

Attachment B2

N-SSATS 2010 web 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 31, 2010**

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.

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.

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 a 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 31, 2010**

**Thank you for logging in to the 2010 National Survey of
Substance Abuse Treatment Services Web questionnaire.**

**The questionnaire for this facility, that is
Facility name 1, Address1, 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 2010 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 , Address1 . 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 , Address1** , 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 the survey: [Click Here](#).
- To preview the questionnaire: [Click Here](#).

BEGIN QUESTIONNAIRE

[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 a day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link .

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 RESET 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](#).

BEGIN QUESTIONNAIRE

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 a 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 click 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.

START QUESTIONNAIRE



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, click the BEGIN QUESTIONNAIRE button below.

U.S. Department of Health and Human Services

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NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N-SSATS) - March 31, 2010

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:	() -
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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 , Address1 .

1. Which of the following substance abuse services are offered by this facility at this location, that is, Facility name 1 , Address1 ?

SELECT "YES" OR "NO" FOR EACH

Yes No

Intake, assessment, or referral

☐ ☐

Detoxification

☐ ☐

Substance abuse treatment

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

☐ ☐

Any other substance abuse services

☐ ☐

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

SELECT "YES" OR "NO" FOR EACH

Yes No

Alcohol

☐ ☐

Benzodiazepines

☐ ☐

Cocaine

☐ ☐

Methamphetamines

☐ ☐

Opiates

☐ ☐

Other (Specify) _____

☐ ☐

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

Yes ☐

No ☐

4.* What is the primary focus of this facility at this location, that is, Facility name 1 , Address1 .

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*) _____ ☐

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 only one independent practitioner or counselor?

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.46**

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.

11a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, Facility name 1, Address1 ?

SELECT "YES" OR "NO" FOR EACH

Yes No

- Screening for substance abuse ☐ ☐
- Screening for mental health disorders ☐ ☐
- Comprehensive substance abuse assessment or diagnosis ☐ ☐
- Comprehensive mental health assessment or diagnosis
(for example, psychological or psychiatric evaluation and testing) ☐ ☐
- Outreach to persons in the community who may need treatment ☐ ☐
- Interim services for clients when immediate admission is not possible ☐ ☐

11b. 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 ☐ ☐
- Drug or alcohol urine screening ☐ ☐
- Screening for Hepatitis B ☐ ☐
- Screening for Hepatitis C ☐ ☐

HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
STD testing	<input type="checkbox"/>	<input type="checkbox"/>
TB screening	<input type="checkbox"/>	<input type="checkbox"/>

11c. 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"/>

11d. 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, <u>Medicaid</u> , 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"/>

11e. 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"/>
Nicotine replacement	<input type="checkbox"/>	<input type="checkbox"/>

Medications for psychiatric disorders	<input type="checkbox"/> <input type="checkbox"/>
Methadone	<input type="checkbox"/> <input type="checkbox"/>
Buprenorphine - Subutex®	<input type="checkbox"/> <input type="checkbox"/>
Buprenorphine - Suboxone®	<input type="checkbox"/> <input type="checkbox"/>

***12a. Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?**

SELECT ONE ONLY

Yes, a methadone maintenance program	<input type="checkbox"/>	Skip to Q12c
Yes, a buprenorphine maintenance program (Subutex® and/or Suboxone®)	<input type="checkbox"/>	
Yes, both a methadone maintenance and a buprenorphine maintenance program	<input type="checkbox"/>	
No, neither type of maintenance program	<input type="checkbox"/>	

12b. Does this facility serve only opiate-dependent clients at this location?

Yes ☐
No ☐

***12c. Does this facility operate an opiate detox program at this location that uses methadone or buprenorphine to detoxify clients?**

SELECT ONE ONLY

Yes, a program that uses methadone to detox clients	<input type="checkbox"/>
Yes, a program that uses buprenorphine to detox clients (Subutex® and/or Suboxone®)	<input type="checkbox"/>
Yes, both a program that uses methadone and a program that uses buprenorphine to detox clients	<input type="checkbox"/>
No, neither type of detoxification program	<input type="checkbox"/>

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

Yes ☐
No ☐ **Skip to Q.14**

13a. During the course of treatment, approximately what percent of substance abuse clients receive individual counseling?

**MARK ONE
ONLY**

- 25% or less ☐
- 26% to 50% ☐
- 51% to 75% ☐
- 76% to 95% ☐
- 96% or more ☐

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

Yes ☐

No ☐ Skip to Q.15

14a. During the course of treatment, approximately what percent of substance abuse clients receive group counseling?

**MARK ONE
ONLY**

- 25% or less ☐
- 26% to 50% ☐
- 51% to 75% ☐
- 76% to 95% ☐
- 96% or more ☐

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

Yes ☐

No ☐ Skip to Q.16

15a. During the course of treatment, approximately what percent of substance abuse clients receive family counseling?

**MARK ONE
ONLY**

- 25% or less ☐
- 26% to 50% ☐
- 51% to 75% ☐
- 76% to 95% ☐
- 96% or more ☐

16. Does this facility use marital/couples counseling as part of its substance abuse treatment program?

Yes ☐

No ☐ Skip to Q.17

16a. During the course of treatment, approximately what percent of substance abuse clients receive marital/couples counseling?

MARK ONE ONLY

- 25% or less ☐
- 26% to 50% ☐
- 51% to 75% ☐
- 76% to 95% ☐
- 96% or more ☐

17. 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," "Always or Often" OR "Not familiar with this approach" FOR EACH

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Always or Often</u>	<u>Not familiar with this approach</u>
Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-step facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive-behavioral therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contingency management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivational interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-related counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matrix model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community reinforcement plus vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rational emotive behavioral therapy (REBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relapse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other treatment approach (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. 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"/>

19.* Does this facility, Facility name 1 , Address1 , offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

Yes ☐

No ☐ Skip to Q.20

19a.* Does this facility serve only DUI/DWI clients?

Yes ☐

No ☐

20.* 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)?

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

Yes ☐

No ☐

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

Yes ☐

No ☐ Skip to Q.22

21a. 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.22

BOTH staff counselor and on-call interpreter ☐

21b.* In what other languages do staff counselors at this facility provide substance abuse treatment?

- *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"/>
Any Chinese language	<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"/>
Italian	<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"/>
Tagalog	<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 for each type of client.

22a1. Does this facility accept adolescents into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a2

22b1.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adolescents at this location?

Yes ☐

No ☐

22a2. Does this facility accept clients with co-occurring mental and substance abuse disorders into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a3

22b2.* 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 ☐

22a3. Does this facility accept criminal justice clients (*other than DUI/DWI*) into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a4

22b3.* 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 ☐

22a4. Does this facility accept persons with HIV or AIDS into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a5

22b4.* 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 ☐

22a5. Does this facility accept gays or lesbians into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a6

22b5.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for gays or lesbians at this location?

Yes ☐

No ☐

22a6. Does this facility accept seniors or older adults into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a7

22b6.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for seniors or older adults at this location?

Yes ☐

No ☐

22a7. Does this facility accept adult women into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a8

22b7.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adult women at this location?

Yes ☐

No ☐

22a8. Does this facility accept pregnant or postpartum women into treatment at this location?

Yes ☐

No ☐ Skip to Q.22a9

22b8.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for pregnant or postpartum women at this location?

Yes ☐

No ☐

22a9. Does this facility accept adult men into treatment at this location?

Yes ☐

No ☐ Skip to Q.22b10

22b9.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adult men at this location?

Yes ☐

No ☐

22b10. Does this facility offer specially designed substance abuse treatment programs or groups exclusively for any other types of clients at this location?

Yes ☐

No ☐ Skip to Q.23

22b11. Please list the other types of clients for which this facility offers a specially designed substance abuse treatment program or group.

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

23*. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, Facility name 1 , Address1 ?

Yes ☐

No ☐ Skip to Q.24

23a*. Which of the following HOSPITAL INPATIENT services are offered by this facility, that is, Facility name 1 , Address1 ?

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*)

☐ ☐

2. Hospital inpatient treatment,

☐ ☐

similar to [ASAM](#) Levels IV and III.7. (*Medically managed or monitored intensive inpatient treatment*)

NOTE: [ASAM](#) is the American Society of Addiction Medicine

24*. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility name 1 , Address1 ?

Yes ☐

No ☐ Skip to Q.25

24a*. Which of the following RESIDENTIAL services are offered by this facility, that is, Facility name 1 , Address1 ?

SELECT "YES" OR "NO" FOR EACH

Yes No

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*)

☐ ☐

25*. Does this facility offer OUTPATIENT substance abuse services at this location, that is, Facility name 1 , Address1 ?

Yes ☐

No ☐ Skip to Q.26

25a.* Which of the following OUTPATIENT services are offered by this facility, that is, Facility name 1 , Address1 ?

SELECT "YES" OR "NO" FOR EACH

Yes No

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) ☐ ☐

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

Yes ☐

No ☐ Skip to Q.27

26a. 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 ☐

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

Yes ☐

No ☐ Skip to Q.28

27a. 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 ☐

28. 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 are included in the next question.*

Yes ☐

No ☐

Don't Know ☐

29.* 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

Don't
Yes No Know

No payment accepted (<i>free treatment for ALL clients</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash or self-payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A state-financed health insurance plan other than Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal military insurance such as TRICARE or Champ VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Recovery (ATR) vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Specify</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: REPORTING CLIENT COUNTS

30. The next questions ask about the number of clients in treatment at this facility. SAMHSA would prefer to get this information separately for this facility. However, we understand there are situations when this is not possible. Please select the option below that best describes how many facilities will be included in the client counts reported in these questions.

SELECT ONE ONLY

Only for this facility	<input type="checkbox"/>	Skip to Q31
This facility plus others		
Client counts for this facility will be reported by another facility	<input type="checkbox"/>	Skip to Q37

30a. How many facilities will be included in your client counts?

Enter the number of additional facilities that will be included in the client counts you report.

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

30b. (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	<input type="checkbox"/>
Please contact me for the list at a later time	<input type="checkbox"/>

30c. 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, please answer the question at the bottom of question 32c 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.

