

Attachment B3

N-SSATS 2007 web screens for on-line questionnaire

Attachment B3 (N-SSATS 2007 screens for on-line questionnaire)

U.S. Department of Health and Human Services

FORM APPROVED:
OMB No. 0930-XXXX
APPROVAL EXPIRES: XX/XX/XXXX

Welcome to the
**NATIONAL SURVEY OF
SUBSTANCE ABUSE TREATMENT
SERVICES**
(N-SSATS) - March 30, 2007

Sponsored by:
Substance Abuse and Mental
Health Services Administration
(SAMHSA)

THIS IS A SECURE SITE

Conducted by:
Mathematica Policy Research, Inc.

Enter your
User ID:

and
Password:

then click
Login button

If you do not know your User ID and Password, please refer to the pink flyer included in your questionnaire packet or call our toll free number to obtain the information:
1-888-324-8337.

Public burden for this collection of information is estimated to average 40 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-XXXX.

National Survey of Substance Abuse Treatment Services

We cannot log you in to the questionnaire.

Either the password you entered was incorrect or the User ID does not exist.

Please attempt to [Re-Login](#) here.

If multiple attempts to login have failed, please e-mail us at nssatsweb@mathematica-mpr.com

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

NATIONAL SURVEY OF
SUBSTANCE ABUSE TREATMENT SERVICES
(N-SSATS) - March 30, 2007

Thank you for logging in to the 2007 National Survey of Substance Abuse Treatment Services Web questionnaire.

The questionnaire for this facility, that is Facility Name 1 Facility Name 2, Address 1 Address 2, has already been completed. Therefore, this facility's password has been retired.

If you think this is an error or have any questions about this information, please call the N-SSATS helpline at (888) 324-8337.

Welcome to the 2007 National Survey of Substance Abuse Treatment Services (N-SSATS) questionnaire on the Internet.



**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 Facility Name 1 Facility Name 2, Address Line 1 Address Line 2. 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 Facility Name 1 Facility Name 2, Address Line 1 Address Line 2, unless otherwise specified in the questionnaire.
- Please keep a copy of your completed Web questionnaire for your records. You will be given the opportunity to review and print your responses at the end of the questionnaire.
- For additional information about this survey or the types of care referred to in the questionnaire, please visit our website at <http://info.nssats.com>.

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://www.dasis.samhsa.gov> and click on "DASIS Contacts" then "N-SSATS Contacts by State."

- For "Helpful Hints" on completing this questionnaire on the Web: [Click Here](#).
- To preview the questionnaire: [Click Here](#).
- When you are ready to begin, click on the **BEGIN QUESTIONNAIRE** button below.

BEGIN

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

Here are a few tips that should make completing the questionnaire on the Web faster and easier:

- **To VIEW or move down entire pages -- USE the scroll bar along the right side of your computer screen.** Some screens contain more than one question on a page. By using the scroll bar, you will be able to view all of the questions on a page.
- **To VIEW a question on a previous screen or to CHANGE your answer to an earlier question, use the BACK button on your browser.**
- **To SAVE responses and temporarily leave the questionnaire -- click on the QUIT button at the bottom of any screen.** When you return to the questionnaire and login again, previous answers will have been saved and you will continue from the point where you left off.
- **Do NOT use the ENTER key to complete your answers -- USE your mouse to navigate between questions.** Although using the enter key is a natural reaction, this will cause you to skip any remaining questions on that page.
- **To CONTINUE to the next page -- click on the Submit button at the bottom of any screen.**
- **To CLEAR ALL the answers on the page you are viewing, if you have made an error in entering data -- click on the START PAGE OVER button at the bottom of any screen.** You can then correct your mistake and press the Submit button to submit and continue.
- **To preview the questionnaire: [Click Here.](#)**
- **To return to the main introduction: [Click Here.](#)**



[*Quit*](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

**When you press the START QUESTIONNAIRE button
below,
you will advance to the actual questionnaire.**

- If you are returning to finish a partially completed questionnaire, you will return to the point where you left off.
- If you are starting a new questionnaire, you will start at the beginning with the first question.
- Please do not scroll through the actual questionnaire to preview questions. This will cause errors and we will need to contact you to collect any missing information.
- Please do not use the "enter" key to advance to the next screen. This can result in questions being missed. When all questions on the screen have been answered, click the "submit" button at the bottom of each page.

**If you want to preview the questionnaire, [click here](#).
Otherwise, if you are ready to begin the questionnaire, click the button
below.**





NOTE: This page allows you to preview the web version of the questionnaire.

Do not attempt to answer questions here as data CANNOT be recorded on this page.

When you are ready to begin entering data, press the BEGIN QUESTIONNAIRE button below.

U.S. Department of Health and Human Services

FORM APPROVED:

OMB No. 0930-XXXX

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NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N-SSATS) - March 30, 2007

Sponsored by:

Substance Abuse and Mental Health
Services Administration (SAMHSA)

Conducted by:

Mathematica Policy Research, Inc.

Below you will find the information currently on record for this facility.

Please verify the information shown below. Is the information shown complete and correct?

Yes, the information below is correct as shown.

No, some information below is incorrect or missing. (Make your corrections below)

No, all information below is incorrect. (Make your corrections below)

Edit or add to the fields below to correct your facility's information and delete any incorrect information.	
Facility Director:	First: _____ Middle: __ Last: _____
Facility Name:	Line 1: _____
	Line 2: _____
Location Address:	Line 1: _____
	Line 2: _____
	City: _____ State: __ Zip: _____ - _____
Facility Telephone Number:	(____) ____-____ Extn: _____
Facility Fax Number:	(____) ____-_____

Who will be primarily responsible for completing this questionnaire?

Name: First _____ Last _____

Title: _____

Optional information:

Telephone number (If different from main facility number):

() - - ext. _____

Fax number (If different from main facility number):

() - - _____

E-Mail Address: _____

REMINDER:

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.

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for this facility only, that is, Facility Name 1 Facility Name 2, Address Line 1 Address Line 2.

1. Which of the following substance abuse services are offered by this facility at this location, that is, Facility Name 1 Facility Name 2, Address Line 1 Address Line 2?

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

SELECT "YES" OR "NO" FOR EACH

Yes No

1. Intake, assessment, or referral

2. Detoxification

3. Substance abuse treatment

(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)

4. Any other substance abuse services

(Question # 2 not asked in web survey)

2a. Does this facility detoxify clients from...

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
2. Opiates	<input type="checkbox"/>	<input type="checkbox"/>
3. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
4. Other (<i>Specify</i>) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

2b. Does this facility routinely use medications during detoxification?

Yes

No

(Question # 3 not asked in web survey)

4.* What is the primary focus of this facility at this location, that is, Facility Name 1 Facility Name 2, Address Line 1 Address Line 2.

SELECT ONE ONLY

Substance abuse treatment services	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>
Mix of mental health and substance abuse treatment services (<i>neither is primary</i>)	<input type="checkbox"/>
General health care	<input type="checkbox"/>
Other (<i>Specify</i>) <input type="text"/>	<input type="checkbox"/>

5. Is this facility operated by...

SELECT ONE ONLY

- A private for-profit organization **Skip to Q.6**
- A private non-profit organization **Skip to Q.6**
- State government **Skip to Q.8**
- Local, county, or community government **Skip to Q.8**
- Tribal government **Skip to Q.8**
- Federal government

5a. Which federal government agency?

SELECT ONE ONLY

- Department of Veterans Affairs **Skip to Q.8**
- Department of Defense **Skip to Q.8**
- Indian Health Service **Skip to Q.8**
- Other (*Specify*) _____ **Skip to Q.8**

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

- Yes
- No

7. Is this facility affiliated with a religious organization?

- Yes
- No

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

- Yes **Skip to Q.47**
- No

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

- Yes
- No **Skip to Q.10**

9a. What type of hospital?

SELECT ONE ONLY

General hospital (including VA hospital)

Psychiatric hospital

Other specialty hospital, for example, alcoholism, maternity, etc.
(Specify) _____

10.* What telephone number(s) should a potential client call to schedule an intake appointment?

Please note: If you provide an intake number that is dialed using letters on the telephone keypad, rather than numbers, enter it in column "C." Otherwise, enter the numeric phone number in column "B."

(A)	(B) <u>Numeric Entry</u> [example: (888) 555-3456]	(C) <u>Alphanumeric Entry</u> [example: (888) 555 HELP]
1. Enter intake telephone number here:	() _ - _ Ext. ____	() _____ Ext. ____
2. If applicable, enter secondary intake number here:	() _ - _ Ext. ____	() _____ Ext. ____

11. 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.

Yes

No Skip to Q.12

11a.* Please enter the hotline telephone number(s) below.

Please note: If you provide a hotline number that is dialed using letters on the telephone keypad, rather than numbers, enter it in column "C." Otherwise, enter the numeric phone number in column "B."

(A)	(B) <u>Numeric Entry</u> [example: (888) 555-3456]	(C) <u>Alphanumeric Entry</u> [example: (888) 555 HELP]
1. Enter main hotline telephone number here:	() _ - _ Ext. _	() _____ Ext. _
2. If applicable, enter secondary hotline number here:	() _ - _ Ext. _	() _____ Ext. _

12a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, Facility Name 1 Facility Name 2, Address Line 1 Address Line 2?

SELECT "YES" OR "NO" FOR EACH

Yes No

Screening for substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Screening for mental health disorders	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive substance abuse assessment or diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive mental health assessment or diagnosis (for example, psychological or psychiatric evaluation and testing)	<input type="checkbox"/>	<input type="checkbox"/>
Outreach to persons in the community that may need treatment	<input type="checkbox"/>	<input type="checkbox"/>
Interim services for clients when immediate admission is not possible	<input type="checkbox"/>	<input type="checkbox"/>

12b. Which of the following pharmacotherapies are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

Yes No

Antabuse	<input type="checkbox"/>	<input type="checkbox"/>
Naltrexone	<input type="checkbox"/>	<input type="checkbox"/>
Campral	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine - Subutex	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine - Suboxone	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine replacement	<input type="checkbox"/>	<input type="checkbox"/>
Medications for psychiatric disorders	<input type="checkbox"/>	<input type="checkbox"/>

12c. Which of the following testing services are provided by this facility at this location?

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

SELECT "YES" OR "NO" FOR EACH	Yes	No
Breathalyzer or other blood alcohol testing	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol urine screening	<input type="checkbox"/>	<input type="checkbox"/>
Screening for Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Screening for Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
STD testing	<input type="checkbox"/>	<input type="checkbox"/>
TB screening	<input type="checkbox"/>	<input type="checkbox"/>

12d. Which of the following transitional services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH Yes No

Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare/continuing care	<input type="checkbox"/>	<input type="checkbox"/>

12e. Which of the following ancillary services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

Yes No

Case management services	<input type="checkbox"/>	<input type="checkbox"/>
Social skills development	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring/peer support	<input type="checkbox"/>	<input type="checkbox"/>
Child care for clients' children	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
Employment counseling or training for clients	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in locating housing for clients	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence -- family or partner violence services (physical, sexual, and emotional abuse)	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention for HIV	<input type="checkbox"/>	<input type="checkbox"/>
HIV or AIDS education, counseling, or support	<input type="checkbox"/>	<input type="checkbox"/>
Health education other than HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse education	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance to treatment	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
* Residential beds for clients' children	<input type="checkbox"/>	<input type="checkbox"/>
Self-help groups (for example, AA, NA, Smart Recovery)	<input type="checkbox"/>	<input type="checkbox"/>

13. As part of substance abuse treatment, does this facility employ individual counseling?

Yes

No **Skip to Q.14**

13a. What percent of substance abuse clients receive individual counseling ?

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

Percent of clients _____

14. As part of substance abuse treatment, does this facility employ group counseling (with peers)?

Yes

No **Skip to Q.15**

14a. What percent of substance abuse clients receive group counseling ?

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

Percent of clients _____

15. As part of substance abuse treatment, does this facility employ family counseling?

Yes

No Skip to Q.16

15a. What percent of substance abuse clients receive family counseling ?

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

Percent of clients _____

16. As part of substance abuse treatment, does this facility employ marital/couples counseling?

Yes

No Skip to Q.17

16a. What percent of substance abuse clients receive marital/couples counseling ?

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

Percent of clients _____

17. Are any of the following practices part of this facility's standard operating procedures?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Required continuing education for staff	<input type="checkbox"/>	<input type="checkbox"/>
Periodic drug testing of clients	<input type="checkbox"/>	<input type="checkbox"/>
Regularly scheduled case review with a supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Case review by an appointed quality review committee	<input type="checkbox"/>	<input type="checkbox"/>
Outcome follow-up after discharge	<input type="checkbox"/>	<input type="checkbox"/>
Periodic utilization review	<input type="checkbox"/>	<input type="checkbox"/>
Periodic client satisfaction surveys conducted by the facility	<input type="checkbox"/>	<input type="checkbox"/>

18. Listed below are a variety of clinical/therapeutic approaches used by substance abuse treatment facilities. For each, please select the choice that best describes how often the practice is used at this facility?

