Drug and Alcohol Abuse Treatment Programs and will be available online at **http://findtreatment.samhsa.gov**, SAMHSA's Substance Abuse Treatment Facility Locator.

- Complete and accurate name and address information is needed for the online Treatment Facility Locator so it can accurately map the facility location.

- Only facilities approved by their State substance abuse office will be listed in the National Directory and online Treatment 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 or go to **http://wwwdasis.samhsa.gov** and click on "National Survey of Substance Abuse Treatment Services (N-SSATS), Contacts by State."

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for only this substance abuse treatment facility, that is, the facility listed on the front cover.

1. On March 29, 2002, were SUBSTANCE ABUSE TREATMENT services offered at this facility, that is, the facility listed on the front cover?

- *By treatment, we mean services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse.*

1 ☐ Yes → **SKIP TO Q.2**

0 ☐ No

1a. On March 29, 2002, were DETOXIFICATION services offered at this facility?

1 ☐ Yes → **SKIP TO Q.2**

0 ☐ No

1b. 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.33 (PAGE 9)**

2. Is this facility operated by . . .

MARK ONE ONLY

1 ☐ A private-for-profit organization

2 ☐ A private non-profit organization

→ **SKIP TO Q.3**

3 ☐ State government

4 ☐ Local, county or community government

5 ☐ Tribal government

→ **SKIP TO Q.5 (PAGE 2)**

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.5 (PAGE 2)**

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

1 ☐ Yes

0 ☐ No

4. Is this facility affiliated with a religious organization?

1 ☐ Yes

0 ☐ No

5. Is this facility a jail, prison or other organization that provides treatment exclusively for incarcerated persons?

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO Q.7**

6a. What type of hospital?

MARK ONE ONLY

1 ☐ General hospital (including VA hospital)

2 ☐ Psychiatric hospital

3 ☐ Other specialty hospital, for example, alcoholism, maternity, etc.

(*Specify:*_____)

***7. What is the <u>primary</u> 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:*_____)

8. 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.*
- *DO NOT consider 911 or the local police number a hotline for the purpose of this survey.*

1 ☐ Yes

0 ☐ No → **SKIP TO Q.9**

***8a. Please enter the hotline telephone number(s) below.**

HOTLINE TELEPHONE NUMBER(S)

a. (_____) _____ - _____ ext._____

b. (_____) _____ - _____ ext._____

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

INTAKE TELEPHONE NUMBER

(_____) _____ - _____ ext._____

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

10. Which of the following services are provided by this facility at this location?

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 ☐ Relapse prevention groups

7 ☐ Aftercare counseling

Pharmacotherapies

8 ☐ Antabuse

9 ☐ Naltrexone

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

10 ☐ Blood alcohol testing (including breathalyzer)

11 ☐ Drug/alcohol urine screening

12 ☐ Hepatitis testing

13 ☐ HIV testing

14 ☐ STD testing

15 ☐ TB screening

Transitional Services

16 ☐ Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)

17 ☐ Discharge planning

18 ☐ Employment counseling/training

19 ☐ Housing assistance

20 ☐ Referral to other transitional services

Other Services

21 ☐ Case management services

22 ☐ Child care

23 ☐ Domestic violence—family/partner violence services (physical, sexual and emotional abuse)

24 ☐ HIV/AIDS education/counseling/support

25 ☐ Outcome follow-up (post-discharge)

26 ☐ Transportation assistance to treatment

27 ☐ Acupuncture

***11. Does this facility operate an Opioid Treatment Program (OTP) at this location?**

- *Opioid Treatment Programs are certified by the Substance Abuse and Mental Health Services Administration to use opioid drugs such as* ***methadone*** *and* ***LAAM*** *in the treatment of opiate (narcotic) addiction. Prior to May 18, 2001, such programs required approval by the Food and Drug Administration (FDA).*

1 ☐ Yes → **PLEASE REVIEW THE OTP NUMBER (FORMERLY THE FDA NUMBER) ON THE FRONT COVER AND UPDATE IF INCORRECT OR MISSING.**

0 ☐ No → **SKIP TO Q.12**

***11a. Is the Opioid Treatment Program at this location a <u>maintenance</u> program, a <u>detoxification</u> program, or both?**

MARK ONE ONLY

1 ☐ Maintenance program

2 ☐ Detoxification program

3 ☐ Both

11b. Are ALL of the substance abuse clients at this facility currently in the Opioid Treatment Program?

