

NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES
2013 N-SSATS

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

GetDir May I speak with [fill director name] regarding this facility's 2013 N-SSATS questionnaire?

USE UpdateInfo TAB TO ENTER A DIFFERENT PHONE NUMBER

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

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

<3> FACILITY DIRECTOR NOT AVAILABLE [goto Callback]

<4> ANSWERING MACHINE [goto Message_Q]

<5> WRONG NUMBER [goto Sorry]

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

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

[goto Intro]

Intro Recently you were mailed a letter from Dr. Peter J. Delany at SAMHSA along with a letter from your State or Federal Agency Substance Abuse Director. Both letters requested the participation of your facility in the 2013 N-SSATS. We are calling at this time to complete the survey. Is this a good time?

<1> YES, CONTINUE [goto Confirm2]

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

<3> COMPLETING ON THE WEB [Thanks]

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

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

<6> DUPLICATE FACILITY [goto Duplicate]

<7> MERGED WITH ANOTHER FACILITY [goto Merged]

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

<9> SATELLITE FACILITY [goto Satellite]

<10> REPORTED ELSEWHERE [goto RE1]

<11> WRONG NUMBER [goto Sorry]

<12> COMPLETING BY MAIL [goto Thanks]

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

IF NOT CORRECT USE THE UpdateInfo TAB TO UPDATE FACILITY
INFORMATION

[goto A1]

RE1 We'll watch for that information to come in. Putting the client
information aside, it is important for every facility to answer
a few questions regarding the specific characteristics of their
facility--even if an administrative unit or parent facility
will report your client information for you. Could I ask you
these few questions now? It will only take about 15 minutes

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

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

USE UpdateInfo TAB TO ENTER A NEW CONTACT NAME

RE4 Could I speak with [fill contact name]?

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

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

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

Duplicate Which facility is a duplicate of this one?

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

Merged Which facility was this one merged with?

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

Satellite Which facility is this one associated with?

For the purpose of this survey a satellite facility is one that does not have permanent staff on location. Often times staff will travel from another location to provide treatment on a limited schedule.

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO

[choose from list of facilities or goto MainFacility]

MainFacility May I have the name, address and phone number of the facility?

<1> Continue

PhoneNumber Please give me the telephone number, area code first?

[goto Thanks]

Message_R *** REMINDER CALL MESSAGE ***

DID YOU LEAVE THE MESSAGE?

<1> Yes

<2> No

Message_Q *** QUESTIONNAIRE CALL MESSAGE ***

DID YOU LEAVE THE MESSAGE?

<1> Yes

<2> No

Thanks Thank you so much for your time. Your responses are very important to the study and we look forward to receiving your completed questionnaire.

Thanks2 Thank you for your time.

Callback USE THE 'APPOINTMENT' TAB ABOVE TO MAKE AN APPOINTMENT.

A1

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

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

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

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

[ask if A1_2 & A1_3 = <0>]

You reported that this facility at this location does not offer detoxification or substance abuse treatment.

Is that correct?

<1> YES [go to A34]
<0> NO [BACK UP AND RETURN TO A1 FOR CORRECTION]

<d> DON'T KNOW
<r> REFUSED

A1x

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

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

<1> ENTER CONTACT PERSON'S NAME

<d> DON'T KNOW
<r> REFUSED

A1a

Does this facility, at this location, offer mental health treatment services (services focused on improving the mental well-being of individuals with mental disorders and on promoting their recovery)?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

[if A1-2 = yes, goto A2a; if A1-2 NE Yes & A1-3 = yes, go to A4; else continue]

A2a Does this facility detoxify clients from . . .

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

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A2b Does this facility routinely use medications during detoxification?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

[Go to A4]

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

<1> YES [goto A4]
 <0> NO [goto A34]

A4 Is this facility operated by . . .

<1> A private for-profit organization, [goto A5]
 <2> A private non-profit organization, [goto A5]
 <3> State government, [goto A7]
 <4> Local, county, or community government, [goto A7]
 <5> Tribal government, or [goto A7]
 <6> The Federal Government?

<d> DON'T KNOW
 <r> REFUSED

A4a Which Federal Government agency is that? Is it ...

<1> The Department of Veterans Affairs,
 <2> Department of Defense,
 <3> Indian Health Service, or
 <4> Some other Federal Government agency? (SPECIFY)

<d> DON'T KNOW
 <r> REFUSED

[goto A7]

A5 Is this facility a solo practice, meaning, an office with only one independent practitioner or counselor?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A6 Is this facility affiliated with a religious organization?

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A7 Is this facility a jail, prison, or other organization that provides treatment exclusively for incarcerated persons or juvenile detainees?

<1> YES
<0> NO [goto A8]

<d> DON'T KNOW
<r> REFUSED

A7a Just to confirm, this facility provides substance abuse treatment services only to incarcerated persons or juvenile detainees.

Is that correct?

<1> YES, THAT IS CORRECT [goto A41]
<0> NO, THAT IS NOT CORRECT

A8 Is this facility a hospital or located in or operated by a hospital?

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

<d> DON'T KNOW
<r> REFUSED

A8a What type of hospital is that...

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

<d> DON'T KNOW
<r> REFUSED

A9 What telephone number or numbers should a potential client call to schedule an intake appointment?

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

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

<d> DON'T KNOW
<r> REFUSED

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

OR

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

V9 I've recorded [fill A9_p1ac] as the area code for the intake number. Is that correct?

<1> YES
<0> NO

V9b I've recorded [fill A9_p2ac] as the area code for the second intake number. Is that correct?

<1> YES
<0> NO

V9c I've recorded [fill A9_p3ac] as the area code for the alpha intake number. Is that correct?

<1> YES
<0> NO

V9d I've recorded [fill A9_p4ac] as the area code for the second alpha intake number. Is that correct?