HOSPITAL INPATIENT

31. On March 31, 2010, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

Yes ☐

No ☐ Skip to Q.32

31a. On March 31, 2010, 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)* _____

31b. 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 _____

31c. How many of the total HOSPITAL INPATIENTS you just reported received:

- 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 dispensed at this facility _____

2. Buprenorphine dispensed or prescribed at this facility _____

31d. On March 31, 2010, 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)

32. On March 31, 2010, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

Yes ☐

No ☐ Skip to Q.33

32a. On March 31, 2010, 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) _____

32b. 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 _____

32c. How many of the total RESIDENTIAL clients you just reported received:

- *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 dispensed at this facility _____

2. Buprenorphine dispensed or prescribed at this facility _____

32d. On March 31, 2010, 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

33. During the month of March 2010, did any clients receive OUTPATIENT substance abuse services at this facility?

Yes ☐

No ☐ Skip to Q.34

33a. How many active clients received each of the following OUTPATIENT substance abuse services at this facility 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.***

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) _____

33b. 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 _____

33c. How many of the total OUTPATIENT clients you just reported received:

• *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 dispensed at this facility _____

2. Buprenorphine dispensed or prescribed at this facility _____

33d. 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?

OUTPATIENT CAPACITY ON MARCH 31, 2010 _____

34. 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 31, 2010, 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 drug abuse _____%

2. ONLY alcohol abuse _____%

3. ONLY drug abuse _____%

35. 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?

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

Percent of clients _____

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

- *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*
- *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 _____

SECTION C: GENERAL INFORMATION

Section C should be completed for this facility only.

37.* Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, Facility name 1 , Address1 ?

Yes ☐

No ☐

38. 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>
State substance abuse agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State department of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital licensing authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Commission (JCAHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Committee for Quality Assurance (NCQA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council on Accreditation (COA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another state or local agency or other organization (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes ☐

No ☐ **Skip to Q.40**

39a. What is the NPI number for this facility?

NPI _____

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

Yes ☐

No ☐ Skip to Q.41

40a.* 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:

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

Yes ☐

No ☐

42. 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.

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

- ☐ 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 Line 1"/>
	Line 2: <input type="text" value="Address Line 2"/>
	City: <input type="text"/> 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 a 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 Address1?

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.*

You have recorded a name change for this facility.

For confirmation purposes, please select the choice that best describes why you recorded this change.

Only spelling errors or abbreviations were corrected.



This facility used to be called Facility name 1, but the name has been changed.



This facility was never called Facility name 1.



Changes were recorded in error. Return to the previous screen to review all information.



Submit

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 a 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 31, 2010**

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 a 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, Address1**.

1. Which of the following substance abuse services are offered by this facility at this location, that is, Facility name 1, Address1?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Intake, assessment, or referral	<input type="checkbox"/>	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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](#)

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 a 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 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

Submit

Start Page Over

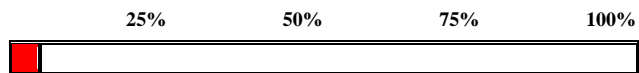
To review your answers to previous questions, [click here](#).

[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 a 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!

(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.

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

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Alcohol	<input type="radio"/>	<input type="radio"/>
Benzodiazepines	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>
Opiates	<input type="radio"/>	<input type="radio"/>
Other (<i>Specify</i>)	<input type="radio"/>	<input type="radio"/>

<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 a 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.

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

Yes ☐

No ☐

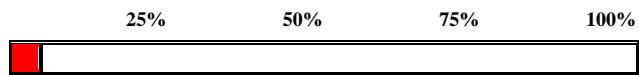
To review your answers to previous questions, [click here](#).

[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 a 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

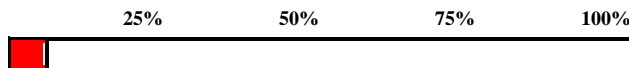
To review your answers to previous questions, [click here](#).

[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.*



You've completed 6% of your questionnaire!

REMINDER:

Information from the 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, Address1?

SELECT ONE ONLY

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

Submit

Start Page Over

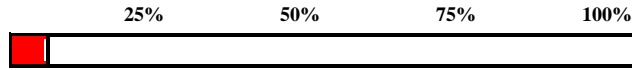
To review your answers to previous questions, [click here](#).

[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 a 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 6% of your questionnaire!

5. Is this facility operated by...

SELECT ONE ONLY

A private for-profit organization	<input type="radio"/>
A private non-profit organization	<input type="radio"/>
State government	<input type="radio"/>
Local, county, or community government	<input type="radio"/>
Tribal government	<input type="radio"/>
Federal Government	<input type="radio"/>

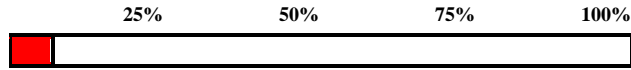
To review your answers to previous questions, [click here](#).

[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 a 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!

5a. Which Federal Government agency?

SELECT ONE ONLY

Department of Veterans Affairs	<input type="radio"/>
Department of Defense	<input type="radio"/>
Indian Health Service	<input type="radio"/>
Other (<i>Specify</i>)	<input type="radio"/>

Submit

Start Page Over

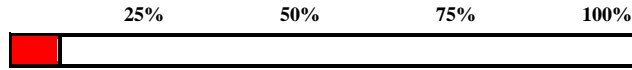
To review your answers to previous questions, [click here](#).

[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 a 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!

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

Yes ☐

No ☐

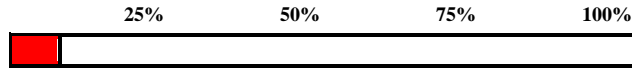
To review your answers to previous questions, [click here](#).

[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 a 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!

7. Is this facility affiliated with a religious organization?

Yes ☐

No ☐

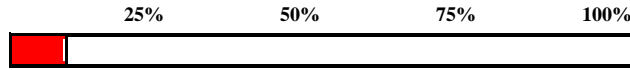
To review your answers to previous questions, [click here](#).

[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.



You've completed 9% 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 ☐

[Submit](#)

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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

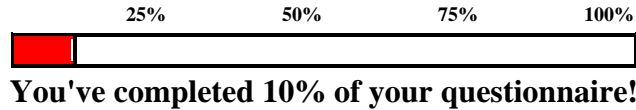
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9. Is this facility located in, or operated by, a hospital?

Yes ☐

No ☐

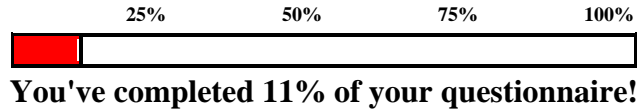
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9a. What type of hospital?

SELECT ONE ONLY

General hospital (<i>including VA hospital</i>)	<input type="radio"/>
Psychiatric hospital	<input type="radio"/>
Other specialty hospital, for example, alcoholism, maternity, etc. (Specify) <input type="text"/>	<input type="radio"/>

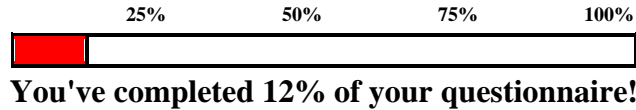
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10.* What telephone number(s) should a potential client call to schedule an intake appointment?

(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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You reported the following telephone number(s) should be called to schedule an intake appointment. Please review the number(s) below for accuracy and select the choice that best describes the result of your review.

Intake Numbers:

Numeric entry #1: (222) 222-2222

Numeric entry #2: None

Alphanumeric entry #1: None

Alphanumeric entry #2: None

This information is accurate as reported



This information is not accurate. Return to previous screen for correction



Submit

Start Page Over

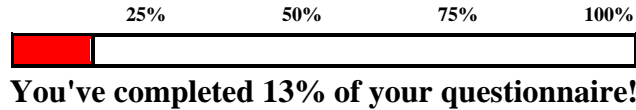
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**11a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, Facility name 1, Address1?
SELECT "YES" OR "NO" FOR EACH**

	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 who 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"/>

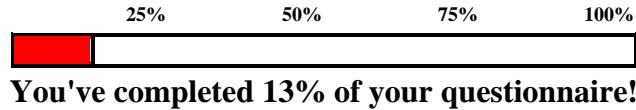
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11b. Which of the following testing services are provided by this facility at this location?

(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

Start Page Over

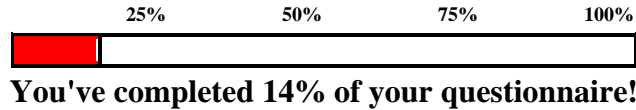
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11c. Which of the following transitional services are provided by this facility at this location?

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"/>

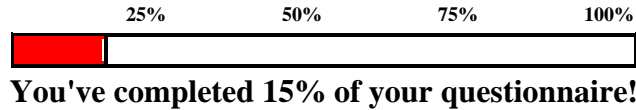
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11d. Which of the following ancillary services are provided by this facility at this location?

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"/>

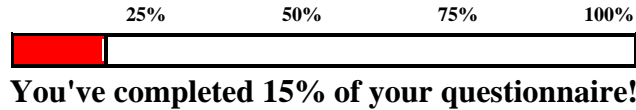
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11e. Which of the following pharmacotherapies are provided by this facility at this location?

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

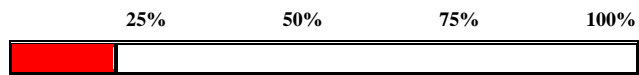
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You've completed 16% of your questionnaire!

(Question # 12 not asked in web survey)

Next Question

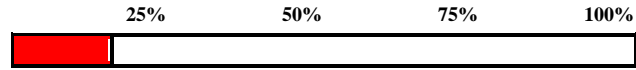
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You've completed 16% of your questionnaire!

12a.* Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

SELECT ONE ONLY

- | | |
|---|-----------------------|
| Yes, a methadone maintenance program | <input type="radio"/> |
| Yes, a buprenorphine maintenance program (Subutex® and/or Suboxone®) | <input type="radio"/> |
| Yes, both a methadone maintenance and a buprenorphine maintenance program | <input type="radio"/> |
| No, neither type of maintenance program | <input type="radio"/> |

[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.

Two responses are inconsistent.

In question 11e you reported that this facility does not provide methadone. However, in question 12a you indicated that this facility operates a methadone maintenance program.

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

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Methadone: No

12a. Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

YOUR RESPONSE: Yes, a methadone maintenance program

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 12a for correction



Submit

Start Page Over

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

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Two responses are inconsistent.

In question 11e you reported that this facility does not provide buprenorphine. However, in question 12a you indicated that this facility operates a buprenorphine maintenance program.

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

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Buprenorphine - Subutex®: No

Buprenorphine - Suboxone®: No

12a. Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

YOUR RESPONSE: Yes, a buprenorphine maintenance program (Subutex® and/or Suboxone®)

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 12a for correction



Submit

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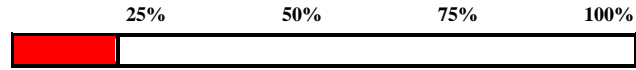
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You've completed 17% of your questionnaire!

12b. Does this facility serve only opiate-dependent clients at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

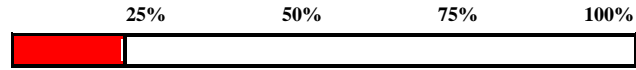
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You've completed 18% of your questionnaire!

