

Attachment B3

N-SSATS 2010 CATI questionnaire

NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES
2010 N-SSATS

Hello Hello, my name is [fill interviewer name] and I am calling concerning the Federal Government's annual survey of substance abuse treatment providers called N-SSATS or the National Survey of Substance Abuse Treatment Services. The N-SSATS survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

GetDir May I speak with [fill director name] regarding this facilities 2010 N-SSATS questionnaire?

USE UpdateInfo TAB TO ENTER A DIFFERENT PHONE NUMBER

<1> SPEAKING WITH FACILITY DIRECTOR/APPROPRIATE PERSON
[goto Intro]

<2> CONNECTED TO FACILITY DIRECTOR/APPROPRIATE PERSON
[goto Hello2]

<3> FACILITY DIRECTOR NOT AVAILABLE [goto Callback]

<4> ANSWERING MACHINE [goto Message_Q]

<5> WRONG NUMBER [goto Sorry]

Sorry I'm sorry. Thank you for your time.

Hello2 Hello, my name is [fill interviewer name] and I am calling concerning the Federal Government's annual survey of substance abuse treatment providers called N-SSATS or the National Survey of Substance Abuse Treatment Services. The N-SSATS survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

[goto Intro]

Intro Recently you were mailed a letter from Dr. Peter J. Delany at SAMHSA along with a letter from your State or Federal Agency Substance Abuse Director. Both letters requested the participation of your facility in the 2010 N-SSATS. We are calling at this time to complete the survey. Is this a good time?

<1> YES, CONTINUE [goto Confirm2]

<2> SCHEDULE CALLBACK AT CONVENIENT TIME [goto Callback]

<3> COMPLETING ON THE WEB [Thanks]

<4> NO LONGER PROVIDES SUBSTANCE ABUSE TREATMENT [goto A1]

<5> NEVER PROVIDED SUBSTANCE ABUSE SERVICES [goto A1]

<6> DUPLICATE FACILITY [goto Duplicate]

<7> MERGED WITH ANOTHER FACILITY [goto Merged]

<8> FACILITY CLOSED/NO LONGER EXISTS [goto Thanks2]

<9> SATELLITE FACILITY [goto Satellite]

<10> REPORTED ELSEWHERE [goto RE1]

<11> WRONG NUMBER [goto Sorry]

<12> COMPLETING BY MAIL [goto Thanks]

Confirm2 I will be asking you questions about [fill facility name]
located at
[fill address 1]
[fill address 2]
[fill City],
[fill State]
[fill zip]

IF NOT CORRECT USE THE UpdateInfo TAB TO UPDATE FACILITY
INFORMATION

[goto A1]

RE1 We'll watch for that information to come in. Putting the client
information aside, it is important for every facility to answer
a few questions regarding the specific characteristics of their
facility--even if an administrative unit or parent facility
will report your client information for you. Could I ask you
these few questions now?

<1> YES [goto A1]
<2> NO, NOT A CONVENIENT TIME [goto Callback]
<3> NO, WILL SEND THEM IN THE MAIL [goto Thanks]
<4> NO, NOT THE PROPER PERSON TO TALK WITH [goto RE3]
<5> NO, WILL COMPLETE ON WEB [goto Thanks]

RE3 Who could answer facility-specific questions such as which
types of services are offered at this facility?

USE UpdateInfo TAB TO ENTER A NEW CONTACT NAME

RE4 Could I speak with [fill contact name]?

<1> YES [goto RE5]
<2> NOT AVAILABLE - INTERVIEWER: Thank you, I will call
back. [goto Callback]
<3> CONNECTED TO ANSWERING MACHINE [goto Message_R]

RE5 Hello, my name is [fill interviewer name] and I am calling on
behalf of the Federal Government's annual survey called the
National Survey of Substance Abuse Treatment Services. This
survey is sponsored by SAMHSA, the Substance Abuse and Mental
Health Services Administration. I have a few questions I'd like
to ask you.

<1> YES, CONTINUE [goto A1]
<2> NO, NOT A CONVENIENT TIME [goto Callback]
<3> NO, WILL SEND THEM IN THE MAIL [goto Thanks]
<4> NO, WILL COMPLETE ON WEB [goto Thanks]

Duplicate Which facility is a duplicate to this one?

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO
[choose from list of facilities or goto MainFacility]

Merged	<p>Which facility was this one merged with?</p> <p>PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO [choose from list of facilities or goto MainFacility]</p>
Satellite	<p>Which facility is this one associated with?</p> <p>For the purpose of this survey a satellite facility is one that does not have permanent staff on location. Often times staff will travel from another location to provide treatment on a limited schedule.</p> <p>PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO [choose from list of facilities or goto MainFacility]</p>
MainFacility	<p>May I have the name, address and phone number of the facility?</p> <p><1> Continue</p>
PhoneNumber	<p>Please give me the telephone number, area code first?</p> <p>[goto Thanks]</p>
Message_R	<p>*** REMINDER CALL MESSAGE ***</p> <p>DID YOU LEAVE THE MESSAGE?</p> <p><1> Yes <2> No</p>
Message_Q	<p>*** QUESTIONNAIRE CALL MESSAGE ***</p> <p>DID YOU LEAVE THE MESSAGE?</p> <p><1> Yes <2> No</p>
Thanks	<p>Thank you so much for your time. Your responses are very important to the study and we look forward to receiving your completed questionnaire.</p>
Thanks2	<p>Thank you for your time.</p>
Callback	<p>USE THE 'APPOINTMENT' TAB ABOVE TO MAKE AN APPOINTMENT.</p>

A1 First, I will ask you about the characteristics of the individual facility, [fill facility name] located at [fill LOCATION ADDRESS].

Please answer the following questions referring only to this substance abuse facility.

Which of the following substance abuse services are offered by this facility at this location, that is, [fill LOCATION ADDRESS].

<1> Intake, assessment, or referral,
 <2> Detoxification,
 <3> Substance abuse treatment, by that we mean services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

[if <2> = yes, goto A2a; if A2 NE Yes & <3> = yes, go to A4; else continue]

A1a [ask if A1_2 & A1_3 = <0>]
 You reported that this facility at this location does not offer detoxification or substance abuse treatment.

Is that correct?

<1> YES [goto A37]
 <0> NO [BACK UP AND RETURN TO A1 FOR CORRECTION]

<d> DON'T KNOW
 <r> REFUSED

A1x [ask if A1_1 to A1_3 ALL = <d> or <r> OR if A1a = <d> or <r>]
 Could I speak with someone else who may be familiar with the day-to-day operation of this facility?

IF DON'T KNOW OR REFUSED CODE A REFUSAL USING THE BREAKOFF TAB

<1> ENTER CONTACT PERSON'S NAME

<d> DON'T KNOW
 <r> REFUSED

A2 DID RESPONDENT ANSWER YES TO DETOXIFICATION IN OPTION 2 OF A1?

<1> YES [goto A4]
 <2> NO

A2a Does this facility detoxify clients from . . .

<1> Alcohol
 <2> Benzodiazepines
 <3> Cocaine
 <4> Methamphetamines
 <5> Opiates
 <6> Other substances (SPECIFY)

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A2b Does this facility routinely use medications during detoxification?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A3 DID RESPONDENT ANSWER YES TO SUBSTANCE ABUSE TREATMENT IN OPTION 3 OF A1?

<1> YES [goto A4]
 <2> NO [goto A37]

A4 What is the primary focus of this facility at this location, that is, [fill facility name] located at [fill LOCATION ADDRESS]? Is it ...

IF RESPONDENT GIVES MORE THAN ONE RESPONSE, PROBE: Which do you consider the primary focus of this facility?

<1> Substance abuse treatment services,
 <2> Mental health services,
 <3> A mix of mental health and substance abuse treatment services, where neither is primary,
 <4> General health care, or
 <5> Something else? (SPECIFY)

<d> DON'T KNOW
 <r> REFUSED

A5 Is this facility operated by . . .

<1> A private for-profit organization, [goto A6]
 <2> A private non-profit organization, [goto A6]
 <3> State government, [goto A8]
 <4> Local, county, or community government, [goto A8]
 <5> Tribal government, or [goto A8]
 <6> The Federal Government?

<d> DON'T KNOW
 <r> REFUSED

A5a Which Federal Government agency is that? Is it ...
<1> The Department of Veterans Affairs,
<2> Department of Defense,
<3> Indian Health Service, or
<4> Some other Federal Government agency? (SPECIFY)

<d> DON'T KNOW
<r> REFUSED

[goto A8]

A6 Is this facility a solo practice, meaning, an office with only one independent practitioner or counselor?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A7 Is this facility affiliated with a religious organization?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A8 Is this facility a jail, prison, or other organization that provides treatment exclusively for incarcerated persons or juvenile detainees?

<1> YES
<0> NO [goto A9]

<d> DON'T KNOW
<r> REFUSED

A8a Just to confirm, this facility provides substance abuse treatment services only to incarcerated persons or juvenile detainees.

Is that correct?

<1> YES, THAT IS CORRECT [goto A43]
<0> NO, THAT IS NOT CORRECT

A9 Is this facility located in, or operated by, a hospital?

<1> YES
<0> NO [goto A10]

<d> DON'T KNOW
<r> REFUSED

A9a What type of hospital is that...