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO Q.13 (PAGE 4)**

***12a. Are ALL of the substance abuse treatment clients at this facility DUI/DWI or other drunk driver offenders?**

1 ☐ Yes

0 ☐ No

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

***13. 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

***14. Does this facility provide substance abuse treatment services in sign language (for example, American Sign Language, Signed English, or Cued Speech) for the hearing impaired?**

- *Mark "yes" if either a staff counselor or an on-call interpreter provides this service.*

1 ☐ Yes

0 ☐ No

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

- *Mark "yes" if either a staff counselor or an on-call interpreter provides this service.*

1 ☐ Yes

0 ☐ No → **SKIP TO Q.16**

***15a. In what other language(s) is substance abuse treatment offered at this facility?**

MARK ALL THAT APPLY

American Indian / Alaska Native:

1 ☐ Hopi
3 ☐ Navajo
2 ☐ Lakota
4 ☐ Yupik
5 ☐ Other American Indian / Alaska Native language

(*Specify:*_____)

Other Language(s):

6 ☐ Arabic
12 ☐ Korean
7 ☐ Chinese
13 ☐ Polish
8 ☐ Creole
14 ☐ Portuguese
9 ☐ French
15 ☐ Russian
10 ☐ German
16 ☐ Spanish
11 ☐ Hmong
17 ☐ Vietnamese
18 ☐ Other language (*Specify:*

_____

_____)

***16. Does this facility at this location offer a substance abuse treatment program or group specially designed for any of the following populations?**

- *CHECK YES if this facility has a special program for the specified population OR if this facility serves only the specified population.*

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 programs or groups for women only	1 ☐	0 ☐
h. Programs or groups for men only	1 ☐	0 ☐
i. Other (*Specify:*_____)	1 ☐	0 ☐

***17. Does this facility offer HOSPITAL INPATIENT substance abuse services?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.18 (PAGE 5)**

***17a. Which of the following HOSPITAL INPATIENT substance abuse services are offered?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
a. Inpatient detoxification	1 ☐	0 ☐
b. Inpatient rehabilitation	1 ☐	0 ☐

17b. How many of the HOSPITAL INPATIENT beds at this facility are specifically designated for substance abuse treatment?

PROVIDE A NUMBER OR MARK "NONE"

NUMBER _____ or NONE ☐

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

***18. Does this facility offer NON-HOSPITAL RESIDENTIAL substance abuse services?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.19**

***18a. Which of the following NON-HOSPITAL RESIDENTIAL substance abuse services are offered?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
a. Residential detoxification	1 ☐	0 ☐
b. Residential rehabilitation	1 ☐	0 ☐

18b. How many of the NON-HOSPITAL RESIDENTIAL beds at this facility are specifically designated for substance abuse treatment?

PROVIDE A NUMBER OR MARK "NONE"

NUMBER _____ or NONE ☐

***19. Does this facility offer OUTPATIENT substance abuse services?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.20**

***19a. Which of the following OUTPATIENT substance abuse services are offered?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
a. Outpatient detoxification	1 ☐	0 ☐
b. Outpatient methadone/LAAM maintenance	1 ☐	0 ☐
c. Regular outpatient treatment	1 ☐	0 ☐
d. Intensive outpatient treatment *(defined as a minimum of 2 hours per day on 3 or more days per week)*	1 ☐	0 ☐
e. Day treatment or partial hospitalization program	1 ☐	0 ☐

***20. Which of the following types of payments are accepted by this facility for substance abuse treatment?**

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 (for example, 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	1 ☐	0 ☐	-1 ☐

(*Specify:*_____)

21. 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

***22. 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.

DO YOU WANT THE AVAILABILITY OF A SLIDING FEE SCALE PUBLISHED IN THE DIRECTORY?