12c.* Does this facility operate an opiate detox program at this location, that uses methadone or buprenorphine to detoxify clients?

SELECT ONE ONLY

- | | |
|--|-----------------------|
| Yes, a program that uses methadone to detox clients | <input type="radio"/> |
| Yes, a program that uses buprenorphine to detox clients (Subutex® and/or Suboxone®) | <input type="radio"/> |
| Yes, both a program that uses methadone and a program that uses buprenorphine to detox clients | <input type="radio"/> |
| No, neither type of detoxification program | <input type="radio"/> |

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

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Two responses are inconsistent.

In question 11e you reported that this facility does not provide buprenorphine. However, in question 12c you indicated that this facility operates a buprenorphine detoxification program.

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

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Buprenorphine - Subutex®: No

Buprenorphine - Suboxone®: No

12c. Does this facility operate an opiate detox program at this location, that uses methadone or buprenorphine to detoxify clients?

YOUR RESPONSE: Yes, both a program that uses methadone and a program that uses buprenorphine to detox clients

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 12c for correction



Submit

Start Page Over

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Two responses are inconsistent.

In question 11e you reported that this facility does not provide methadone. However, in question 12c you indicated that this facility operates a methadone detoxification program.

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

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Methadone: No

12c. Does this facility operate an opiate detox program at this location that uses methadone or buprenorphine to detoxify clients?

YOUR RESPONSE: Yes, a program that uses methadone to detox clients

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 12c for correction



Submit

Start Page Over

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Two responses are inconsistent.

In question 11e you reported that this facility does not provide methadone. However, in question 12c you indicated that this facility operates a methadone detoxification program.

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

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Methadone: No

12c. Does this facility operate an opiate detox program at this location that uses methadone or buprenorphine to detoxify clients?

YOUR RESPONSE: Yes, both a program that uses methadone and a program that uses buprenorphine to detox clients

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 12c for correction



Submit

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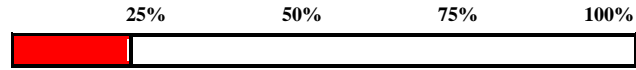
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You've completed 19% of your questionnaire!

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

Yes ☐

No ☐

Submit

Start Page Over

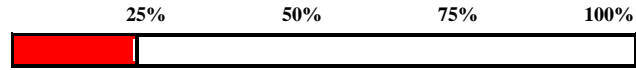
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You've completed 20% of your questionnaire!

13a. During the course of treatment, approximately what percent of substance abuse clients receive individual counseling?

SELECT ONE ONLY

- | | |
|-------------|-----------------------|
| 25% or less | <input type="radio"/> |
| 26% to 50% | <input type="radio"/> |
| 51% to 75% | <input type="radio"/> |
| 76% to 95% | <input type="radio"/> |
| 96% or more | <input type="radio"/> |

Submit

Start Page Over

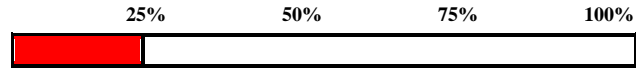
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You've completed 21% of your questionnaire!

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

Yes ☐

No ☐

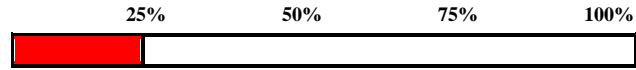
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You've completed 21% of your questionnaire!

14a. During the course of treatment, approximately what percent of substance abuse clients receive group counseling?

SELECT ONE ONLY

- 25% or less ☐
- 26% to 50% ☐
- 51% to 75% ☐
- 76% to 95% ☐
- 96% or more ☐

Submit

Start Page Over

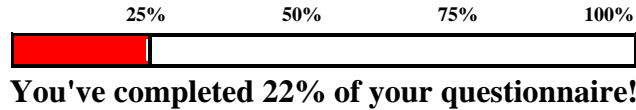
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15. Does this facility use family counseling as part of its substance abuse treatment program?

Yes ☐

No ☐

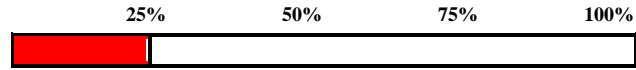
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You've completed 22% of your questionnaire!

15a. During the course of treatment, approximately what percent of substance abuse clients receive family counseling?

SELECT ONE ONLY

- | | |
|-------------|-----------------------|
| 25% or less | <input type="radio"/> |
| 26% to 50% | <input type="radio"/> |
| 51% to 75% | <input type="radio"/> |
| 76% to 95% | <input type="radio"/> |
| 96% or more | <input type="radio"/> |

Submit

Start Page Over

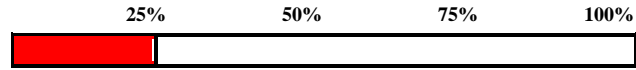
To review your answers to previous questions, [click here](#).

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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 23% of your questionnaire!

16. Does this facility use marital/couples counseling as part of its substance abuse treatment program?

Yes ☐

No ☐

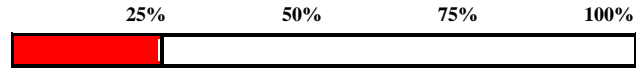
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You've completed 24% of your questionnaire!

16a. During the course of treatment, approximately what percent of substance abuse clients receive marital/couples counseling?

SELECT ONE ONLY

- 25% or less ☐
- 26% to 50% ☐
- 51% to 75% ☐
- 76% to 95% ☐
- 96% or more ☐

Submit

Start Page Over

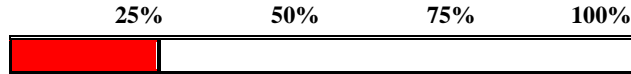
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You've completed 24% of your questionnaire!

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

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

	Never	Rarely	Sometimes	Always or Often	Not familiar with this approach
Substance abuse counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-step facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive-behavioral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contingency management/motivational incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-related counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Matrix model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community reinforcement plus vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rational emotive behavioral therapy (REBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other treatment approach (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

Start Page Over

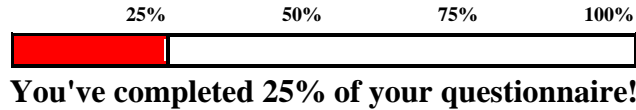
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18. Are any of the following practices part of this facility's standard operating procedures?

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"/>

<input type="button" value="Submit"/>	<input type="button" value="Start Page Over"/>
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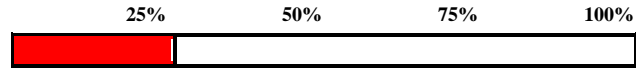
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You've completed 26% of your questionnaire!

19a.* Does this facility serve only DUI/DWI clients?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

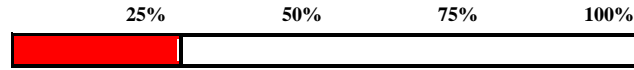
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You've completed 27% of your questionnaire!

20.* 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) ?

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

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

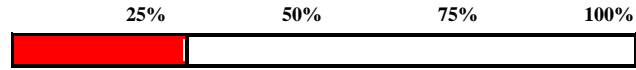
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You've completed 28% of your questionnaire!

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

Yes ☐

No ☐

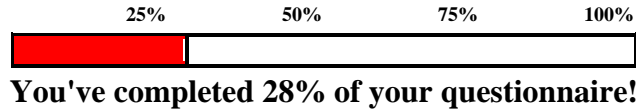
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21a. At this facility, who provides substance abuse treatment services in a language other than English?

SELECT ONE ONLY

- | | |
|---|-----------------------|
| Staff counselor who speaks a language other than English | <input type="radio"/> |
| On-call interpreter (<i>in person or by phone</i>) brought in when needed | <input type="radio"/> |
| BOTH staff counselor and on-call interpreter | <input type="radio"/> |

[Submit](#)

[Start Page Over](#)

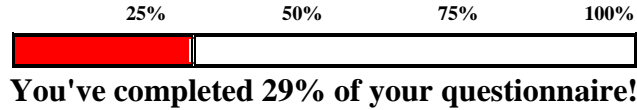
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21b.* In what other languages do staff counselors at this facility provide substance abuse treatment?

SELECT "YES" OR "NO" FOR EACH

AMERICAN INDIAN OR ALASKA NATIVE:	<u>Yes</u>	<u>No</u>
Hopi	<input type="radio"/>	<input type="radio"/>
Lakota	<input type="radio"/>	<input type="radio"/>
Navajo	<input type="radio"/>	<input type="radio"/>
Yupik	<input type="radio"/>	<input type="radio"/>
Other American Indian or Alaska Native Language (<i>Specify</i>)	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

OTHER LANGUAGES:	<u>Yes</u>	<u>No</u>
Arabic	<input type="radio"/>	<input type="radio"/>
Any Chinese language	<input type="radio"/>	<input type="radio"/>
Creole	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>
Hmong	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>
Portuguese	<input type="radio"/>	<input type="radio"/>
Russian	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>
Tagalog	<input type="radio"/>	<input type="radio"/>

Vietnamese



Other language (*Specify*)



Submit

Start Page Over

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

Language 1, Language 2, Language 3, and Language 4.

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.



Submit

Start Page Over

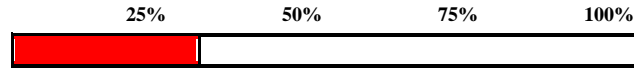
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You've completed 30% of your questionnaire!

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.

22A1. Does this facility accept adolescents into treatment at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

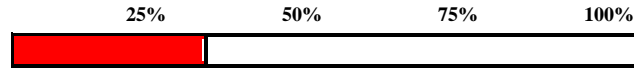
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You've completed 31% of your questionnaire!

22B1.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adolescents at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

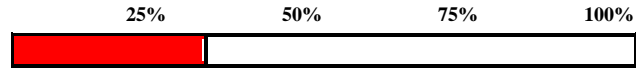
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You've completed 31% of your questionnaire!

22A2. Does this facility accept clients with co-occurring mental and substance abuse disorders into treatment at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

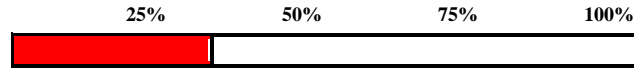
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You've completed 32% of your questionnaire!

22B2.* 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 ☐

[Submit](#)

[Start Page Over](#)

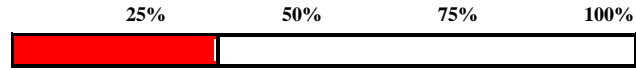
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you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 33% of your questionnaire!

22A3. Does this facility accept criminal justice clients (other than DUI/DWI) into treatment at this location?

