

**Attachment A3**

**Augmentation screener questionnaire**

## 2010 N-SSATS AUGMENTATION SCREENER

Public burden for this collection of information is estimated to average 5 minutes per response. 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.

MPR ID: | | | | | | | | | |

DATE: | | | | / | | | | 2010  
MONTH DAY

FINAL STATUS: | | | |

INT ID#: | | | | | | | |

001 = COMPLETE	008 = INELIGIBLE
004 = PHYSICALLY CLOSED	024 = DUPLICATE FACILITY
005 = CAN'T LOCATE	034 = MERGED FACILITY
006 = NO PARTICIPATION (EFFORT ENDED)	044 = NO SUBSTANCE ABUSE TREATMENT
007 = REFUSED	054 = SATELLITE FACILITY
	072 = HALFWAY HOUSE ONLY FACILITY

### IF NO ANSWER:

BUSY → **CALLBACK IN 10 MINUTES**

ANSWERING MACHINE (Facility name verified) →  **CALLBACK IN 1 HOUR**

ANSWERING MACHINE (Facility name NOT verified) →  **CALLBACK IN 1 HOUR**

NON-WORKING/FAX/FUNNY NUMBER → **CHECK THIS BOX  AND PLACE IN LOCATING BASKET**

A1. Hello, this is [INTERVIEWER] calling on behalf of SAMHSA, the federal government's Substance Abuse and Mental Health Services Administration. SAMHSA is currently updating its listing of facilities that provide substance abuse services. I would like to verify some address information with you.

**IF SUBSTANCE ABUSE SERVICES CLEARLY NOT PROVIDED, CHECK THIS BOX  SKIP TO "END" (PAGE 4)**

- 1  WRONG NUMBER → **PLACE IN LOCATING BASKET**
- 2  APPROPRIATE RESPONDENT; CONTINUE → **SKIP TO B1 (PAGE 2)**
- 3  APPROPRIATE RESPONDENT; NEEDS CALLBACK →
- 4  NOT APPROPRIATE RESPONDENT

**RECORD BEST TIME TO CALL BACK ON CONTACT SHEET (INCLUDE DAY, DATE AND TIME) AND READ:**

Thank you very much. I'll call back at that time.

A2. With whom should I speak? **RECORD NAME OF CONTACT PERSON BELOW**

\_\_\_\_\_

A3. May I speak with [NAME OF CONTACT PERSON]?

- 1  AVAILABLE: WHEN RESPONDENT COMES TO PHONE, READ INTRO (A1) → **GO TO B1 (PAGE 2)**
- 2  NOT AVAILABLE →

**RECORD BEST TIME TO CALL BACK ON CONTACT SHEET (INCLUDE DAY, DATE AND TIME) AND READ:**

Thank you very much. I'll call back at that time.

**B1. First, I'd like to confirm that this is [FACILITY NAME], located at [LOCATION ADDRESS]. Is that correct?**

**IF SUBSTANCE ABUSE SERVICES CLEARLY NOT PROVIDED, CHECK THIS BOX  SKIP TO "END" (PAGE 4)**

1  YES, NAME AND ADDRESS CORRECT → **SKIP TO B3**

0  NO, NAME AND/OR ADDRESS INCORRECT

**B2. RECORD CORRECT INFORMATION BELOW:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**B2a. INTERVIEWER: DID THE ADDRESS CHANGE?**

1  YES

0  NO → **SKIP TO B2d**

**B2b. Is there another substance abuse treatment facility in your organization that is currently located at [LOCATION ADDRESS]?**

1  YES →

**B2b.1 We need to collect information about that specific location. Could you give me the TELEPHONE number for that location?**

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

0  NO → **SKIP TO B2d**

**B2c. INTERVIEWER: SKIP TO END. CROSS OUT RESPONSE TO B2 ON SCREENER. UPDATE CONTACT SHEET WITH NEW TELEPHONE NUMBER. CALL THIS NUMBER AND BEGIN WITH A1.**

**B2d. INTERVIEWER: DID THE FACILITY NAME CHANGE?**

1  YES

0  NO → **SKIP TO B3**

**B2e. Was this facility ever called [FACILITY NAME]?**

1  YES → **SKIP TO B3**

0  NO

**B2f. Does this facility provide substance abuse treatment services at this location?**

1  YES

0  NO → **GO TO END**

**B2g. INTERVIEWER: COMPLETE "NEW FACILITY SHEET" WHILE RESPONDENT IS ON THE PHONE. THEN, SKIP TO END. CODE A1 ON SCREENER AS 'WRONG NUMBER'. PLACE SCREENER AND CONTACT SHEET IN LOCATING BASKET, AND "NEW FACILITY SHEET" IN RECEIPT CONTROL BASKET.**

**B3. Does this facility, that is, the facility located at [LOCATION ADDRESS], have a licensed, certified or accredited substance abuse treatment program or unit at this address?**

- 1  YES
- 0  NO → *SKIP TO B4a*

**B4. Which of the following substance abuse services are offered by this facility, that is, the facility located at [LOCATION ADDRESS]?**

**PROBE IF NECESSARY: Please report for only this location.**

	MARK "YES" OR "NO" FOR EACH	
	<u>YES</u>	<u>NO</u>
1. Intake, assessment, or referral .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Detoxification.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Substance abuse treatment, that is services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**B4a. Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location?**

- 1  YES
- 0  NO

**B4b. INTERVIEWER: DID THE RESPONDENT ANSWER "YES" TO DETOXIFICATION OR SUBSTANCE ABUSE TREATMENT IN B4 ABOVE (CATEGORIES 2 or 3) OR "YES" TO HALFWAY HOUSE IN B4a?**

- 1  YES
- 0  NO → *SKIP TO END (FINAL STATUS CODE "044")*

**B5. Is [LOCATION ADDRESS] also the mailing address for this facility?**

- 1  YES → *SKIP TO B6*
- 0  NO

**B5a. What is the mailing address for [FACILITY NAME] located at [LOCATION ADDRESS]?**

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**B6. Does [FACILITY NAME] have a FAX number?**

1  YES →

**B6a. What is that FAX number?** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

0  NO

**B7. ASK IF NEEDED, OTHERWISE, VERIFY AND RECORD WITHOUT ASKING: Finally, who is the facility director for [FACILITY]? (RECORD BELOW)**

\_\_\_\_\_

**END: Those are all the questions I have. Thank you very much for your time.**

**INTERVIEWER: FINAL STATUS AND PLACE IN COMPLETED BASKET.**

**NOTES:**