SELECT "Never," "Rarely," "Sometimes," "Often" OR "Not familiar with this approach" FOR EACH

	Never	Rarely	Sometimes	Often	<u>Not familiar with this approach</u>
1. Substance abuse counseling	<input type="checkbox"/>				
2. 12-step approach	<input type="checkbox"/>				
3. Brief intervention	<input type="checkbox"/>				
4. Cognitive-behavioral therapy	<input type="checkbox"/>				
5. Contingency management	<input type="checkbox"/>				
6. Motivational interviewing	<input type="checkbox"/>				
7. Trauma-related counseling	<input type="checkbox"/>				
8. Anger management	<input type="checkbox"/>				
9. Relapse prevention	<input type="checkbox"/>				
10. Other treatment approach (Specify) _____	<input type="checkbox"/>				

19.* Does this facility operate a methadone maintenance or detoxification program at this location?

Yes

No Skip to Q.20

19a.* Is the methadone program at this location a maintenance program, a detoxification program, or both?

SELECT ONE ONLY

Maintenance program

Detoxification program

Both

19b.* Are ALL of the substance abuse clients at this facility currently in the methadone program?

Yes

No

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

• Select "yes" if this facility serves only DUI/DWI clients OR if this facility has a special DUI/DWI program.

Yes

No Skip to Q.21

20a.* Does this facility serve only DUI/DWI clients?

Yes

No

21.* 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?

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

Yes

No

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

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

Yes

No **Skip to Q.23**

22a. At this facility, who provides substance abuse treatment services in a language other than English?

SELECT ONE ONLY

Staff counselor who speaks a language other than English

On-call interpreter (*in person or by phone*) brought in when needed **Skip to Q.23**

BOTH staff counselor and on-call interpreter

22b.* In what other languages do staff counselors provide substance abuse treatment at this facility?

• *NOTE: If listing more than one "other" language, please separate them with commas.*

SELECT "YES" OR "NO" FOR EACH

AMERICAN INDIAN OR ALASKA NATIVE: Yes No

Hopi	<input type="checkbox"/>	<input type="checkbox"/>
Lakota	<input type="checkbox"/>	<input type="checkbox"/>
Navajo	<input type="checkbox"/>	<input type="checkbox"/>
Yupik	<input type="checkbox"/>	<input type="checkbox"/>
Other American Indian or Alaska Native language (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

OTHER LANGUAGES: Yes No

Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Creole	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other language (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

The next series of questions asks about the types of clients accepted into treatment at this facility. For each type of client accepted at this facility, you will be asked whether this facility offers specially designed substance abuse treatment programs or groups exclusively for that type of client.

23a1. Does this facility accept adolescents into treatment at this location?

Yes

No Skip to Q.23a2

23b1.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adolescents at this location?

Yes

No

23a2. Does this facility accept clients with co-occurring mental and substance abuse disorders into treatment at this location?

Yes

No Skip to Q.23a3

23b2.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for clients with co-occurring mental and substance abuse disorders at this location?

Yes

No

23a3. Does this facility accept criminal justice clients (*other than DUI/DWI*) into treatment at this location?

Yes

No Skip to Q.23a4

23b3.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for criminal justice clients (*other than DUI/DWI*) at this location?

Yes

No

23a4. Does this facility accept persons with HIV or AIDS into treatment at this location?

Yes

No Skip to Q.23a5

23b4.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for persons with HIV or AIDS at this location?

Yes

No

23a5. Does this facility accept gays or lesbians into treatment at this location?

Yes

No Skip to Q.23a6

23b5.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for gays or lesbians at this location?

Yes

No

23a6. Does this facility accept seniors or older adults into treatment at this location?

Yes

No Skip to Q.23a7

23b6.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for seniors or older adults at this location?

Yes

No

23a7. Does this facility accept adult women into treatment at this location?

Yes

No Skip to Q.23a8

23b7.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adult women at this location?

Yes

No

23a8. Does this facility accept pregnant or postpartum women into treatment at this location?

Yes

No Skip to Q.23a9

23b8.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for pregnant or postpartum women at this location?

Yes

No

23a9. Does this facility accept adult men into treatment at this location?

Yes

No Skip to Q.23b10

23b9.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adult men at this location?

Yes

No

23b10. Does this facility offer specialty designed substance abuse treatment programs or groups exclusively for any other types of clients at this location?

Yes

No **Skip to Q.24**

23b11. Please list the other types of clients for which this facility offers specialty designed substance abuse treatment programs or groups?

- *If listing more than one type of client, please separate them with a comma*

24.* Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Hospital inpatient detoxification (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)	<input type="checkbox"/>	<input type="checkbox"/>
2. Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: ASAM is the American Society of Addiction Medicine

25.* Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

Yes No

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Residential detoxification
<i>(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Residential short-term treatment
<i>(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment; typically 30 days or less)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Residential long-term treatment
<i>(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment; typically more than 30 days)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

26.* Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

Yes No

- | | | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Outpatient detoxification
<i>(Similar to ASAM Levels I-D and II-D, ambulatory detoxification)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Outpatient methadone/buprenorphine maintenance
<i>(Opioid maintenance therapy)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Outpatient day treatment or partial hospitalization
<i>(Similar to ASAM Level II.5, 20 or more hours per week)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Intensive outpatient treatment
<i>(Similar to ASAM Level II.1, 9 or more hours per week)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Regular outpatient treatment
<i>(Similar to ASAM Level I, outpatient treatment; non-intensive)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Yes

No **Skip to Q.28**

27a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator?

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

Yes

No

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

Yes

No **Skip to Q.29**

28a. 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.*

Yes

No

29. Does this facility receive any funding or grants from the Federal government, or state, county or local governments, to support its substance abuse treatment programs?

- *Do not include Medicare, Medicaid, or federal military insurance. These forms of client payments will be included in the next question.*

Yes

No

Don't know

30.* Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?

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

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. No payment accepted (<i>free treatment for ALL clients</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cash or self-payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A state-financed health insurance program other than Medicaid (<i>for example, State Children's Health Insurance Program (SCHIP) or high risk insurance pools</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Federal military insurance such as TRICARE or Champ VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Access to Recovery (ATR) vouchers (<i>to be answered by facilities in the following states only: CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (<i>Specify</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. 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).*

- Yes
- No
- Don't know

SECTION B: CLIENT COUNT INFORMATION

IMPORTANT: Questions in Section B ask about different time periods, e.g., the single day of March 30, 2007, and the 12-month period ending on March 31, 2007. 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.

32. The next questions ask about the number of clients in treatment at this facility at specified times. Please select the option below that best describes how client counts will be reported in these questions.

SELECT ONE ONLY

This questionnaire will include client counts for this facility alone Skip to Q33

This questionnaire will include client counts for this facility combined with other facilities Skip to Q33

Client counts for this facility will be reported in another facility's questionnaire Skip to Q41

32a. How many facilities will be included in the client counts reported in this questionnaire?
Enter the number of additional facilities in the box below.

THIS FACILITY: 1

+ ADDITIONAL FACILITIES: _____

HOSPITAL INPATIENT

33. On March 30, 2007, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

Yes

No Skip to Q.34

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

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

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Hospital inpatient detoxification

(Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification) _____

2. Hospital inpatient treatment

(Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment) _____

33a1. Are the HOSPITAL INPATIENT numbers you just reported actual client counts or your best estimate?

Actual

Estimate

33b. How many of the total HOSPITAL INPATIENTS you just reported were under the age of 18?

PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

Number under age 18 _____

33c. How many of the total HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

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

FOR EACH CATEGORY, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Methadone _____

2. Buprenorphine _____

33d. On March 30, 2007, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

PLEASE ENTER THE NUMBER OF BEDS OR ENTER "0" FOR NONE.

Number of beds _____

RESIDENTIAL (NON-HOSPITAL)

34. On March 30, 2007, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

Yes []

No [] Skip to Q.35

34a. On March 30, 2007, 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.

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

- 1. Residential detoxification
(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification) _____
- 2. Residential short-term treatment
(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment; typically 30 days or less) _____
- 3. Residential long-term treatment
(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment; typically more than 30 days) _____

34a1. Are the RESIDENTIAL client numbers you just reported actual client counts or your best estimate?

- Actual
- Estimate

34b. How many of the total RESIDENTIAL CLIENTS you just reported were under the age of 18?

PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

Number under age 18 _____

34c. How many of the total RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed by this facility?

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

FOR EACH CATEGORY, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

- 1. Methadone _____
- 2. Buprenorphine _____

34d. On March 30, 2007, how many residential beds at this facility were specifically designated for substance abuse treatment?

PLEASE ENTER THE NUMBER OF BEDS OR ENTER "0" FOR NONE.

Number of beds _____

OUTPATIENT

35. During the month of March 2007, did any clients receive **OUTPATIENT** substance abuse services at this facility?

Yes []

No [] Skip to Q.36

35a. As of March 30, 2007, 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 2007

AND

(2) was still enrolled in treatment on March 30, 2007.

- **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.

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Outpatient detoxification
(Similar to ASAM Levels I-D and II-D, ambulatory detoxification) _____

2. Outpatient methadone/buprenorphine maintenance
(Opioid maintenance therapy) _____

3. Outpatient day treatment or partial hospitalization
(Similar to ASAM Level II.5, 20 or more hours per week) _____

4. Intensive outpatient treatment
(Similar to ASAM Level II.1, 9 or more hours per week) _____

5. Regular outpatient treatment
(Similar to ASAM Level I, outpatient treatment; non-intensive) _____

35a1. Are the OUTPATIENT client numbers you just reported actual client counts or your best estimate?

Actual

Estimate

35b. How many of the total OUTPATIENT clients you just reported were under the age of 18?

PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

Number under age 18 _____

35c. How many of the total OUTPATIENT clients you just reported received methadone or buprenorphine dispensed by this facility?

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

FOR EACH CATEGORY, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Methadone _____

2. Buprenorphine _____

35d. Without adding to the staff or space available in March 2007, what is the maximum number of clients that could have been enrolled in outpatient substance abuse treatment on March 30, 2007? This is generally referred to as outpatient capacity.

OUTPATIENT CAPACITY ON MARCH 30, 2007 _____

36. Some clients are treated for both alcohol and drug abuse, while others are treated for only alcohol or only drug abuse. Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 30, 2007, including hospital inpatient, residential, and/or outpatient, were being treated for . . .

The following three responses should total 100%. If not, please reconcile.

1. BOTH alcohol AND drugs _____%

2. ONLY alcohol abuse _____%

3. ONLY drug abuse _____%

37. Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 30, 2007, had a diagnosed co-occurring substance abuse and mental health disorder?

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

Percent of clients _____

38. **In the 12 months beginning April 1, 2006, and ending March 31, 2007, 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 _____

38.1. Is the ADMISSIONS number you just reported an actual number or your best estimate?

Actual

Estimate

38a. How many of the 12-month treatment admissions included in question 38 were funded by ATR vouchers?

** To be answered by facilities in the following states only:
CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY*

NUMBER OF ADMISSIONS FUNDED BY ATR VOUCHERS _____

39a. (If reporting for more than one facility) When we process your questionnaire, we will contact you for a list of the other facilities included in your client counts.

If you prefer, on the next page, you can enter the name, location address, and phone number of each facility included in the client counts reported.

I prefer to enter the information now

Please contact me for the list at a later time Skip to Q.41

39b. Please enter the facility name, location address, and phone number for each of the additional facilities included in your client counts.

Please scroll through the entire page, listing all of the additional facilities (do not list this facility). Also, answer the question at the bottom of question 29 before pressing the "Submit" button to advance.

Enter information here for Facility # 1	Facility Name (Line 1)	_____
	(Line 2)	_____
	Location Address (Line 1)	_____
	(Line 2)	_____
	City and State	_____ , _____
	Zip Code	____ - ____
	Facility Phone Number (____) ____ - ____ Ext:	_____

Before advancing to the next question, please respond to one of the following statements:

- I have entered all the additional facilities that are included in the client counts reported in this questionnaire.
- I did not enter all the additional facilities that are included in the client counts reported in this questionnaire. Please have someone contact me.

40. (This question number not used in this version)

SECTION C: GENERAL INFORMATION
Section C should be completed for this facility only.

41.* Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, Facility Name 1 Facility Name 2, Address Line 1 Address Line 2?

- Yes
- No

42. 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.

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

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. State substance abuse agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State mental health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. State department of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hospital licensing authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. JCAHO (<i>Joint Commission on Accreditation of Healthcare Organizations</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CARF (<i>Commission on Accreditation of Rehabilitation Facilities</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. NCQA (<i>National Committee for Quality Assurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. COA (<i>Council on Accreditation for Children & Family Services</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Another state or local agency or other organization (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Has this facility received a National Provider Identifier (NPI)?

Yes

No Skip to Q.44

43a. What is the NPI for this facility?

NPI _____

44.* Does this facility have a website or web page with information about the facility's substance abuse treatment programs?

Yes

No Skip to Q.45

44a.* What is this facility's website address?

Enter the address in the box below EXACTLY as it should be entered in order to access your site.

Do not enter "http://" (for example, enter www.yourfacility.com)

Enter address here:

45. Does this facility want to be listed in the *National Directory* and online Treatment Facility Locator?

Yes

No

46. 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?

Yes

No

Thank you for completing the N-SSATS questionnaire.

Would you like to provide us with comments regarding your experience completing this questionnaire?

Yes

No Skip to end of the survey

Please enter your comments below.

- For "Helpful Hints" on completing the questionnaire: [Click Here](#).
- To return to the main introduction: [Click Here](#).