Yes ☐

No ☐

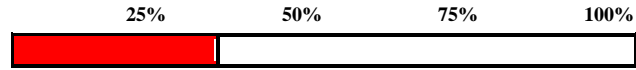
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You've completed 33% of your questionnaire!

22B3.* 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 ☐

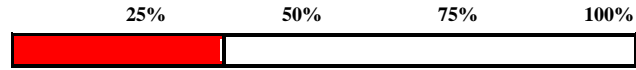
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You've completed 34% of your questionnaire!

22A4. Does this facility accept persons with HIV or AIDS into treatment at this location?

Yes ☐

No ☐

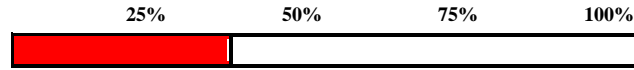
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You've completed 35% of your questionnaire!

22B4.* 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 ☐

[Submit](#)

[Start Page Over](#)

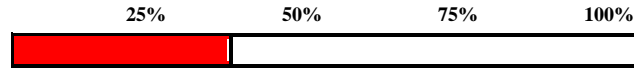
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You've completed 35% of your questionnaire!

22A5. Does this facility accept gays or lesbians into treatment at this location?

Yes ☐

No ☐

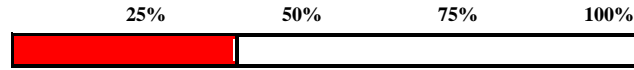
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You've completed 36% of your questionnaire!

22B5.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for gays or lesbians at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

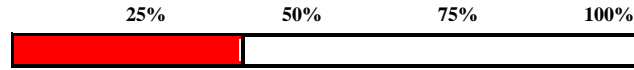
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You've completed 37% of your questionnaire!

22A6. Does this facility accept seniors or older adults into treatment at this location?

Yes ☐

No ☐

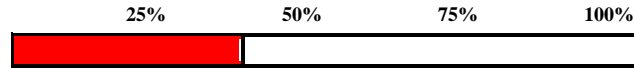
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You've completed 37% of your questionnaire!

22B6.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for seniors or older adults at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

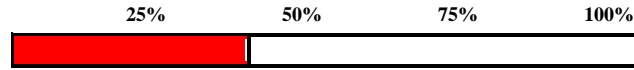
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You've completed 38% of your questionnaire!

22A7. Does this facility accept adult women into treatment at this location?

Yes ☐

No ☐

Submit

Start Page Over

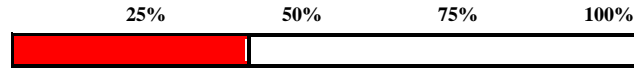
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You've completed 38% of your questionnaire!

22B7.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adult women at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

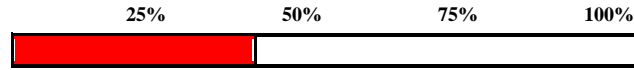
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You've completed 39% of your questionnaire!

22A8. Does this facility accept pregnant or postpartum women into treatment at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

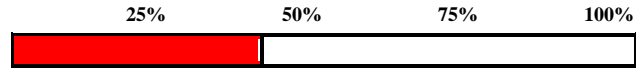
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You've completed 40% of your questionnaire!

22B8.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for pregnant or postpartum women at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

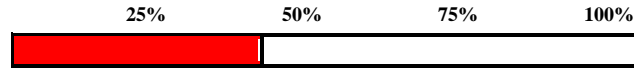
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you can send an e-mail to the help desk by clicking on this link nssatsweb@mathematica-mpr.com.



You've completed 40% of your questionnaire!

22A9. Does this facility accept adult men into treatment at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

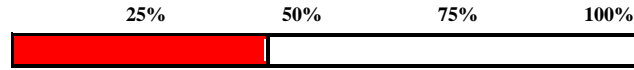
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nssatsweb@mathematica-mpr.com.*



You've completed 41% of your questionnaire!

22B9.* Does this facility offer a specially designed substance abuse treatment program or group exclusively for adult men at this location?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

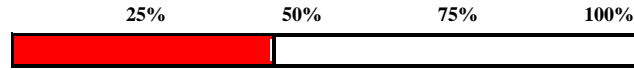
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You've completed 42% of your questionnaire!

22B10. Does this facility offer specially designed substance abuse treatment programs or groups exclusively for any other types of clients at this location?

Yes ☐

No ☐

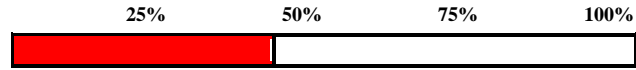
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You've completed 42% of your questionnaire!

22B11. Please list the other types of clients for which this facility offers a specially designed substance abuse treatment program or group.

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

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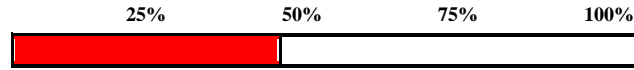
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You've completed 43% of your questionnaire!

23.* Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, Facility name 1, Address1?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

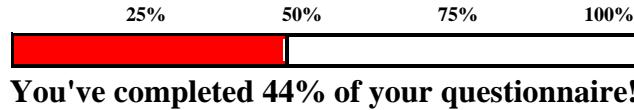
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23a.* Which of the following HOSPITAL INPATIENT services are offered by this facility, that is Facility name 1, Address1?
SELECT "YES" OR "NO" FOR EACH

	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

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

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HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 23 you indicated that you offer hospital inpatient substance abuse services and in question 23a you answered NO to each type of hospital inpatient service offered.

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

23. Does this facility offer HOSPITAL INPATIENT substance services at this location, that is, Facility name 1 , Address1?

YOUR RESPONSE: Yes

23a. Which of the following HOSPITAL INPATIENT services are offered by this facility?

YOUR RESPONSE:

Hospital inpatient detoxification, similar to [ASAM](#) Levels IV-D and III.7-D.

(Medically managed or monitored inpatient detoxification): **NO**

Hospital inpatient treatment, similar to [ASAM](#) Levels IV and III.7.

(Medically managed or monitored intensive inpatient treatment): **NO**

Select the choice that best describes your resolution:

Return to question 23 for correction



Return to question 23a for correction



This facility offers a different type of hospital inpatient substance abuse service



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

[Quit](#)

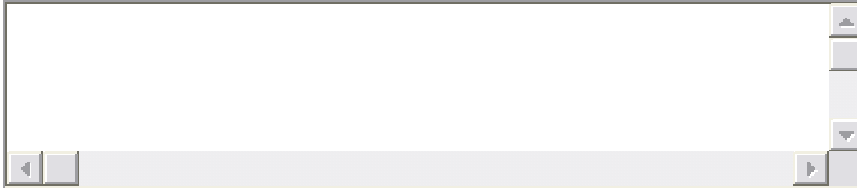
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HOSPITAL INPATIENT

What type of hospital inpatient substance abuse services do you offer at this location, that is, Facility name 1 , Address1?



Submit

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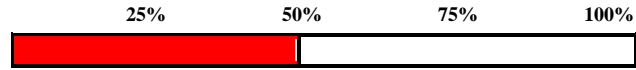
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You've completed 46% of your questionnaire!

24.* Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility name 1, Address1?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

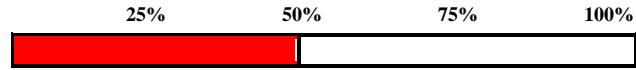
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You've completed 46% of your questionnaire!

24a.* Which of the following RESIDENTIAL services are offered by this facility, that is Facility name 1, Address1?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Residential detoxification, similar to ASAM Level III.2-D. (Clinically managed residential detoxification or social detoxification)	<input type="checkbox"/>	<input type="checkbox"/>
2. Residential short-term treatment, similar to ASAM Level III.5. (Clinically managed high-intensity residential treatment, typically 30 days or less)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>

[Submit](#)

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RESIDENTIAL (non-hospital)

Two responses appear to be inconsistent.

In question 24 you indicated that you offer residential (non-hospital) substance abuse services and in question 24a you answered NO to every type of residential (non-hospital) service offered.

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

24. Does this facility offer RESIDENTIAL (non-hospital) substance services at this location, that is, Facility name 1 , Address1?

YOUR RESPONSE: Yes

24a. Which of the following RESIDENTIAL services are offered by this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D. (*Clinically managed residential detoxification or social detoxification*): **NO**

Residential short-term treatment, similar to [ASAM](#) Level III.5. (*Clinically managed high-intensity residential treatment, typically 30 days or less*): **NO**

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*): **NO**

Select the choice that best describes your resolution:

Return to question 24 for correction



Return to question 24a for correction



This facility offers a different type of residential substance abuse service



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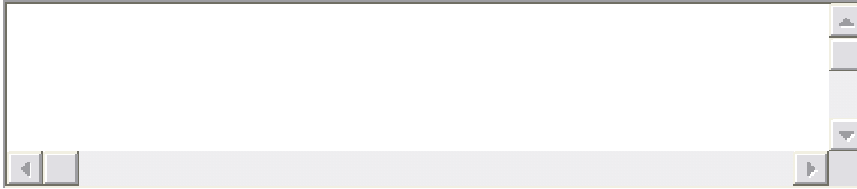
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RESIDENTIAL (non-hospital)

What type of residential substance abuse services do you offer at this location, that is, Facility name 1 , Address1?



Submit

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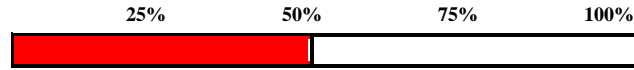
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You've completed 48% of your questionnaire!

25.* Does this facility offer OUTPATIENT substance abuse services at this location, that is, Facility name 1, Address1?

Yes ☐

No ☐

[Submit](#)

[Start Page Over](#)

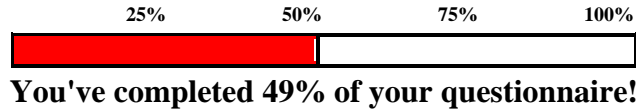
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25a.* Which of the following OUTPATIENT services are offered by this facility, that is Facility name 1, Address1?
SELECT "YES" OR "NO" FOR EACH

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

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OUTPATIENT

Two responses appear to be inconsistent.

In question 25 you indicated that you offer outpatient substance abuse services and in question 25a you answered NO to every type of outpatient service offered.

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

25. Does this facility offer OUTPATIENT substance services at this location, that is, Facility name 1 , Address1?

YOUR RESPONSE: Yes

25a. Which of the following OUTPATIENT services are offered by this facility?

YOUR RESPONSE:

Outpatient detoxification, similar to [ASAM](#) Levels I-D and II-D.

