SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

ICPSR 4099

National Survey of Substance Abuse Treatment Services (N-SSATS), 2003

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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Definitions

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: Center for Behavioral Health Statistics and Quality

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: 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, to update SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS), to analyze general treatment services trends, and to 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, therapy and counseling, pharmacotherapies, testing, transitional, ancillary), primary focus (substance abuse, mental health, both, general health, and 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 17,787 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 31, 2003. 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 04099

http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/04099

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: 12/31/2005
See OMB burden statement on back cover

National Survey of Substance Abuse Treatment Services

(N-SSATS)

March 31, 2003

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.

PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE

INSTRUCTIONS

- Most of the questions in this survey ask about "this facility." By "this facility" we mean the substance abuse treatment facility or program listed on the front cover. If you have any questions about how the term "this facility" applies to your facility, please call 1-888-324-8337.
- 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

If you prefer, you may complete this questionnaire online. See the pink flyer enclosed in your questionnaire packet for the Internet address and your unique user name and password. If you need more information, call the N-SSATS hotline at 1-888-324-8337.

Important Information

Asterisked questions. 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.

Mapping feature in Locator. Complete and accurate name and address information is needed for the online Treatment Facility Locator so it can correctly map the facility location.

Eligibility for Directory/Locator. 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 "DASIS Contacts" then "N-SSATS Contacts by State."

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for only the facility listed on the front cover.

1. Which of the following substance abuse services are offered by this facility, that is, the facility named on the front cover?

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. **Intake, assessment, or referral**	1 ☐	0 ☐
2. **Detoxification**	1 ☐	0 ☐
3. **Substance abuse treatment** *(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)*	1 ☐	0 ☐
4. **Halfway house or other transitional housing**	1 ☐	0 ☐
5. **Other substance abuse services** *(such as administrative or preventive services)*	1 ☐	0 ☐

1a. Did you answer "yes" to substance abuse treatment in question 1 above?

1 ☐ Yes → **SKIP TO Q.2**

0 ☐ No

1b. Did you answer "yes" to detoxification in question 1 above?

1 ☐ Yes → **SKIP TO Q.2**

0 ☐ No

1c. Did you answer "yes" to halfway house or other transitional housing in question 1 above?

1 ☐ Yes → **SKIP TO Q.32 (PAGE 10)**

0 ☐ No → **SKIP TO Q.37 (PAGE 10)**

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

MARK ONE ONLY

1 ☐ Substance abuse treatment services

2 ☐ Mental health services

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

4 ☐ General health care

5 ☐ Other (*Specify:*_____)

3. Is this facility operated by . . .

MARK ONE ONLY

1 ☐ A private for-profit organization

2 ☐ A private non-profit organization

→ **SKIP TO Q.4**

3 ☐ State government

4 ☐ Local, county, or community government

5 ☐ Tribal government

→ **SKIP TO Q.6 (PAGE 2)**

6 ☐ Federal government

3a. 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 (PAGE 2)**

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

1 ☐ Yes

0 ☐ No

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

5. Is this facility affiliated with a religious organization?

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO Q.8**

7a. 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:*_____)

8. Does this facility operate a hotline that responds to substance abuse problems?

- *A hotline is a telephone service that provides information, referral, or immediate counseling, frequently in a crisis situation.*
- *If this facility is part of a group of facilities that operates a central hotline to respond to substance abuse problems, you should mark "yes."*
- *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)

1. (_____) _____ - _____ ext._____

2. (_____) _____ - _____ ext._____

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

INTAKE TELEPHONE NUMBER(S)

1. (_____) _____ - _____ ext._____

2. (_____) _____ - _____ 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 or diagnosis

2 ☐ Comprehensive mental health assessment or diagnosis *(for example, psychological or 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

10 ☐ Buprenorphine (Subutex, Suboxone)

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

11 ☐ Breathalyzer or other blood alcohol testing

12 ☐ Drug or alcohol urine screening

13 ☐ Screening for Hepatitis B

14 ☐ Screening for Hepatitis C

15 ☐ HIV testing

16 ☐ STD testing

17 ☐ TB screening

Transitional Services

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

19 ☐ Discharge planning

20 ☐ Employment counseling or training

21 ☐ Assistance in locating housing

Other Services

22 ☐ Case management services

23 ☐ Child care

24 ☐ Domestic violence—family or partner violence services (physical, sexual, and emotional abuse)

25 ☐ HIV or AIDS education, counseling, or support

26 ☐ Outcome follow-up after discharge

27 ☐ Transportation assistance to treatment

28 ☐ Acupuncture

29 ☐ Residential beds for clients' children

***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, Center for Substance Abuse Treatment, to use opioid drugs such as* ***methadone*** *and* ***LAAM*** *in the treatment of opiate (narcotic) addiction.*