BEGIN

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8340. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

Below you will find the information currently on record for this facility.

Please verify the information shown below. Is the information shown complete and correct?

- Yes, the information below is correct as shown.
- No, some information below is incorrect or missing. (Make your corrections below)
- No, all information below is incorrect. (Make your corrections below)

Edit or add to the fields below to correct your facility's information and delete any incorrect information.	
Facility Director:	First: <input type="text"/> Middle: <input type="text"/> Last: <input type="text"/>
Facility Name:	Line 1: <input type="text" value="Facility Name 1"/>
	Line 2: <input type="text" value="Facility Name 2"/>
Location Address:	Line 1: <input type="text" value="Address Line1"/>
	Line 2: <input type="text" value="Address Line2"/>
	City: <input type="text" value="city1"/> State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/>
Facility Telephone Number:	(<input type="text"/>) <input type="text"/> <input type="text"/> Extn: <input type="text"/>
Facility Fax Number:	(<input type="text"/>) <input type="text"/> <input type="text"/>

To preview the questionnaire before you answer this question: [Click Here.](#)

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

Is there another substance abuse treatment facility in your organization that is currently located at Facility Line 1, Facility Line 2 Address Line 1, Address Line 2?

Yes

No

<input type="button" value="Submit"/>	<input type="button" value="Start Page Over"/>
---------------------------------------	------------------------------------------------

To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

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you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

**NATIONAL SURVEY OF
SUBSTANCE ABUSE TREATMENT SERVICES
(N-SSATS) - March 30, 2007**

**We need to check your new address against
our files to determine whether your facility
should be assigned a new ID number.**

**We are sorry for this inconvenience and
thank you for starting the N-SSATS
questionnaire.**

**An N-SSATS administrator will contact you
within one working day with instructions
on how to complete the questionnaire.
You can now close your browser or go on to
a different web site**

**If you have any questions about this information, please call
the N-SSATS helpline at (888) 324-8337.**

Who will be primarily responsible for completing this questionnaire?

Name: First Last

Title:

Optional information:

Telephone number (If different from main facility number):

() - ext.

Fax number (If different from main facility number):

() -

E-Mail Address:

To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for this facility only, that is, **Facility Name 1 Facility Name 2, Address Line1 Address Line2.**

1. Which of the following substance abuse services are offered by this facility at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2.

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Intake, assessment, or referral	<input type="checkbox"/>	<input type="checkbox"/>
2. Detoxification	<input type="checkbox"/>	<input type="checkbox"/>
3. Substance abuse treatment <i>(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>

Submit

Start Page Over

To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

You reported that this facility does not offer detoxification or substance abuse treatment. Is this correct?

Yes, this is correct

No, this is not correct.
Return to previous page for correction

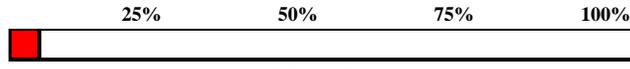
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link
<http://nssats.mprnj.com/script/EMailForm.asp>.



You've completed 3% of your questionnaire!

(Question # 2 not asked in web survey)

Next Question

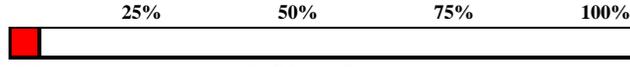
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 3% of your questionnaire!

2a. Does this facility detoxify clients from...

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
2. Opiates	<input type="checkbox"/>	<input type="checkbox"/>
3. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
4. Other (<i>Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

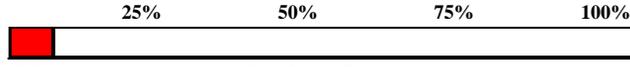
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 4% of your questionnaire!

2b. Does this facility routinely use medications during detoxification?

Yes

No

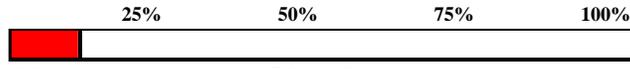
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 5% of your questionnaire!

(Question # 3 not asked in web survey)

Next Question

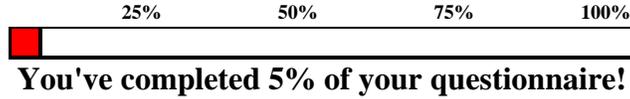
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



REMINDER:
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.

**4.* What is the primary focus of this facility at this location, that is, Facility Name 1
Facility Name 2, Address Line1 Address Line2?**

SELECT ONE ONLY

- Substance abuse treatment services
- Mental health services
- Mix of mental health and substance abuse treatment services (*neither is primary*)
- General health care
- Other (*Specify*)

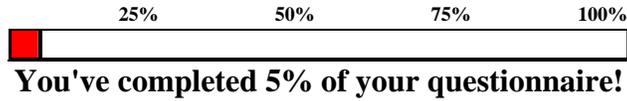
To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



5. Is this facility operated by...

SELECT ONE ONLY

- A private for-profit organization
- A private non-profit organization
- State government
- Local, county, or community government
- Tribal government
- Federal government

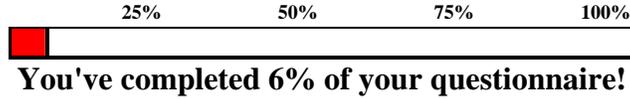
To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



5a. Which federal government agency?

SELECT ONE ONLY

- Department of Veterans Affairs
- Department of Defense
- Indian Health Service
- Other (Specify)

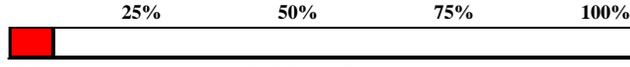
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 7% of your questionnaire!

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

Yes

No

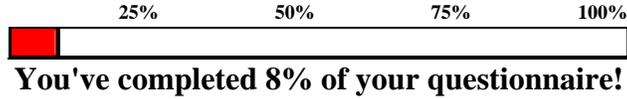
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



7. Is this facility affiliated with a religious organization?

Yes

No

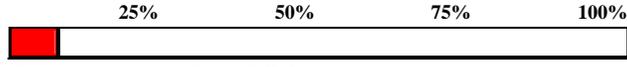
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 8% of your questionnaire!

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

Yes

No

To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

Just to confirm, this facility provides substance abuse treatment services only to incarcerated persons or juvenile detainees.

Is that correct?

Yes, this is correct



No, this is not correct.

Return to question 8 for correction



Submit

Start Page Over

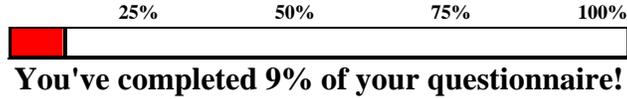
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9. Is this facility located in, or operated by, a hospital?

Yes

No

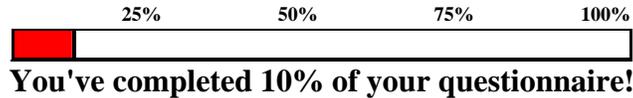
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9a. What type of hospital?

SELECT ONE ONLY

- General hospital (*including VA hospital*)
- Psychiatric hospital
- Other specialty hospital, for example, alcoholism, maternity, etc.
(Specify)

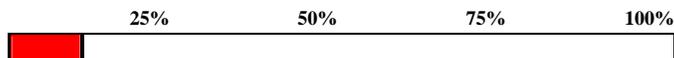
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You've completed 11% of your questionnaire!

10.* What telephone number(s) should a potential client call to schedule an intake appointment?

Please note: If you provide an intake number that is dialed using letters on the telephone keypad, rather than numbers, enter it in column "C." Otherwise, enter the numeric phone number in column "B."

(A)	(B) <u>Numeric Entry</u> [example: (888) 555-3456]	(C) <u>Alphanumeric Entry</u> [example: (888) 555 HELP]
1. Enter intake telephone number here:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	(<input type="text"/>) <input type="text"/> Ext. <input type="text"/>
2. If applicable, enter secondary intake number here:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	(<input type="text"/>) <input type="text"/> Ext. <input type="text"/>

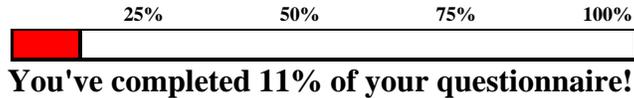
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11. Does this facility operate a hotline that responds to substance abuse problems?

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

Yes

No

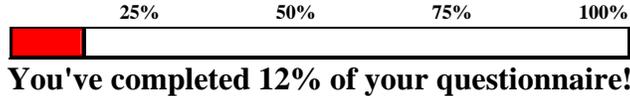
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11a.* Please enter the hotline telephone number(s) below.

Please note: If you provide a hotline number that is dialed using letters on the telephone keypad, rather than numbers, enter it in column "C." Otherwise, enter the numeric phone number in column "B."

(A)	(B) <u>Numeric Entry</u> [example: (888) 555-3456]	(C) <u>Alphanumeric Entry</u> [example: (888) 555 HELP]
1. Enter main hotline telephone number here:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	(<input type="text"/>) <input type="text"/> Ext. <input type="text"/>
2. If applicable, enter secondary hotline number here:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	(<input type="text"/>) <input type="text"/> Ext. <input type="text"/>

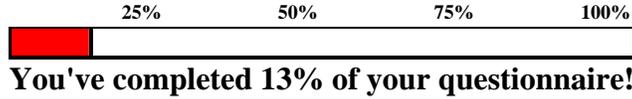
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12a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Screening for substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Screening for mental health disorders	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive substance abuse assessment or diagnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comprehensive mental health assessment or diagnosis <i>(for example, psychological or psychiatric evaluation and testing)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach to persons in the community that may need treatment	<input type="checkbox"/>	<input type="checkbox"/>
Interim services for clients when immediate admission is not possible	<input type="checkbox"/>	<input type="checkbox"/>

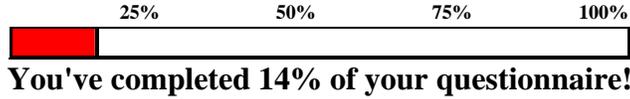
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12b. Which of the following pharmacotherapies are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Antabuse	<input type="checkbox"/>	<input type="checkbox"/>
Naltrexone	<input type="checkbox"/>	<input type="checkbox"/>
Campral	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine - Subutex	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine - Suboxone	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine replacement	<input type="checkbox"/>	<input type="checkbox"/>
Medications for psychiatric disorders	<input type="checkbox"/>	<input type="checkbox"/>

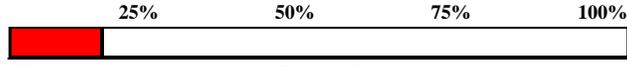
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You've completed 15% of your questionnaire!

12c. Which of the following testing services are provided by this facility at this location?

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

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Breathalyzer or other blood alcohol testing	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol urine screening	<input type="checkbox"/>	<input type="checkbox"/>
Screening for Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Screening for Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
STD testing	<input type="checkbox"/>	<input type="checkbox"/>
TB screening	<input type="checkbox"/>	<input type="checkbox"/>

Submit

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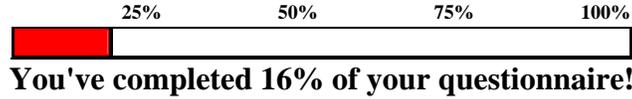
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12d. Which of the following transitional services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare/continuing care	<input type="checkbox"/>	<input type="checkbox"/>

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12e. Which of the following ancillary services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Case management services	<input type="checkbox"/>	<input type="checkbox"/>
Social skills development	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring/peer support	<input type="checkbox"/>	<input type="checkbox"/>
Child care for clients' children	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
Employment counseling or training for clients	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in locating housing for clients	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence -- family or partner violence services (physical, sexual, and emotional abuse)	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention for HIV	<input type="checkbox"/>	<input type="checkbox"/>
HIV or AIDS education, counseling, or support	<input type="checkbox"/>	<input type="checkbox"/>
Health education other than HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse education	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance to treatment	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
* Residential beds for clients' children	<input type="checkbox"/>	<input type="checkbox"/>
Self-help groups (for example, AA, NA, Smart Recovery)	<input type="checkbox"/>	<input type="checkbox"/>

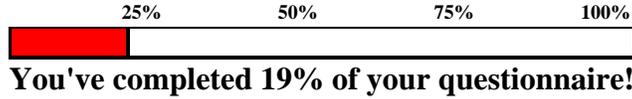
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13. As part of substance abuse treatment, does this facility employ individual counseling?

Yes

No

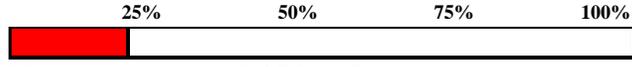
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You've completed 19% of your questionnaire!

13a. What percent of substance abuse clients receive individual counseling?

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

Percent of clients

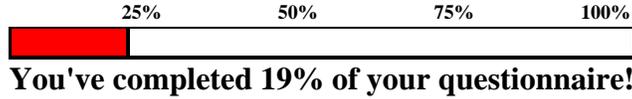
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14. As part of substance abuse treatment, does this facility employ group counseling (with peers)?

Yes

No

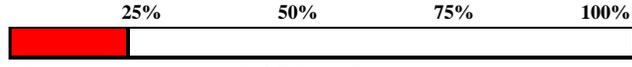
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You've completed 19% of your questionnaire!

14a. What percent of substance abuse clients receive group counseling?