(Ambulatory detoxification): **NO**

Outpatient methadone/buprenorphine maintenance (Opioid maintenance therapy): **NO**

Outpatient day treatment or partial hospitalization, similar to [ASAM](#) Level II.5.

(20 or more hours per week): **NO**

Intensive outpatient treatment, similar to [ASAM](#) Level II.1. (9 or more hours per week): **NO**

Regular outpatient treatment, similar to [ASAM](#) Level I (Outpatient treatment, non-intensive): **NO**

Select the choice that best describes your resolution:

Return to question 25 for correction



Return to question 25a for correction



This facility offers a different type of outpatient substance abuse service



[Submit](#)

[Start Page Over](#)

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[Quit](#)

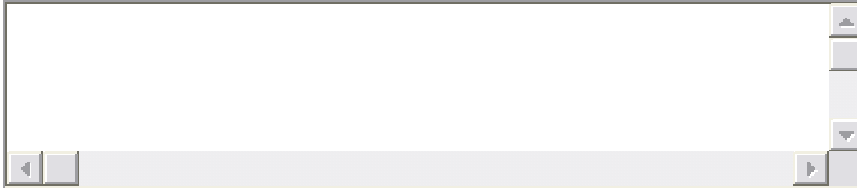
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OUTPATIENT

What type of outpatient substance abuse services do you offer at this location, that is, Facility name 1 , Address1?



Submit

Start Page Over

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Two responses appear to be inconsistent. In question 12a you reported this facility does not operate a methadone maintenance or buprenorphine maintenance program, however, in question 25a, 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.

12a. Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

YOUR RESPONSE: NO

25a. Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility name 1, Address1?

YOUR RESPONSE:

1. Outpatient detoxification, similar to [ASAM](#) Levels I-D and II-D. (Ambulatory detoxification): Yes

2. Outpatient methadone/buprenorphine maintenance (Opioid maintenance therapy): Yes

3. Outpatient day treatment or partial hospitalization, similar to [ASAM](#) Level II.5. (20 or more hours per week): Yes

4. Intensive outpatient treatment similar to [ASAM](#) Level II.1. (9 or more hours per week): Yes

5. Regular outpatient treatment, similar to [ASAM](#) Level I. (Outpatient treatment, non-intensive): Yes

Select the choice that best describes your resolution:

Return to question 12a for correction



Return to question 25a for correction



Return to questions 12a and 25a for corrections



Submit

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Two responses appear to be inconsistent. In question 11e you reported this facility does not provide methadone or buprenorphine, however, in question 25a, 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.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6. Methadone: NO

11e.7. Buprenorphine - Subutex®: NO

11e.8. Buprenorphine - Suboxone®: NO

25a. Does this facility offer any of the following OUTPATIENT substance abuse services at this location, that is, Facility name 1, Address1?

YOUR RESPONSE:

1. Outpatient detoxification, similar to [ASAM](#) Levels I-D and II-D.

(Ambulatory detoxification): Yes

2. Outpatient methadone/buprenorphine maintenance (Opioid maintenance therapy): Yes

3. Outpatient day treatment or partial hospitalization, similar to [ASAM](#) Level II.5. (20 or more hours per week): Yes

4. Intensive outpatient treatment, similar to [ASAM](#) Level II.1. (9 or more hours per week): Yes

5. Regular outpatient treatment, similar to [ASAM](#) Level I. (Outpatient treatment, non-intensive): Yes

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 25a for correction



Return to questions 11e and 25a for corrections



Submit

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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.



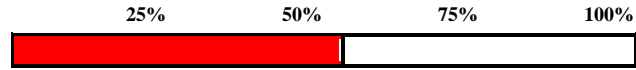
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You've completed 53% of your questionnaire!

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

Yes ☐

No ☐

Submit

Start Page Over

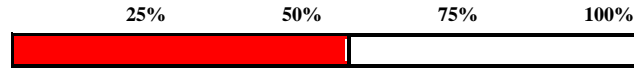
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You've completed 54% of your questionnaire!

26a. 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 ☐

[Submit](#)

[Start Page Over](#)

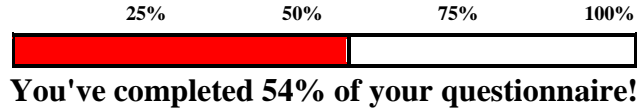
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27.* Does this facility offer treatment at no charge to clients who cannot afford to pay?

Yes ☐

No ☐

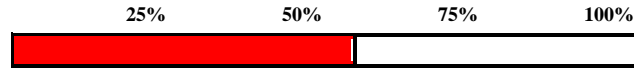
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You've completed 55% of your questionnaire!

27a. 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 ☐

[Submit](#)

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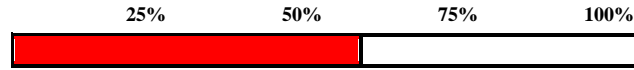
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You've completed 56% of your questionnaire!

28. 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 are included in the next question.*

Yes

☐

No

☐

Don't Know

☐

[Submit](#)

[Start Page Over](#)

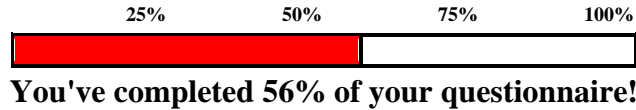
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29.* Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?
SELECT "YES," "NO," OR "DON'T KNOW" FOR EACH

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
No payment accepted (<i>free treatment for ALL clients</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cash or self-payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A state-financed health insurance plan other than Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal military insurance such as TRICARE or Champ VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Recovery (ATR) vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (<i>Specify</i>) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 a 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.

25% 50% 75% 100%

You've completed 57% of your questionnaire!

SECTION B: REPORTING CLIENT COUNTS

30. The next questions ask about the number of clients in treatment at this facility. SAMHSA would prefer to get this information separately for this facility. However, we realize that is not always possible. Please indicate whether the clients you will report, will be for...

SELECT ONE ONLY

- | | |
|--|-----------------------|
| Only this facility | <input type="radio"/> |
| This facility plus others | <input type="radio"/> |
| Another facility will report this facility's client counts | <input type="radio"/> |

Submit

Start Page Over

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

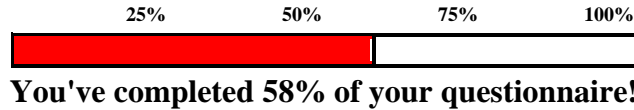
To review your answers to previous questions: [click here](#).

[Quit](#)

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 a 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.



30a. How many facilities will be included in your client counts?

Enter the number of additional facilities included in client counts in the box below.

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

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

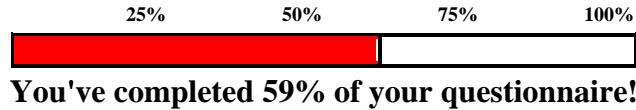
To review your answers to previous questions, [click here](#).

[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 a 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.



30b. 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 additional facility included in the client counts reported.

- I prefer to enter the information now ☐
- Please contact me for the list at a later time ☐

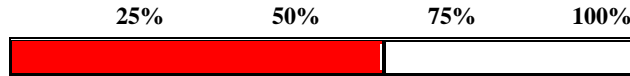
To review your answers to previous questions, [click here](#).

[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 a 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 60% of your questionnaire!

30c. Please enter the facility name, location address, and phone number for the additional facility 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)	<input type="text"/>
(Line 2)	<input type="text"/>
Location Address (Line 1)	<input type="text"/>
(Line 2)	<input type="text"/>
City and State	<input type="text"/> , <input type="text"/>
Zip Code	<input type="text"/> - <input type="text"/>
Facility Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>

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](#)

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 a 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.

Two responses are inconsistent. At question 30 you reported you will include client counts for this facility combined with other facilities, however, at question 30a 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.

30. 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


30a. 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 30 for correction 

Return to question 30a for correction 

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.

25% 50% 75% 100%



You've completed 60% of your questionnaire!

HOSPITAL INPATIENT

31. On March 31, 2010, did any patients receive HOSPITAL INPATIENT substance abuse services at these facilities?

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 a 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.

HOSPITAL INPATIENT

Two responses may be inconsistent.

In question 23 you indicated this facility does not offer hospital inpatient substance abuse services and in question 31 you reported that some patients received hospital inpatient services on March 31, 2010.

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

23. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is Facility name 1, Address1?

YOUR RESPONSE: No

31. On March 31, 2010, 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 23 and question 31 are correct

☐

Return to question 23 for correction

☐

Return to question 31 for correction

☐

Return to both question 23 and question 31 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.

HOSPITAL INPATIENT

Two responses may be inconsistent.

In question 23 you indicated this facility offers hospital inpatient substance abuse services and in question 31 you reported that no patients received hospital inpatient services on March 31, 2010.

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

23. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is Facility name 1, Address1?

YOUR RESPONSE: Yes

31. On March 31, 2010, 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 23 and question 31 are correct | <input type="radio"/> |
| Return to question 23 for correction | <input type="radio"/> |
| Return to question 31 for correction | <input type="radio"/> |
| Return to both question 23 and question 31 for correction | <input type="radio"/> |

[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.

25% 50% 75% 100%

You've completed 62% of your questionnaire!

HOSPITAL INPATIENT

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at these facilities?

- **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*)

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.*

HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 31 you indicated that some patients received hospital inpatient substance abuse services on March 31, 2010 and, in question 31a, you reported zero patients received hospital inpatient detoxification or treatment services on March 31, 2010.

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

31. On March 31, 2010, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification, similar to [ASAM](#) Levels IV-D and III.7-D.

(Medically managed or monitored inpatient detoxification): **0**

Hospital inpatient treatment, similar to [ASAM](#) Levels IV and III.7.

(Medically managed or monitored intensive inpatient treatment): **0**

Select the choice that best describes your resolution:

Return to question 31 for correction



Return to question 31a for correction



Patients received a different type of hospital inpatient substance abuse service



Submit

Start Page Over

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

[Quit](#)

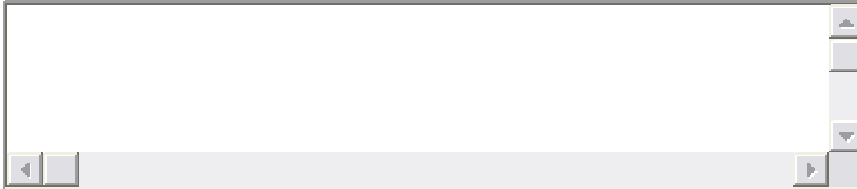
If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 9am to 5pm (Eastern Time). You can leave a message 24 hours a day when staff is not available,

OR

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HOSPITAL INPATIENT

What type of hospital inpatient substance abuse services did patients receive at this facility on March 31, 2010?



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.