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?**

- *Mark "yes" if this facility serves only DUI/DWI clients OR if this facility has a special DUI/DWI program.*

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 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

14. 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.15**

***14a. In what other language(s) is substance abuse treatment offered at this facility?**

MARK ALL THAT APPLY

American Indian or Alaska Native:

1 ☐ Hopi
2 ☐ Lakota
3 ☐ Navajo
4 ☐ Yupik
5 ☐ Other American Indian or Alaska Native language (*Specify:*_____)

Other Language(s):

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

***15. This question has two parts. Column A asks about the types of clients accepted into treatment at this facility. Column B asks whether this facility offers specially designed treatment programs or groups for each type of client.**

Column A: For each type of client listed below: Indicate whether this facility accepts these clients into treatment at this location.

Column B: For each "yes" in Column A: Indicate if this facility offers a specially designed substance abuse treatment program or group exclusively for that type of client at this location.

- *For example, if this facility accepts adolescents for treatment but does not have a specially designed program or group just for adolescents, mark YES in Column A and NO in Column B. If this facility accepts adolescents and has a special program or group just for adolescents, mark YES in both Columns A and B.*

MARK "YES" OR "NO" FOR EACH

	A CLIENTS ACCEPTED IN TREATMENT		B SPECIALLY DESIGNED PROGRAM OR GROUP	
	YES	NO	YES	NO
1. Adolescents	1 ☐	0 ☐	1 ☐	0 ☐
2. Clients with co-occurring mental and substance abuse disorders	1 ☐	0 ☐	1 ☐	0 ☐
3. Criminal justice clients (other than DUI/DWI clients)	1 ☐	0 ☐	1 ☐	0 ☐
4. Persons with HIV or AIDS	1 ☐	0 ☐	1 ☐	0 ☐
5. Gays or lesbians	1 ☐	0 ☐	1 ☐	0 ☐
6. Seniors or older adults	1 ☐	0 ☐	1 ☐	0 ☐
7. Pregnant or postpartum women	1 ☐	0 ☐	1 ☐	0 ☐
8. Women	1 ☐	0 ☐	1 ☐	0 ☐
9. Men	1 ☐	0 ☐	1 ☐	0 ☐
10. Specially designed programs or groups for other types of clients	1 ☐	0 ☐		

(*Specify:*_____
_____)

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

***16. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.17**

***16a. Which of the following HOSPITAL INPATIENT substance abuse services are offered?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Inpatient detoxification	1 ☐	0 ☐
2. Inpatient treatment	1 ☐	0 ☐

***17. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.18**

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

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Residential detoxification	1 ☐	0 ☐
2. Residential short-term treatment *(30 days or less)*	1 ☐	0 ☐
3. Residential long-term treatment *(more than 30 days)*	1 ☐	0 ☐

***18. Does this facility offer OUTPATIENT substance abuse services at this location?**

1 ☐ Yes

0 ☐ No → **SKIP TO Q.19**

***18a. Which of the following OUTPATIENT substance abuse services are offered?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Outpatient detoxification	1 ☐	0 ☐
2. Outpatient methadone or LAAM maintenance	1 ☐	0 ☐
3. Outpatient day treatment or partial hospitalization program *(20 or more hours per week)*	1 ☐	0 ☐
4. Intensive outpatient treatment *(defined as a minimum of 2 hours per day on 3 or more days per week)*	1 ☐	0 ☐
5. Regular outpatient treatment *(fewer hours per week than intensive)*	1 ☐	0 ☐

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

1 ☐ Yes →

> The Directory/Locator 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/LOCATOR?**
>
> 1 ☐ Yes 0 ☐ No

0 ☐ No

***19a. Does this facility offer treatment at no charge to clients who cannot afford to pay?**

1 ☐ Yes →

> The Directory/Locator will explain that potential clients should call the facility for information on eligibility.
>
> **DO YOU WANT THE AVAILABILITY OF FREE CARE FOR ELIGIBLE CLIENTS PUBLISHED IN THE DIRECTORY/LOCATOR?**
>
> 1 ☐ Yes 0 ☐ No

0 ☐ No

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

***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
1. Cash or self-payment	1 ☐	0 ☐	-1 ☐
2. Medicare	1 ☐	0 ☐	-1 ☐
3. Medicaid	1 ☐	0 ☐	-1 ☐
4. 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 ☐
5. Federal military insurance such as TRICARE or Champ VA	1 ☐	0 ☐	-1 ☐
6. Private health insurance	1 ☐	0 ☐	-1 ☐
7. No payment accepted (free treatment for ALL clients)	1 ☐	0 ☐	-1 ☐
8. 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 have agreements or contracts with managed care organizations for providing substance abuse treatment services?