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

Percent of clients

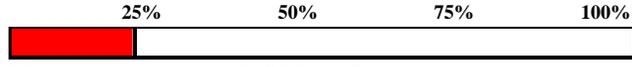
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You've completed 20% of your questionnaire!

15. As part of substance abuse treatment, does this facility employ family counseling?

Yes

No

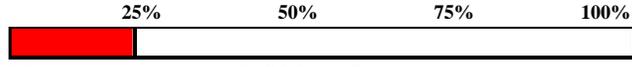
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You've completed 20% of your questionnaire!

15a. What percent of substance abuse clients receive family counseling?

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

Percent of clients

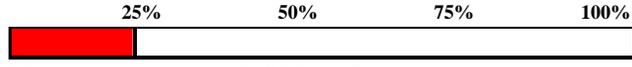
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You've completed 20% of your questionnaire!

16. As part of substance abuse treatment, does this facility employ marital/couples counseling?

Yes

No

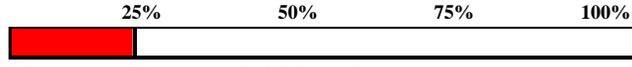
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You've completed 20% of your questionnaire!

16a. What percent of substance abuse clients receive marital/couples counseling?

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

Percent of clients

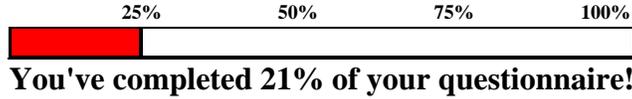
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17. Are any of the following practices part of this facility's standard operating procedures?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Required continuing education for staff	<input type="checkbox"/>	<input type="checkbox"/>
Periodic drug testing of clients	<input type="checkbox"/>	<input type="checkbox"/>
Regularly scheduled case review with a supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Case review by an appointed quality review committee	<input type="checkbox"/>	<input type="checkbox"/>
Outcome follow-up after discharge	<input type="checkbox"/>	<input type="checkbox"/>
Periodic utilization review	<input type="checkbox"/>	<input type="checkbox"/>
Periodic client satisfaction surveys conducted by the facility	<input type="checkbox"/>	<input type="checkbox"/>

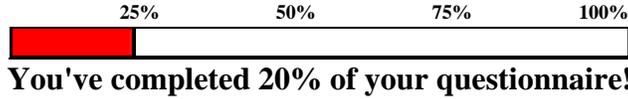
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18. Listed below are a variety of clinical/therapeutic approaches used by substance abuse treatment facilities. For each, please select the choice that best describes how often the practice is used at this facility?

SELECT "Never," "Rarely," "Sometimes," "Often" OR "Not familiar with this approach" FOR EACH

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not familiar with this approach</u>
1. Substance abuse counseling	<input type="checkbox"/>				
2. 12-step approach	<input type="checkbox"/>				
3. Brief intervention	<input type="checkbox"/>				
4. Cognitive-behavioral therapy	<input type="checkbox"/>				
5. Contingency management	<input type="checkbox"/>				
6. Motivational interviewing	<input type="checkbox"/>				
7. Trauma-related counseling	<input type="checkbox"/>				
8. Anger management	<input type="checkbox"/>				
9. Relapse prevention	<input type="checkbox"/>				
10. Other treatment approach (Specify) <input type="text"/>	<input type="checkbox"/>				

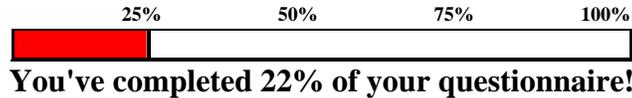
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19.* Does this facility operate a methadone maintenance or detoxification program at this location?

Yes

No

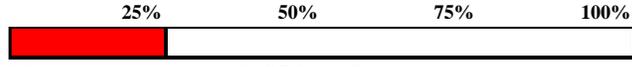
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You've completed 25% of your questionnaire!

19a.*Is the methadone program at this location a maintenance program, a detoxification program, or both?

SELECT ONE ONLY

Maintenance program

Detoxification program

Both

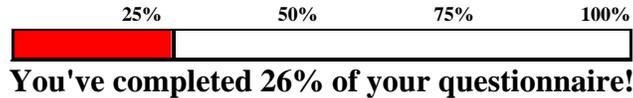
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19b.*Are ALL of the substance abuse clients at this facility currently in the methadone program?

Yes

No

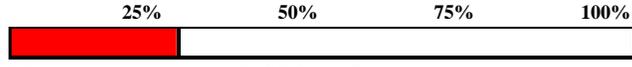
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You've completed 27% of your questionnaire!

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

• Select "yes" if this facility serves only DUI/DWI clients OR if this facility has a special DUI/DWI program.

Yes

No

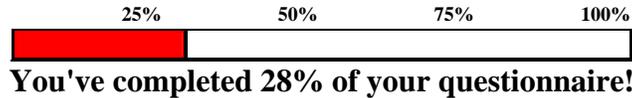
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20a.* Does this facility serve only DUI/DWI clients?

Yes

No

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21.* 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?

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

Yes

No

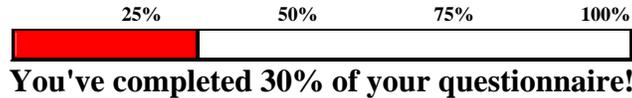
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22.* Does this facility provide substance abuse treatment services in a language other than English at this location?

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

Yes

No

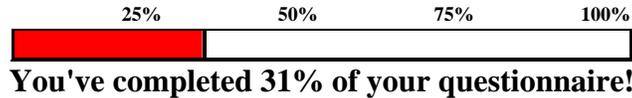
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22a. At this facility, who provides substance abuse treatment services in a language other than English?

SELECT ONE ONLY

- Staff counselor who speaks a language other than English
- On-call interpreter (*in person or by phone*) brought in when needed
- BOTH staff counselor and on-call interpreter

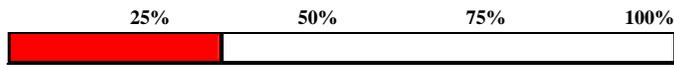
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You've completed 32% of your questionnaire!

22b.* In what other languages do staff counselors provide substance abuse treatment at this facility?

• *NOTE: If listing more than one "other" language, please separate them with commas.*

SELECT "YES" OR "NO" FOR EACH

AMERICAN INDIAN OR ALASKA NATIVE: Yes No

Hopi	<input type="checkbox"/>	<input type="checkbox"/>
Lakota	<input type="checkbox"/>	<input type="checkbox"/>
Navajo	<input type="checkbox"/>	<input type="checkbox"/>
Yupik	<input type="checkbox"/>	<input type="checkbox"/>
Other American Indian or Alaska Native language (Specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER LANGUAGES: Yes No

Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Creole	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other language (Specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit

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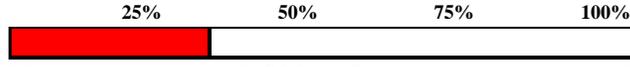
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You've completed 32% of your questionnaire!

Are all of the languages indicated below spoken by a staff counselor?

language1, language2 and language3.

Yes, all the languages listed are spoken by a staff counselor.

No, all the languages listed are NOT spoken by a staff counselor. Return for correction.

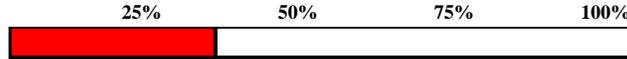
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You've completed 33% of your questionnaire!

The next series of questions asks about the types of clients accepted into treatment at this facility. For each type of client accepted at this facility, you will be asked whether this facility offers specially designed substance abuse treatment programs or groups exclusively for that type of client.

23A1. Does this facility accept adolescents into treatment at this location?

Yes

No

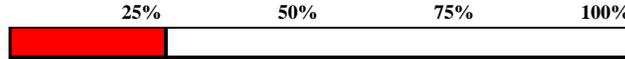
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You've completed 33% of your questionnaire!

23B1.*Does this facility offer a specially designed substance abuse treatment program or group exclusively for adolescents at this location?

Yes

No

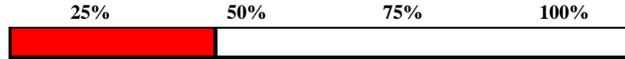
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You've completed 33% of your questionnaire!

23A2. Does this facility accept clients with co-occurring mental and substance abuse disorders into treatment at this location?

Yes

No

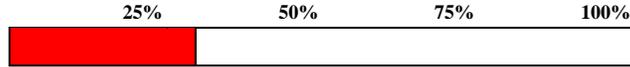
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You've completed 34% of your questionnaire!

23B2.*Does this facility offer a specially designed substance abuse treatment program or group exclusively for clients with co-occurring mental and substance abuse disorders at this location?

Yes

No

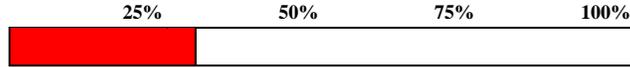
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You've completed 34% of your questionnaire!

23A3. Does this facility accept criminal justice clients (*other than DUI/DWI*) into treatment at this location?

Yes

No

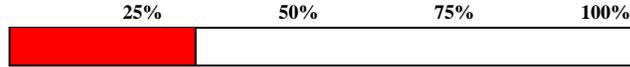
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You've completed 34% of your questionnaire!

23B3.*Does this facility offer a specially designed substance abuse treatment program or group exclusively for criminal justice clients (other than DUI/DWI) at this location?

Yes

No

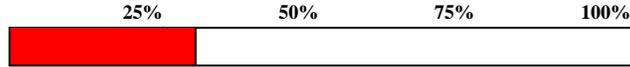
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You've completed 35% of your questionnaire!

23A4. Does this facility accept persons with HIV or AIDS into treatment at this location?

Yes

No

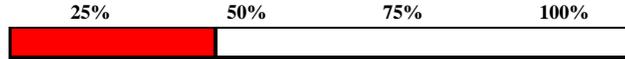
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You've completed 35% of your questionnaire!

23B4.*Does this facility offer a specially designed substance abuse treatment program or group exclusively for persons with HIV or AIDS at this location?

Yes

No

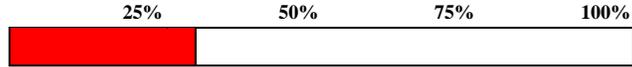
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You've completed 35% of your questionnaire!

23A5. Does this facility accept gays or lesbians into treatment at this location?

Yes

No

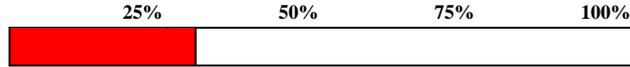
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You've completed 36% of your questionnaire!

23B5.*Does this facility offer a specially designed substance abuse treatment program or group exclusively for gays or lesbians at this location?

Yes

No

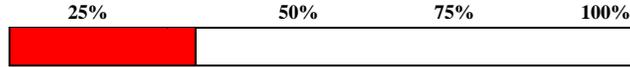
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You've completed 36% of your questionnaire!

23A6. Does this facility accept seniors or older adults into treatment at this location?

Yes

No

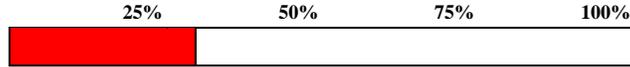
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You've completed 36% of your questionnaire!

23B6.*Does this facility offer a specialty designed substance abuse treatment program or group exclusively for seniors or older adults at this location?

Yes

No

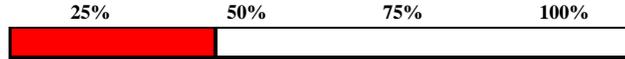
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You've completed 37% of your questionnaire!

23A7. Does this facility accept adult women into treatment at this location?

Yes

No

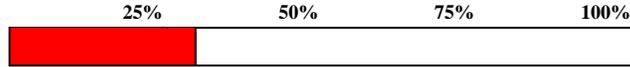
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You've completed 37% of your questionnaire!

23B7.*Does this facility offer a specialty designed substance abuse treatment program or group exclusively for adult women at this location?

Yes

No

To review your answers to previous questions, [click here](#).

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You've completed 37% of your questionnaire!

23A8. Does this facility accept pregnant or postpartum women into treatment at this location?

Yes

No

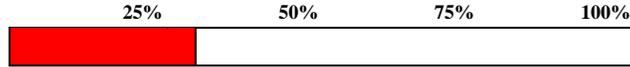
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You've completed 37% of your questionnaire!

23B8.*Does this facility offer a specially designed substance abuse treatment program or group exclusively for pregnant or postpartum women at this location?

Yes

No

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You've completed 38% of your questionnaire!

23A9. Does this facility accept adult men into treatment at this location?

Yes

No

Start Page Over	Submit
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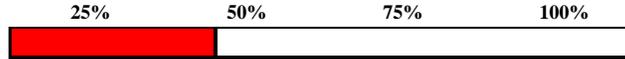
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You've completed 38% of your questionnaire!

23B9.*Does this facility offer a specialty designed substance abuse treatment program or group exclusively for adult men at this location?

Yes

No

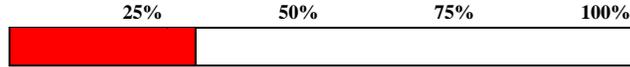
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You've completed 38% of your questionnaire!

23B10. Does this facility offer specially designed substance abuse treatment programs or groups exclusively for any other types of clients at this location?

Yes

No

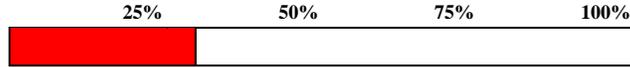
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You've completed 38% of your questionnaire!