HOSPITAL INPATIENT

Two responses may be inconsistent. In questions 23a and 31a you indicated this facility...

- Does not offer hospital inpatient detoxification, but had patients who received this service on March 31, 2010.

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

23a. Which of the following HOSPITAL INPATIENT services are offered by this facility

YOUR RESPONSE:

Hospital inpatient detoxification, similar to [ASAM](#) Levels IV-D and III.7-D.

(Medically managed or monitored inpatient detoxification): **No**

Hospital inpatient treatment, similar to [ASAM](#) Levels IV and III.7. (Medically managed or monitored intensive inpatient treatment): **Yes**

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification, similar to [ASAM](#) Levels IV-D and III.7-D.

(Medically managed or monitored inpatient detoxification): **5**

Hospital inpatient treatment, similar to [ASAM](#) Levels IV and III.7.

(Medically managed or monitored intensive inpatient treatment): **4**

TOTAL HOSPITAL INPATIENTS: 9

Select the choice that best describes your resolution:

Both question 23a and question 31a are correct



Return to question 23a for correction



Return to question 31a for correction



Return to both question 23a and question 31a for corrections



[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.

HOSPITAL INPATIENT

Two responses may be inconsistent. In questions 23a and 31a you indicated this facility...

- Does not offer hospital inpatient treatment, but had patients who received this service on March 31, 2010.

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

23a. Which of the following HOSPITAL INPATIENT services are offered by this facility

YOUR RESPONSE:

Hospital inpatient detoxification, similar to [ASAM](#) Levels IV-D and III.7-D.

(Medically managed or monitored inpatient detoxification): Yes

Hospital inpatient treatment, similar to [ASAM](#) Levels IV and III.7. (Medically managed or monitored intensive inpatient treatment): **No**

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification, similar to [ASAM](#) Levels IV-D and III.7-D.

(Medically managed or monitored inpatient detoxification): 5

Hospital inpatient treatment, similar to [ASAM](#) Levels IV and III.7.

(Medically managed or monitored intensive inpatient treatment): 4

TOTAL HOSPITAL INPATIENTS: 9

Select the choice that best describes your resolution:

Both question 23a and question 31a are correct	<input type="radio"/>
Return to question 23a for correction	<input type="radio"/>
Return to question 31a for correction	<input type="radio"/>
Return to both question 23a and question 31a for corrections	<input type="radio"/>

[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.

25% 50% 75% 100%

You've completed 64% of your questionnaire!

HOSPITAL INPATIENT

Your response to question 31a is unusually large, compared to most other hospital inpatient facilities. Please verify your response.

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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): **1000**

TOTAL HOSPITAL INPATIENTS: 1002

Is this correct?

Yes, question 31a is correct as recorded ☐

No, return to question 31a for correction ☐

[Submit](#)

[Start Page Over](#)

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

[Quit](#)

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25% 50% 75% 100%



You've completed 65% of your questionnaire!

HOSPITAL INPATIENT

31b. How many of the 1002 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

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.

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.

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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)*: **1000**

TOTAL HOSPITAL INPATIENTS: 1002

31b. How many of the 1002 HOSPITAL INPATIENTS you just reported were under the age of 18?

YOUR RESPONSE: 2000

Select the choice that best describes your resolution:

Return to question 31a for correction
and review other hospital inpatient client count responses



Return to question 31b 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.

25% 50% 75% 100%



You've completed 66% of your questionnaire!

HOSPITAL INPATIENT

31c. How many of the 1002 HOSPITAL INPATIENTS you just reported received:

- *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 dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

Submit

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 a 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.

HOSPITAL INPATIENT

Two responses are inconsistent. You have indicated more hospital inpatient methadone or buprenorphine patients than total hospital inpatients.

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

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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): **1000**

TOTAL HOSPITAL INPATIENTS: 1002

31c. How many of the 1002 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 5

Buprenorphine: 5000

Select the choice that best describes your resolution:

Return to question 31a for correction
and review other hospital inpatient client count responses



Return to question 31c for correction



Submit

Start Page Over

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

[Quit](#)

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HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide methadone or buprenorphine, however, at question 31c you indicated some hospital inpatients received methadone and/or buprenorphine dispensed or prescribed by these facilities. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: No

11e.7 Buprenorphine-Subutex®: No

11e.8 Buprenorphine-Suboxone®: No

31c. How many of the 1002 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by these facilities?

YOUR RESPONSE:

Methadone: 5

Buprenorphine: 50

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 31c for correction



Both question 11e and question 31c are correct



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.

HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide buprenorphine, however, at question 31c you indicated some hospital inpatients received buprenorphine dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: Yes

11e.7 Buprenorphine-Subutex®: No

11e.8 Buprenorphine-Suboxone®: No

31c. How many of the 1002 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 5

Buprenorphine: 50

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 31c for correction



Both question 11e and question 31c are correct



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.

HOSPITAL INPATIENT

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide methadone, however, at question 31c you indicated some hospital inpatients received methadone dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: No

11e.7 Buprenorphine-Subutex®: Yes

11e.8 Buprenorphine-Suboxone®: No

31c. How many of the 1002 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 5

Buprenorphine: 50

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 31c for correction



Both question 11e and question 31c are correct



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 68% of your questionnaire!

HOSPITAL INPATIENT

31d. On March 31, 2010, 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

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.

25% 50% 75% 100%



You've completed 69% of your questionnaire!

HOSPITAL INPATIENT

Your response to question 31d is unusually large, compared to the number of patients who received hospital inpatient services on March 31.

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

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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): **1000**

TOTAL INPATIENTS: 1002

31d. On March 31, 2010, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

YOUR RESPONSE: 20000

Select the choice that best describes your resolution:

- | | |
|---|-----------------------|
| Both questions 31a and 31d are correct as recorded | <input type="radio"/> |
| Return to question 31a for correction
and review other hospital inpatient client count responses | <input type="radio"/> |
| Return to question 31d for correction | <input type="radio"/> |

[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 69% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

32. On March 31, 2010, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

Yes ☐

No ☐

Submit

Start Page Over

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RESIDENTIAL (NON-HOSPITAL)

Two responses may be inconsistent.

In question 24 you indicated this facility offers residential substance abuse services and in question 32 you reported that no clients received residential services on March 31, 2010.

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

24. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is Bessemer Carraway Medical Center Chemical Dependency Unit, 5957 Elm Avenue?

YOUR RESPONSE: Yes

32. On March 31, 2010, did any patients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: No

Select the choice that best describes your resolution:

Both question 24 and question 32 are correct



Return to question 24 for correction



Return to question 32 for correction



Return to both question 24 and question 32 for correction



Submit

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RESIDENTIAL (NON-HOSPITAL)

Two responses may be inconsistent.

In question 24 you indicated this facility does not offer residential substance abuse services and in question 32 you reported that some patients received residential services on March 31, 2010.

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

24. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is Bessemer Carraway Medical Center Chemical Dependency Unit, 5957 Elm Avenue?

YOUR RESPONSE: No

32. On March 31, 2010, did any patients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

Both question 24 and question 32 are correct



Return to question 24 for correction



Return to question 32 for correction



Return to both question 24 and question 32 for correction



Submit

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25% 50% 75% 100%

You've completed 71% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

32a. On March 31, 2010, 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)

5

12

2000

[Submit](#)

[Start Page Over](#)

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RESIDENTIAL (NON-HOSPITAL)

Two responses appear to be inconsistent.

In question 32 you indicated that some clients received residential (non-hospital) substance abuse services on March 31, 2010 and, in question 32a, you reported zero clients received residential detoxification, residential short-term or residential long-term treatment services on March 31, 2010.

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

32. On March 31, 2010, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: Yes

32a. On March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D. (*Clinically managed residential detoxification or social detoxification*): **0**

Residential short-term treatment, similar to [ASAM](#) Level III.5. (*Clinically managed high-intensity residential treatment, typically 30 days or less*): **0**

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*): **0**

Select the choice that best describes your resolution:

Return to question 32 for correction



Return to question 32a for correction



Clients received a different type of residential substance abuse service



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RESIDENTIAL (NON-HOSPITAL)

What type of residential substance abuse services did clients receive at this facility on March 31, 2010?

Submit

Start Page Over

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

[Quit](#)

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RESIDENTIAL (NON-HOSPITAL)

Two responses may be inconsistent. In questions 24a and 32a you indicated this facility...

- Does not offer residential long-term treatment, but had clients who received this service on March 31, 2010.

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

24a. Which of the following RESIDENTIAL services are offered by this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D. (Clinically managed residential detoxification or social detoxification): Yes

Residential short-term treatment, similar to [ASAM](#) Level III.5. (Clinically managed high-intensity residential treatment, typically 30 days or less): Yes

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): No

32a. On March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D. (Clinically managed residential detoxification or social detoxification): 5

Residential short-term treatment, similar to [ASAM](#) Level III.5. (Clinically managed high-intensity residential treatment, typically 30 days or less): 12

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): 2000

TOTAL RESIDENTIAL CLIENTS: 2017

Select the choice that best describes your resolution:

Both question 24a and question 32a are correct	<input type="checkbox"/>
Return to question 24a for correction	<input type="checkbox"/>
Return to question 32a for correction	<input type="checkbox"/>
Return to both question 24a and question 32a for corrections	<input type="checkbox"/>

[Submit](#)

[Start Page Over](#)

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25% 50% 75% 100%



You've completed 73% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

Your response to question 32a is unusually large, compared to most other residential facilities. Please verify your response.

32a. On March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D.
(Clinically managed residential detoxification
or social detoxification): **5**

Residential short-term treatment, similar to [ASAM](#) Level III.5.
(Clinically managed high-intensity residential
treatment, typically 30 days or less): **12**

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): **2000**

TOTAL RESIDENTIAL CLIENTS: 2017

Is this correct?

Select the choice that best describes your resolution:

Yes, question 32a is correct as recorded ☐

No, return to question 32a for correction ☐

Submit

Start Page Over

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[Quit](#)

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25% 50% 75% 100%



You've completed 74% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

32b. How many of the 20 RESIDENTIAL 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](#).

[Quit](#)

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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.

32a. On March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D.
(Clinically managed residential detoxification
or social detoxification): **0**

Residential short-term treatment, similar to [ASAM](#) Level III.5.
(Clinically managed high-intensity residential
treatment, typically 30 days or less): **20**

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): **0**

TOTAL RESIDENTIAL CLIENTS: 20

32b. How many of the 20 RESIDENTIAL clients you just reported were under the age of 18?

