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
**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

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**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](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](http://wwwdasis.samhsa.gov) and click on “National Survey of Substance Abuse Treatment Services (N-SSATS), Contacts by State.”
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 → SKIP TO Q.33 (PAGE 9)

-1 □ Don’t know

0 □ Never provided substance abuse treatment or detoxification

2. Is this facility operated by . . .

MARK ONE ONLY

1 □ A private-for-profit organization

2 □ A private non-profit organization

3 □ State government

4 □ Local, county or community government

5 □ Tribal government

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:___________________)

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?
   
   □ Yes  
   □ No

5. Is this facility a jail, prison or other organization that provides treatment exclusively for incarcerated persons?
   
   □ Yes  
   □ No

6. Is this facility located in, or operated by, a hospital?
   
   □ Yes  
   □ No  ➔ SKIP TO Q.7

6a. What type of hospital?
   
   MARK ONE ONLY
   
   □ General hospital (including VA hospital)  
   □ Psychiatric hospital  
   □ Other specialty hospital, for example, alcoholism, maternity, etc.

   (Specify:______________________________)

7. What is the primary focus of this facility?
   
   MARK ONE ONLY
   
   □ Substance abuse treatment services  
   □ Mental health services  
   □ General health care  
   □ Mix of mental health and substance abuse treatment services (neither is primary)  
   □ Other (Specify:______________________________)

8. Does this facility operate or participate in a substance abuse hotline?
   
   □ Yes  
   □ No

   • 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.

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 intake 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

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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 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?  

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
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
   NONE or □
*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 NONE

____________________ or □

*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

DONT’

YES NO 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

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

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 substance abuse treatment?

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

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)
### 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?

- □ Yes
- □ 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**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inpatient detoxification</td>
<td></td>
</tr>
<tr>
<td>b. Inpatient rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

**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”**

<table>
<thead>
<tr>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number under age 18</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Methadone</td>
<td></td>
</tr>
<tr>
<td>b. LAAM</td>
<td></td>
</tr>
</tbody>
</table>

#### NON-HOSPITAL RESIDENTIAL

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

- □ Yes
- □ 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**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Residential detoxification</td>
<td></td>
</tr>
<tr>
<td>b. Residential rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

**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”**

<table>
<thead>
<tr>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number under age 18</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Methadone</td>
<td></td>
</tr>
<tr>
<td>b. LAAM</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
</table>
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” FOR EACH

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NONE</th>
</tr>
</thead>
</table>
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

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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 □

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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

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: ______________________

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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 the address on the back cover.

*SEE IMPORTANT NOTICE ON INSIDE FRONT COVER.
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.