<1> YES
<0> NO

A10a

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

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

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<1> Screening for substance abuse
<2> Screening for mental health disorders
<3> Comprehensive substance abuse assessment or diagnosis
<4> Comprehensive mental health assessment or diagnosis, for example, psychological or psychiatric evaluation and testing
<5> Screening for tobacco use
<6> Outreach to persons in the community who may need treatment
<7> Interim services for clients when immediate admission is not possible
<8> We do not offer any of these assessment and pre-treatment services

A10b

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<9> Breathalyzer or other blood alcohol testing
<10> Drug or alcohol urine screening
<11> Screening for Hepatitis B
<12> Screening for Hepatitis C
<13> HIV testing
<14> STD testing
<15> TB screening
<16> We do not offer any of these testing services

A10c

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<17> Discharge planning
<18> Aftercare or continuing care
<19> We do not offer any of these transitional services

A10d Which of the following Ancillary Services are provided by this facility at this location?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

<20> Case management services
 <21> Social skills development
 <22> Mentoring or peer support
 <23> Child care for clients' children
 <24> Assistance with obtaining social services, for example, Medicaid, WIC, SSI, SSDI
 <25> Employment counseling or training for clients
 <26> Assistance in locating housing for clients
 <27> Domestic violence, that is, family or partner violence services for physical, sexual, and emotional abuse
 <28> Early intervention for HIV
 <29> HIV or AIDS education, counseling, or support
 <30> Hepatitis education, counseling or support
 <31> Health education other than HIV/AIDS or hepatitis
 <32> Substance abuse education
 <33> Transportation assistance to treatment
 <34> Mental health services
 <35> Acupuncture
 <36> Residential beds for clients' children
 <37> Self-help groups, for example, AA, NA, SMART Recovery
 <38> Smoking cessation counseling
 <39> We do not offer any of these ancillary services

A10e Which of the following other services are provided by this facility at this location, that is, [fill LOCATION ADDRESS]?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

<40> Treatment for gambling disorder
 <41> Treatment for Internet use disorder
 <42> Treatment for other addiction disorder (non-substance abuse)
 <43> We do not offer any of these other services

A10f Which of the following Pharmacotherapies are provided by this facility at this location, that is, [fill LOCATION ADDRESS]?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

<44> Disulfiram (Antabuse®)
 <45> Naltrexone (oral)
 <46> Vivitrol® (injectible Naltrexone)
 <47> Acamprosate (Campral®)
 <48> Nicotine replacement
 <49> Non-nicotine smoking/tobacco cessation medications (for example, Bupropion, Varenicline)
 <50> Medications for psychiatric disorders

<51> Methadone
<52> Buprenorphine with naloxone (Suboxone®)
<53> Buprenorphine without naloxone
<54> We do not offer any of these pharmacotherapy services

A11 DID RESPONDENT ANSWER YES TO METHADONE, BUPRENORPHINE WITH NALOXONE (SUBOXONE®), BUPRENOPRHINE WITHOUT NALOXONE, or Vivitrol® (injectible Naltrexone)?

<1> YES [goto A11X]
<2> NO [goto A12]

A11x [ask if A11f46, 51, 52 or 53 = <1>; else goto A12]
Does this facility operate an Opioid Treatment Program (OTP) at this location, that is [fill LOCATION ADDRESS]?

PROBE: OTPs are certified by SAMHSA's Center for Substance Abuse Treatment to use the opioid drugs methadone, buprenorphine and vivitrol in the treatment of opioid (narcotic) addiction.

PROBE: Some SAMHSA-certified OTPs use only buprenorphine in the treatment of opioid (narcotic) addiction.

PROBE: Physicians with a waiver may prescribe buprenorphine without being affiliated with an OTP. Therefore, not all facilities that prescribe buprenorphine are OTPs.

<1> YES
<0> NO [goto A12]

<d> DON'T KNOW
<r> REFUSED

A11a Are all of the substance abuse clients at this facility currently in the Opioid Treatment Program

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A11b Does the Opioid Treatment Program at this location provide maintenance services, detoxification services, or both?

<1> Maintenance services
<2> Detoxification services
<3> Both

<d> DON'T KNOW
<r> REFUSED

Va11a_38 Two responses appear to be inconsistent. I recorded that methadone is not provided by this facility. However, I just recorded that this facility operates an Opioid Treatment Program. Have I recorded something incorrectly?

<1> RETURN TO a10e_43 TO CORRECT METHADONE PROVIDED BY THIS FACILITY
<2> RETURN TO a11x TO CORRECT OPIOID TREATMENT PROGRAM

A12_1-A12_4

For each type of counseling listed below, please indicate approximately what percent of substance abuse clients at this facility receive that type of counseling as part of their substance abuse treatment program.

- <1> Not offered
- <2> 25% or less
- <3> 26% to 50%
- <4> 51% to 75%
- <5> More than 75%

- <1> Individual Counseling
- <2> Group Counseling
- <3> Family Counseling
- <4> Marital/Couples Counseling

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

A13

Next I will read a variety of clinical or therapeutic approaches used by substance abuse treatment facilities. For each, please tell me how often the practice is used at this facility. Is it never, rarely, sometimes, always or often, or are you not familiar with this approach?

- <1> Never
- <2> Rarely
- <3> Sometimes
- <4> Always or Often,
- <5> Not familiar with this approach

- <1> Substance abuse counseling
- <2> 12-step facilitation
- <3> Brief intervention
- <4> Cognitive-behavioral therapy
- <5> Contingency management/motivational incentives
- <6> Motivational interviewing
- <7> Trauma-related counseling
- <8> Anger management
- <9> Matrix model
- <10> Community reinforcement plus vouchers
- <11> Rational emotive behavioral therapy (REBT)
- <12> Relapse prevention
- <13> Computerized substance abuse treatment (including internet, Web, mobile, and desktop programs)
- <14> Other treatment approach (SPECIFY)

- A14 Are any of the following practices part of this facility's standard operating procedures?
- <1> YES
<0> NO
- <d> DON'T KNOW
<r> REFUSED
- <1> Required continuing education for staff
<2> Periodic drug testing of clients
<3> Regularly scheduled case review with a supervisor
<4> Case review by an appointed quality review committee
<5> Outcome follow-up after discharge
<6> Periodic utilization review
<7> Periodic client satisfaction surveys conducted by the facility
- A15 Does this facility, at this location, offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?
- <1> YES
<0> NO [goto A16]
- <d> DON'T KNOW
<r> REFUSED
- A15a Does this facility serve only DUI/DWI clients?
- <1> YES
<0> NO
- <d> DON'T KNOW
<r> REFUSED
- A16 Does this facility provide substance abuse treatment services in sign language at this location for the hearing impaired, for example, American Sign Language, Signed English, or Cued Speech?
- READ IF NECESSARY: You should answer "yes" if either a staff counselor or an on-call interpreter provides this service.
- <1> YES
<0> NO
- <d> DON'T KNOW
<r> REFUSED
- A17 Does this facility provide substance abuse treatment services in a language other than English at this location?
- READ IF NECESSARY: You should answer "yes" if either a staff counselor or an on-call interpreter provides this service.
- <1> YES
<0> NO [goto A18a]
- <d> DON'T KNOW
<r> REFUSED

A17a At this facility, who provides substance abuse treatment services in a language other than English? Is it...