<1> A general hospital (including a VA hospital),
 <2> Psychiatric hospital, or
 <3> Some other specialty hospital, for example, alcoholism
 or maternity? (SPECIFY)

 <d> DON'T KNOW
 <r> REFUSED

A10 What telephone number or numbers should a potential client call
 to schedule an intake appointment?

INTERVIEWER: IF R TELLS YOU THE INTAKE NUMBER IS THE SAME AS
 THE NUMBER YOU CALLED, YOU MUST CONFIRM THAT NUMBER. IT IS
 FILLED AT THE END OF RESPONSE NUMBER 3 FOR THIS PURPOSE. YOU
 CANNOT ASSUME R KNOWS WHICH NUMBER YOU CALLED TO REACH HIM.

<1> TO RECORD INTAKE PHONE NUMBER(S)
 <2> DOES NOT APPLY
 <3> SAME NUMBER YOU JUST CALLED [fill adialphone],
 <4> SAME NUMBER YOU JUST CALLED [fill adialphone] PLUS
 ANOTHER NUMBER

 <d> DON'T KNOW
 <r> REFUSED

ENTER NUMERIC PHONE NUMBER (OPTIONAL): @phn
 ENTER EXTENSION (OPTIONAL) @ext
 ENTER NUMERIC PHONE NUMBER (OPTIONAL): @phn2
 ENTER EXTENSION (OPTIONAL) @ext2

OR

ENTER ALPHA PHONE NUMBER (OPTIONAL): @ac3 @phn3
 ENTER EXTENSION (OPTIONAL) @ext3
 ENTER ALPHA PHONE NUMBER (OPTIONAL): @ac4 @phn4
 ENTER EXTENSION (OPTIONAL) @ext4

V10 I've recorded [fill A10_p1ac] as the area code for the intake
 number. Is that correct?

<1> YES
 <0> NO

V10b I've recorded [fill A10_p2ac] as the area code for the second
 intake number. Is that correct?

<1> YES
 <0> NO

V10c I've recorded [fill A10_p3ac] as the area code for the alpha
 intake number. Is that correct?

<1> YES
 <0> NO

V10d I've recorded [fill A10_p4ac] as the area code for the second
 alpha intake number. Is that correct?

<1> YES
 <0> NO

A11a

Now I am going to ask you about services provided by [fill facility name] located at [fill LOCATION ADDRESS].

Which of the following Assessment and Pre-Treatment Services are provided by this facility at this location, that is, [fill LOCATION ADDRESS]?

Please answer "Yes" or "No" for each.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<1> Screening for substance abuse
<2> Screening for mental health disorders
<3> Comprehensive substance abuse assessment or diagnosis
<4> Comprehensive mental health assessment or diagnosis, for example, psychological or psychiatric evaluation and testing
<5> Outreach to persons in the community who may need treatment
<6> Interim services for clients when immediate admission is not possible

A11b

Which of the following Testing services are provided by this facility at this location? Include tests performed at this location, even if the specimen is sent to an outside source for chemical analysis.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<7> Breathalyzer or other blood alcohol testing
<8> Drug or alcohol urine screening
<9> Screening for Hepatitis B
<10> Screening for Hepatitis C
<11> HIV testing
<12> STD testing
<13> TB screening

A11c

Which of the following Transitional Services are provided by this facility at this location?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<14> Discharge planning
<15> Aftercare or continuing care

A11d Which of the following Ancillary Services are provided by this facility at this location?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<16> Case management services
<17> Social skills development
<18> Mentoring or peer support
<19> Child care for clients' children
<20> Assistance with obtaining social services, for example, Medicaid, WIC, SSI, SSDI
<21> Employment counseling or training for clients
<22> Assistance in locating housing for clients
<23> Domestic violence, that is, family or partner violence services for physical, sexual, and emotional abuse
<24> Early intervention for HIV
<25> HIV or AIDS education, counseling, or support
<26> Health education other than HIV/AIDS
<27> Substance abuse education
<28> Transportation assistance to treatment
<29> Mental health services
<30> Acupuncture
<31> Residential beds for clients' children
<32> Self-help groups, for example, AA, NA, Smart Recovery

A11e Which of the following Pharmacotherapies are provided by this facility at this location, that is, [fill LOCATION ADDRESS]?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<33> Antabuse®
<34> Naltrexone
<35> Campral®
<36> Nicotine replacement
<37> Medications for psychiatric disorders
<38> Methadone
<39> Buprenorphine, with the brand name Subutex®
<40> Buprenorphine, with the brand name Suboxone®

A12 DID RESPONDENT ANSWER YES TO METHADONE, BUPRENORPHINE - SUBUTEX, OR BUPRENOPRHINE - SUBOXONE?

<1> YES [goto A12X]
<2> NO [goto A13]

A12x [ask if A11e38,39, or 40 = <1>; else goto A13]
Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

<1> YES
<0> NO [goto A12y]

<d> DON'T KNOW
<r> REFUSED

A12a Does this facility operate ...

<1> A methadone maintenance program,
 <2> A buprenorphine maintenance program (Subutex® and/or Suboxone®), or
 <3> Both a methadone maintenance and a buprenorphine maintenance program

<d> DON'T KNOW
 <r> REFUSED

A12b Does this facility serve only opiate-dependent clients at this location?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A12y Does this facility operate an opiate detox program at this location that uses methadone or buprenorphine to detoxify clients?

<1> YES
 <0> NO [goto A13]

<d> DON'T KNOW
 <r> REFUSED

A12c Does this facility operate ...

<1> A program that uses methadone to detox clients,
 <2> A program that uses buprenorphine to detox clients (Subutex® and/or Suboxone®), or
 <3> Both a program that uses methadone and a program that uses buprenorphine to detox clients

<d> DON'T KNOW
 <r> REFUSED

Va12a_38 Two responses appear to be inconsistent. I recorded that methadone is not provided by this facility. However, I just recorded that this facility operates a methadone maintenance program. Have I recorded something incorrectly?

<1> RETURN TO a11e_38 TO CORRECT METHADONE PROVIDED BY THIS FACILITY
 <2> RETURN TO a12a TO CORRECT METHADONE MAINTENANCE PROGRAM

Va12a_39 Two responses appear to be inconsistent. I recorded that buprenorphine is not provided by this facility. However, I just recorded that this facility operates a buprenorphine maintenance program. Have I recorded something incorrectly?

<1> RETURN TO a11e_39 TO CORRECT BUPRENORPHINE-SUBUTEX® PROVIDED BY THIS FACILITY

<2> RETURN TO a11e_40 TO CORRECT BUPRENORPHINE-SUBOXONE® PROVIDED BY THIS FACILITY

<3> RETURN TO a12a TO CORRECT BUPRENORPHINE MAINTENANCE PROGRAM

Va12c_38 Two responses appear to be inconsistent. I recorded that methadone is not provided by this facility. However, I just recorded that this facility operates a methadone detoxification program. Have I recorded something incorrectly?

<1> RETURN TO a11e_38 TO CORRECT METHADONE PROVIDED BY THIS FACILITY

<2> RETURN TO a12c TO CORRECT METHADONE DETOXIFICATION PROGRAM

Va12c_39 Two responses appear to be inconsistent. I recorded that buprenorphine is not provided by this facility. However, I just recorded that this facility operates a buprenorphine detoxification program. Have I recorded something incorrectly?

<1> RETURN TO a11e_39 TO CORRECT BUPRENORPHINE-SUBUTEX® PROVIDED BY THIS FACILITY

<2> RETURN TO a11e_40 TO CORRECT BUPRENORPHINE-SUBOXONE® PROVIDED BY THIS FACILITY

<3> RETURN TO a12c TO CORRECT BUPRENORPHINE DETOXIFICATION PROGRAM

A13 Does this facility use individual counseling as part of its substance abuse treatment program?

<1> YES

<0> NO [goto A14]

<d> DON'T KNOW

<r> REFUSED

A13a During the course of treatment, approximately what percent of substance abuse clients receive individual counseling?

<1> 25% or less,

<2> 26% to 50%,

<3> 51% to 75%,

<4> 76% to 95%,

<5> 96% or more

<d> DON'T KNOW

<r> REFUSED

A14 Does this facility use group counseling as part of its substance abuse treatment program?

<1> YES
<0> NO [goto A15]

<d> DON'T KNOW
<r> REFUSED

A14a During the course of treatment, approximately what percent of substance abuse clients receive group counseling?

<1> 25% or less,
<2> 26% to 50%,
<3> 51% to 75%,
<4> 76% to 95%,
<5> 96% or more

<d> DON'T KNOW
<r> REFUSED

A15 Does this facility use family counseling as part of its substance abuse treatment program?

<1> YES
<0> NO [goto A16]

<d> DON'T KNOW
<r> REFUSED

A15a During the course of treatment, approximately what percent of substance abuse clients receive family counseling?

<1> 25% or less,
<2> 26% to 50%,
<3> 51% to 75%,
<4> 76% to 95%,
<5> 96% or more

<d> DON'T KNOW
<r> REFUSED

A16 Does this facility use marital or couples counseling as part of its substance abuse treatment program?

<1> YES
<0> NO [goto A17]

<d> DON'T KNOW
<r> REFUSED

A16a During the course of treatment, approximately what percent of substance abuse clients receive marital or couples counseling?