23B11. Please list the other types of clients for which this facility offers specially designed substance abuse treatment programs or groups?

- *If listing more than one type of client, please separate them with a comma.*

A large, empty rectangular text input area with a thin black border. It has a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a scrollable text field.

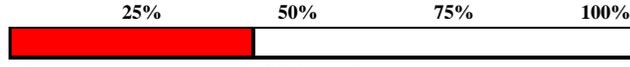
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You've completed 39% of your questionnaire!

24.* Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Hospital inpatient detoxification <i>(Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hospital inpatient treatment <i>(Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)</i>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: ASAM is the American Society of Addiction Medicine

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25.* Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Residential detoxification <i>(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Residential short-term treatment <i>(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment; typically 30 days or less)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential long-term treatment <i>(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment; typically more than 30 days)</i>	<input type="checkbox"/>	<input type="checkbox"/>

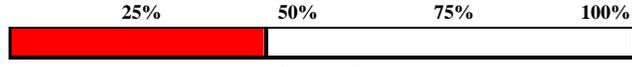
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You've completed 41% of your questionnaire!

26.* Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Outpatient detoxification <i>(Similar to ASAM Levels I-D and II-D, ambulatory detoxification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Outpatient methadone/buprenorphine maintenance <i>(Opioid maintenance therapy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Outpatient day treatment or partial hospitalization <i>(Similar to ASAM Level II.5, 20 or more hours per week)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Intensive outpatient treatment <i>(Similar to ASAM Level II.1, 9 or more hours per week)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Regular outpatient treatment <i>(Similar to ASAM Level I, outpatient treatment; non-intensive)</i>	<input type="checkbox"/>	<input type="checkbox"/>

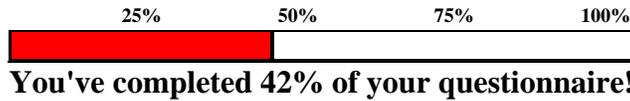
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Two responses appear to be inconsistent. In question 19 you reported this facility does not operate a methadone maintenance/detoxification program at this location, however, in question 26, choice number two, you stated this facility does offer outpatient methadone/buprenorphine maintenance.

Please review your responses to the two questions below and select the choice that best describes your resolution.

19. Does this facility operate a methadone maintenance or detoxification program at this location?

YOUR RESPONSE: No

26. Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSE:

1. Outpatient detoxification: No
- 2. Outpatient methadone/buprenorphine maintenance: Yes**
3. Outpatient day treatment or partial hospitalization : Yes
4. Intensive outpatient treatment : Yes
5. Regular outpatient treatment : Yes

Select the choice that best describes your resolution:

- Both question 19 and question 26 are correct
- Return to question 19 for correction
- Return to question 26 for correction
- Return to both question 19 and question 26 for corrections

To review your answers to previous questions, [click here](#).

[Quit](#)

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you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 43% of your questionnaire!

You reported this facility does not offer hospital inpatient, residential, or outpatient substance abuse services.

Is this correct?

Yes, this is correct. This facility does not offer any type of substance abuse treatment services.

Yes, this is correct. This facility offers another type of substance abuse treatment services.

(Specify)

No, this is not correct. Return to previous screens to review and correct services offered.

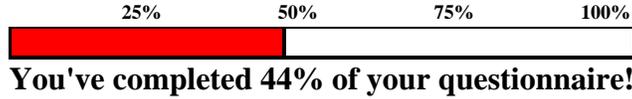
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27.* Does this facility use a sliding fee scale?

Yes

No

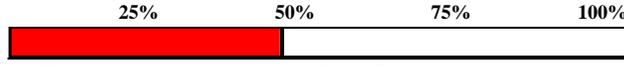
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You've completed 44% of your questionnaire!

27a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator?

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

Yes

No

To review your answers to previous questions, [click here](#).

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You've completed 45% of your questionnaire!

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

Yes

No

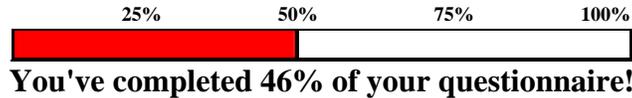
To review your answers to previous questions, [click here](#).

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28a. 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 their eligibility for free care.*

Yes

No

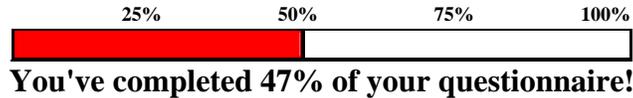
To review your answers to previous questions, [click here](#).

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29. Does this facility receive any funding or grants from the Federal government, or state, county or local governments, to support its substance abuse treatment programs?

• Do not include Medicare, Medicaid, or federal military insurance. These forms of client payments will be included in the next question.

Yes

No

Don't know

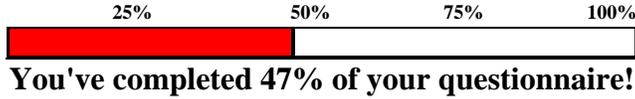
To review your answers to previous questions, [click here](#).

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30.* Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?

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

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. No payment accepted (<i>free treatment for ALL clients</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cash or self-payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A state-financed health insurance program other than Medicaid (<i>for example, State Children's Health Insurance Program (SCHIP) or high risk insurance pools</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Federal military insurance such as TRICARE or Champ VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Access to Recovery (ATR) vouchers (<i>to be answered by facilities in the following states only: CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (<i>Specify</i>) <input style="width: 250px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 48% of your questionnaire!

31. 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).*

- Yes
- No
- Don't know

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 49% of your questionnaire!

SECTION B: CLIENT COUNT INFORMATION

IMPORTANT: Questions in Section B ask about different time periods, e.g., the single day of March 30, 2007, and the 12-month period ending on March 31, 2007. 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.

32. The next questions ask about the number of clients in treatment at this facility at specified times. Please select the option below that best describes how client counts will be reported in these questions.

SELECT ONE ONLY

- This questionnaire will include client counts for this facility alone
- This questionnaire will include client counts for this facility combined with other facilities
- Client counts for this facility will be reported in another facility's questionnaire

Submit

Start Page Over

To preview the questionnaire before you answer this question: [Click Here](#).

To review your answers to previous questions: [Click here](#).

[Quit](#)

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You've completed 50% of your questionnaire!

32a. How many facilities will be included in the client counts reported in this questionnaire?

Enter the number of additional facilities in the box below.

THIS FACILITY:	<input type="text" value="1"/>
+ ADDITIONAL FACILITIES:	<input type="text"/>

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 50% of your questionnaire!

Two responses are inconsistent. At question 32 you reported you will include client counts for this facility combined with other facilities, however, at question 32a you reported the number of additional facilities as zero.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

32. The next questions 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.

YOUR RESPONSE:

This questionnaire will include client counts for this facility combined with other facilities

32a. How many facilities will be included in the client counts reported in this questionnaire?

YOUR RESPONSE:

THIS FACILITY: 1
+ ADDITIONAL FACILITIES: 0
= TOTAL FACILITIES: 1

Select the choice that best describes your resolution:

Return to question 32 for correction

Return to question 32a for correction

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 51% of your questionnaire!

HOSPITAL INPATIENT

33. On March 30, 2007, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

Yes

No

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 52% of your questionnaire!

HOSPITAL INPATIENT

Two responses may be inconsistent.

In question 24 you indicated this facility offers hospital inpatient substance abuse services and in question 33 you reported that no clients received hospital inpatient services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

24. Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Hospital inpatient detoxification: Yes

Hospital inpatient treatment: Yes

33. On March 30, 2007, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility

YOUR RESPONSE: No

Select the choice that best describes your resolution:

- Both question 24 and question 33 are correct
- Return to question 24 for correction
- Return to question 33 for correction
- Return to both question 24 and question 33 for correction

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 52% of your questionnaire!

HOSPITAL INPATIENT

Two responses may be inconsistent.

In question 24 you indicated this facility does not offer hospital inpatient substance abuse services and in question 33 you reported that some clients received hospital inpatient services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

24. Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Hospital inpatient detoxification: No

Hospital inpatient treatment: No

33. On March 30, 2007, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

- Both question 24 and question 33 are correct
- Return to question 24 for correction
- Return to question 33 for correction
- Return to both question 24 and question 33 for correction

To review your answers to previous questions, [click here](#).

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You've completed 53% of your questionnaire!

HOSPITAL INPATIENT

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

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

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Hospital inpatient detoxification (*Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification*)

2. Hospital inpatient treatment (*Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment*)

33a1. Are the HOSPITAL INPATIENT numbers you just reported actual patient counts or your best estimate?

Actual

Estimate

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You've completed 54% of your questionnaire!

HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 33 you indicated that some patients received hospital inpatient substance abuse services on March 30, 2007 and in question 33a you reported zero patients received inpatient detoxification or treatment services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

33. On March 30, 2007, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSES:

Hospital inpatient detoxification: 0

Hospital inpatient treatment: 0

Select the choice that best describes your resolution:

- Return to question 33 for correction
- Return to question 33a for correction
- Both question 33 and question 33a are correct

To review your answers to previous questions, [click here](#).

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You've completed 55% of your questionnaire!

HOSPITAL INPATIENT

What type of hospital inpatient substance abuse services did patients receive at this facility on March 30, 2007?

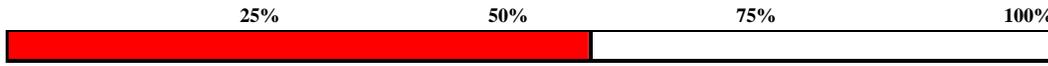
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You've completed 56% of your questionnaire!

HOSPITAL INPATIENT

Responses to questions 24 and 33a appear to be inconsistent.

- Does not offer hospital inpatient detoxification, but had patients who received this service on March 30, 2007.
- Does not offer hospital inpatient treatment, but had patients who received this service on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

24. Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Hospital inpatient detoxification: No

Hospital inpatient treatment: No

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification: XXXXX

Hospital inpatient treatment: XXX

TOTAL HOSPITAL INPATIENTS: XXXXX

Select the choice that best describes your resolution:

- Both question 24 and question 33a are correct
- Return to question 24 for correction
- Return to question 33a for correction
- Return to both question 24 and question 33a for corrections

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You've completed 56% of your questionnaire!

HOSPITAL INPATIENT

Responses to questions 24 and 33a appear to be inconsistent.

- Does not offer hospital inpatient treatment, but had patients who received this service on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

24. Does this facility offer either of the following HOSPITAL INPATIENT substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Hospital inpatient detoxification: Yes

Hospital inpatient treatment: No

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification: XXXXX

Hospital inpatient treatment: XXX

TOTAL HOSPITAL INPATIENTS: XXXXX

Select the choice that best describes your resolution:

Both question 24 and question 33a are correct

Return to question 24 for correction

Return to question 33a for correction

Return to both question 24 and question 33a for corrections

Submit

Start Page Over

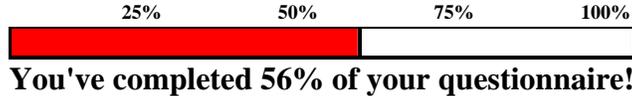
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HOSPITAL INPATIENT

Your response to question 33a is unusually large, compared to most other hospital inpatient facilities. Please verify your response.

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification: XXXX

Hospital inpatient treatment: 0

TOTAL HOSPITAL INPATIENTS: XXXX

Is this correct?

Yes, question 33a is correct as recorded

No, return to question 33a for correction

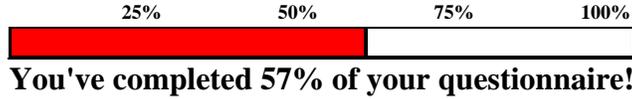
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HOSPITAL INPATIENT

33b. How many of the XX HOSPITAL INPATIENTS you just reported were under the age of 18?

PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

Number under age 18

Submit

Start Page Over

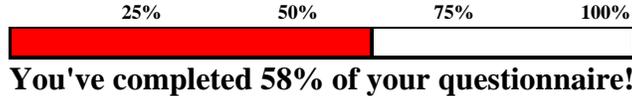
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HOSPITAL INPATIENT

Two responses are inconsistent. You have indicated more hospital inpatients under the age of 18 than total hospital inpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification: XX

Hospital inpatient treatment: 0

TOTAL HOSPITAL INPATIENTS: XX

33b. How many of the 10 HOSPITAL INPATIENTS you just reported were under the age of 18?

YOUR RESPONSE: XXXX

Select the choice that best describes your resolution:

Return to question 33a for correction
and review other hospital inpatient client count responses

Return to question 33b for correction

Submit

Start Page Over

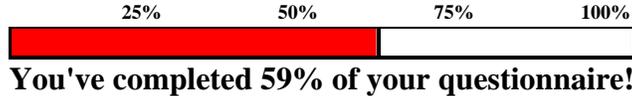
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HOSPITAL INPATIENT

33c. How many of the XX HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

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

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Methadone

2. Buprenorphine

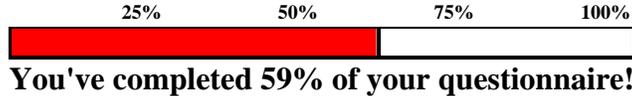
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HOSPITAL INPATIENT

Two responses are inconsistent. You have indicated more hospital inpatient methadone or buprenorphine clients than total hospital inpatients. Please review your responses to the two questions below and then select the choice that best describes your resolution.