<1> A staff counselor who speaks a language other than English,
 <2> An on-call interpreter, in person or by phone, brought in when needed, or [goto A18a]
 <3> Both a staff counselor and an on-call interpreter?
 <d> DON'T KNOW
 <r> REFUSED

A17a1 Do staff counselors provide substance abuse treatment in Spanish at this facility?

<1> YES
 <0> NO [go to A17b]
 <d> DON'T KNOW
 <r> REFUSED

A17a2 Do staff counselors at this facility provide substance abuse treatment in any other languages?

<1> YES
 <0> NO [goto A18]
 <d> DON'T KNOW
 <r> REFUSED

A17b In what other languages do staff counselors provide substance abuse treatment at this facility?

<d> DON'T KNOW
 <r> REFUSED

<1> Hopi
 <2> Lakota
 <3> Navajo
 <4> Ojobwa
 <5> Yupik
 <6> Any other American Indian or Alaska Native language (SPECIFY THE OTHER LANGUAGE)
 <7> Arabic
 <8> Any Chinese language
 <9> Creole
 <10> French
 <11> German
 <12> Greek
 <13> Hmong
 <14> Italian
 <15> Japanese
 <16> Korean
 <17> Polish
 <18> Portuguese
 <19> Russian
 <20> Tagalog
 <21> Vietnamese
 <22> Any other language (SPECIFY THE OTHER LANGUAGE)

A17e [ask if number = <1> in A17b is GE 4]
Are all of these languages spoken by a staff counselor? (READ LIST)

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

[fill all Language 1 to Language 20 answered YES]

<0> NO GO BACK TO a17A1 FOR CORRECTION

A18 ENTER 1 TO CONTINUE
Individuals seeking substance abuse treatment can vary by age, gender or other characteristics.

Which categories of individuals listed below are served by this facility, at this location?

18_Col_A Served by this facility?

<1> Adolescents
<2> Adult Women
<3> Adult Men

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

[If 18_Col_A=1 ask A18_Col_B]
A18_Col_B This facility serves only

<1> Adolescents
<2> Adult Women
<3> Adult Men

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

[If 18_Col_B=1 ask A18_Col_C]
A18_Col_C Offers specifically tailored programs or groups

<1> Adolescents
<2> Adult Women
<3> Adult Men

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

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

A18_a

Many facilities have clients with one or more of the following characteristics. For which characteristic(s) does this facility offer a substance abuse treatment program or group specifically tailored for those individuals, at this location..

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

<1> Pregnant/postpartum women
<2> Seniors or older adults
<3> Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) clients
<4> Veterans
<5> Active duty military
<6> Members of military families
<7> Criminal justice clients (other than DUI/DWI)
<8> Clients with co-occurring mental and substance abuse disorders
<9> Persons with HIV or AIDS
<10> Persons who have experienced sexual abuse
<11> Persons who have experienced intimate partner violence or physical abuse
<12> Persons who have experienced other types of trauma
<13> Specially tailored programs or groups for any other types of clients (SPECIFY)

A19

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

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

<d> DON'T KNOW
<r> REFUSED

A19a

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

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

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

Va19_1 Two responses appear to be inconsistent. I recorded that this facility offers Hospital Inpatient substance abuse services. However, I just recorded that this facility offers neither Hospital Inpatient detoxification nor Hospital Inpatient treatment. Have I recorded something incorrectly?

<1> ALL a19, a19a_1 AND a19a_2 ARE CORRECT AS REPORTED
[goto Va23_2]
<2> DOES NOT OFFER HOSPITAL INPATIENT TREATMENT SERVICES
<3> RETURN TO a20a_1 TO CORRECT HOSPITAL INPATIENT
DETOXIFICATION
<4> RETURN TO a20a_2 TO CORRECT HOSPITAL INPATIENT
TREATMENT

Va19_2 What kind of Hospital Inpatient services are offered by this facility?

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

A20 Does this facility offer Residential, non-hospital, substance abuse services at this location?

<1> YES
<0> NO [goto A21]

<d> DON'T KNOW
<r> REFUSED

A20a Which of the following Residential services are offered by this facility?

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

<1> Residential detoxification, which is similar to ASAM Level III.2-D. (Clinically managed residential detoxification or social detoxification)
<2> Residential short-term treatment, which is similar to ASAM Level III.5. (Clinically managed high-intensity residential treatment, typically 30 days or less)
<3> Residential long-term treatment, which is similar to ASAM Levels III.3 and III.1. (Clinically managed medium-or low-intensity residential treatment, typically more than 30 days)
<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

Va20_1 Two responses appear to be inconsistent. I recorded that this facility offers Residential, non-hospital, substance abuse services. However, I just recorded that this facility does not offer Residential detoxification, Residential short-term treatment or Residential long-term treatment. Have I recorded something incorrectly?

<1> ALL a20, a20a_1, a20a_2 AND a20a_3 ARE CORRECT AS REPORTED

<2> DOES NOT OFFER RESIDENTIAL TREATMENT SERVICES [goto Va20_2]

<3> RETURN TO a20a_1 TO CORRECT RESIDENTIAL NON-HOSPITAL DETOXIFICATION

<4> RETURN TO a20a_2 TO CORRECT RESIDENTIAL NON-HOSPITAL SHORT-TERM TREATMENT

<5> RETURN TO a20a_3 TO CORRECT RESIDENTIAL NON-HOSPITAL LONG-TERM TREATMENT"

Va20_2 What kind of Residential services are offered by this facility?