- <1> 25% or less,
- <2> 26% to 50%,
- <3> 51% to 75%,
- <4> 76% to 95%,
- <5> 96% or more

<d> DON'T KNOW
<r> REFUSED

A17 Next I will read a variety of clinical or therapeutic approaches used by substance abuse treatment facilities. For each, please tell me how often the practice is used at this facility.

- <1> Never
- <2> Rarely
- <3> Sometimes
- <4> Always or Often,
- <5> Or are you not familiar with this approach?

- <1> Substance abuse counseling
- <2> 12-step facilitation
- <3> Brief intervention
- <4> Cognitive-behavioral therapy
- <5> Contingency management/motivational incentives
- <6> Motivational interviewing
- <7> Trauma-related counseling
- <8> Anger management
- <9> Matrix model
- <10> community reinforcement plus vouchers
- <11> Rational emotive behavioral therapy (REBT)
- <12> Relapse prevention
- <13> Other treatment approach (SPECIFY)

A18 Are any of the following practices part of this facility's standard operating procedures?

- <1> YES
- <0> NO

<d> DON'T KNOW
<r> REFUSED

- <1> Required continuing education for staff
- <2> Periodic drug testing of clients
- <3> Regularly scheduled case review with a supervisor
- <4> Case review by an appointed quality review committee
- <5> Outcome follow-up after discharge
- <6> Periodic utilization review
- <7> Periodic client satisfaction surveys conducted by the facility

A19 Does this facility, at this location, offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

<1> YES
<0> NO [goto A20]

<d> DON'T KNOW
<r> REFUSED

A19a Does this facility serve only DUI/DWI clients?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A20 Does this facility provide substance abuse treatment services in sign language at this location for the hearing impaired, for example, American Sign Language, Signed English, or Cued Speech?

READ IF NECESSARY: You should answer "yes" if either a staff counselor or an on-call interpreter provides this service.

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A21 Does this facility provide substance abuse treatment services in a language other than English at this location?

READ IF NECESSARY: You should answer "yes" if either a staff counselor or an on-call interpreter provides this service.

<1> YES
<0> NO [goto A22a]

<d> DON'T KNOW
<r> REFUSED

A21a At this facility, who provides substance abuse treatment services in a language other than English? Is it...

<1> A staff counselor who speaks a language other than English,
<2> An on-call interpreter, in person or by phone, brought in when needed, or [goto A22a]
<3> Both a staff counselor and an on-call interpreter?

<d> DON'T KNOW
<r> REFUSED

A21a1 Do staff counselors provide substance abuse treatment in Spanish at this facility?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A21a2 Do staff counselors at this facility provide substance abuse treatment in any other languages?

<1> YES
 <0> NO [goto A22a]

<d> DON'T KNOW
 <r> REFUSED

A21b In which of the following languages do staff counselors at this facility provide substance abuse treatment?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

<1> Hopi
 <2> Lakota
 <3> Navajo
 <4> Yupik
 <5> Any other American Indian or Alaska Native language
 (SPECIFY THE OTHER LANGUAGE)
 <6> Arabic
 <7> Any Chinese language
 <8> Creole
 <9> French
 <10> German
 <11> Hmong
 <12> Italian
 <13> Korean
 <14> Polish
 <15> Portuguese
 <16> Russian
 <18> Tagalog
 <19> Vietnamese
 <20> Any other language (SPECIFY THE OTHER LANGUAGE)

A21e

[ask if number = <1> in A21b is GE 4]
Are all of these languages spoken by a staff counselor? (READ
LIST)

INTERVIEWER - YOU MAY HAVE TO SCROLL DOWN TO SEE ALL OPTIONS.

[fill all Language 1 to Language 20 answered YES]

<0> NO GO BACK TO a21A1 FOR CORRECTION

ENTER 1 TO CONTINUE

A22_a

The next series of questions asks if specific types of clients are accepted into treatment at this location. For each type of client accepted at this facility, I will ask if this facility has a specially designed substance abuse treatment program or group exclusively for that type of client.

Does [fill facility name] accept (fill with client types 1-9) into treatment at this location?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<1> Adolescents

READ IF NECESSARY: Adolescents could be described as "youths" or "teens."

<2> Clients with co-occurring mental and substance abuse disorders
<3> Criminal justice clients other than DUI/DWI clients
<4> Persons with HIV or AIDS
<5> Gays or lesbians
<6> Seniors or older adults
<7> Adult women
<8> Pregnant or postpartum women
<9> Adult men

A22_b

[ask for all A22a1-9 = <1>]

Does this facility offer a specially designed substance abuse treatment program or group exclusively for...

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<1> Adolescents
<2> Clients with co-occurring mental and substance abuse disorders
<3> Criminal justice clients
<4> Persons with HIV or AIDS
<5> Gays or lesbians
<6> Seniors or older adults
<7> Adult women
<8> Pregnant or postpartum women
<9> Adult men
<10> Specially designed substance abuse treatment programs or groups for any other types of clients at this location? (SPECIFY)

A23 Does this facility offer Hospital Inpatient substance abuse services at this location, that is, [fill facility name] located at [fill LOCATION ADDRESS]?

<1> YES
 <0> NO [goto A24]

<d> DON'T KNOW
 <r> REFUSED

A23a Which of the following Hospital Inpatient services are offered by this facility?

READ IF NECESSARY: ASAM is the American Society of Addiction Medicine. ASAM has developed guidelines regarding levels of care that are now widely used.

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

<1> Hospital Inpatient detoxification, which is similar to ASAM Levels IV-D and III.7-D. (Medically managed or monitored inpatient detoxification)
 <2> Hospital Inpatient treatment, which is similar to ASAM Levels IV and III.7. (Medically managed or monitored intensive inpatient treatment)

Va23_1 Two responses appear to be inconsistent. I recorded that this facility offers Hospital Inpatient substance abuse services. However, I just recorded that this facility offers neither Hospital Inpatient detoxification nor Hospital Inpatient treatment. Have I recorded something incorrectly?

<1> ALL a23, a23a_1 AND a23a_2 ARE CORRECT AS REPORTED [goto Va23_2]
 <2> DOES NOT OFFER HOSPITAL INPATIENT TREATMENT SERVICES
 <3> RETURN TO a23a_1 TO CORRECT HOSPITAL INPATIENT DETOXIFICATION
 <4> RETURN TO a23a_2 TO CORRECT HOSPITAL INPATIENT TREATMENT

Va23_2 What kind of Hospital Inpatient services are offered by this facility?

<1> TO RECORD VERBATIM
 <2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

A24 Does this facility offer Residential, non-hospital, substance abuse services at this location?

<1> YES
 <0> NO [goto A25]

<d> DON'T KNOW
 <r> REFUSED

A24a Which of the following Residential services are offered by this facility?

READ IF NECESSARY: ASAM is the American Society of Addiction Medicine. ASAM has developed guidelines regarding levels of care that are now widely used.

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

<1> Residential detoxification, which is similar to ASAM Level III.2-D. (Clinically managed residential detoxification or social detoxification)
 <2> Residential short-term treatment, which is similar to ASAM Level III.5. (Clinically managed high-intensity residential treatment, typically 30 days or less)
 <3> Residential long-term treatment, which is similar to ASAM Levels III.3 and III.1. (Clinically managed medium-or low-intensity residential treatment, typically more than 30 days)

Va24_1 Two responses appear to be inconsistent. I recorded that this facility offers Residential, non-hospital, substance abuse services. However, I just recorded that this facility does not offer Residential detoxification, Residential short-term treatment or Residential long-term treatment. Have I recorded something incorrectly?

<1> ALL a24, a24a_1, a24a_2 AND a24a_3 ARE CORRECT AS REPORTED
 <2> DOES NOT OFFER RESIDENTIAL TREATMENT SERVICES [goto Va24_2]
 <3> RETURN TO a24a_1 TO CORRECT RESIDENTIAL NON-HOSPITAL DETOXIFICATION
 <4> RETURN TO a24a_2 TO CORRECT RESIDENTIAL NON-HOSPITAL\SHORT-TERM TREATMENT
 <5> RETURN TO a24a_3 TO CORRECT RESIDENTIAL NON-HOSPITAL LONG-TERM TREATMENT")

Va24_2 What kind of Residential services are offered by this facility?

 <1> TO RECORD VERBATIM

 <2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

A25 Does this facility offer Outpatient substance abuse services at this location?

 <1> YES

 <0> NO [goto A26]

 <d> DON'T KNOW

 <r> REFUSED

A25a Which of the following Outpatient services are offered by this facility?

 READ IF NECESSARY: ASAM is the American Society of Addiction Medicine. ASAM has developed guidelines regarding levels of care that are now widely used.

 <1> YES

 <0> NO

 <d> DON'T KNOW

 <r> REFUSED

 <1> Outpatient detoxification, which is 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, which is similar to ASAM Level II.5. (20 or more hours per week)

 <4> Intensive outpatient treatment, which is similar to ASAM Level II.1. (9 or more hours per week)

 <5> Regular outpatient treatment, which is similar to ASAM Level I. (Outpatient treatment, non-intensive)

Va25a1_a2 [if A23a1 & A24a1 & A25a1 = <0>]

 INTERVIEWER: YOU WILL BE TAKEN BACK TO ANSWER QUESTIONS A2A AND A2B

 <1> RETURN TO A2A AND A2B

Valle_25 [ask if A25a2 = <1> and A11e_38-40 = <0>]
Two responses appear to be inconsistent. I recorded that methadone or buprenorphine are not provided by this facility. However, I just recorded that this facility offers an Outpatient methadone or buprenorphine maintenance program.