YOUR RESPONSE: 1000

Select the choice that best describes your resolution:

Return to question 32a for correction
and review other residential client count responses



Return to question 32b for correction



Submit

Start Page Over

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[Quit](#)

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25% 50% 75% 100%

You've completed 75% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

32c. How many of the 1020 RESIDENTIAL clients you just reported received:

- *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 dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

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.

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.

32a. On March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D.

(Clinically managed residential detoxification or social detoxification): **0**

Residential short-term treatment, similar to [ASAM](#) Level III.5.

(Clinically managed high-intensity residential treatment, typically 30 days or less): **20**

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): **1000**

TOTAL RESIDENTIAL CLIENTS: 1020

32c. How many of the 1020 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 5000

Buprenorphine: 0

Select the choice that best describes your resolution:

Return to question 32a for correction
and review other residential client count responses



Return to question 32c for correction



Submit

Start Page Over

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

[Quit](#)

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RESIDENTIAL (NON-HOSPITAL)

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide methadone, however, at question 32c you indicated some residential (non-hospital) clients received methadone dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: No

11e.7 Buprenorphine-Subutex®: Yes

11e.8 Buprenorphine-Suboxone®: No

32c. How many of the 1020 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 50

Buprenorphine: 0

Select the choice that best describes your resolution:

Return to question 11e for correction

☐

Return to question 32c for correction

☐

Both question 11e and question 32c are correct

☐

Submit

Start Page Over

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RESIDENTIAL (NON-HOSPITAL)

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide methadone or buprenorphine, however, at question 32c you indicated some residential (non-hospital) clients received methadone and/or buprenorphine dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: No

11e.7 Buprenorphine-Subutex®: No

11e.8 Buprenorphine-Suboxone®: No

32c. How many of the 1020 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 50

Buprenorphine: 25

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 32c for correction



Both question 11e and question 32c are correct



Submit

Start Page Over

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RESIDENTIAL (NON-HOSPITAL)

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide buprenorphine, however, at question 32c you indicated some residential (non-hospital) clients received buprenorphine dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: Yes

11e.7 Buprenorphine-Subutex®: No

11e.8 Buprenorphine-Suboxone®: No

32c. How many of the 1020 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 50

Buprenorphine: 25

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 32c for correction



Both question 11e and question 32c are correct



Submit

Start Page Over

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25% 50% 75% 100%

You've completed 77% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

32d. On March 31, 2010, 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](#)

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

[Quit](#)

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25% 50% 75% 100%



You've completed 78% of your questionnaire!

RESIDENTIAL (NON-HOSPITAL)

Your response to question 32d is unusually large, compared to the number of clients who received residential services on March 31.

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

32a. On March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification, similar to [ASAM](#) Level III.2-D.
(Clinically managed residential detoxification
or social detoxification): **0**

Residential short-term treatment, similar to [ASAM](#) Level III.5.
(Clinically managed high-intensity residential
treatment, typically 30 days or less): **20**

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): **1000**

TOTAL RESIDENTIAL PATIENTS: 1020

32d. On March 31, 2010, how many residential beds at this facility were specifically designated for substance abuse treatment?

YOUR RESPONSE: 5000

Select the choice that best describes your resolution:

- | | |
|---|-----------------------|
| Both questions 32a and 32d are correct as recorded | <input type="radio"/> |
| Return to 32a for correction
and review other residential client count responses | <input type="radio"/> |
| Return to question 32d for correction | <input type="radio"/> |

Submit

Start Page Over

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To avoid duplication in counting substance abuse patients/clients who received services on March 31, each patient/client should be reported as receiving services in only one type of setting on that day...either HOSPITAL INPATIENT or RESIDENTIAL (non-hospital).

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

31. On March 31, 2010, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

31a. On March 31, 2010, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility (hospital inpatient detoxification; hospital inpatient treatment)?

YOUR TOTAL RESPONSE: 1002

32. On March 31, 2010, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: Yes

32a. As of March 31, 2010, how many clients received the following RESIDENTIAL substance abuse services at this facility (residential detoxification; residential short-term treatment, residential long-term treatment)?

YOUR TOTAL RESPONSE: 1002

Select the choice that best describes your resolution:

All responses are correct. The patients 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 31 and 32 to make corrections.



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

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25% 50% 75% 100%



You've completed 79% of your questionnaire!

OUTPATIENT

33. During the month of March 2010, 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](#).

[Quit](#)

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OUTPATIENT

Two responses may be inconsistent.

In question 25 you indicated this facility offers outpatient substance abuse services and in question 33 you reported that no clients received outpatient services during the month of March 2010.

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

25. Does this facility offer OUTPATIENT substance abuse services at this location, that is Harbor, 6528 Walnut Avenue?

YOUR RESPONSE: Yes

33. During the month of March 2010, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: No

Select the choice that best describes your resolution:

Both question 25 and question 33 are correct

☐

Return to question 25 for correction

☐

Return to question 33 for correction

☐

Return to both question 25 and question 33 for correction

☐

[Submit](#)

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OUTPATIENT

Two responses may be inconsistent.

In question 25 you indicated this facility does not offer outpatient substance abuse services and in question 33 you reported that some clients received outpatient services during the month of March 2010.

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

25. Does this facility offer OUTPATIENT substance abuse services at this location, that is Harbor, 6528 Walnut Avenue?

YOUR RESPONSE: No

33. During the month of March 2010, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

- | | |
|---|-----------------------|
| Both question 25 and question 33 are correct | <input type="radio"/> |
| Return to question 25 for correction | <input type="radio"/> |
| Return to question 33 for correction | <input type="radio"/> |
| Return to both question 25 and question 33 for correction | <input type="radio"/> |

[Submit](#)

[Start Page Over](#)

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[Quit](#)

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OR

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25% 50% 75% 100%



You've completed 80% of your questionnaire!

OUTPATIENT

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility 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.

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)

Submit

Start Page Over

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

[Quit](#)

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OUTPATIENT

Two responses appear to be inconsistent.

In question 33 you indicated that some clients received outpatient substance abuse services during the month of March 2010. And in question 33a you reported that, as of March 31, 2010, zero active clients were enrolled in outpatient detoxification, methadone/buprenorphine maintenance, day treatment or partial hospitalization, intensive or regular outpatient treatment services.

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

33. During the month of March 2010, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

YOUR RESPONSE:

Outpatient detoxification, similar to [ASAM](#) Levels I-D and II-D.

(Ambulatory detoxification): **0**

Outpatient methadone/buprenorphine maintenance (Opioid maintenance therapy): **0**

Outpatient day treatment or partial hospitalization, similar to [ASAM](#) Level II.5.

(20 or more hours per week): **0**

Intensive outpatient treatment, similar to [ASAM](#) Level II.1. (9 or more hours per week): **0**

Regular outpatient treatment, similar to [ASAM](#) Level I. (Outpatient treatment, non-intensive): **0**

Select the choice that best describes your resolution:

Return to question 33 for correction



Return to question 33a for correction



Clients received a different type of outpatient substance abuse service



No action is needed, there were no active outpatients as of March 31, 2010



[Submit](#)

[Start Page Over](#)

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

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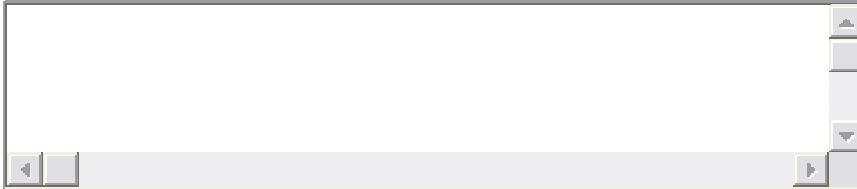
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OUTPATIENT

What type of outpatient substance abuse services did clients receive at this facility during the month of March, 2010?



Submit

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OUTPATIENT

Two responses may be inconsistent. In questions 25a and 33a you indicated this facility...

- Does not offer outpatient detoxification, but had active clients enrolled in this service on March 31, 2010.
- Does not offer methadone/buprenorphine maintenance, but had active clients enrolled in this service on March 31, 2010.
- Does not offer outpatient day treatment or partial hospitalization, but had active clients enrolled in this service on March 31, 2010.
- Does not offer intensive outpatient treatment, but had active clients enrolled in this service on March 31, 2010.
- Does not offer regular outpatient treatment, but had active clients enrolled in this service on March 31, 2010.

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

25a. Which of the following OUTPATIENT services are offered by this facility?

YOUR RESPONSE:

Outpatient detoxification, similar to [ASAM](#) Levels I-D and II-D. (*Ambulatory detoxification*): Yes

Outpatient methadone/buprenorphine maintenance (*Opioid maintenance therapy*): Yes

Outpatient day treatment or partial hospitalization, similar to [ASAM](#) Level II.5. (*20 or more hours per week*): Yes

Intensive outpatient treatment, similar to [ASAM](#) Level II.1. (*9 or more hours per week*): Yes

Regular outpatient treatment, similar to [ASAM](#) Level I. (*Outpatient treatment, non-intensive*): Yes

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

YOUR RESPONSE:

TOTAL OUTPATIENTS: 0

Select the choice that best describes your resolution:

Both question 25a and question 33a are correct	<input type="checkbox"/>
Return to question 25a for correction	<input type="checkbox"/>
Return to question 33a for correction	<input type="checkbox"/>
Return to both question 25a and question 33a for corrections	<input type="checkbox"/>

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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.

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

Question 33a is correct. The clients reported as receiving outpatient methadone/buprenorphine maintenance are not the same clients reported as receiving regular outpatient treatment



Return to 33a for correction. Some clients are reported in more than one category.



Submit

Start Page Over

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25% 50% 75% 100%



You've completed 83% of your questionnaire!

OUTPATIENT

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

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

Please consider the following:

- Do not count clients that were discharged on or before March 31
- 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 2010 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 31

Considering the above, is your response to question 33a correct?

Yes, question 33a is correct as recorded



No, return to question 33a for correction



Submit

Start Page Over

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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 31, 2010?

Is that correct?

Yes, that is correct. No clients received any type of substance abuse services on March 31, 2010.



Yes, that is correct. Clients received another type of substance abuse treatment service on March 31, 2010. (Specify)



No, this is not correct. Some clients DID receive inpatient, residential or outpatient substance abuse services on March 31, 2010. Return to review and correct the type of services clients received.



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

[Quit](#)

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OUTPATIENT

33b. How many of the 10 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](#).

[Quit](#)

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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.

33a. As of March 31, 2010, how many active clients were enrolled in each of the following OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE:

Outpatient detoxification, similar to [ASAM](#) Levels I-D and II-D.

(Ambulatory detoxification): **5**

Outpatient methadone/buprenorphine maintenance (Opioid maintenance therapy): **5**

Outpatient day treatment or partial hospitalization, similar to [ASAM](#) Level II.5.