<1> TO RECORD VERBATIM

<2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

A21 Does this facility offer Outpatient substance abuse services at this location?

<1> YES

<0> NO [goto A22]

<d> DON'T KNOW

<r> REFUSED

A21a Which of the following Outpatient services are offered by this facility?

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

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

<1> Outpatient detoxification, which is similar to ASAM Levels I-D and II-D. (Ambulatory detoxification)

<2> Outpatient methadone/buprenorphine maintenance. (Opioid maintenance therapy)

<3> Outpatient day treatment or partial hospitalization, which is similar to ASAM Level II.5. (20 or more hours per week)

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

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

[if A19a1 & A20a1 & A21a1 = <0>]

Va21a1_a2 INTERVIEWER: YOU WILL BE TAKEN BACK TO ANSWER QUESTIONS A2A AND A2B

<1> RETURN TO A2A AND A2B

[ask if A21a2 = <1> and A10e_51 = <0>]

Va10e_22 Two responses appear to be inconsistent. I recorded that methadone is not provided by this facility. However, I just recorded that this facility offers an Outpatient methadone maintenance program.

Have I recorded something incorrectly?

<1> RETURN TO a10e_51 TO CORRECT METHADONE PROVIDED BY THIS FACILITY

<4> RETURN TO a21a_2 TO CORRECT OUTPATIENT METHADONE MAINTENANCE

Va21_1 Two responses appear to be inconsistent. I recorded that this facility offers Outpatient substance abuse services. However, I just recorded that this facility does not offer Outpatient detoxification, Outpatient methadone/buprenorphine/vivitrol maintenance, Outpatient day treatment or partial hospitalization, Intensive outpatient treatment or Regular outpatient treatment. Have I recorded something incorrectly?

<1> ALL a21, a21a_1, a21a_2, a21a_3, a21a_4 AND a21a_5 ARE CORRECT AS REPORTED [goto Va22_2]

<2> DOES NOT OFFER OUTPATIENT TREATMENT SERVICES

<3> RETURN TO a21a_1 TO CORRECT OUTPATIENT DETOXIFICATION

<4> RETURN TO a21a_2 TO CORRECT OUTPATIENT METHADONE MAINTENANCE

<5> RETURN TO a21a_3 TO CORRECT OUTPATIENT DAY TREATMENT OR PARTIAL HOSPITALIZATION

<6> RETURN TO a21a_4 TO CORRECT INTENSIVE OUTPATIENT TREATMENT

<7> RETURN TO a21a_5 TO CORRECT REGULAR OUTPATIENT TREATMENT

Va21_2 What kind of Outpatient services are offered by this facility?

<1> TO RECORD VERBATIM

<2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

Va19_a21_1 [ask A19 & A20 & A21 = <0>]
So, this facility does not offer Hospital Inpatient, Residential, or Outpatient substance abuse services. Is that correct?

<1> YES, THAT IS CORRECT

<2> NO, CHANGE a19, a20, or a21

Va19_a21_2 What type of substance abuse treatment does this facility offer?

<1> TO RECORD VERBATIM

<2> DOES NOT OFFER SUBSTANCE ABUSE TREATMENT SERVICES

Va20a3 I have a question about something I've coded and need to talk to my supervisor. I will call you back as soon as possible.

<1> continue

Va21_a11 Two responses appear to be inconsistent. I recorded that this facility offers Outpatient methadone maintenance. However, I also recorded that this facility does not operate an Opioid Treatment Program (OTP). Have I recorded something incorrectly?

<1> RETURN TO a11a, FACILITY DOES HAVE AN OTP PROGRAM
<2> RETURN TO a21a_2, FACILITY DOES NOT HAVE A MAINTENANCE PROGRAM

A22 Does this facility use a sliding fee scale?

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

<1> YES
<0> NO [goto A23]

<d> DON'T KNOW
<r> REFUSED

A22a Do you want the availability of a sliding fee scale published in SAMHSA's Directory and Locator?

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A23 Does this facility offer treatment at no charge to clients who cannot afford to pay?

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

<d> DON'T KNOW
<r> REFUSED

A23a Do you want the availability of free care for eligible clients published in SAMHSA's Directory and Locator?

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

<1> YES
<0> NO

<d> DON'T KNOW
<r> REFUSED

A24

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

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

- <1> YES
- <0> NO

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

A25

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

- <1> YES
- <0> NO

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

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

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

- <4> Medicaid

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

- <5> A state-financed health insurance plan other than Medicaid
- <6> Federal military insurance (e.g., TRICARE)
- <7> Private health insurance
- <8> Access To Recovery (ATR) vouchers

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

- <9> IHS/638 contract care funds
- <10> Other (SPECIFY)

A25_1

[ask if A25_2 to A25_9 ALL = <0>]
Does this facility offer free treatment to all clients, that is, no payment is accepted?

- <1> Yes
- <0> No

A25-9

For each of the following activities, please indicate if staff members routinely use computer or electronic resources, paper only, or a combination of both to accomplish their work

<1> Computer/Electronic only
<2> Paper only
<3> Both electronic and paper
<4> N/A
<d> don't know
<r> refused

<1> Intake
<2> Assessment
<3> Treatment plan
<4> Discharge
<5> Referrals
<6> Issue/receive lab results
<7> Billing
<8> Outcomes management
<9> Medication prescribing/dispensing
<10> Health records
<11> Interoperability with other providers (such as primary care, mental health providers, etc)

A25_9

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

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

A27

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

<1> You will report client counts for this facility alone,
[goto A28]
<2> You will report client counts for this facility
combined with other facilities, or
<3> You will not report any client counts. Another
facility will report this facility's client counts)
[goto A34]

<d> DON'T KNOW
<r> REFUSED

ta27a1_2

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

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

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

ta27a1_3 I am looking at a screen that shows the other facilities currently linked to this facility in our database.

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

ENTER 1 TO DISPLAY LIST OF FACILITIES

A27a1 Please tell me which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A27a2 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A27a3 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A27a4 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A27a5 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A27a6 Which facilities will be included in the client counts you will report and I will record them here.