Have I recorded something incorrectly?

<1> RETURN TO a11e_38 TO CORRECT METHADONE PROVIDED BY THIS FACILITY
<2> RETURN TO a11e_39 TO CORRECT BUPRENORPHINE SUBUTEX® PROVIDED BY THIS FACILITY
<3> RETURN TO a11e_40 TO CORRECT BUPRENORPHINE SUBOXONE® PROVIDED BY THIS FACILITY
<4> RETURN TO a25a_2 TO CORRECT OUTPATIENT MAINTENANCE PROGRAM

Va25_1 Two responses appear to be inconsistent. I recorded that this facility offers Outpatient substance abuse services. However, I just recorded that this facility does not offer Outpatient detoxification, Outpatient methadone/buprenorphine maintenance, Outpatient day treatment or partial hospitalization, Intensive outpatient treatment or Regular outpatient treatment. Have I recorded something incorrectly?

<1> ALL a25, a25a_1, a25a_2, a25a_3, a25a_4 AND a25a_5 ARE CORRECT AS REPORTED [goto Va25_2]
<2> DOES NOT OFFER OUTPATIENT TREATMENT SERVICES
<3> RETURN TO a25a_1 TO CORRECT OUTPATIENT DETOXIFICATION
<4> RETURN TO a25a_2 TO CORRECT OUTPATIENT METHADONE/BUPRENORPHINE MAINTENANCE
<5> RETURN TO a25a_3 TO CORRECT OUTPATIENT DAY TREATMENT OR PARTIAL HOSPITALIZATION
<6> RETURN TO a25a_4 TO CORRECT INTENSIVE OUTPATIENT TREATMENT
<7> RETURN TO a25a_5 TO CORRECT REGULAR OUTPATIENT TREATMENT

Va25_2 What kind of Outpatient services are offered by this facility?

<1> TO RECORD VERBATIM
<2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

Va23_a25_1 [ask A23 & A24 & A25 = <0>]
So, this facility does not offer Hospital Inpatient, Residential, or Outpatient substance abuse services. Is that correct?

<1> YES, THAT IS CORRECT
<2> NO, CHANGE a23, a24, or a25

Va23_a25_2 What type of substance abuse treatment does this facility offer?

 <1> TO RECORD VERBATIM
 <2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

Va21a3 I have a question about something I've coded and need to talk to my supervisor. I will call you back as soon as possible.

 <1> continue

Va25_a12 Two responses appear to be inconsistent. I recorded that this facility offers Outpatient methadone/buprenorphine maintenance. However, I also recorded that this facility does not offer any type of maintenance program. Have I recorded something incorrectly?

 <1> RETURN TO a12a, FACILITY DOES HAVE A MAINTENANCE PROGRAM
 <2> RETURN TO a25a_2, FACILITY DOES NOT HAVE A MAINTENANCE PROGRAM

A26 Does this facility use a sliding fee scale?

 READ IF NECESSARY: A sliding fee scale adjusts the fee for service based on income and other factors.

 <1> YES
 <0> NO [goto A27]

 <d> DON'T KNOW
 <r> REFUSED

A26a Do you want the availability of a sliding fee scale published in SAMHSA's Directory and Locator?

 READ IF NECESSARY: The Directory and Locator will explain that sliding fee scales are based on income and other factors.

 <1> YES
 <0> NO

 <d> DON'T KNOW
 <r> REFUSED

A27 Does this facility offer treatment at no charge to clients who cannot afford to pay?

 <1> YES
 <0> NO [goto A28]

 <d> DON'T KNOW
 <r> REFUSED

A27a

Do you want the availability of free care for eligible clients published in SAMHSA's Directory and Locator?

READ IF NECESSARY: The Directory and Locator will explain that potential clients should call the facility for information on eligibility.

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

A28

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.

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

A29_1

[ask if A29_2 to A29_9 ALL = <0>]

Does this facility offer free treatment to all clients, that is, no payment is accepted?

<1> Yes

<0> No

A29

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

- <1> YES
- <0> NO

- <d> DON'T KNOW
- <r> REFUSED

- <2> Cash or self-payment
- <3> Medicare

READ IF NECESSARY: Medicare is the federal health insurance program for people age 65 and older and people with disabilities.

- <4> Medicaid

READ IF NECESSARY: Medicaid is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state.

- <5> A state-financed health insurance plan other than Medicaid
- <6> Federal military insurance such as TRICARE or Champ VA
- <7> Private health insurance
- <8> Access To Recovery (ATR) vouchers

READ IF NECESSARY: Access To Recovery (ATR) is a competitive, discretionary, grant program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, which provides vouchers to clients for the purchase of substance abuse clinical treatment and recovery support services.

- <9> Other (SPECIFY)

A29_9

DO NOT READ. IF OTHER TYPES OF PAYMENTS ARE VOLUNTEERED, RECORD HERE, OTHERWISE, PRESS "0" TO PROCEED.

- <1> TO RECORD OTHER TYPES OF PAYMENTS ACCEPTED
- <0> NO OTHER PAYMENTS VOLUNTEERED

A30

The next questions ask about the number of clients in treatment at this facility at specified times. Which of the following options best describes how you will report client counts for this facility?

- <1> You will report client counts for this facility alone, [goto A31]
- <2> You will report client counts for this facility combined with other facilities, or
- <3> You will not report any client counts. Another facility will report this facility's client counts) [goto A37]

- <d> DON'T KNOW
- <r> REFUSED

ta30a1_2 INTERVIEWER: THE DATABASE HAS NO FACILITIES LINKED WITH THIS ORGANIZATION.

Which facilities will be included in the client counts that you will report? Please give me the name, address, and phone number of each facility.

PLEASE RECORD THE FACILITY NAME, ADDRESS, AND PHONE NUMBER FOR EACH FACILITY INCLUDED IN THE CLIENT COUNTS USING THE AddFacility TAB ABOVE.

ta30a1_3 I am looking at a screen that shows the other facilities currently linked to this facility in our database.

INTERVIEWER: IF FACILITIES BEING INCLUDED IN CLIENT COUNTS ARE NOT DISPLAYED, RECORD INFORMATION ON THE MISSING FACILITIES USING THE AddFacility TAB ABOVE.

ENTER 1 TO DISPLAY LIST OF FACILITIES

A30a1 Please tell me which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A30a2 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A30a3 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A30a4 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A30a5 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A30a6 Which facilities will be included in the client counts you will report and I will record them here.

 PROBE: Any other facilities?

 INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A30_del INTERVIEWER: WERE THERE FACILITIES THAT NEED TO BE REMOVED FROM THIS NETWORK? IF YES THEN INDICATE WHICH ONES USING THE DelFacility TAB ABOVE.

 <1> YES

 <0> NO

A30_1 INTERVIEWER: YOU HAVE RECORDED NO ADDITIONAL FACILITIES THAT WILL BE INCLUDED IN THE CLIENT COUNT. PLEASE RESOLVE: TO RECORD FACILITIES, GO BACK TO a30a1 OR ta30a1

 TO CHANGE Q30 TO REPORTING FOR SELF ONLY, RETURN TO Q30

 Continue

A31 The next questions ask about the number of clients receiving Hospital Inpatient, Residential, non-hospital, and Outpatient substance abuse treatment services on March 31, 2010. First, I'll ask about Hospital Inpatients.

 On March 31, 2010, did any patients receive Hospital Inpatient substance abuse services at this facility?

 <1> YES

 <0> NO [goto A32]

 <d> DON'T KNOW

 <r> REFUSED

A31a This question asks about the number of Hospital Inpatients who received services on March 31, 2010. Count a patient in one service only, even if the patient received multiple services. Do not count family members, friends, or other non-treatment patients.

 On March 31, 2010, how many patients received the following Hospital Inpatient substance abuse services at this location...

 INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

 <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)

 <d> DON'T KNOW

 <r> REFUSED

A31b How many of the [fill a31a_total] Hospital Inpatients you just reported were under the age of 18?

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW
<r> REFUSED

A31c1 How many of the [fill a31a_total] Hospital Inpatients you just reported received methadone dispensed at this facility?

Include patients who received this drug for detoxification or maintenance purposes.

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW
<r> REFUSED

A31c_2 How many of the [fill a31a_total] Hospital Inpatients you just reported received buprenorphine dispensed or prescribed at this facility?

Include patients who received this drug for detoxification or maintenance purposes.

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW
<r> REFUSED

A31d On March 31, 2010, how many of the Hospital Inpatient beds at this facility were specifically designated for substance abuse treatment?