(20 or more hours per week): **0**

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): **5000**

TOTAL OUTPATIENTS: 5015

33b. How many of the 5015 OUTPATIENT clients you just reported were under the age of 18?

YOUR RESPONSE: 10000

Select the choice that best describes your resolution:

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



Return to question 33b for correction



Submit

Start Page Over

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

[Quit](#)

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25% 50% 75% 100%



You've completed 86% of your questionnaire!

OUTPATIENT

33c. How many of the 5015 OUTPATIENT clients you just reported received:

- *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 dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

Submit

Start Page Over

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

[Quit](#)

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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.

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

Select the choice that best describes your resolution:

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



Return to question 33c for correction



Submit

Start Page Over

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OUTPATIENT

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

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

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

Select the choice that best describes your resolution:

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



Return to question 33c for correction



Submit

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OUTPATIENT

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide buprenorphine, however, at question 33c you indicated some outpatients received buprenorphine dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: Yes

11e.7 Buprenorphine-Subutex®: No

11e.8 Buprenorphine-Suboxone®: No

33c. How many of the 5015 OUTPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 10

Buprenorphine: 500

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 33c for correction



Both question 11e and question 33c are correct



Submit

Start Page Over

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OUTPATIENT

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide methadone or buprenorphine, however, at question 33c you indicated some outpatients received methadone and/or buprenorphine dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: No

11e.7 Buprenorphine-Subutex®: No

11e.8 Buprenorphine-Suboxone®: No

33c. How many of the 5015 OUTPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 10

Buprenorphine: 500

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 33c for correction



Both question 11e and question 33c are correct



Submit

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OUTPATIENT

Two responses appear to be inconsistent.

In question 11e you reported this facility does not provide methadone, however, at question 33c you indicated some outpatients received methadone dispensed or prescribed by this facility. Please review your responses to the two questions below and select the choice that best describes your resolution.

11e. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

11e.6 Methadone: No

11e.7 Buprenorphine-Subutex®: Yes

11e.8 Buprenorphine-Suboxone®: No

33c. How many of the 5015 OUTPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 10

Buprenorphine: 500

Select the choice that best describes your resolution:

Return to question 11e for correction



Return to question 33c for correction



Both question 11e and question 33c are correct



Submit

Start Page Over

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OUTPATIENT

Your responses appear to be inconsistent.

- In question 12a you indicated that this facility operates a methadone maintenance program, however you indicated having zero clients who received methadone at this facility on March 31, 2010.
- In question 12c you indicated that this facility operates a methadone detoxification program, however you indicated having zero clients who received methadone at this facility on March 31, 2010.

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

12a. Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

YOUR RESPONSE: Yes, a methadone maintenance program

12c. Does this facility operate an opiate detox program at this location, that uses methadone or buprenorphine to detoxify clients?

YOUR RESPONSE: Yes, a program that uses methadone to detox clients

31c. How many of the 15 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 0

Buprenorphine: 0

SELECT "CORRECT" OR "INCORRECT" FOR EACH

	<u>Correct</u>	<u>Incorrect</u> (Return to Question for Correction)
Question 12a	<input type="radio"/>	<input type="radio"/>
Question 12c	<input type="radio"/>	<input type="radio"/>
Question 31c	<input type="radio"/>	<input type="radio"/>

Submit

Start Page Over

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OUTPATIENT

Your responses appear to be inconsistent.

- In question 12a you indicated that this facility operates both a methadone and buprenorphine maintenance program, however you indicated having zero clients who received buprenorphine at this facility on March 31, 2010.
- In question 12c you indicated that this facility operates both a methadone and buprenorphine detoxification program, however you indicated having zero clients who received buprenorphine at this facility on March 31, 2010.

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

12a. Does this facility operate a methadone maintenance or buprenorphine maintenance program at this location?

YOUR RESPONSE: Yes, both a methadone maintenance and a buprenorphine maintenance program

12c. Does this facility operate an opiate detox program at this location, that uses methadone or buprenorphine to detoxify clients?

YOUR RESPONSE: Yes, both a program that uses methadone maintenance and a program that uses buprenorphine to detox clients

31c. How many of the 15 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed by this facility?

YOUR RESPONSE:

Methadone: 5

Buprenorphine: 0

SELECT "CORRECT" OR "INCORRECT" FOR EACH

	<u>Correct</u>	<u>Incorrect</u> (Return to Question for Correction)
Question 12a	<input type="radio"/>	<input type="radio"/>
Question 12c	<input type="radio"/>	<input type="radio"/>
Question 31c	<input type="radio"/>	<input type="radio"/>

Submit

Start Page Over

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25% 50% 75% 100%

You've completed 89% of your questionnaire!

OUTPATIENT

33d. 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?

OUTPATIENT CAPACITY ON March 31, 2010

Submit

Start Page Over

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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 31, 2010.

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

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

33d. 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?

Select the choice that best describes your resolution:

Question 33d is correct as recorded

☐

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

☐

Return to question 33d for correction

☐

Submit

Start Page Over

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25% 50% 75% 100%



You've completed 90% of your questionnaire!

OUTPATIENT

Your response to outpatient capacity in question 33d is unusually large, compared to the number of outpatient clients enrolled at this facility on March 31, 2010.

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

33a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2010?

33d. 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?

Is this correct?

Select the choice that best describes your resolution:

Question 33d is correct as recorded

☐

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

☐

Return to question 33d for correction

☐

Submit

Start Page Over

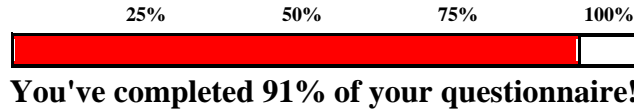
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34. Some clients are treated for both alcohol and drug abuse, while others are treated for only alcohol or only drug abuse. Approximately what percent of the 55 substance abuse treatment clients enrolled at these facilities on March 31, 2010, including hospital inpatient, residential, and/or outpatient, were being treated for...

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

- | | | |
|---------------------------------------|----------------------|---|
| 1. <u>BOTH</u> alcohol AND drug abuse | <input type="text"/> | % |
| 2. <u>ONLY</u> alcohol abuse | <input type="text"/> | % |
| 3. <u>ONLY</u> drug abuse | <input type="text"/> | % |

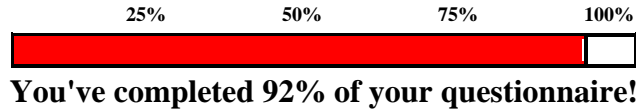
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35. Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2010, had a diagnosed co-occurring mental and substance abuse disorder?

Percent of clients
(IF NONE, ENTER "0") %

Submit

Start Page Over

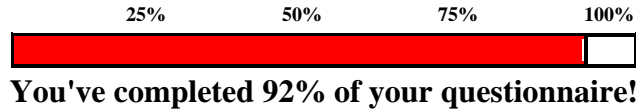
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36. Using the most recent 12-month period for which you have data, approximately how many substance abuse treatment ADMISSIONS did these facilities have?

- **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.
- **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

Submit

Start Page Over

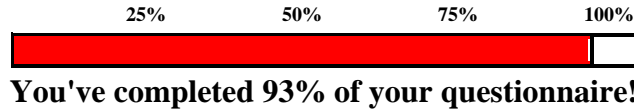
To review your answers to previous questions, [click here](#).

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Your response to question 36 is unusually large, compared to most other facilities. Please verify your response to question 36.

36. Using the most recent 12-month period for which you have data, approximately how many substance abuse treatment ADMISSIONS did these facilities have?

YOUR RESPONSE:

Number of Substance Abuse Admissions in 12 month period: 100000

Is this correct?

Yes, question 36 is correct as recorded



No, return to question 36 for correction



Submit

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 a 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.

25% 50% 75% 100%



You've completed 94% of your questionnaire!

SECTION C: GENERAL INFORMATION

Section C should be completed for this facility only.

37.* Does this facility operate a [halfway house or other transitional housing](#) for substance abuse clients at this location, that is, Facility name 1, Address1?

Yes ☐

No ☐

Submit

Start Page Over

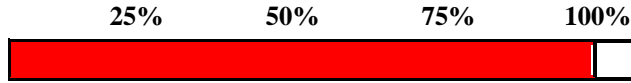
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You've completed 94% of your questionnaire!

38. 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>
State substance abuse agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State mental health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State department of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital licensing authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Commission (JCAHO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Committee for Quality Assurance (NCQA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Council on Accreditation (COA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another state or local agency or other organization (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

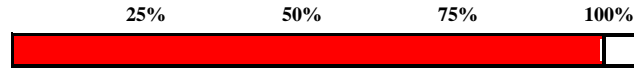
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You've completed 95% of your questionnaire!

39. Does this facility have a [National Provider Identifier \(NPI\)](#) number?

Yes ☐

No ☐

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

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25% 50% 75% 100%



You've completed 96% of your questionnaire!

39a. What is the [NPI](#) number for this facility?

NPI

[Submit](#)

[Start Page Over](#)

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25% 50% 75% 100%



You've completed 96% of your questionnaire!

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

Yes ☐

No ☐

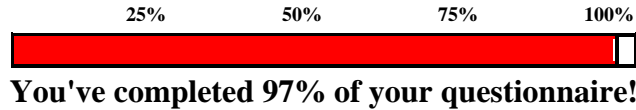
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40a.* What is this facility's website address?

- 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)

Submit

Start Page Over

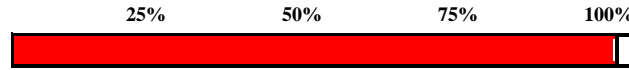
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You've completed 97% of your questionnaire!

- 41. Only facilities designated as eligible by their state substance abuse office will be listed in the *National Directory of Drug and Alcohol Abuse Treatment Programs* and the online Substance Abuse 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."

If eligible, does this facility want to be listed in the *National Directory* and online Treatment Facility Locator?

Yes ☐

No ☐

[Submit](#)

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25% 50% 75% 100%



You've completed 97% of your questionnaire!

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

Yes ☐

No ☐

[Submit](#)

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25% 50% 75% 100%



You've completed 98% of your questionnaire!

42. 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 ☐

Submit

Start Page Over

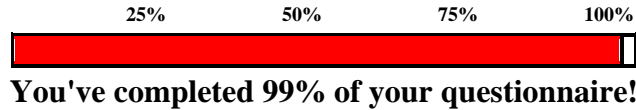
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Thank you for completing the N-SSATS questionnaire.

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

Yes ☐

No ☐

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

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25% 50% 75% 100%



You've completed 99% of your questionnaire!

Please enter your comments below.

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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: NS09-6

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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