PROBE: Any other facilities?

INTERVIEWER: CODE ALL THAT APPLY ON THIS SCREEN

A27_del INTERVIEWER: WERE THERE FACILITIES THAT NEED TO BE REMOVED FROM THIS NETWORK? IF YES THEN INDICATE WHICH ONES USING THE DelFacility TAB ABOVE.

<1> YES

<0> NO

A27_1 INTERVIEWER: YOU HAVE RECORDED NO ADDITIONAL FACILITIES THAT WILL BE INCLUDED IN THE CLIENT COUNT. PLEASE RESOLVE: TO RECORD FACILITIES, GO BACK TO a30a1 OR ta30a1

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

A28 The next questions ask about the number of clients receiving Hospital Inpatient, Residential, non-hospital, and Outpatient substance abuse treatment services on March 29, 2013. First, I'll ask about Hospital Inpatients.

On March 29, 2013, did any patients receive Hospital Inpatient substance abuse services at this facility?

<1> YES
<0> NO [goto A29]

<d> DON'T KNOW
<r> REFUSED

A28a This question asks about the number of Hospital Inpatients who received services on March 29, 2013. Count a patient in one service only, even if the patient received multiple services. Do not count family members, friends, or other non-treatment patients.

On March 29, 2013, how many patients received the following Hospital Inpatient substance abuse services at this location...

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

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

<d> DON'T KNOW
<r> REFUSED

A28b How many of the [fill a28a_total] Hospital Inpatients you just reported were under the age of 18?

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

<d> DON'T KNOW
<r> REFUSED

A28c1 How many of the [fill a28a_total] Hospital Inpatients you just reported received methadone dispensed at this facility?

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

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

<d> DON'T KNOW
<r> REFUSED

A28c_2 How many of the [fill a28a_total] Hospital Inpatients you just reported received buprenorphine dispensed or prescribed at this facility?

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

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

<d> DON'T KNOW
<r> REFUSED

A28c_3 How many of the [fill a28a_total] Hospital Inpatients you just reported received Vivitrol® (injectible Naltrexone) dispensed or prescribed at this facility?

Include patients who received this drug for detoxification or maintenance purposes

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

<d> DON'T KNOW
<r> REFUSED

A28d On March 29, 2013, how many of the Hospital Inpatient beds at this facility were specifically designated for substance abuse treatment?

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

<d> DON'T KNOW
<r> REFUSED

Va28 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Hospital Inpatient substance abuse services but did not have any clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES NOT OFFER INPATIENT SERVICES (CHANGE a20 AND THEN CHECK FORWARD)

NO, FACILITY DID HAVE INPATIENTS ON March 29 (CHANGE a28 AND THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a20
<3> CHANGE a28

Va28q Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Hospital Inpatient substance abuse services but did have patients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER INPATIENT SERVICES (CHANGE a20 AND THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE INPATIENTS ON March 29 (CHANGE a28)

<1> YES, THAT IS CORRECT
<2> CHANGE a20
<3> CHANGE a28

Va28a_1 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Hospital Inpatient detoxification but did have [fill a28a_1] Hospital Inpatients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a19a_1 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a28 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a19a_1
<3> CHANGE a28

Va28a1 Your response to this question is unusually large compared to most other facilities. I have recorded that this location had [fill a28a_tot] Hospital Inpatients receiving substance abuse treatment on March 29, 2013. Is that correct?

<1> YES, THAT IS CORRECT
<2> CHANGE a28A

Va28a2 Two responses I recorded are inconsistent. A moment ago, I recorded that on March 29, 2013, some clients were receiving Hospital Inpatient substance abuse services at this location. However, I've just recorded that zero clients were receiving substance abuse treatment or detoxification. Have I recorded something incorrectly?

<1> YES (CHANGE a28 or a28a)
<2> YES (CHANGE a28 or a28a)
<3> NO

Va28a_sum Two responses I recorded are inconsistent. A moment ago, I recorded that on March 29, 2013, some clients were receiving Hospital Inpatient substance abuse services at this location. However, I've just recorded that zero clients were receiving substance abuse treatment or detoxification. Have I recorded something incorrectly?

(CHANGE a28, a28a_1 or a28a_2)

<1> CHANGE a28
<2> CHANGE a28a_1 or a28a_2
<3> NO

Va28a3 What type of Hospital Inpatient substance abuse services were clients receiving at this location on March 29, 2013?

BACKCODE TO a28a (1 AND 2) WHEN APPROPRIATE

<1> RECORD SERVICE

Va28b Two responses I recorded are inconsistent. I just recorded that [fill a28b] Hospital Inpatients were under the age of 18. However, earlier I recorded that this location had a total of [fill a28a_tot] Hospital Inpatients on March 29. Have I recorded something incorrectly?

CHANGE THE NUMBER OF INPATIENTS IN a28a
CHANGE THE NUMBER UNDER AGE 18 IN a28b

<1> Continue

Va28c Two responses I recorded are inconsistent. I just recorded that [fill a28c_tot] Hospital Inpatients received either methadone, buprenorphine, or vivitrol on March 29. However, earlier I recorded that this location had a total of [fill a28a_tot] Hospital Inpatients on March 29. Have I recorded something incorrectly?

CHANGE THE NUMBER OF INPATIENTS IN a28a
CHANGE THE NUMBER RECEIVING METHADONE IN a28c_1 (CURRENTLY RECORDED AS [a28c_1])
CHANGE THE NUMBER RECEIVING BUPRENORPHINE IN a28c_2 (CURRENTLY RECORDED AS [a28c_2])
CHANGE THE NUMBER OF INPATIENTS RECEIVING VIVITROL IN a28c_3 (CURRENTLY RECORDED AS [a28c_2])

<1> Continue

Va28az2 Your response to this question is unusually large compared to the [fill a28a_tot] patients who received Hospital Inpatient services on March 29. I recorded this location had [fill a28d] beds designated for Hospital Inpatient substance abuse treatment clients on March 29, 2013. Is that correct?