1 ☐ Yes

0 ☐ No

SECTION B: CLIENT COUNT INFORMATION

IMPORTANT: Questions in Section B ask about different time periods, e.g., March 31, 2003, and the 12-month period ending on March 31, 2003. Please pay special attention to the date specified in each question.

23. Did this facility offer substance abuse treatment or detoxification services on March 31, 2003?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.32 (PAGE 10)**

24. The next questions ask about the number of clients in treatment at this facility on March 31, 2003. Please check the option below that best describes how client counts will be reported in this questionnaire.

- *We would prefer to get this information separately for this facility. However, if this facility is part of an organization with multiple facilities or sites that provide substance abuse treatment, and data cannot be separated, it is acceptable to report the combined counts of multiple facilities.*
- 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 → **SKIP TO Q.25 (PAGE 7)**

2 ☐ This questionnaire will include client counts for this facility combined with other facilities in the organization → **SKIP TO Q.25 (PAGE 7)**

3 ☐ Client counts for this facility will be reported in another facility's questionnaire

24a. Whom should we contact for client count information?

- *Please record all of the information requested.*

_____
CONTACT PERSON

_____
PHONE NUMBER

_____
FACILITY NAME

_____
CITY/STATE

→ **SKIP TO Q.32 (PAGE 10)**

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

HOSPITAL INPATIENT
(RESPOND FOR MARCH 31, 2003)

25. On March 31, 2003, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

1 ☐ Yes
0 ☐ No → **SKIP TO Q.26**

25a. On March 31, 2003, how many patients received the following HOSPITAL INPATIENT 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
1. Inpatient detoxification	_____	or ☐
2. Inpatient treatment	_____	or ☐
HOSPITAL INPATIENT TOTAL BOX	☐	

25b. How many of the patients from the HOSPITAL INPATIENT TOTAL BOX were under the age of 18?

PROVIDE A NUMBER OR MARK "NONE"

	NONE
Number under age 18 _____	or ☐

25c. How many of the patients 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
1. Methadone	_____	or ☐
2. LAAM	_____	or ☐

25d. On March 31, 2003, how many of the hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

PROVIDE A NUMBER OR MARK "NONE"

NUMBER	NONE
_____	or ☐

RESIDENTIAL (NON-HOSPITAL)
(RESPOND FOR MARCH 31, 2003)

26. On March 31, 2003, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

1 ☐ Yes
0 ☐ No → **SKIP TO Q.27 (PAGE 8)**

26a. On March 31, 2003, how many clients received the following RESIDENTIAL substance abuse services at this facility?

- *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
1. Residential detoxification	_____	or ☐
2. Residential short-term treatment *(30 days or less)*	_____	or ☐
3. Residential long-term treatment *(more than 30 days)*	_____	or ☐
RESIDENTIAL TOTAL BOX	☐	

26b. 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 ☐

26c. 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
1. Methadone	_____	or ☐
2. LAAM	_____	or ☐

26d. On March 31, 2003, how many of the residential beds at this facility were specifically designated for substance abuse treatment?

PROVIDE A NUMBER OR MARK "NONE"

NUMBER	NONE
_____	or ☐

OUTPATIENT
(RESPOND FOR THE MONTH OF MARCH 2003)

27. During the month of March 2003, did any clients receive OUTPATIENT substance abuse services at this facility?

1 ☐ Yes
0 ☐ No → **SKIP TO Q.28 (PAGE 9)**

27a. As of March 31, 2003, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

Active outpatient clients are individuals who:

(1) were seen at this facility for a substance abuse treatment or detox service at least once during the month of March 2003

AND

(2) were still enrolled in treatment as of March 31, 2003.

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

ENTER A NUMBER OR MARK "NONE" FOR EACH

	NUMBER	NONE
1. Outpatient detoxification	_____	or ☐
2. Outpatient methadone or LAAM maintenance	_____	or ☐
3. Outpatient day treatment or partial hospitalization *(20 or more hours per week)*	_____	or ☐
4. Intensive outpatient treatment *(defined as a minimum of 2 hours per day on 3 or more days per week)*	_____	or ☐
5. Regular outpatient treatment *(fewer hours per week than intensive)*	_____	or ☐

OUTPATIENT TOTAL BOX ☐

27b. 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 ☐

27c. 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
1. Methadone	_____	or ☐
2. LAAM	_____	or ☐

27d. The number you recorded in the OUTPATIENT TOTAL BOX (question 27a) represents clients enrolled in outpatient substance abuse treatment at this facility on March 31, 2003. Considering staff resources available during the month of March 2003, did this facility have the capacity to accommodate a larger outpatient enrollment on March 31, 2003?