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification: XX

Hospital inpatient treatment: 0

TOTAL HOSPITAL INPATIENTS: XX

33c. How many of the 10 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: XX

Buprenorphine: XXX

Select the choice that best describes your resolution:

Return to question 33a for correction
and review other hospital inpatient client count responses

Return to question 33c for correction

Submit

Start Page Over

To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 60% of your questionnaire!

HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 19 you reported this facility does not operate a methadone maintenance or detoxification program at this location, however, at question 33c you indicated some hospital inpatients received methadone or buprenorphine dispensed by this facility.

Please review your responses to the two questions below and select the choice that best describes your resolution.

19. Does this facility operate a methadone maintenance or detoxification program at this location?

YOUR RESPONSE: No

33c. How many of the 10 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

Select the choice that best describes your resolution:

Both question 19 and question 33c are correct

Return to question 19 for correction

Return to question 33c for correction

Return to both question 19 and question 33c for corrections

To review your answers to previous questions, [click here](#).

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You've completed 61% of your questionnaire!

HOSPITAL INPATIENT

33d. On March 30, 2007, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

PLEASE ENTER THE NUMBER OF BEDS OR ENTER "0" FOR NONE.

Number of beds

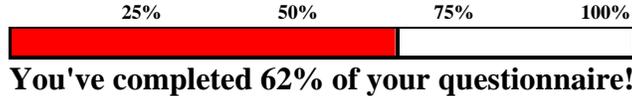
To review your answers to previous questions, [click here](#).

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HOSPITAL INPATIENT

Your response to question 33d is unusually large, compared to the number of patients who received hospital inpatient services on March 30.

Please verify your responses to the two questions below and then select the choice that best describes your resolution.

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification: XX

Hospital inpatient treatment: X

TOTAL INPATIENTS: XX

33d. On March 30, 2007, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

YOUR RESPONSE: XXXX

Select the choice that best describes your resolution:

Both questions 33a and 33d are correct as recorded

Return to question 33a for correction and review other hospital inpatient client count responses

Return to question 33d for correction

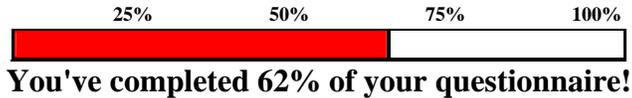
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RESIDENTIAL (NON-HOSPITAL)

34. On March 30, 2007, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

Yes

No

To review your answers to previous questions, [click here](#).

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You've completed 63% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

Two responses may be inconsistent.

In question 25 you indicated this facility does not offer residential substance abuse services and in question 34 you reported that some clients received residential services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

25. Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Residential detoxification: No

Residential short-term treatment: No

Residential long-term treatment: No

34. On March 30, 2007, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

- Both question 25 and question 34 are correct
- Return to question 25 for correction
- Return to question 34 for correction
- Return to both question 25 and question 34 for correction

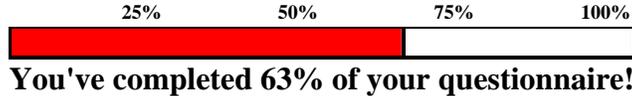
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RESIDENTIAL (NON-HOSPITAL)

Two responses may be inconsistent.

In question 25 you indicated this facility offers residential substance abuse services and in question 34 you reported that no clients received residential services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

25. Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Residential detoxification: Yes

Residential short-term treatment: No

Residential long-term treatment: Yes

34. On March 30, 2007, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: No

Select the choice that best describes your resolution:

Both question 25 and question 34 are correct

Return to question 25 for correction

Return to question 34 for correction

Return to both question 25 and question 34 for correction

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You've completed 64% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

34a. On March 30, 2007, 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.

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. Residential detoxification
<i>(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification)</i> | <input style="width: 60px; height: 20px;" type="text"/> |
| 2. Residential short-term treatment
<i>(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment; typically 30 days or less)</i> | <input style="width: 60px; height: 20px;" type="text"/> |
| 3. Residential long-term treatment
<i>(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment; typically more than 30 days)</i> | <input style="width: 60px; height: 20px;" type="text"/> |

34a1. Are the RESIDENTIAL client numbers you just reported actual client counts or your best estimate?

- Actual
- Estimate

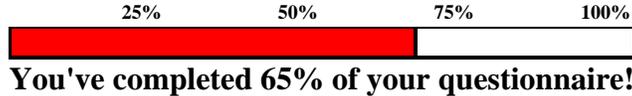
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RESIDENTIAL (NON-HOSPITAL)

Two responses appear to be inconsistent.

In question 34 you indicated that some clients received residential (non-hospital) substance abuse services on March 30, 2007 and in question 34a you reported zero clients received residential detoxification, residential short-term, or residential long-term treatment services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

34. On March 30, 2007, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: Yes

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSES:

Residential detoxification: 0

Residential short-term treatment: 0

Residential long-term treatment: 0

Select the choice that best describes your resolution:

Return to question 34 for correction

Return to question 34a for correction

Both question 34 and question 34a are correct

To review your answers to previous questions, [click here](#).

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You've completed 66% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

What type of residential substance abuse services did clients receive at this facility on March 30, 2007?

To review your answers to previous questions, [click here](#).

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You've completed 67% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

Responses to questions 25 and 34a appear to be inconsistent.

You reported that this facility...

- Does not offer residential detoxification, but had clients who received this service on March 30, 2007.
- Does not offer residential short-term treatment, but had clients who received this service on March 30, 2007.
- Does not offer residential long-term treatment, but had clients who received this service on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

25. Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Residential detoxification: No

Residential short-term treatment: No

Residential long-term treatment: No

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification: XXXX

Residential short-term treatment (30 days or less): XXX

Residential long-term treatment (more than 30 days): X

TOTAL RESIDENTIAL CLIENTS: XXXX

Select the choice that best describes your resolution:

- Both question 25 and question 34a are correct
- Return to question 25 for correction
- Return to question 34a for correction
- Return to both question 25 and question 34a for corrections

To review your answers to previous questions, [click here](#).

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25% 50% 75% 100%



You've completed 67% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

Responses to questions 25 and 34a appear to be inconsistent.

You reported that this facility...

- Does not offer residential short-term treatment, but had clients who received this service on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

25. Does this facility offer any of the following RESIDENTIAL (non-hospital) substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Residential detoxification: Yes

Residential short-term treatment: No

Residential long-term treatment: Yes

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification: XXXX

Residential short-term treatment (30 days or less): XXX

Residential long-term treatment (*more than 30 days*): X

TOTAL RESIDENTIAL CLIENTS: XXXX

Select the choice that best describes your resolution:

- Both question 25 and question 34a are correct
- Return to question 25 for correction
- Return to question 34a for correction
- Return to both question 25 and question 34a for corrections

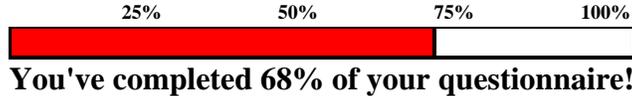
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RESIDENTIAL (NON-HOSPITAL)

Your response to question 34a is unusually large, compared to most other residential facilities.

Please verify your response.

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification: XXXX

Residential short-term treatment: 0

Residential long-term treatment: X

TOTAL RESIDENTIAL CLIENTS: XXXX

Is this correct?

Select the choice that best describes your resolution:

Yes, question 34a is correct as recorded

No, return to question 34a for correction

Submit

Start Page Over

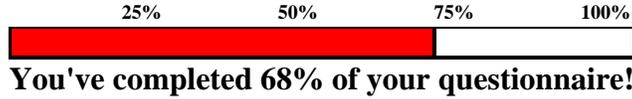
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RESIDENTIAL (NON-HOSPITAL)

34b. How many of the XX RESIDENTIAL clients you just reported were under the age of 18?

PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

Number under age 18

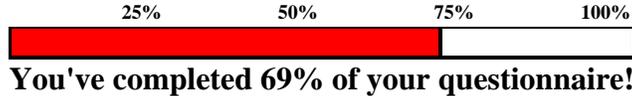
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RESIDENTIAL (NON-HOSPITAL)

Two responses are inconsistent. You have indicated more residential clients under the age of 18 than total residential clients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification: XX

Residential short-term treatment: X

Residential long-term treatment: X

TOTAL RESIDENTIAL CLIENTS: XX

34b. How many of the XX RESIDENTIAL clients you just reported were under the age of 18?

YOUR RESPONSE: XXX

Select the choice that best describes your resolution:

Return to question 34a for correction
and review other residential client count responses



Return to question 34b for correction



Submit

Start Page Over

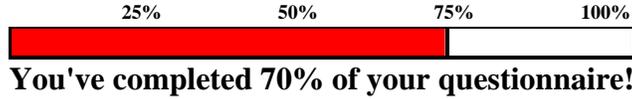
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RESIDENTIAL (NON-HOSPITAL)

34c. How many of the XX RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed by this facility?

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

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Methadone	
2. Buprenorphine	

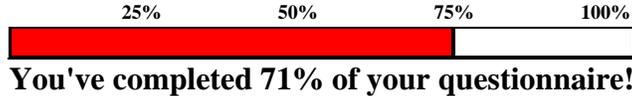
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RESIDENTIAL (NON-HOSPITAL)

Two responses are inconsistent. You have indicated more residential methadone or buprenorphine clients than total residential clients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification: XX

Residential short-term treatment: X

Residential long-term treatment: X

TOTAL RESIDENTIAL CLIENTS: XX

34c. How many of the XX RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: XXX

Buprenorphine: XX

Select the choice that best describes your resolution:

Return to question 34a for correction
and review other residential client count responses

Return to question 34c for correction

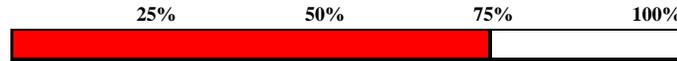
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You've completed 71% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

Two responses appear to be inconsistent.

In question 19 you reported this facility does not operate a methadone maintenance or detoxification program at this location, however, at question 34c you indicated some residential clients received methadone or buprenorphine dispensed by this facility.

Please review your responses to the two questions below and select the choice that best describes your resolution.

19. Does this facility operate a methadone maintenance or detoxification program at this location?

YOUR RESPONSE: No

34c. How many of the 10 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

Select the choice that best describes your resolution:

Both question 19 and question 34c are correct

Return to question 19 for correction

Return to question 34c for correction

Return to both question 19 and question 34c for corrections

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You've completed 72% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

34d. On March 30, 2007, how many residential beds at this facility were specifically designated for substance abuse treatment?

PLEASE ENTER THE NUMBER OF BEDS OR ENTER "0" FOR NONE.

Number of beds

Submit

Start Page Over

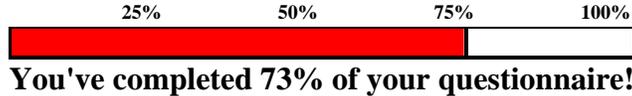
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RESIDENTIAL (NON-HOSPITAL)

Your response to question 34d is unusually large, compared to the number of clients who received residential services on March 30.

Please verify your responses to the two questions below and then select the choice that best describes your resolution.

34a. On March 30, 2007, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification: XX

Residential short-term treatment: X

Residential long-term treatment: X

TOTAL RESIDENTIAL PATIENTS: XX

34d. On March 30, 2007, how many residential beds at this facility were specifically designated for substance abuse treatment?

YOUR RESPONSE: XXXX

Select the choice that best describes your resolution:

Both questions 34a and 34d are correct as recorded

Return to 34a for correction
and review other residential client count responses

Return to question 34d for correction

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You've completed 73% of your questionnaire!

To avoid duplication in counting substance abuse clients who received services on March 30, each client should be reported as receiving services in only one type of setting on that day...either HOSPITAL INPATIENT or RESIDENTIAL.

Please review your responses to the questions below to make sure that the same clients are not reported twice, and then select the choice that best describes your resolution.

33. On March 30, 2007, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

33a. On March 30, 2007, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility (hospital inpatient detoxification; hospital inpatient treatment)?

YOUR TOTAL RESPONSE: XX

34. On March 30, 2007, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: Yes

34a. As of March 30, 2007, how many active clients were enrolled in each of the following RESIDENTIAL substance abuse services at this facility (residential detoxification; residential short-term treatment; residential long-term treatment)?

YOUR TOTAL RESPONSE: XX

Select the choice that best describes your resolution:

All responses are correct. The clients reported as receiving hospital inpatient services are not the same clients reported as receiving residential services.

Responses to HOSPITAL INPATIENT and/or RESIDENTIAL client numbers are incorrect. Return to questions 33 and 34 to make corrections.

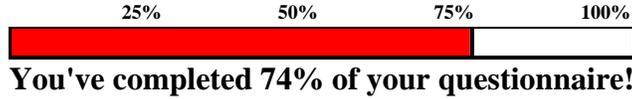
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OUTPATIENT

35. During the month of March 2007, did any clients receive **OUTPATIENT substance abuse services** at this facility?

Yes

No

Submit

Start Page Over

To review your answers to previous questions, [click here](#).

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You've completed 74% of your questionnaire!

OUTPATIENT

Two responses may be inconsistent.