1 ☐ Yes 0 ☐ No

0 ☐ No

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

***22a. 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.
>
> **DO YOU WANT THE AVAILABILITY OF PAYMENT ASSISTANCE PUBLISHED IN THE DIRECTORY?**
>
> 1 ☐ Yes 0 ☐ No

0 ☐ No

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

1 ☐ Yes
0 ☐ No

24. Does this facility or program have licensing, approval, certification, or accreditation from any of the following organizations?

- *Only include facility-level licensing, accreditation, etc., related to the provision of substance abuse treatment services.*
- *Do not include general business licenses, fire marshal approvals, personal-level credentials, food service licenses, etc.*

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

	YES	NO	DON'T KNOW
a. State substance abuse agency	1 ☐	0 ☐	-1 ☐
b. State mental health department	1 ☐	0 ☐	-1 ☐
c. State public health department/ Board of health	1 ☐	0 ☐	-1 ☐
d. Hospital licensing authority	1 ☐	0 ☐	-1 ☐
e. JCAHO (Joint Commission on Accreditation of Healthcare Organizations)	1 ☐	0 ☐	-1 ☐
f. CARF (The Rehabilitation Accreditation Commission)	1 ☐	0 ☐	-1 ☐
g. NCQA (National Committee for Quality Assurance)	1 ☐	0 ☐	-1 ☐
h. COA (Council on Accreditation for Children & Family Services)	1 ☐	0 ☐	-1 ☐
i. Another state/local agency or other organization	1 ☐	0 ☐	-1 ☐

(*Specify:*_____)

25. On March 29, 2002, was this facility part of an organization with multiple facilities or sites that provide <u>substance abuse treatment</u>?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.26 (PAGE 7)**

25a. The next section asks about the number of clients in treatment at this facility on March 29, 2002. 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 below that best describes how client counts will be reported in Section B of this questionnaire.

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

MARK ONE ONLY

1 ☐ This questionnaire will include client counts for this facility alone

2 ☐ This questionnaire will include client counts for this facility combined with other facilities in the organization

→ **SKIP TO Q.26 (PAGE 7)**

3 ☐ This questionnaire will not include any client counts. Client counts for this facility will be reported by another facility

25b. 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.33 (PAGE 9)**

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

SECTION B: CLIENT COUNT INFORMATION

Section B asks for client count information and should be completed for only this facility if possible. However, if this is not possible, it is acceptable to combine the counts of multiple facilities.

HOSPITAL INPATIENT

26. On March 29, 2002, did any clients receive hospital inpatient substance abuse treatment or detoxification at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.27**

26a. On March 29, 2002, how many hospital inpatients received the following substance abuse services at this facility?

- *COUNT a client in one service category only, even if the client received both services.*
- *DO NOT count codependents, parents, other relatives, friends (that is, "collaterals"), or other non-treatment clients.*

PROVIDE A NUMBER OR MARK "NONE" FOR EACH

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

HOSPITAL INPATIENT TOTAL BOX ☐

26b. How many of the clients from the HOSPITAL INPATIENT TOTAL BOX were under the age of 18?

PROVIDE A NUMBER OR MARK "NONE"

	NONE
Number under age 18 _____	or ☐

26c. How many of the clients from the HOSPITAL INPATIENT TOTAL BOX received methadone or LAAM dispensed at this facility?

- *Include clients who received these drugs for detoxification or maintenance purposes.*

PROVIDE A NUMBER OR MARK "NONE" FOR EACH

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

NON-HOSPITAL RESIDENTIAL

27. On March 29, 2002, did any clients receive non-hospital residential substance abuse treatment or detoxification at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.28 (PAGE 8)**

27a. On March 29, 2002, how many non-hospital residential clients received the following substance abuse services at this facility?

- *COUNT a client in one service category only, even if the client received both services.*
- *DO NOT count codependents, parents, other relatives, friends (that is, "collaterals"), or other non-treatment clients.*

PROVIDE A NUMBER OR MARK "NONE" FOR EACH

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

RESIDENTIAL TOTAL BOX ☐

27b. How many of the clients from the RESIDENTIAL TOTAL BOX were under the age of 18?

PROVIDE A NUMBER OR MARK "NONE"

	NONE
Number under age 18 _____	or ☐

27c. How many of the clients from the RESIDENTIAL TOTAL BOX received methadone or LAAM dispensed at this facility?