<d> DON'T KNOW
<r> REFUSED

Va31 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Hospital Inpatient substance abuse services but did not have any clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES NOT OFFER INPATIENT SERVICES (CHANGE a23 AND THEN CHECK FORWARD)
NO, FACILITY DID HAVE INPATIENTS ON March 31 (CHANGE a31 AND THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a23
<3> CHANGE a31

Va31q Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Hospital Inpatient substance abuse services but did have patients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER INPATIENT SERVICES (CHANGE a23 AND THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE INPATIENTS ON March 31 (CHANGE a31)

<1> YES, THAT IS CORRECT
<2> CHANGE a23
<3> CHANGE a31

Va31a_1 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Hospital Inpatient detoxification but did have [fill a31a_1] Hospital Inpatients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a23 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a31 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a23
<3> CHANGE a31

Va31a_2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Hospital Inpatient treatment but did have [fill a31a_2] Hospital Inpatients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a23 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a31 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a23
<3> CHANGE a31

Va31a1 Your response to this question is unusually large compared to most other facilities. I have recorded that this location had [fill a31a_tot] Hospital Inpatients receiving substance abuse treatment on March 31, 2010. Is that correct?

<1> YES, THAT IS CORRECT
<2> CHANGE a31A

Va31a2 Two responses I recorded are inconsistent. A moment ago, I recorded that on March 31, 2010, some clients were receiving Hospital Inpatient substance abuse services at this location. However, I've just recorded that zero clients were receiving substance abuse treatment or detoxification. Have I recorded something incorrectly?

<1> YES (CHANGE a31 or a31a)
 <2> YES (CHANGE a31 or a31a)
 <3> NO

Va31a_sum Two responses I recorded are inconsistent. A moment ago, I recorded that on March 31, 2010, some clients were receiving Hospital Inpatient substance abuse services at this location. However, I've just recorded that zero clients were receiving substance abuse treatment or detoxification. Have I recorded something incorrectly?

(CHANGE a31, a31a_1 or a31a_2)

<1> CHANGE a31
 <2> CHANGE a31a_1 or a31a_2
 <3> NO

Va31a3 What type of Hospital Inpatient substance abuse services were clients receiving at this location on March 31, 2010?

BACKCODE TO a31a (1 AND 2) WHEN APPROPRIATE

<1> RECORD SERVICE

Va31b Two responses I recorded are inconsistent. I just recorded that [fill a31b] Hospital Inpatients were under the age of 18. However, earlier I recorded that this location had a total of [fill a31a_tot] Hospital Inpatients on March 31. Have I recorded something incorrectly?

CHANGE THE NUMBER OF INPATIENTS IN a31a
 CHANGE THE NUMBER UNDER AGE 18 IN a31b

<1> Continue

Va31c Two responses I recorded are inconsistent. I just recorded that [fill a31c_tot] Hospital Inpatients received either methadone or buprenorphine on March 31. However, earlier I recorded that this location had a total of [fill a31a_tot] Hospital Inpatients on March 31. Have I recorded something incorrectly?

CHANGE THE NUMBER OF INPATIENTS IN a31a
 CHANGE THE NUMBER RECEIVING METHADONE IN a31c_1 (CURRENTLY RECORDED AS [a31c_1])
 CHANGE THE NUMBER RECEIVING BUPRENORPHINE IN a31c_2 (CURRENTLY RECORDED AS [a31c_2])

<1> Continue

Va31c1 Two responses I recorded may be inconsistent. I just recorded that [fill a31c_tot] patients were receiving methadone or buprenorphine dispensed at this facility. However, earlier I recorded that this facility does not operate a methadone maintenance program at this facility. Have I recorded something incorrectly?

DID NOT HAVE METH CLIENTS - CHANGE a31c
DOES OPERATE AN METHADONE PROGRAM - CHANGE a12a

<1> CORRECT AS REPORTED
<2> CHANGE a31C
<3> CHANGE a12a

Va31az2 Your response to this question is unusually large compared to the [fill a31a_tot] patients who received Hospital Inpatient services on March 31. I recorded this location had [fill a31d] beds designated for Hospital Inpatient substance abuse treatment clients on March 31, 2010. Is that correct?

NO, CHANGE THE NUMBER OF BEDS IN a31d
NO, CHANGE THE NUMBER OF INPATIENTS IN a31a (CURRENTLY LISTED AS [a31a_tot])

<1> YES, THAT IS CORRECT
<2> CHANGE a31D
<3> CHANGE a31A_1 or a31a_2

A32 Now I'll be asking about Residential, non-hospital, clients. On March 31, 2010, did any clients receive Residential, non-hospital, substance abuse services at [fill facility name] [fill LOCATION ADDRESS]?

<1> YES
<0> NO [goto A33]

<d> DON'T KNOW
<r> REFUSED

A32a

This question asks about the number of Residential clients receiving services on March 31, 2010. 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.

On March 31, 2010, how many clients received the following Residential substance abuse services at this facility...

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<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)

<d> DON'T KNOW

<r> REFUSED

A32b

How many of the [fill a32a_total] Residential clients you just reported were under the age of 18?

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW

<r> REFUSED

A32c_1

How many of the [fill a32a_total] Residential clients you just reported received methadone dispensed at this facility?

Include clients who received this drug for detoxification or maintenance purposes.

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW

<r> REFUSED

A32c_2

How many of the [fill a32a_total] Residential clients you just reported received buprenorphine dispensed or prescribed at this facility?

Include clients who received this drug for detoxification or maintenance purposes.

Include clients who received this drug for detoxification or maintenance purposes.

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW

<r> REFUSED

A32d

On March 31, 2010, how many of the Residential beds at this facility were specifically designated for substance abuse treatment?

<d> DON'T KNOW

<r> REFUSED

Va32q

Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential, non-hospital, substance abuse services but did have clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER RESIDENTIAL SERVICES (CHANGE a24 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE RESIDENTIAL CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT

<2> CHANGE a24

<3> CHANGE a32

Va32q2

Two responses I recorded appear to be inconsistent. I recorded that this facility offers Residential, non-hospital, substance abuse services but did not have clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES NOT OFFER RESIDENTIAL SERVICES (CHANGE a24 THEN CHECK FORWARD)

NO, FACILITY DID HAVE RESIDENTIAL CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT

<2> CHANGE a24

<3> CHANGE a32

Va32_a24 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Residential substance abuse services but did not have clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES NOT OFFER RESIDENTIAL SERVICES (CHANGE a24 THEN CHECK FORWARD)
 NO, FACILITY DID HAVE RESIDENTIAL CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
 <2> CHANGE a24
 <3> CHANGE a32
 <4> CHANGE BOTH a24 and a32

Va32_a24b Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential substance abuse services but did have clients receiving these services on March 31, 2010. Is that correct?

NO, [fill q32a] OFFER RESIDENTIAL SERVICES (CHANGE a24 THEN CHECK FORWARD)
 NO, [fill q32b] HAVE RESIDENTIAL CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
 <2> CHANGE a24
 <3> CHANGE a32
 <4> CHANGE BOTH a24 and a32

Va32a_1 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential detoxification but did have [fill a32a_1] clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a24 THEN CHECK FORWARD)
 NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
 <2> CHANGE a24
 <3> CHANGE a32

Va32a_2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential short-term treatment, but did have [fill a32a_2] clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a24 THEN CHECK FORWARD)
 NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
 <2> CHANGE a24
 <3> CHANGE a32

Va32a_3 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential long-term treatment, but did have [fill a32a_3] clients receiving these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a24 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a32 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT

<2> CHANGE a24

<3> CHANGE a32

Va32a_sum Two responses I recorded are inconsistent. A moment ago, I recorded that on March 31, 2010, some clients were receiving Residential substance abuse services at this facility. However, I've just recorded that zero clients were receiving substance abuse treatment or detoxification. Have I recorded something incorrectly?

(CHANGE a32, a32a_1, a32a_2 or a32a_3)

<1> CHANGE a32

<2> CHANGE a32a_1, a32a_2 or a32a_3

<3> NO

Va32act The number of clients receiving Residential services is the same number I recorded earlier for Hospital Inpatients. Are you counting the same clients in both categories?

YES - CHANGE HOSPITAL INPATIENTS IN a31a

YES - CHANGE RESIDENTIAL CLIENTS IN a32a

<1> NO - NOT COUNTED TWICE

<2> YES CHANGE a31A

<3> YES CHANGE a32A

Va32ax Two responses I recorded may be inconsistent. I just recorded that [fill a32a_1] clients were receiving residential detoxification on March 31, 2010. However, earlier I recorded that this facility does not offer residential detoxification. Have I recorded something incorrectly?

DID NOT HAVE RESIDENTIAL DETOXIFICATION CLIENTS ON 3/31/10

CHANGE a32a

DOES OFFER RESIDENTIAL DETOXIFICATION - CHANGE a24

<1> CORRECT AS RECORDED

<2> CHANGE a32A

<3> CHANGE a24

Va32a4 Two responses I recorded may be inconsistent. I just recorded that [fill a32a_2] clients were receiving residential short-term treatment. However, earlier I recorded that this facility does not offer residential short-term treatment. Have I recorded something incorrectly?

DID NOT HAVE RESIDENTIAL SHORT-TERM CLIENTS ON 3/31/10 CHANGE a32a

DOES OFFER RESIDENTIAL SHORT-TERM TREATMENT - CHANGE a24

<1> CORRECT AS RECORDED
 <2> CHANGE a32A
 <3> CHANGE a24

Va32a29 Two responses I recorded may be inconsistent. I just recorded that zero clients were receiving residential short-term treatment on March 31. However, earlier I recorded that this facility offers residential short-term treatment. Have I recorded something incorrectly?