In question 26 you indicated this facility offers outpatient substance abuse services and in question 35 you reported that no clients received outpatient services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

26. Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Outpatient detoxification: Yes

Outpatient methadone/buprenorphine maintenance: Yes

Outpatient day treatment or partial hospitalization: Yes

Intensive outpatient treatment: Yes

Regular outpatient treatment: Yes

35. During the month of March 2007, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: No

Select the choice that best describes your resolution:

Both question 26 and question 35 are correct

Return to question 26 for correction

Return to question 35 for correction

Return to both question 26 and question 35 for correction

Submit

Start Page Over

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25% 50% 75% 100%



You've completed 74% of your questionnaire!

OUTPATIENT

Two responses may be inconsistent.

In question 26 you indicated this facility does not offer outpatient substance abuse services and in question 35 you reported that some clients received outpatient services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

26. Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Outpatient detoxification: No

Outpatient methadone/buprenorphine maintenance: No

Outpatient day treatment or partial hospitalization: No

Intensive outpatient treatment: No

Regular outpatient treatment: No

35. During the month of March 2007, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

Both question 26 and question 35 are correct

Return to question 26 for correction

Return to question 35 for correction

Return to both question 26 and question 35 for correction

Submit

Start Page Over

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You've completed 75% of your questionnaire!

OUTPATIENT

35a. As of March 30, 2007, 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 2007

AND

(2) was still enrolled in treatment on March 30, 2007.

- **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.

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

- | | |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. Outpatient detoxification
<i>(Similar to ASAM Levels I-D and II-D, ambulatory detoxification)</i> | <input style="width: 60px; height: 20px;" type="text"/> |
| 2. Outpatient methadone/buprenorphine maintenance
<i>(Opioid maintenance therapy)</i> | <input style="width: 60px; height: 20px;" type="text"/> |
| 3. Outpatient day treatment or partial hospitalization
<i>(Similar to ASAM Level II.5, 20 or more hours per week)</i> | <input style="width: 60px; height: 20px;" type="text"/> |
| 4. Intensive outpatient treatment
<i>(Similar to ASAM Level II.1, 9 or more hours per week)</i> | <input style="width: 60px; height: 20px;" type="text"/> |
| 5. Regular outpatient treatment
<i>(Similar to ASAM Level I, outpatient treatment; non-intensive)</i> | <input style="width: 60px; height: 20px;" type="text"/> |

35a1. Are the OUTPATIENT client numbers you just reported actual client counts or your best estimate?

Actual

Estimate

To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 77% of your questionnaire!

OUTPATIENT

Two responses appear to be inconsistent.

In question 35 you indicated that some clients received outpatient substance abuse services on March 30, 2007 and in question 35a, you reported zero clients received outpatient detoxification, methadone/buprenorphine maintenance, day treatment or partial hospitalization, intensive, or regular outpatient treatment services on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

35. During the month of March 2007, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services this facility?

YOUR RESPONSES:

Outpatient detoxification: 0

Outpatient methadone/buprenorphine maintenance: 0

Outpatient day treatment or partial hospitalization: 0

Intensive outpatient treatment: 0

Regular outpatient treatment: 0

Select the choice that best describes your resolution:

Return to question 35 for correction

Return to question 35a for correction

This facility offered a different type of outpatient substance abuse service

No action is needed, there were no active outpatients as of March 30, 2007

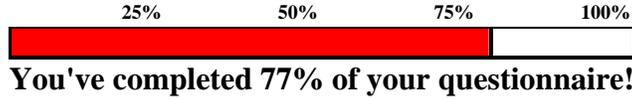
To review your answers to previous questions, [click here](#).

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OUTPATIENT

What type of outpatient substance abuse services did clients receive at this facility during the month of March 2007?

A large, empty rectangular text input field with a thin black border. On the right side, there are three small, vertically stacked arrow buttons (up, down, and a larger one at the bottom). On the bottom left and right corners, there are small square buttons with left and right arrow symbols, respectively.

To review your answers to previous questions, [click here](#).

[*Quit*](#)

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You've completed 78% of your questionnaire!

OUTPATIENT

Responses to questions 26 and 35a appear to be inconsistent.

You reported that this facility...

- **Does not offer outpatient detoxification, but had clients receiving this service on March 30, 2007.**
- **Does not offer methadone/buprenorphine maintenance, but had clients receiving this service on March 30, 2007.**
- **Does not offer outpatient day treatment or partial hospitalization, but had clients receiving this service on March 30, 2007.**
- **Does not offer intensive outpatient treatment, but had clients receiving this service on March 30, 2007.**
- **Does not offer regular outpatient treatment, but had clients receiving this service on March 30, 2007.**

Please review your responses to the two questions below and then select the choice that best describes your resolution.

26. Does this facility offer any of the following **OUTPATIENT** substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Outpatient detoxification: No

Outpatient methadone/buprenorphine maintenance: No

Outpatient day treatment or partial hospitalization: No

Intensive outpatient treatment: No

Regular outpatient treatment: No

35a. As of March 30, 2007, how many active clients were enrolled in each of the following **OUTPATIENT** substance abuse services at this facility?

YOUR RESPONSES:

Outpatient detoxification: XX

Outpatient methadone/buprenorphine maintenance: XX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: XXX

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XXX

Select the choice that best describes your resolution:

- Both question 26 and question 35a are correct
- Return to question 26 for correction
- Return to question 35a for correction
- Return to both question 26 and question 35a for corrections

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 78% of your questionnaire!

OUTPATIENT

Responses to questions 26 and 35a appear to be inconsistent.

You reported that this facility...

- Does not offer methadone/buprenorphine maintenance, but had clients receiving this service on March 30, 2007.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

26. Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is Facility Name 1 Facility Name 2, Address Line1 Address Line2?

YOUR RESPONSES:

Outpatient detoxification: Yes

Outpatient methadone/buprenorphine maintenance: No

Outpatient day treatment or partial hospitalization: Yes

Intensive outpatient treatment: No

Regular outpatient treatment: Yes

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSES:

Outpatient detoxification: X

Outpatient methadone/buprenorphine maintenance: XX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XX

Select the choice that best describes your resolution:

Both question 26 and question 35a are correct

Return to question 26 for correction

Return to question 35a for correction

Return to both question 26 and question 35a for corrections

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 79% of your questionnaire!

OUTPATIENT

The clients reported in outpatient methadone/buprenorphine maintenance and the clients reported in regular outpatient treatment appear to be duplicated. Please review your answers below. Only count methadone and buprenorphine maintenance clients in one category, even if they received multiple services.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification: X

Outpatient methadone/buprenorphine maintenance: XX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XX

Are the XX methadone and buprenorphine maintenance clients the same clients as the XX regular outpatient treatment clients?

question 35a is correct. The clients reported as receiving outpatient methadone/buprenorphine maintenance are not the same clients reported as receiving regular outpatient treatment.



Return to 35a for correction. Some clients are reported in more than one category.



Submit

Start Page Over

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 80% of your questionnaire!

OUTPATIENT

Your response to question 35a is unusually large, compared to most other outpatient facilities.

Please verify your response.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification: XXXX

Outpatient methadone/buprenorphine maintenance: X

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XXXX

Please consider the following:

- Do not count clients that were discharged on or before March 30
- Do not count a client's support group, such as relatives and friends who may have received support counseling
- Do not count clients who were not seen at least once during March 2007 for a substance abuse treatment service
- Do not count clients in more than one category
- Count individual clients...not number of visits
- The number you report should represent the outpatient caseload or "census" at this facility as of March 30

Considering the above, is your response to question 35a correct?

Yes, question 35a is correct as recorded

No, return to question 35a for correction

Submit

Start Page Over

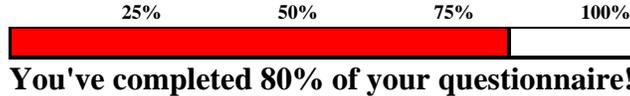
To review your answers to previous questions, [click here](#).

[Quit](#)

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HOSPITAL INPATIENT, RESIDENTIAL AND OUTPATIENT

You just reported that this facility did not have any clients who received hospital inpatient, residential, or outpatient substance abuse services on March 30, 2007?

Is that correct?

Yes, that is correct. No clients received any type of substance abuse services on March 30, 2007.

Yes, that is correct. Clients received another type of substance abuse treatment service on March 30, 2007. (Specify)

No, this is not correct. Some clients DID receive hospital inpatient, residential or outpatient substance abuse services on March 30, 2007. Return to review and correct the type of services clients received.

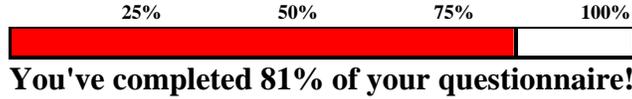
To review your answers to previous questions, [click here](#).

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OUTPATIENT

35b. How many of the XX OUTPATIENT clients you just reported were under the age of 18?

PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

Number under age 18

Submit

Start Page Over

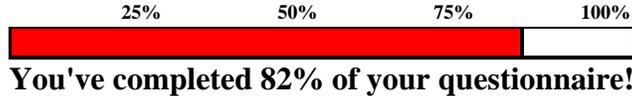
To review your answers to previous questions, [click here](#).

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OUTPATIENT

Two responses are inconsistent. You have indicated more outpatient clients under the age of 18 than total outpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

- Outpatient detoxification: X**
- Outpatient methadone/buprenorphine maintenance: XX**
- Outpatient day treatment or partial hospitalization: X**
- Intensive outpatient treatment: X**
- Regular outpatient treatment: XX**
- TOTAL OUTPATIENTS: XX**

35b. How many of the XX OUTPATIENT clients you just reported were under the age of 18?
YOUR RESPONSE: XXXX

Select the choice that best describes your resolution:

- Return to question 35a for correction and review other outpatient client count responses
- Return to question 35b for correction

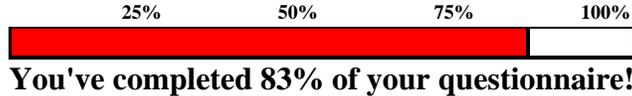
To review your answers to previous questions, [click here.](#)

[*Quit*](#)

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OUTPATIENT

35c. How many of the XX OUTPATIENT clients you just reported received methadone or buprenorphine dispensed by this facility?

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

FOR EACH CHOICE, PLEASE ENTER A NUMBER OR ENTER "0" FOR NONE.

1. Methadone

2. Buprenorphine

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 83% of your questionnaire!

OUTPATIENT

Two responses are inconsistent. You have indicated more outpatient methadone or buprenorphine clients than total outpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification: X

Outpatient methadone/buprenorphine maintenance: XX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUPATIENS: XX

35c. How many of the XX OUTPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: XX

Buprenorphine: XX

Select the choice that best describes your resolution:

Return to question 35a for correction
and review other outpatient client count responses

Return to question 35c for correction

Submit

Start Page Over

To review your answers to previous questions, [click here](#).

[Quit](#)

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you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 84% of your questionnaire!

OUTPATIENT

Two responses are inconsistent. You have indicated fewer outpatients received methadone or buprenorphine than outpatients enrolled in a methadone maintenance/buprenorphine program.

Please review your answers to the two questions below and then select the choice that best describes your resolution.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification: X

Outpatient methadone/buprenorphine maintenance: XXX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XXX

35c. How many of the XXX OUTPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

Select the choice that best describes your resolution:

Return to question 35a for correction and review other outpatient client count responses

Return to question 35c for correction

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 85% of your questionnaire!

OUTPATIENT

Two responses appear to be inconsistent.

In question 19 you reported this facility does not operate a methadone maintenance or detoxification program at this location, however, at question 35c you indicated some outpatient clients received methadone or buprenorphine dispensed by this facility.

Please review your responses to the two questions below and select the choice that best describes your resolution.

19. Does this facility operate a methadone maintenance or detoxification program at this location?

YOUR RESPONSE: No

35c. How many of the XX OUTPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

Select the choice that best describes your resolution:

Both question 19 and question 35c are correct

Return to question 19 for correction

Return to question 35c for correction

Return to both question 19 and question 35c for corrections

Submit

Start Page Over

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 86% of your questionnaire!

OUTPATIENT

Some responses may be inconsistent. In question 19 you indicated that this facility operates methadone maintenance or detoxification program. However, you indicated having zero clients who received methadone or buprenorphine at this facility on March 30, 2007.

Please review your responses to the questions below and select the choice that best describes your resolution.

19. Does this facility operate a methadone maintenance or detoxification program at this location?

YOUR RESPONSE: Yes

33c. How many of the XXXX HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

34c. How many of the XX RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

35c. How many of the X OUTPATIENT clients you just reported received methadone or buprenorphine dispensed by this facility?

YOUR RESPONSE:

Methadone: X

Buprenorphine: X

SELECT "CORRECT" OR "INCORRECT" FOR EACH

<u>Correct</u>	<u>Incorrect</u>
	(Return to Question for Correction)

question 19	<input type="checkbox"/>	<input type="checkbox"/>
-------------	--------------------------	--------------------------

Question 33c	<input type="checkbox"/>	<input type="checkbox"/>
--------------	--------------------------	--------------------------

Question 34c	<input type="checkbox"/>	<input type="checkbox"/>
--------------	--------------------------	--------------------------

question 35c	<input type="checkbox"/>	<input type="checkbox"/>
--------------	--------------------------	--------------------------

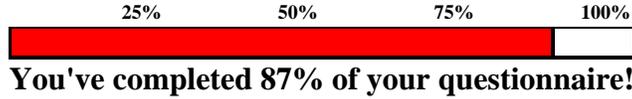
To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link <http://localhost/script/EMailForm.asp>.



