SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

ICPSR 4469

National Survey of Substance Abuse Treatment Services (N-SSATS), 2005

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
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Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

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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
: 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, 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 and pre-treatment, pharmacotherapies, testing, transitional, ancillary), primary focus (substance abuse, mental health, both, general health, and other), hotline operation, methadone/buprenorphine 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 16,418 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, 2005. 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 04469

http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/04469

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, 2005

Substance Abuse and Mental Health Services Administration (SAMHSA)

Draft

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 specific treatment facility or program whose name and location are printed 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 specific facility or program whose name and location are printed on the front 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 ID and password. If you need more information, call the N-SSATS helpline 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 designated as eligible 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 eligible to be listed in the Directory/Locator. For the name and telephone number of your state representative, call the N-SSATS helpline 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 this facility only, that is, the treatment facility or program at the location listed on the front cover.

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

- *IF THIS IS A MENTAL HEALTH FACILITY: Please respond about the substance abuse services that may be offered at this facility.*

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. **Any other substance abuse services**	1 ☐	0 ☐

1a. Did you answer "yes" to substance abuse treatment in option 3 of question 1 above?

1 ☐ Yes → **SKIP TO Q. 2 (TOP OF NEXT COLUMN)**

0 ☐ No

1b. Did you answer "yes" to detoxification in option 2 of question 1 above?

1 ☐ Yes → **GO TO Q.2 (TOP OF NEXT COLUMN)**

0 ☐ No → **SKIP TO Q.31 (PAGE 10)**

***2. What is the primary focus of this facility at this location, that is, the location listed on the front cover?**

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 (PAGE 2)**

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.6 (PAGE 2)**

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4. Is this facility a solo practice, meaning, an office with a single practitioner or therapist?

1 ☐ Yes

0 ☐ No

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 → **SKIP TO Q.37 (PAGE 10)**

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO Q.8 (TOP OF NEXT COLUMN)**

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

INTAKE TELEPHONE NUMBER(S)

1. (_____) _____ - _____ ext._____

2. (_____) _____ - _____ ext._____

9. 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.10 (PAGE 3)**

***9a. Please enter the hotline telephone number(s) below.**

HOTLINE TELEPHONE NUMBER(S)

1. (_____) _____ - _____ ext._____

2. (_____) _____ - _____ ext._____

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10. Which of the following services are provided by this facility at this location, that is, the location listed on the front cover?

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 ☐ Campral

11 ☐ Buprenorphine - Subutex

12 ☐ Buprenorphine - Suboxone

13 ☐ Methadone

Testing *(Include tests performed at this location, even if specimen is sent to outside source for chemical analysis.)*

14 ☐ Breathalyzer or other blood alcohol testing

15 ☐ Drug or alcohol urine screening

16 ☐ Screening for Hepatitis B

17 ☐ Screening for Hepatitis C

18 ☐ HIV testing

19 ☐ STD testing

20 ☐ TB screening

Transitional Services

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

22 ☐ Discharge planning

23 ☐ Employment counseling or training for clients

24 ☐ Assistance in locating housing for clients

Other Services

25 ☐ Case management services

26 ☐ Child care for clients' children

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

28 ☐ HIV or AIDS education, counseling, or support

29 ☐ Outcome follow-up after discharge

30 ☐ Transportation assistance to treatment

31 ☐ Acupuncture

*32 ☐ Residential beds for clients' children

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

- *Opioid Treatment Programs are certified by SAMHSA's Center for Substance Abuse Treatment to use opioid drugs such as* ***methadone or buprenorphine*** *in the treatment of opiate (narcotic) addiction.*

1 ☐ Yes

0 ☐ No → **SKIP TO Q.12 (BELOW)**

***11a. Is the Opioid Treatment Program at this location a maintenance program, a detoxification 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 at this location?**

- *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 enrolled in the DUI/DWI program?**

1 ☐ Yes

0 ☐ No

Draft

***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 at this location?**

- *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 at this location?**

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

1 ☐ Yes
0 ☐ No → **SKIP TO Q.15 (TOP OF NEXT COLUMN)**

14a. At this facility, who provides substance abuse treatment services in a language other than English?

MARK ONE ONLY

1 ☐ Staff counselor that speaks a language other than English
2 ☐ On-call interpreter brought in when needed → **SKIP TO Q.15 (TOP OF NEXT COLUMN)**
3 ☐ BOTH staff counselor and on-call interpreter

***14b. In what other languages do staff counselors provide substance abuse treatment 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 Languages:

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 whether this facility offers a specially designed substance abuse treatment program or group exclusively for that type of client at this location.