DID HAVE RESIDENTIAL SHORT-TERM TREATMENT CLIENTS ON 3/31/10 CHANGE a32a

DOES NOT OFFER RESIDENTIAL SHORT-TERM TREATMENT - CHANGE a24a_2

<1> CORRECT AS RECORDED
 <2> CHANGE a32A
 <3> CHANGE a24a_2

Va32az Two responses I recorded may be inconsistent. I just recorded that [fill a32a_3] patients were receiving residential long-term treatment. However, earlier I recorded that this facility does not offer residential long-term treatment. Have I recorded something incorrectly?

DID NOT HAVE RESIDENTIAL LONG-TERM CLIENTS ON 3/31/10 CHANGE a32a_3

DOES OFFER RESIDENTIAL LONG-TERM TREATMENT - CHANGE a24

<1> CORRECT AS RECORDED
 <2> CHANGE a32A_3
 <3> CHANGE a24

Va32az3 Two responses I recorded may be inconsistent. I just recorded that zero clients were receiving residential long-term treatment on March 31. However, earlier I recorded that this facility offers residential long-term treatment. Have I recorded something incorrectly?

DID HAVE RESIDENTIAL LONG-TERM TREATMENT CLIENTS ON 3/31/10
CHANGE a32a_3

DOES NOT OFFER RESIDENTIAL LONG-TERM TREATMENT - CHANGE a24a_3

<1> CORRECT AS RECORDED
<2> CHANGE a32A_3
<3> CHANGE a24a_3

Va32a1 Your response to this question is unusually large compared to most other facilities. I recorded that this facility had [fill a32a_tot] Residential substance abuse treatment clients on March 31, 2010. Is that correct?

IF NO, CHANGE THE NUMBER OF CLIENTS IN a32a

<1> YES, THAT IS CORRECT
<2> NO, CHANGE a32A

Va32a2 Two responses I recorded are inconsistent. A moment ago, I recorded that on March 31, 2010, some clients were receiving Residential non-hospital substance abuse treatment or detoxification at this location. However, I have just recorded that zero clients were receiving these types of care. Have I recorded something incorrectly?

YES (CHANGE a32 or a32a)

<1> YES CHANGE a32 OR a32A
<2> NO

Va32a2_a1_2no Two responses I recorded are inconsistent. A moment ago, I recorded that on March 31, 2010, some clients were receiving Residential non-hospital substance abuse treatment or detoxification at this location. However, I have just recorded that zero clients were receiving these types of care. Have I recorded something incorrectly?

YES (CHANGE a32 or a32a)

<1> YES CHANGE a32 OR a32A
<2> NO

Va32a3 What type of Residential, non-hospital, substance abuse services were clients receiving at this facility on March 31, 2010?

BACKCODE TO a32a (1, 2 AND 3) WHEN APPROPRIATE

<1> RECORD TYPE OF CLIENTS

Va32b Two responses I recorded are inconsistent. I just recorded that [fill a32b] Residential clients were under the age of 18. However, earlier I recorded that this facility had a total of [fill a32a_tot] Residential clients on March 31. Have I recorded something incorrectly?

CHANGE THE NUMBER OF RESIDENTIAL CLIENTS IN a32a
CHANGE THE NUMBER UNDER AGE 18 IN a32b

<1> Continue

Va32c Two responses I recorded are inconsistent. I just recorded that [fill a32c_tot] Residential clients received either methadone or buprenorphine on March 31. However, earlier I recorded that this facility had a total of [fill a32a_tot] Residential clients on March 31. Have I recorded something incorrectly?

CHANGE THE NUMBER OF RESIDENTIAL CLIENTS IN a32a
CHANGE THE NUMBER RECEIVING METHADONE IN a32c_1
CURRENTLY RECORDED AS [a32c_1]
CHANGE THE NUMBER RECEIVING BUPRENORPHINE IN a32c_2
CURRENTLY RECORDED AS [a32c_2]

<1> Continue

Va32c1 Two responses I recorded may be inconsistent. I just recorded that [fill a32c_1] clients were receiving methadone dispensed at this facility. However, earlier I recorded that this facility does not operate a methadone maintenance or methadone detoxification program at this facility. Have I recorded something incorrectly?

DID NOT HAVE METH CLIENTS - CHANGE a32c
DOES OPERATE AN METHADONE TREATMENT PROGRAM - CHANGE a12a

<1> CORRECT AS REPORTED, NO CHANGE NEEDED
<2> CHANGE a32C
<3> CHANGE a12a

Va32act2 The number of clients receiving Residential services is the same number I recorded earlier for Hospital Inpatients. Are you counting the same clients in both categories?

YES - CHANGE HOSPITAL INPATIENTS IN a31a
YES - CHANGE RESIDENTIAL CLIENTS IN a32a

<1> NO - NOT COUNTED TWICE
<2> YES CHANGE a31A
<3> YES CHANGE a32A

Va32az2

Your response to this question is unusually large compared to the [fill a32a_tot] clients who received Residential services on March 31. I recorded this location had [fill a32d] beds designated for Residential substance abuse treatment clients on March 31, 2010. Is that correct?

NO, CHANGE THE NUMBER OF BEDS IN a32d
NO, CHANGE THE NUMBER OF CLIENTS IN a32A (CURRENTLY LISTED AS [fill a32a_tot])

<1> YES, THAT IS CORRECT
<2> CHANGE a32D
<3> CHANGE a32A_1 OR a32a_2

A33

Now I'll be asking about Outpatient substance abuse clients. During the month of March 2010, did any clients receive Outpatient substance abuse services at [fill facility name] [fill LOCATION ADDRESS]?

<1> YES
<0> NO [goto A34]

<d> DON'T KNOW
<r> REFUSED

A33a_1

This question asks about the number of clients who received Outpatient substance abuse services at this location during March 2010. Only include clients who received treatment in March and were still enrolled in treatment on March 31, 2010.

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. Here is the question...

How many clients received each of the following Outpatient substance abuse services at this facility during March 2010?

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<1> Outpatient detoxification, similar to ASAM Levels I-D and II-D (ambulatory detoxification)
<2> Outpatient methadone or buprenorphine maintenance, similar to Opioid maintenance therapy. Count methadone and buprenorphine maintenance clients in this category only.
<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)

<d> DON'T KNOW
<r> REFUSED

A33b How many of the [fill a33a_tot] Outpatient clients you just reported were under the age of 18?

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW
<r> REFUSED

Aa33c_1 How many of the [fill a33a_tot] Outpatient clients you just reported received methadone dispensed at this location?

Include clients who received this drug for detoxification or maintenance purposes.

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW
<r> REFUSED

A33c_2 How many of the [fill a33a_tot] Outpatient clients you just reported received buprenorphine dispensed or prescribed at this location?

Include clients who received this drug for detoxification or maintenance purposes.

INTERVIEWER: ENTER A NUMBER. IF NONE, ENTER "0"

<d> DON'T KNOW
<r> REFUSED

A33d Without adding to the staff or space available in March 2010, what is the maximum number of clients who could have been enrolled in Outpatient substance abuse treatment on March 31, 2010?

<d> DON'T KNOW
<r> REFUSED

VA3_345 I have recorded that there were no Hospital Inpatient or Residential, non-hospital, clients receiving services on March 31, and there were no Outpatient clients that received services during the month of March. Is that correct?

NO, FACILITY DID HAVE HOSPITAL INPATIENT CLIENTS (CHANGE a31)
NO, FACILITY DID HAVE RESIDENTIAL (NON-HOSPITAL) CLIENTS (CHANGE a32)
NO, FACILITY DID HAVE OUTPATIENT CLIENTS (CHANGE a33)

<1> YES, THAT IS CORRECT
<2> NO, DID HAVE HOSPITAL INPATIENT CLIENTS
<3> NO, DID HAVE RESIDENTIAL (NON-HOSPITAL) CLIENTS
<4> NO, DID HAVE OUTPATIENT CLIENTS

Va33 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Outpatient substance abuse services but did not have any clients who received Outpatient substance abuse services during the month of March. Is that correct?

NO, FACILITY DOES NOT OFFER OUTPATIENT SERVICES (CHANGE a25)
NO, FACILITY DID HAVE OUTPATIENT CLIENTS DURING THAT TIME (CHANGE a33)

<1> YES, THAT IS CORRECT
<2> NO, DOES NOT OFFER OUTPATIENT SERVICES

Va33q Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient substance abuse services but did have clients who received Outpatient substance abuse services during the month of March. Is that correct?

NO, FACILITY DOES OFFER OUTPATIENT SERVICES (CHANGE a25)
NO, FACILITY DID NOT HAVE OUTPATIENT CLIENTS DURING THAT TIME (CHANGE a33)

<1> YES, THAT IS CORRECT
<2> NO, FACILITY DOES OFFER OUTPATIENT SERVICES (CHANGE a25 THEN CHECK FORWARD)
<3> NO, FACILITY DID NOT HAVE OUTPATIENT CLIENTS DURING THAT TIME (CHANGE a33 THEN CHECK FORWARD)

Va33q2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient substance abuse services but did have clients enrolled during the month of March 2010. Is that correct?