NO, CHANGE THE NUMBER OF BEDS IN a28d
NO, CHANGE THE NUMBER OF INPATIENTS IN a28a (CURRENTLY LISTED AS [a28a_tot])

<1> YES, THAT IS CORRECT
<2> CHANGE a28d
<3> CHANGE a28A_1 or a28a_2

A29 Now I'll be asking about Residential, non-hospital, clients. On March 29, 2013, did any clients receive Residential, non-hospital, substance abuse services at [fill facility name] [fill LOCATION ADDRESS]?

<1> YES
<0> NO [goto A30]

<d> DON'T KNOW
<r> REFUSED

A29a This question asks about the number of Residential clients receiving services on March 29, 2013. Count a client in one service only, even if the client received multiple services.

Do not count family members, friends, or other non-treatment clients.

On March 29, 2013, how many clients received the following Residential substance abuse services at this facility...

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

<1> Residential detoxification, Similar to ASAM Level III.2-D (clinically managed residential detoxification or social detoxification)

<2> Residential short-term treatment, Similar to ASAM Level III.5 (clinically managed high-intensity residential treatment, typically 30 days or less)

<3> Residential long-term treatment, Similar to ASAM Levels III.3 and III.1 (clinically managed medium-or low-intensity residential treatment, typically more than 30 days)

<d> DON'T KNOW

<r> REFUSED

A29b How many of the [fill a29a_total] Residential clients you just reported were under the age of 18?

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

<d> DON'T KNOW

<r> REFUSED

A29c_1 How many of the [fill a29a_total] Residential clients you just reported received methadone dispensed at this facility?

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

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

<d> DON'T KNOW

<r> REFUSED

A29c_2 How many of the [fill a29a_total] Residential clients you just reported received buprenorphine dispensed or prescribed at this facility?

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

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

<d> DON'T KNOW

<r> REFUSED

A29c_3 How many of the [fill a29a_total] Residential clients you just reported received Vivitrol® (injectible Naltrexone) dispensed or prescribed at this facility?

Include patients who received this drug for detoxification or maintenance purposes

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

<d> DON'T KNOW
<r> REFUSED

A29d On March 29, 2013, how many of the Residential beds at this facility were specifically designated for substance abuse treatment?

<d> DON'T KNOW
<r> REFUSED

Va29q Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential, non-hospital, substance abuse services but did have clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER RESIDENTIAL SERVICES (CHANGE a21 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE RESIDENTIAL CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a20
<3> CHANGE a29

Va29q2 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Residential, non-hospital, substance abuse services but did not have clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES NOT OFFER RESIDENTIAL SERVICES (CHANGE a20 THEN CHECK FORWARD)

NO, FACILITY DID HAVE RESIDENTIAL CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a20
<3> CHANGE a29

Va29_a24 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Residential substance abuse services but did not have clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES NOT OFFER RESIDENTIAL SERVICES (CHANGE a20 THEN CHECK FORWARD)

NO, FACILITY DID HAVE RESIDENTIAL CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a20
<3> CHANGE a29
<4> CHANGE BOTH a20 and a29

Va29_a24b Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential substance abuse services but did have clients receiving these services on March 29, 2013. Is that correct?

NO, [fill q29a] OFFER RESIDENTIAL SERVICES (CHANGE a20 THEN CHECK FORWARD)

NO, [fill q29b] HAVE RESIDENTIAL CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

- <1> YES, THAT IS CORRECT
- <2> CHANGE a20
- <3> CHANGE a29
- <4> CHANGE BOTH a20 and a29

Va29a_1 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential detoxification but did have [fill a29a_1] clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a20a_1 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

- <1> YES, THAT IS CORRECT
- <2> CHANGE a20a_1
- <3> CHANGE a29

Va29a_2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential short-term treatment, but did have [fill a29a_2] clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a20a_2 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

- <1> YES, THAT IS CORRECT
- <2> CHANGE a20a_2
- <3> CHANGE a29

Va29a_3 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Residential long-term treatment, but did have [fill a29a_3] clients receiving these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a20a_3 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a29 THEN CHECK FORWARD)

- <1> YES, THAT IS CORRECT
- <2> CHANGE a20a_3
- <3> CHANGE a29

Va29a_sum Two responses I recorded are inconsistent. A moment ago, I recorded that on March 29, 2013 some clients were receiving Residential substance abuse services at this facility. However, I've just recorded that zero clients were receiving substance abuse treatment or detoxification. Have I recorded something incorrectly?

(CHANGE a29, a29a_1, a29a_2 or a29a_3)

<1> CHANGE a29
<2> CHANGE a29a_1, a29a_2 or a29a_3
<3> NO

Va29act The number of clients receiving Residential services is the same number I recorded earlier for Hospital Inpatients. Are you counting the same clients in both categories?

YES - CHANGE HOSPITAL INPATIENTS IN a28a
YES - CHANGE RESIDENTIAL CLIENTS IN a29a

<1> NO - NOT COUNTED TWICE
<2> YES CHANGE a28A
<3> YES CHANGE a29A

Va29ax Two responses I recorded may be inconsistent. I just recorded that [fill a29a_1] clients were receiving residential detoxification on March 29, 2013. However, earlier I recorded that this facility does not offer residential detoxification. Have I recorded something incorrectly?

DID NOT HAVE RESIDENTIAL DETOXIFICATION CLIENTS ON 3/29/13
CHANGE a29a

DOES OFFER RESIDENTIAL DETOXIFICATION - CHANGE a20

<1> CORRECT AS RECORDED
<2> CHANGE a29A
<3> CHANGE a20

Va29a4 Two responses I recorded may be inconsistent. I just recorded that [fill a29a_2] clients were receiving residential short-term treatment. However, earlier I recorded that this facility does not offer residential short-term treatment. Have I recorded something incorrectly?

DID NOT HAVE RESIDENTIAL SHORT-TERM CLIENTS ON 3/29/13 CHANGE a29a

DOES OFFER RESIDENTIAL SHORT-TERM TREATMENT - CHANGE a20

<1> CORRECT AS RECORDED
<2> CHANGE a29A
<3> CHANGE a20

Va29a29 Two responses I recorded may be inconsistent. I just recorded that zero clients were receiving residential short-term treatment on March 29. However, earlier I recorded that this facility offers residential short-term treatment. Have I recorded something incorrectly?