Type of Client	Column A: Clients Accepted Into Treatment		Column B: Offers 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)*	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. Adult women	1 ☐	0 ☐	1 ☐	0 ☐
8. Pregnant or postpartum women	1 ☐	0 ☐	1 ☐	0 ☐
9. Adult men	1 ☐	0 ☐	1 ☐	0 ☐
10. Specially designed programs or groups for any other types of clients (*Specify:*_____ _____)			1 ☐	0 ☐

Draft

***16. Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is, the location listed on the front cover?**

MARK "YES" OR "NO" FOR EACH

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

***17. Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is, the location listed on the front cover?**

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 any of the following OUTPATIENT substance abuse services at this location, that is, the location listed on the front cover?**

MARK "YES" OR "NO" FOR EACH

	YES	NO
1. Outpatient detoxification	1 ☐	0 ☐
2. Outpatient methadone/ buprenorphine maintenance	1 ☐	0 ☐
3. Outpatient day treatment or partial hospitalization *(20 or more hours per week)*	1 ☐	0 ☐
4. Intensive outpatient treatment *(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

0 ☐ No → **SKIP TO Q.19b (BELOW)**

19a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator? *(For information on Directory/Locator eligibility, see the inside front cover.)*

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

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes

0 ☐ No → **SKIP TO Q.20 (PAGE 6)**

19c. Do you want the availability of free care for eligible clients published in SAMHSA's Directory/Locator?

- *The Directory/Locator will explain that potential clients should call the facility for information on eligibility.*

1 ☐ Yes

0 ☐ No

Draft

***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 Program (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

-1 ☐ Don't Know

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

- *Managed care organizations have agreements with certain health care providers who give services to plan members, usually at discounted rates. Examples include managed behavioral healthcare organizations (MBHOs), health maintenance organizations (HMOs), and preferred provider organizations (PPOs).*

1 ☐ Yes

0 ☐ No

-1 ☐ Don't Know

SECTION B: CLIENT COUNT INFORMATION

IMPORTANT: Questions in Section B ask about two different time periods, i.e., the single day of March 31, 2005, and the 12-month period ending on March 31, 2005. Please pay special attention to the period specified in each question.

IF THIS IS A MENTAL HEALTH FACILITY: Include in your client counts all clients receiving substance abuse treatment, even if substance abuse is their secondary diagnosis.

23. Questions 24 through 28 ask about the number of clients in treatment at this facility at specified times.

Please check the option below that best describes how client counts will be reported in these questions.

MARK ONE ONLY

1 ☐ Questions 24 through 28 will include client counts for this facility alone → **SKIP TO Q.24 (PAGE 7)**

2 ☐ Questions 24 through 28 will include client counts for this facility combined with other facilities → **SKIP TO Q.24 (PAGE 7)**

3 ☐ Client counts for this facility will be reported by another facility → **SKIP TO Q.31 (PAGE 10)**

Draft

HOSPITAL INPATIENT

24. On March 31, 2005, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.25 (TOP OF NEXT COLUMN)**

24a. On March 31, 2005, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

- ***COUNT*** *a client in* ***one service only****, even if the client received both services.*
- ***DO NOT*** *count family members, friends, or other non-treatment clients.*

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Inpatient detoxification _____
2. Inpatient treatment _____

HOSPITAL INPATIENT TOTAL BOX [ ]

24b. How many of the patients from the HOSPITAL INPATIENT TOTAL BOX were under the age of 18?

ENTER A NUMBER (IF NONE, ENTER "0")

Number under age 18 _____

24c. How many of the patients from the HOSPITAL INPATIENT TOTAL BOX received methadone or buprenorphine dispensed by this facility?

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

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Methadone _____
2. Buprenorphine _____

24d. On March 31, 2005, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

ENTER A NUMBER (IF NONE, ENTER "0")

Number of beds _____

RESIDENTIAL (NON-HOSPITAL)

25. On March 31, 2005, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.26 (PAGE 8)**

25a. On March 31, 2005, how many clients received the following RESIDENTIAL substance abuse services at this facility?

- ***COUNT*** *a client in* ***one service only****, even if the client received multiple services.*
- ***DO NOT*** *count family members, friends, or other non-treatment clients.*

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

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

RESIDENTIAL TOTAL BOX [ ]

25b. How many of the clients from the RESIDENTIAL TOTAL BOX were under the age of 18?