NO, FACILITY DOES OFFER OUTPATIENT SERVICES (CHANGE a25 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE OUTPATIENT CLIENTS ON DURING MARCH (CHANGE a33)

<1> YES, THAT IS CORRECT
<2> CHANGE a25
<3> CHANGE a33

Va33a_1 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient detoxification but did have [fill a33a_1] clients enrolled in these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a25 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a33 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a25
<3> CHANGE a33

Va33a_2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient methadone or buprenorphine maintenance but did have [fill a33a_2] clients enrolled in these services as of March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a25 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a33 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT

<2> CHANGE a25

<3> CHANGE a33

Va33a_3 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient day treatment or partial hospitalization, but did have [fill a33a_3] clients enrolled in these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a25 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a33 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT

<2> CHANGE a25

<3> CHANGE a33

Va33a_4 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Intensive outpatient treatment, but did have [fill a33a_4] clients enrolled in these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a25 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a33 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT

<2> CHANGE a25

<3> CHANGE a33

Va33b Two responses I recorded are inconsistent. I just recorded that [fill a33b] Outpatients were under the age of 18. However, earlier I recorded that this location had a total enrollment of [fill a33a_tot] Outpatients on March 31.

Have I recorded something incorrectly?

CHANGE THE NUMBER OF OUTPATIENTS IN a33a

CHANGE THE NUMBER UNDER AGE 18 IN a33b

<1> Continue

Va33a_5 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Regular outpatient treatment, but did have [fill a33a_5] clients enrolled in these services on March 31, 2010. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a25 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 31 (CHANGE a33 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a25
<3> CHANGE a33

Va33a_sum Two responses I recorded are inconsistent. A moment ago, I recorded that on March 31, 2010, some clients were enrolled in Outpatient substance abuse services at this location. However, I've just recorded a total enrollment of zero clients in substance abuse treatment or detoxification. Have I recorded something incorrectly?

(CHANGE a33, a33a_1 or a33a_2)

<1> YES (CHANGE a33)
<2> YES (CHANGE a33a_1 OR a33a_2)
<3> NO, DISCHARGED ON OR BEFORE March 31
<4> NO

Va33a_5b Two responses I recorded appear to be inconsistent. At question 33 you recorded that some clients received Outpatient treatment, but did have zero clients receiving these services on March 31, 2010. Is that correct?

<1> YES, THAT IS CORRECT
<2> CHANGE a33

Va33z The number of Outpatient methadone/buprenorphine maintenance clients is the same number as the number of Regular outpatient clients. Are you counting the same clients in both categories?

YES, CORRECT THE NUMBER OF METHADONE/BUPRENORPHINE MAINTENANCE CLIENTS IN Q35a_2

YES, CORRECT THE NUMBER OF REGULAR OUTPATIENT CLIENTS IN Q35a_5

<1> NO, CORRECT AS RECORDED
<2> CORRECT THE METHADONE/BUPRENORPHINE MAINTENANCE CLIENTS IN Q35a_2
<3> CORRECT THE REGULAR OUTPATIENT CLIENTS IN Q35a_5

Va33a Your response to this question is unusually large compared to most other facilities. I have recorded this facility had [fill a33a_tot] Outpatient substance abuse treatment clients actively enrolled in Outpatient treatment on March 31, 2010. Is that correct?

NO, CHANGE THE NUMBER OF CLIENTS IN a33a 1 THROUGH 5

<1> YES, THAT IS CORRECT
<2> NO, CHANGE THE NUMBER OF CLIENTS IN a33a 1 THROUGH 5

Va33a1 Two responses I recorded appear to be inconsistent. A moment ago I recorded that as of March 31, 2010, some clients were enrolled in an Outpatient substance abuse treatment program at this location. However, I've just recorded that no clients were receiving Outpatient detoxification, Outpatient methadone/buprenorphine maintenance, Outpatient day treatment or partial hospitalization, Intensive outpatient treatment, or Regular outpatient treatment services on March 31, 2010. Have I recorded something incorrectly?

YES (CHANGE a33 OR a33a)

<1> YES (CHANGE a33 OR a33a)
<2> NO, ALL CLIENTS WERE DISCHARGED BEFORE March 31
<3> NO

Va33a2 What type of Outpatient substance abuse services were clients enrolled in at this location on March 31, 2010?

BACKCODE TO a33a_1 THROUGH a33a_5 WHEN APPROPRIATE

<1> RECORD TYPE OF SERVICE

Va33a3 I need to talk with my supervisor regarding the type of treatment service offered at this location. I may need to call you again. Thank you very much for your time.

<1> Continue

Va33c1 Two responses I recorded may be inconsistent. I just recorded that [fill a33c_1] patients were receiving methadone dispensed at this facility. However, earlier I recorded that this facility does not operate a methadone maintenance program at this facility.

Have I recorded something incorrectly?

DID NOT HAVE METHADONE CLIENTS - CHANGE a33c
DOES OPERATE A METHADONE TREATMENT PROGRAM - CHANGE a12a

<1> CORRECT AS REPORTED; NO CHANGE
<2> DID NOT HAVE METH CLIENTS - CHANGE a33c
<3> DOES OPERATE METHADONE PROGRAM - CHANGE a12a

Va33c Two responses I recorded are inconsistent. I just recorded that [fill a33c_tot] of the Outpatients enrolled as of March 31, 2010 received either methadone or buprenorphine. However, earlier I recorded that this location had a total of [fill a33a_tot] Outpatients enrolled as of March 31, 2010.

Have I recorded something incorrectly?

CHANGE THE NUMBER OF OUTPATIENTS IN a33a
CHANGE THE NUMBER RECEIVING METHADONE IN a33c_1
CURRENTLY RECORDED AS [a33c_1]
CHANGE THE NUMBER RECEIVING BUPRENORPHINE IN a33c_2
CURRENTLY RECORDED AS [a33c_2]

<1> Continue

Va33c2 Two responses I recorded may be inconsistent. Earlier I recorded that [fill a33a_2] Outpatients were in a methadone/buprenorphine maintenance program as of March 31, 2010 and I've just recorded that only [fill a33c_tot] clients were receiving methadone/buprenorphine as of March 31, 2010. Is that correct?

NO, CHANGE THE [a33a_2] METHADONE/BUPRENORPHINE CLIENTS IN a33a_2

NO, CHANGE THE [a33c_tot] CLIENTS RECEIVING METHADONE/BUPRENORPHINE IN a33c

<1> YES, THAT IS CORRECT

<2> NO, CHANGE THE [a33a_2] METH/BUPE CLIENTS IN a33a_2

<3> NO, CHANGE THE [a33c_tot] CLIENTS RECEIVING METH/BUPE IN a33c

Va33c3 Two responses I recorded may be inconsistent. Earlier I recorded that this facility operates a methadone [afill_a12a_a12c] program, and I've just recorded that no Hospital Inpatients or Residential clients were receiving methadone on March 31, 2010, and there were no Outpatient clients that received methadone during the month of March. Is that correct?

<1> YES, THAT IS CORRECT

<2> NO, DID NOT OPERATE A METHADONE PROGRAM (CHANGE a12x/a12y)

<3> NO, THAT IS NOT CORRECT. CHANGE INPATIENTS AT a31C_1

<4> NO, THAT IS NOT CORRECT. CHANGE RESIDENTIAL CLIENTS AT a32C_1

<5> NO, THAT IS NOT CORRECT. CHANGE OUTPATIENTS AT a33C_1

Va33c3_no_a33 Two responses I recorded may be inconsistent. Earlier I recorded that this facility operates a methadone [afill_a12a_a12c] program, and I've just recorded that no clients were receiving methadone on March 31, 2010. Is that correct?

<1> YES, THAT IS CORRECT
<2> NO, DID NOT OPERATE A METHADONE PROGRAM (CHANGE a12x/a12y)
<3> NO, THAT IS NOT CORRECT. CHANGE INPATIENTS AT a31C_1
<4> NO, THAT IS NOT CORRECT. CHANGE RESIDENTIAL CLIENTS AT a32C_1

Va33c4 Two responses I recorded may be inconsistent. Earlier I recorded that this facility operates a buprenorphine [afill_a12a_a12c] program, and I've just recorded that no Hospital Inpatients or Residential clients were receiving buprenorphine on March 31, 2010, and there were no Outpatient clients that receive buprenorphine during the month of March. Is that correct?

<1> YES, THAT IS CORRECT
<2> NO, DID NOT OPERATE A BUPRENORPHINE PROGRAM (CHANGE a12x/a12y)
<3> NO, THAT IS NOT CORRECT. CHANGE INPATIENTS AT a31C_2
<4> NO, THAT IS NOT CORRECT. CHANGE RESIDENTIAL CLIENTS AT a32C_2
<5> NO, THAT IS NOT CORRECT. CHANGE OUTPATIENTS AT a33C_2

Va33c4_no_a33 Two responses I recorded may be inconsistent. Earlier I recorded that this facility operates a buprenorphine [afill_a12a_a12c] program, and I've just recorded that no clients were receiving buprenorphine on March 31, 2010. Is that correct?