DID HAVE RESIDENTIAL SHORT-TERM TREATMENT CLIENTS ON 3/29/13
CHANGE a29a

DOES NOT OFFER RESIDENTIAL SHORT-TERM TREATMENT - CHANGE a20a_2

<1> CORRECT AS RECORDED
<2> CHANGE a29A
<3> CHANGE a20a_2

Va29az Two responses I recorded may be inconsistent. I just recorded that [fill a29a_3] patients were receiving residential long-term treatment. However, earlier I recorded that this facility does not offer residential long-term treatment. Have I recorded something incorrectly?

DID NOT HAVE RESIDENTIAL LONG-TERM CLIENTS ON 3/29/13 CHANGE
a29a_3

DOES OFFER RESIDENTIAL LONG-TERM TREATMENT - CHANGE a20

<1> CORRECT AS RECORDED
<2> CHANGE a29A_3
<3> CHANGE a20

Va29az3 Two responses I recorded may be inconsistent. I just recorded that zero clients were receiving residential long-term treatment on March 29. However, earlier I recorded that this facility offers residential long-term treatment. Have I recorded something incorrectly?

DID HAVE RESIDENTIAL LONG-TERM TREATMENT CLIENTS ON 3/29/13
CHANGE a29a_3

DOES NOT OFFER RESIDENTIAL LONG-TERM TREATMENT - CHANGE a20a_3

<1> CORRECT AS RECORDED
<2> CHANGE a29A_3
<3> CHANGE a20A_3

Va29a1 Your response to this question is unusually large compared to most other facilities. I recorded that this facility had [fill a29a_tot] Residential substance abuse treatment clients on March 29, 2013. Is that correct?

IF NO, CHANGE THE NUMBER OF CLIENTS IN a29a

<1> YES, THAT IS CORRECT
<2> NO, CHANGE a29A

Va29a2 Two responses I recorded are inconsistent. A moment ago, I recorded that on March 29, 2013, some clients were receiving Residential non-hospital substance abuse treatment or detoxification at this location. However, I have just recorded that zero clients were receiving these types of care. Have I recorded something incorrectly?

YES (CHANGE a29 or a29a)

<1> YES CHANGE a29 OR a29A
<2> NO

Va29a3 What type of Residential, non-hospital, substance abuse services were clients receiving at this facility on March 29, 2013?

BACKCODE TO a29a (1, 2 AND 3) WHEN APPROPRIATE

<1> RECORD TYPE OF CLIENTS

Va29b Two responses I recorded are inconsistent. I just recorded that [fill a29b] Residential clients were under the age of 18. However, earlier I recorded that this facility had a total of [fill a29a_tot] Residential clients on March 29. Have I recorded something incorrectly?

CHANGE THE NUMBER OF RESIDENTIAL CLIENTS IN a29
CHANGE THE NUMBER UNDER AGE 18 IN a29b

<1> Continue

Va29c Two responses I recorded are inconsistent. I just recorded that [fill a29c_tot] Residential clients received either methadone or buprenorphine on March 29. However, earlier I recorded that this facility had a total of [fill a29a_tot] Residential clients on March 29. Have I recorded something incorrectly?

CHANGE THE NUMBER OF RESIDENTIAL CLIENTS IN a29a
CHANGE THE NUMBER RECEIVING METHADONE IN a29c_1
CURRENTLY RECORDED AS [a29c_1]
CHANGE THE NUMBER RECEIVING BUPRENORPHINE IN a29c_2
CURRENTLY RECORDED AS [a29c_2]
CHANGE THE NUMBER RECEIVING VIVITROL IN a29c_3 (CURRENTLY RECORDED AS [a29c_3])

<1> Continue

Va29c1 Two responses I recorded may be inconsistent. I just recorded that [fill a29c_1] clients were receiving methadone dispensed at this facility. However, earlier I recorded that this facility does not operate an Opioid Treatment Program at this facility. Have I recorded something incorrectly?

DID NOT HAVE METH CLIENTS - CHANGE a29c
DOES OPERATE AN METHADONE TREATMENT PROGRAM - CHANGE a11

<1> CORRECT AS REPORTED, NO CHANGE NEEDED
<2> CHANGE a29C
<3> CHANGE a11

Va29act2 The number of clients receiving Residential services is the same number I recorded earlier for Hospital Inpatients. Are you counting the same clients in both categories?

YES - CHANGE HOSPITAL INPATIENTS IN a28a
YES - CHANGE RESIDENTIAL CLIENTS IN a29a

<1> NO - NOT COUNTED TWICE
<2> YES CHANGE a28A
<3> YES CHANGE a29A

Va29az2 Your response to this question is unusually large compared to the [fill a29a_tot] clients who received Residential services on March 29. I recorded this location had [fill a29d] beds designated for Residential substance abuse treatment clients on March 29, 2013. Is that correct?

NO, CHANGE THE NUMBER OF BEDS IN a29d
NO, CHANGE THE NUMBER OF CLIENTS IN a29A (CURRENTLY LISTED AS [fill a29a_tot])

<1> YES, THAT IS CORRECT
<2> CHANGE a29D
<3> CHANGE a29A_1 OR a29a_2 OR a29a_3

A30 Now I'll be asking about Outpatient substance abuse clients. During the month of March 2013, did any clients receive Outpatient substance abuse services at [fill facility name] [fill LOCATION ADDRESS]?

<1> YES
<0> NO [goto A31]

<d> DON'T KNOW
<r> REFUSED

A30a_1 This question asks about the number of clients who received Outpatient substance abuse services at this location during March 2013. Only include clients who received treatment in March and were still enrolled in treatment on March 29, 2013.

Count a client in one service only, even if the client received multiple services. Do not count family members, friends, or other non-treatment clients. Here is the question...

How many clients received each of the following Outpatient substance abuse services at this facility during March 2013?