1 ☐ Yes
0 ☐ No → **GO TO Q.28 (PAGE 9)**

27e. Considering the available staff resources, how many *additional* clients could have been enrolled in outpatient substance abuse treatment at this facility on March 31, 2003? Use the worksheet below to calculate your response.

OUTPATIENT CAPACITY	_____
MINUS NUMBER FROM OUTPATIENT TOTAL BOX	– _____
ADDITIONAL OUTPATIENTS THAT COULD HAVE BEEN ENROLLED IN TREATMENT ON MARCH 31, 2003	_____

HOSPITAL INPATIENT, RESIDENTIAL, AND OUTPATIENT

(RESPOND FOR DATES SPECIFIED IN EACH QUESTION)

28. Approximately what percent of all substance abuse treatment clients enrolled at this facility on March 31, 2003, were being treated for . . .

If no substance abuse clients were enrolled on March 31, 2003, check here → ☐ **AND SKIP TO Q.29**

1. Abuse of both alcohol and drugs _____%
2. Alcohol abuse only _____%
3. Drug abuse only _____%

TOTAL ____ %

THIS SHOULD TOTAL 100%. IF NOT, PLEASE RECONCILE.

29. In the 12 months beginning April 1, 2002 and ending March 31, 2003, how many admissions for substance abuse treatment did this facility have? Count every admission and re-admission in this 12-month period. If a person was admitted 3 times, count this as 3 admissions.

- *FOR OUTPATIENT CLIENTS, consider an admission as the initiation of a treatment episode.*
- *IF DATA FOR THIS TIME PERIOD are not available, use the most recent 12-month period for which you have data.*

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN 12-MONTH PERIOD ____

30. How many facilities are included in the client counts reported in questions 25 through 29?

1 ☐ Only this facility → **SKIP TO Q.31**

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 31.

31. 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 provided by this facility on March 31, 2003.*

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

	ACTUAL	ESTIMATE	N/A
1. Hospital inpatient client counts (Q.25a, Pg. 7)	1 ☐	2 ☐	0 ☐
2. Residential client counts (Q.26a, Pg. 7)	1 ☐	2 ☐	0 ☐
3. Outpatient client counts (Q.27a, Pg. 8)	1 ☐	2 ☐	0 ☐
4. 12-month admissions (Q.29).....	1 ☐	2 ☐	0 ☐

PLEASE TURN TO BACK COVER TO COMPLETE SECTION C: GENERAL INFORMATION

SECTION C: GENERAL INFORMATION

Section C should be completed for only this facility.

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

- *Only include facility-level licensing, accreditation, etc., related to the provision of substance abuse 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
1. State substance abuse agency	1 ☐	0 ☐	-1 ☐
2. State mental health department	1 ☐	0 ☐	-1 ☐
3. State public health department or board of health	1 ☐	0 ☐	-1 ☐
4. Hospital licensing authority	1 ☐	0 ☐	-1 ☐
5. JCAHO (Joint Commission on Accreditation of Healthcare Organizations)	1 ☐	0 ☐	-1 ☐
6. CARF (The Rehabilitation Accreditation Commission)	1 ☐	0 ☐	-1 ☐
7. NCQA (National Committee for Quality Assurance)	1 ☐	0 ☐	-1 ☐
8. COA (Council on Accreditation for Children & Family Services)	1 ☐	0 ☐	-1 ☐
9. Another state or local agency or other organization	1 ☐	0 ☐	-1 ☐

(*Specify:*_____)

33. Does this facility have Internet access?

1 ☐ Yes

0 ☐ No

***34. Does this facility have a Web site or Web page with information about the facility's substance abuse treatment programs?**

1 ☐ Yes →

The Web site address for this facility will appear in the Directory/Locator.

Please check the front cover of this questionnaire to confirm that the Web site address for this facility is correct EXACTLY as listed. If incorrect or missing, enter the correct address.

0 ☐ No

35. If eligible, does this facility want to be listed in the National Directory and online Treatment Locator? (See inside front cover for eligibility information.)

1 ☐ Yes

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

37. Who was primarily responsible for completing this form? *This information will only be used if we need to contact you about your responses. It will not be published.*

Name: _____

Title: _____

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:

MATHEMATICA POLICY RESEARCH, INC.
ATTN: Receipt Control - Project 8945
P.O. Box 2393
Princeton, NJ 08543-2393

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.

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