OUTPATIENT

35d. Without adding to the staff or space available in March 2007, what is the maximum number of clients who could have been enrolled in outpatient substance abuse treatment on March 30, 2007? This is generally referred to as outpatient capacity.

OUTPATIENT CAPACITY ON MARCH 30, 2007

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 88% of your questionnaire!

OUTPATIENT

Two responses appear to be inconsistent. You have indicated a smaller outpatient capacity than the total number of active outpatient clients enrolled as of March 30, 2007.

Please review your responses to the two questions below and select the choice that best describes your resolution.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification: X

Outpatient methadone/buprenorphine maintenance: XX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XX

35d. Without adding to the staff or space available in March 2007, what is the maximum number of clients who could have been enrolled in outpatient substance abuse treatment on March 30, 2007?

This is generally referred to as outpatient capacity.

YOUR RESPONSE:

OUTPATIENT CAPACITY ON March 30, 2007: X

Select the choice that best describes your resolution:

question 35d is correct as recorded

Return to question 35a for correction
and review other outpatient client count responses

Return to question 35d for correction

Submit

Start Page Over

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[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

25% 50% 75% 100%



You've completed 89% of your questionnaire!

OUTPATIENT

Your response to outpatient capacity in question 35d is unusually large, compared to the number of outpatient clients enrolled at this facility on March 30, 2007 (35a).

Please review your answers to these two questions below and then select the choice that best describes your resolution.

35a. As of March 30, 2007, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification: X

Outpatient methadone/buprenorphine maintenance: XX

Outpatient day treatment or partial hospitalization: X

Intensive outpatient treatment: X

Regular outpatient treatment: XX

TOTAL OUTPATIENTS: XX

35d. Without adding to the staff or space available in March 2007, what is the maximum number of clients who could have been enrolled in outpatient substance abuse treatment on March 30, 2007?

This is generally referred to as outpatient capacity.

YOUR RESPONSE:

OUTPATIENT CAPACITY ON March 30, 2007: XXXX

Is this correct?

Select the choice that best describes your resolution:

question 35d is correct as recorded

Return to question 35a for correction
and review other outpatient client count responses

Return to question 35d for correction

Submit

Start Page Over

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 89% of your questionnaire!

- 36. Some clients are treated for both alcohol and drug abuse, while others are treated for only alcohol or only drug abuse. Approximately what percent of the XX substance abuse treatment clients enrolled at this facility on March 30, 2007, including hospital inpatient, residential, and/or outpatient, were being treated for . .**

The following three responses should total 100%. If not, please reconcile.

- 1. BOTH alcohol AND drugs %
- 2. ONLY alcohol abuse %
- 3. ONLY drug abuse %

To review your answers to previous questions, [click here](#).

[Quit](#)

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You've completed 61% of your questionnaire!

- 37. Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 30, 2007, had a diagnosed co-occurring substance abuse and mental health disorder?**

**ENTER A PERCENT (IF NONE,
ENTER "0")**

Percent of clients

Submit

Start Page Over

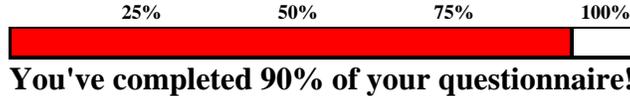
To review your answers to previous questions, [click here](#).

[Quit](#)

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38. **In the 12 months beginning April 1, 2006, and ending March 31, 2007, 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

38.1. **Is the ADMISSIONS number you just reported an actual number or your best estimate?**

Actual

Estimate

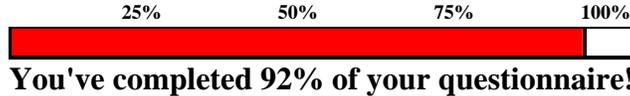
To review your answers to previous questions, [click here](#).

[Quit](#)

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours/day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



Your response to question 38 is unusually large, compared to most other facilities. Please verify your response to Question 38.

38. In the 12 months beginning April 1, 2006, and ending March 31, 2007, how many ADMISSIONS for substance abuse treatment did this facility have?

YOUR RESPONSE:

Number of Substance Abuse Admissions in 12 month period: XXXX

Is this correct?

Yes, question 38 is correct as recorded

No, return to question 38 for correction

To review your answers to previous questions, [click here](#).

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You've completed 91% of your questionnaire!

38a. How many of the 12-month treatment admissions included in question 38 were funded by ATR vouchers?

** To be answered by facilities in the following states only:
CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY*

NUMBER OF ADMISSIONS FUNDED BY ATR VOUCHERS

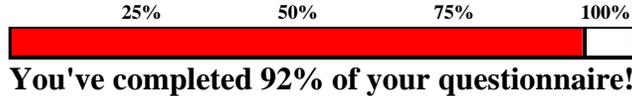
To review your answers to previous questions, [click here](#).

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OUTPATIENT

Two responses are inconsistent. You have indicated more number of admissions funded by ATR vouchers than the number of admissions for substance abuse treatment.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

38. In the 12 months beginning April 1, 2006, and ending March 31, 2007, 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.

YOUR RESPONSE: XX

38a. How many of the 12-month treatment admissions included in question 38 were funded by ATR vouchers?

YOUR RESPONSE: XX

Select the choice that best describes your resolution:

Return to question 38 for correction
and review other outpatient client count responses

Return to question 38a for correction

Submit

Start Page Over

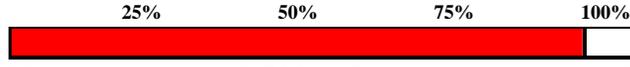
To review your answers to previous questions, [click here](#).

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 92% of your questionnaire!

39a. When we process your questionnaire, we will contact you for a list of the other facilities included in your client counts.

If you prefer, on the next page, you can enter the name, location address, and phone number of each facility included in the client counts reported.

I prefer to enter the information now

Please contact me for the list at a later time

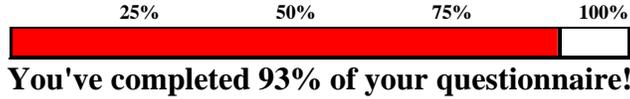
To review your answers to previous questions, [click here](#).

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OR

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- 39b. Please enter the facility name, location address, and phone number for the XX additional facilities included in your client counts.**
Please scroll through the entire page, listing all of the additional facilities (do not list this facility). Also, answer the question at the bottom of the page before pressing the "Submit" button to advance.

**Enter
information
here for
Facility # 1**

Facility Name
(Line 1)

(Line 2)

**Location
Address**
(Line 1)

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - **Ext:**

**Enter
information
here for
Facility # 2**

Facility Name
(Line 1)

(Line 2)

**Location
Address**
(Line 1)

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - **Ext:**

Enter
information
here for
Facility # 3

Facility Name
(Line 1)

(Line 2)

Location
Address (Line
1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility # 4

Facility Name
(Line 1)

(Line 2)

Location
Address (Line
1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility # 5

Facility Name
(Line 1)

(Line 2)

Location
Address (Line
1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility # 6

Facility Name
(Line 1)

(Line 2)

Location
Address (Line
1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility # 7

Facility Name
(Line 1)

(Line 2)

Location
Address (Line
1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility # 8

Facility Name
(Line 1)

(Line 2)

Location
Address (Line
1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility # 9

Facility Name
(Line 1)

(Line 2)

Location
Address (Line 1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility #
10

Facility Name
(Line 1)

(Line 2)

Location
Address (Line 1)

(Line 2)

City and State ,

Zip Code -

Facility Phone
Number () - Ext:

Enter
information
here for
Facility #
11

Facility Name
(Line 1)

(Line 2)

**Location
Address** *(Line 1)*

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - **Ext:**

Enter
information
here for
Facility #
12

Facility Name
(Line 1)

(Line 2)

**Location
Address** *(Line 1)*

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - **Ext:**

Enter
information
here for
Facility #
13

Facility Name
(Line 1)

(Line 2)

**Location
Address** *(Line 1)*

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - **Ext:**

Enter
information
here for
Facility #
14

Facility Name
(Line 1)

(Line 2)

**Location
Address** *(Line 1)*

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - **Ext:**

Enter
information
here for
Facility #
15

Facility Name
(Line 1)

(Line 2)

**Location
Address (Line**
1)

(Line 2)

City and State ,

Zip Code -

**Facility Phone
Number** () - Ext:

Before advancing to the next question, please respond to one of the following statements:

- I have entered all the additional facilities that are included in the client counts reported in this questionnaire.
- I did not enter all the additional facilities that are included in the client counts reported in this questionnaire. Please have someone contact me.

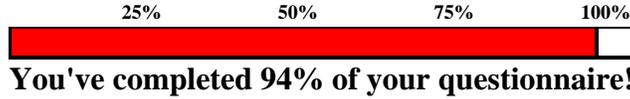
To review your answers to previous questions, [click here](#).

[Quit](#)

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OR

you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



SECTION C: GENERAL INFORMATION

Section C should be completed for this facility only.

41.* Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, Facility Name 1 Facility Name 2, Address Line1 Address Line2?

Yes

No

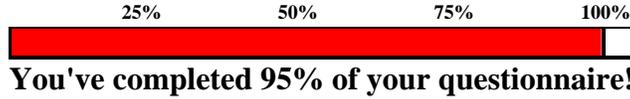
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42. Does this facility or program have licensing, certification, or accreditation from any of the following organizations?

- *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.*

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

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. State substance abuse agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State mental health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. State department of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hospital licensing authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. JCAHO (<i>Joint Commission on Accreditation of Healthcare Organizations</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CARF (<i>Commission on Accreditation of Rehabilitation Facilities</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. NCQA (<i>National Committee for Quality Assurance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. COA (<i>Council on Accreditation for Children & Family Services</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Another state or local agency or other organization (Specify) <input style="width: 200px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

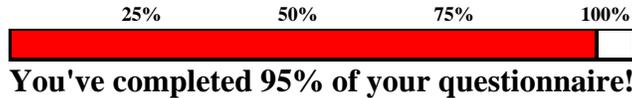
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43. Has this facility received a National Provider Identifier (NPI)?

Yes

No

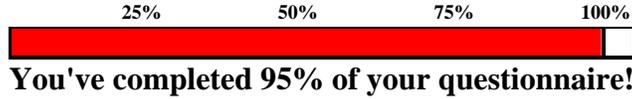
To review your answers to previous questions, [click here](#).

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43a. What is the NPI for this facility?

NPI

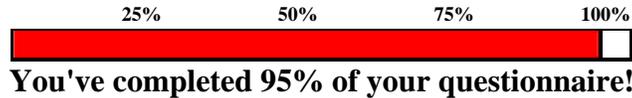
To review your answers to previous questions, [click here](#).

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44.* Does this facility have a website or web page with information about the facility's substance abuse treatment programs?

Yes

No

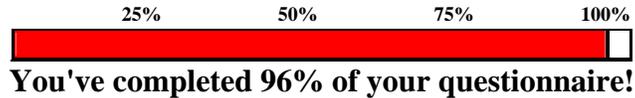
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OR

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44a.* What is this facility's website address?

- Enter the address in the box below EXACTLY as it should be entered in order to access your site.
- Do not enter "http://" (for example, enter www.yourfacility.com)



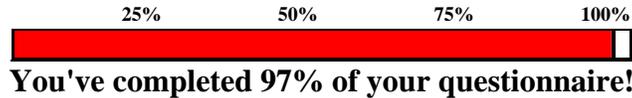
To review your answers to previous questions, [click here](#).

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45. Does this facility want to be listed in the *National Directory* and online Treatment Facility Locator?

Yes

No

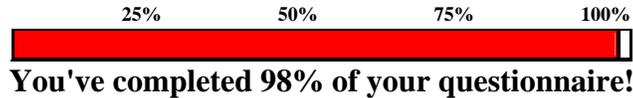
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OR

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46. 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?

Yes

No

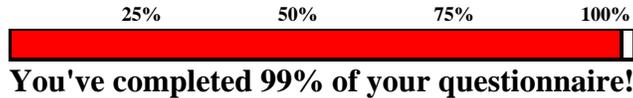
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Please enter your comments below.

A large, empty rectangular text area with a thin black border. It has a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a scrollable text input field.

To review your answers to previous questions, [click here](#).

[Quit](#)

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you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.

We appreciate your participation.

If there are any questions about the information entered, an N-SSATS representative will contact you for clarification.

YOUR CONFIRMATION NUMBER IS: NS07-XX

IMPORTANT: We suggest you print out a record of your answers and record your confirmation number before leaving this site.

Click here to: [Print a copy of your answers.](#)

- *It may take a minute or two to load all of your responses.*
- *When the page is finished loading, use your browser's print button to print a record of your answers.*
- **If you would like to exit the questionnaire, please click on the "QUIT" link below.**
- **CAUTION:** You will not be able to re-enter this survey to print or change responses after you click "QUIT" and close your browser.

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We appreciate your participation.

Your responses have been saved and submitted to Mathematica Policy Research.

**If there are any questions about the information entered,
an N-SSATS representative will contact you for clarification.**

You can now close your browser or go on to a different web site.

Thanks again for your help!