ENTER A NUMBER (IF NONE, ENTER "0")

Number under age 18 _____

25c. How many of the clients from the RESIDENTIAL TOTAL BOX received methadone or buprenorphine dispensed by this facility?

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

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Methadone _____
2. Buprenorphine _____

25d. On March 31, 2005, how many residential beds at this facility were specifically designated for substance abuse treatment?

ENTER A NUMBER (IF NONE, ENTER "0")

Number of beds _____

Draft

OUTPATIENT

26. During the month of March 2005, did any clients receive OUTPATIENT substance abuse services at this facility?

1 ☐ Yes

0 ☐ No → **SKIP TO Q.27 (PAGE 9)**

26a. As of March 31, 2005, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

An active outpatient client is someone who:

(1) was seen at this facility for substance abuse treatment or detoxification at least once during the month of March 2005

AND

(2) was still enrolled in treatment on March 31, 2005.

- ***COUNT** a client in **one service only**, even if the client received multiple services.*
- ***DO NOT** count family members, friends, or other non-treatment clients.*

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Outpatient detoxification _____
2. Outpatient methadone/ buprenorphine maintenance *(count methadone and buprenorphine maintenance clients on this line only)* _____
3. Outpatient day treatment or partial hospitalization *(20 or more hours per week)* _____
4. Intensive outpatient treatment *(a minimum of 2 hours per day on 3 or more days per week)* _____
5. Regular outpatient treatment *(fewer hours per week than intensive)* _____

OUTPATIENT TOTAL BOX ☐

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

ENTER A NUMBER (IF NONE, ENTER "0")

Number under age 18 _____

26c. How many of the clients from the OUTPATIENT TOTAL BOX received methadone or buprenorphine dispensed by this facility?

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

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Methadone _____
2. Buprenorphine _____

26d. Without adding to the staff or space available in March 2005, what is the maximum number of clients that could have been enrolled in outpatient substance abuse treatment on March 31, 2005? This is generally referred to as outpatient capacity.

OUTPATIENT CAPACITY ON MARCH 31, 2005 ☐

This number should not be less than the number entered in the OUTPATIENT TOTAL BOX.

Draft

27. Thinking about all of your substance abuse treatment clients—including hospital inpatient, residential, and/or outpatient—approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2005, were being treated for . . .

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

TOTAL ____ %

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

28. In the 12 months beginning April 1, 2004, and ending March 31, 2005, 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 to be the initiation of a treatment program or course of treatment. Count admissions into treatment, not individual treatment visits.*
- *IF DATA FOR THIS TIME PERIOD are not available, use the most recent 12-month period for which you have data.*
- *IF THIS IS A MENTAL HEALTH FACILITY, count all admissions in which clients received substance abuse treatment, even if substance abuse was their secondary diagnosis.*

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN 12-MONTH PERIOD ____

29. How many facilities are included in the client counts reported in questions 24 through 28?

1 ☐ Only this facility → **SKIP TO Q.30 (BELOW)**

2 ☐ This facility plus others → **ENTER NUMBER OF FACILITIES INCLUDED IN CLIENT COUNTS:**

THIS FACILITY	1
+ ADDITIONAL FACILITIES	
= TOTAL 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 30 (BELOW)

30. 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, 2005.*

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

	ACTUAL	ESTIMATE	N/A
1. Hospital inpatient clients (Q.24a, Pg. 7)	1 ☐	2 ☐	-4 ☐
2. Residential clients (Q.25a, Pg. 7)	1 ☐	2 ☐	-4 ☐
3. Outpatient clients (Q.26a, Pg. 8)	1 ☐	2 ☐	-4 ☐
4. 12-month admissions (Q.28)	1 ☐	2 ☐	-4 ☐

PLEASE CONTINUE WITH QUESTIONS ON THE BACK COVER →

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SECTION C: GENERAL INFORMATION

Section C should be completed for this facility only.

***31. Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, the location listed on the front cover?**

1 ☐ Yes

0 ☐ No

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 department 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 *(Commission on Accreditation of Rehabilitation Facilities)*	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 website or web page with information about the facility's substance abuse treatment programs?**

1 ☐ Yes →

Please check the front cover of this questionnaire to confirm that the website 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 Facility 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: _____

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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 7-1044, 1 Choke Cherry Road, 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.