<1> YES, THAT IS CORRECT
<2> NO, DID NOT OPERATE A BUPRENORPHINE PROGRAM (CHANGE a12x/a12y)
<3> NO, THAT IS NOT CORRECT. CHANGE INPATIENTS AT a31C_2
<4> NO, THAT IS NOT CORRECT. CHANGE RESIDENTIAL CLIENTS AT a32C_2

Va33d Is it correct that this location could have accommodated an enrollment of [fill a33d_tot] Outpatient substance abuse clients on March 31, 2010?

NO, CHANGE NUMBER OF OUTPATIENTS ENROLLED ON March 31
NO, CHANGE OUTPATIENT CAPACITY [a33d]

<1> YES
<2> NO, CHANGE NUMBER OF OUTPATIENTS ENROLLED ON March 31 [a33a_tot]
<3> NO, CHANGE OUTPATIENT CAPACITY

Va33d2

Earlier I recorded that you had [fill a33a_tot] active Outpatient clients as of March 31, 2010. However, you just reported that the total Outpatient capacity for this location on March 31 was only [fill a33d].

Have I recorded something incorrectly?

CHANGE OUTPATIENT CAPACITY IN a33d
CHANGE OUTPATIENT CLIENTS IN a33a

<1> CORRECT AS RECORDED
<2> CHANGE OUTPATIENT CAPACITY IN a33d
<3> CHANGE OUTPATIENT CLIENTS IN a33a

Va33d3

Your response to this question is unusually large compared to most other facilities. I recorded this location had [fill a33a_tot] active Outpatient clients as of March 31, 2010. However, you just reported that the total Outpatient capacity for this location on March 31 was [fill a33d].

Have I recorded something incorrectly?

CHANGE OUTPATIENT CAPACITY IN a33d
CHANGE OUTPATIENT CLIENTS IN a33a

<1> CORRECT AS RECORDED
<2> CHANGE OUTPATIENT CAPACITY IN a33d
<3> CHANGE OUTPATIENT CLIENTS IN a33a

A34

The next question will ask for the actual number or percent of substance abuse treatment clients enrolled at this location on March 31, 2010 who were being treated in the following three categories; abuse of both alcohol and drugs, alcohol abuse only, and drug abuse only.

Would you prefer to report the actual number of clients or a percent?

<1> REPORT NUMBERS
<2> REPORT PERCENTS

A34a

The next question will ask for the number of substance abuse treatment clients enrolled at this facility on March 31, 2010, who were being treated in the following three categories; abuse of both alcohol and drugs, alcohol abuse only, and drug abuse only.

Here is the question . . .

Thinking about all of your substance abuse clients - including [fill Hospital Inpatient] [fill Residential], and [fill Outpatient] - how many of the [fill counts] substance abuse clients enrolled at this facility on March 31, 2010, were being treated for . . .

<1> Abuse of both alcohol and drugs
<2> Alcohol abuse only
<3> Drug abuse only

<d> DON'T KNOW
<r> REFUSED

A35

Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2010, had a diagnosed co-occurring mental and substance abuse disorder?

<d> DON'T KNOW
<r> REFUSED

A36

Using the most recent 12-month period for which you have data, approximately how many substance abuse treatment admissions did this facility have?

For Outpatient clients, count admissions into treatment, not individual treatment visits. Consider an admission to be the initiation of a treatment program or course of treatment. Count any re-admission as an admission.

READ IF NECESSARY: 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.

<d> DON'T KNOW
<r> REFUSED

Va36a4

Your response to this question is unusually large compared to most other facilities. I have recorded [fill a36 total] substance abuse treatment admissions in the most recent 12-month period. Is that correct?

<1> YES
<2> NO, CHANGE ADMISSIONS IN a36

A37

Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, [fill facility name] located at [fill LOCATION ADDRESS]?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A38

The next question asks if this facility has licensing or certification from certain organizations. Answer only for facility-level licensing or certification related to the provision of substance abuse services.

Do not include general business licenses, fire marshal approvals, personal-level credentials, food service licenses, etc.

Here is the question: Does this facility or program have licensing, certification, or accreditation from any of the following organizations?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<1> State substance abuse agency
<2> State mental health department
<3> State department of health
<4> Hospital licensing authority
<5> Joint Commission (JCAHO)
<6> Commission on Accreditation of Rehabilitation Facilities (CARF)
<7> National Committee for Quality Assurance (NCQA)
<8> Council on Accreditation (COA)
<9> Another state or local agency or other organization (SPECIFY THE OTHER AGENCY OR ORGANIZATION)

A39

Does this facility have a National Provider Identifier (NPI) number?

<1> YES
<0> NO [goto A40]

<d> DON'T KNOW
<r> REFUSED

A39a What is the NPI number for this facility?

 <d> DON'T KNOW
 <r> REFUSED

A40 Does this facility have a website or web page with information
 about the facility's substance abuse treatment programs?

 <1> YES
 <0> NO [goto A41]

 <d> DON'T KNOW
 <r> REFUSED

A40x Please give me the address exactly as it should be entered in
 order to reach your site.

 <1> TO RECORD WEBSITE ADDRESS

 <d> DON'T KNOW
 <r> REFUSED

a40x_web INTERVIEWER: RECORD WEBSITE ADDRESS.

 1) DO NOT RECORD "http://" AT THE BEGINNING OF A WEB ADDRESS.

 2) IF "WWW" IS NOT REPORTED AT THE BEGINNING OF THE WEB
 ADDRESS, ASK IF IT IS NEEDED AND CHANGE IF NECESSARY.

 3) IF AN "AT" SIGN IS REPORTED IN THE WEB ADDRESS, ASK IF THIS
 IS REALLY AN E-MAIL ADDRESS. IF SO, DO NOT RECORD HERE

A41 Does this facility want to be listed in SAMHSA's Directory and
 online Treatment Facility Locator?

 READ IF NECESSARY: The Locator is an online directory of
 substance abuse treatment facilities in the United States and
 the services they offer. It also has a mapping feature so
 clients can find facilities easily.

 <1> YES
 <0> NO

 <d> DON'T KNOW
 <r> REFUSED

A42 Would you like to receive a free paper copy of the next National Directory of Drug and Alcohol Abuse Treatment Programs when it is published?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

M1 Is this facility part of an organization with multiple facilities or sites that provide substance abuse treatment?

<1> YES
 <0> NO [goto uloc]

M2 What is the name, address, and phone number of the facility that is the parent, or master site, of the organization?

<1> Continue

FACILITY NAME: @nam1
 FACILITY NAME (CONT): @nam2
 ADDRESS 1: @ad1
 ADDRESS 2: @ad2
 CITY/STATE/ZIP: @cit @st @zip5 - @zip4
 FACILITY PHONE: @phn Extension: @

uloc I'd like to make a final verification of the name, address, and phone number that will be listed in the Locator for this facility:
 [fill facility name1]
 [fill facility name2]
 [fill address 1]
 [fill address 2]
 [fill City], [fill.State] [fill zip]

<1> YES, FACILITY NAME, ADDRESS ARE CORRECT
 <0> NO, MAKE CORRECTIONS

[ask if change is made to facility name]
 NewLicenseNumA Did this name change result in a new substance abuse license number for this facility?

<1> YES
 <0> NO

SupReviewA I need to talk to my supervisor about this. I may need to call you again. Thank you very much for your time.

<1> Continue

name_check Were you ever called [fill original load facility name]?

 <1> YES

 <0> NO

 <2> MISSPELLED

 <3> ABBREVIATION IN NAME

VAname I need to talk to my supervisor so we can compare your name
 with our records.

 <1> Continue

other2 Is there another substance abuse treatment facility in your
 organization that is currently located at
 [fill LOCATION ADDRESS]?

 <1> YES

 <0> NO

 <2> The location address has been edited but it is the
 same address

VAother2 I need to talk to my supervisor so we can compare your address
 with our database.

 <1> Continue

Uloca And the facility's main telephone number is: ([fill FARE])
 [fill FPRF:0] - [fill ESUX:0] EXT: [fill FACN@PXT]

 <1> YES, FACILITY PHONE NUMBER IS CORRECT,

 <0> NO, (MAKE CORRECTIONS)

uloc2 I would also like to verify this facility's fax number. Our
 records show: [fill fax] Is that correct?

 <1> YES, FAX NUMBER IS CORRECT,

 <0> NO, FAX NUMBER IS NOT CORRECT, MAKE CHANGES,

 <2> NO LONGER HAVE FAX MACHINE

uloc3 Does this facility have a fax machine?

 <1> YES

 <0> NO

other_3 I've recorded [fill ac] as the area code for the fax number. Is
 that correct?

 IF NO, BACK UP TO MAKE THE CHANGE

 <1> YES

uloc5 PRESS ENTER AND THEN ENTER RESPONDENT'S NAME. IF NOT KNOWN,
ASK.

INTERVIEWER: WAS THIS A ...

<1> CATI CALLOUT/CALL IN,
<2> WEB INTERVIEW,
<3> HARD COPY INTERVIEW?

Exitu INTERVIEWER: ARE THERE ANY REASONS/PROBLEMS WITH THIS CASE THAT
A SUPERVISOR SHOULD REVIEW BEFORE IT IS FINAL STATUSED?

<1> IF YES USE THE BREAKOFF TAB
<0> NO PROBLEMS, FINAL STATUS)

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.

Pledge to Respondents

The information you provide will be protected to the fullest extent allowable under the Public Health Service Act, 42 USC Sec 501(n). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and the Substance Abuse Treatment Facility Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.