- *Include clients who received these drugs for detoxification or maintenance purposes.*

PROVIDE A NUMBER OR MARK "NONE" FOR EACH

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

OUTPATIENT

28. In the 30 days from February 28 through March 29, 2002, did any clients receive outpatient substance abuse services at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.29**

28a. In the 30 days from February 28 through March 29, 2002, how many outpatients received the following substance abuse services at this facility?

- *DO NOT count clients discharged on or before March 29, 2002.*
- *COUNT a client in one service category only, even if the client received multiple services.*
- *DO NOT count codependents, parents, other relatives, friends (that is, "collaterals"), or other non-treatment clients.*

PROVIDE A NUMBER OR MARK "NONE" FOR EACH

	NUMBER	NONE
a. Outpatient detoxification	_____	or ☐
b. Outpatient methadone/ LAAM maintenance	_____	or ☐
c. Regular outpatient treatment *(do not count clients in methadone/ LAAM maintenance)*	_____	or ☐
d. Intensive outpatient treatment *(defined as a minimum of 2 hours per day on 3 or more days per week)*	_____	or ☐
e. Day treatment or partial hospitalization	_____	or ☐

OUTPATIENT TOTAL BOX [ ]

28b. How many of the clients from the OUTPATIENT TOTAL BOX were under the age of 18?

PROVIDE A NUMBER OR MARK "NONE"

		NONE
Number under age 18	_____	or ☐

28c. How many of the clients from the OUTPATIENT TOTAL BOX received methadone or LAAM dispensed at this facility?

- *Include clients who received these drugs for detoxification or maintenance purposes.*

PROVIDE A NUMBER OR MARK "NONE" FOR EACH

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

HOSPITAL INPATIENT, NON-HOSPITAL RESIDENTIAL, AND OUTPATIENT

29. Approximately what percent of all substance abuse treatment clients enrolled at this facility on March 29, 2002, 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.

30. During the 12 months between April 1, 2001 and March 31, 2002, how many admissions for substance abuse treatment did this facility have?

- *IF DATA FOR THIS TIME PERIOD are not available, use the most recent 12-month period for which you have data.*
- *COUNT every admission and re-admission in this 12-month period. If a person is admitted 3 times, count this as 3 admissions.*
- *FOR OUTPATIENT FACILITIES, consider an admission as the initiation of a treatment episode.*

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN 12 MONTH PERIOD [ ]

31. How many facilities are included in the client counts reported in Q.26-Q.28c?

1 ☐ Only this facility → **SKIP TO Q.32**

2 ☐ This facility plus others → **ENTER TOTAL NUMBER OF FACILITIES BELOW (INCLUDE THIS FACILITY):**

NUMBER OF FACILITIES [ ]

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 32.

32. 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 March 29, 2002.*

MARK "ACTUAL," "ESTIMATE" OR "N/A" FOR EACH

	ACTUAL	ESTIMATE	N/A
a. Hospital inpatient client counts (Q.26a, Pg. 7)	1 ☐	2 ☐	0 ☐
b. Non-hospital residential client counts (Q.27a, Pg. 7)	1 ☐	2 ☐	0 ☐
c. Outpatient client counts (Q.28a, Pg. 8)	1 ☐	2 ☐	0 ☐
d. 12-Month admissions (Q.30, Pg. 8)	1 ☐	2 ☐	0 ☐

SECTION C: GENERAL INFORMATION

Section C should be completed for only this facility.

***33. 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

3 ☐ No, does not operate a halfway house

34. Does this facility have Internet access?

1 ☐ Yes

0 ☐ No

35. Does this facility have a Web site with information about the facility's substance abuse treatment programs?

1 ☐ Yes → **PLEASE REVIEW YOUR WEB SITE ADDRESS ON THE FRONT COVER AND UPDATE IF INCORRECT OR MISSING.**

0 ☐ No

36. 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.**

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

- *This information will only be used in the event we need to contact you about your responses. It will not be published.*

Name: _____

Phone Number: (_____) - _____ - _____

FAX Number: (_____) - _____ - _____

E-mail Address: _____

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 the address on the back cover.

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