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

<1> Outpatient detoxification, similar to ASAM Levels I-D and II-D (ambulatory detoxification)
<2> Outpatient methadone/buprenorphine maintenance, Count methadone/buprenorphine clients in this category only.
<3> Outpatient day treatment or partial hospitalization, similar to ASAM Level II.5 (20 or more hours per week)
<4> Intensive outpatient treatment, similar to ASAM Level II.1 (9 or more hours per week)
<5> Regular outpatient treatment, similar to ASAM Level I (outpatient treatment, non-intensive)

<d> DON'T KNOW
<r> REFUSED

A30b How many of the [fill a30a_tot] Outpatient clients you just reported were under the age of 18?

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

<d> DON'T KNOW
<r> REFUSED

Aa30c_1 How many of the [fill a30a_tot] Outpatient clients you just reported received methadone dispensed at this location?

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

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

<d> DON'T KNOW
<r> REFUSED

A30c_2 How many of the [fill a30a_tot] Outpatient clients you just reported received buprenorphine dispensed or prescribed at this location?

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

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

<d> DON'T KNOW
<r> REFUSED

A30c_3 How many of the [fill a28a_total] Outpatient clients you just reported received Vivitrol® (injectible Naltrexone) dispensed or prescribed at this facility?

Include patients who received this drug for detoxification or maintenance purposes

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

<d> DON'T KNOW
<r> REFUSED

VA3_345 I have recorded that there were no Hospital Inpatient or Residential, non-hospital, clients receiving services on March 29, and there were no Outpatient clients that received services during the month of March. Is that correct?

NO, FACILITY DID HAVE HOSPITAL INPATIENT CLIENTS (CHANGE a28)
NO, FACILITY DID HAVE RESIDENTIAL (NON-HOSPITAL) CLIENTS (CHANGE a29)
NO, FACILITY DID HAVE OUTPATIENT CLIENTS (CHANGE a30)

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

Va30 Two responses I recorded appear to be inconsistent. I recorded that this facility offers Outpatient substance abuse services but did not have any clients who received Outpatient substance abuse services during the month of March. Is that correct?

NO, FACILITY DOES NOT OFFER OUTPATIENT SERVICES (CHANGE a21)
NO, FACILITY DID HAVE OUTPATIENT CLIENTS DURING THAT TIME (CHANGE a30)

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

Va30q Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient substance abuse services but did have clients who received Outpatient substance abuse services during the month of March. Is that correct?

NO, FACILITY DOES OFFER OUTPATIENT SERVICES (CHANGE a21)
NO, FACILITY DID NOT HAVE OUTPATIENT CLIENTS DURING THAT TIME (CHANGE a30)

<1> YES, THAT IS CORRECT
<2> NO, FACILITY DOES OFFER OUTPATIENT SERVICES (CHANGE a21 THEN CHECK FORWARD)
<3> NO, FACILITY DID NOT HAVE OUTPATIENT CLIENTS DURING THAT TIME (CHANGE a30 THEN CHECK FORWARD)

Va30q2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient substance abuse services but did have clients enrolled during the month of March 2013. Is that correct?

NO, FACILITY DOES OFFER OUTPATIENT SERVICES (CHANGE a21a THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE OUTPATIENT CLIENTS ON DURING MARCH (CHANGE a30)

<1> YES, THAT IS CORRECT
<2> CHANGE a21a
<3> CHANGE a30

Va30a_1 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient detoxification but did have [filla30a_1] clients enrolled in these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a21a_1 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a30 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a21a_2
<3> CHANGE a30

Va30a_2 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient methadone maintenance but did have [fill a30a_2] clients enrolled in these services as of March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a21a_2 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a30 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a21a_2
<3> CHANGE a30

Va30a_3 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Outpatient day treatment or partial hospitalization, but did have [fill a30a_3] clients enrolled in these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a21a_3 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a30 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a21a_3
<3> CHANGE a30

Va30a_4 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Intensive outpatient treatment, but did have [fill a30a_4] clients enrolled in these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a21a_4 THEN CHECK FORWARD)
NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a30 THEN CHECK FORWARD)

<1> YES, THAT IS CORRECT
<2> CHANGE a21a_4
<3> CHANGE a30

Va30b Two responses I recorded are inconsistent. I just recorded that [fill a30b] Outpatients were under the age of 18. However, earlier I recorded that this location had a total enrollment of [fill a30a_tot] Outpatients on March 29.

Have I recorded something incorrectly?

CHANGE THE NUMBER OF OUTPATIENTS IN a30a
CHANGE THE NUMBER UNDER AGE 18 IN a30b

<1> Continue

Va30a_5 Two responses I recorded appear to be inconsistent. I recorded that this facility does not offer Regular outpatient treatment, but did have [fill a30a_5] clients enrolled in these services on March 29, 2013. Is that correct?

NO, FACILITY DOES OFFER SERVICES (CHANGE a21 THEN CHECK FORWARD)

NO, FACILITY DID NOT HAVE CLIENTS ON March 29 (CHANGE a30 THEN CHECK FORWARD)

- <1> YES, THAT IS CORRECT
- <2> CHANGE a21
- <3> CHANGE a30

Va30a_sum Two responses I recorded are inconsistent. A moment ago, I recorded that on March 29, 2013, some clients were enrolled in Outpatient substance abuse services at this location. However, I've just recorded a total enrollment of zero clients in substance abuse treatment or detoxification. Have I recorded something incorrectly?

(CHANGE a30, a30a_1 or a30a_2)

- <1> YES (CHANGE a30)
- <2> YES (CHANGE a30a_1 OR a30a_2 OR a30a_3 OR a30a_4 OR a30a_5)
- <3> NO, DISCHARGED ON OR BEFORE March 29
- <4> NO

Va30a_5b Two responses I recorded appear to be inconsistent. At question 30 you recorded that some clients received Outpatient treatment, but did have zero clients receiving these services on March 29, 2013. Is that correct?

- <1> YES, THAT IS CORRECT
- <2> CHANGE a30

Va30z The number of Outpatient methadone maintenance clients is the same number as the number of Regular outpatient clients. Are you counting the same clients in both categories?

YES, CORRECT THE NUMBER OF METHADONE MAINTENANCE CLIENTS IN Q30a_2

YES, CORRECT THE NUMBER OF REGULAR OUTPATIENT CLIENTS IN Q30a_5

- <1> NO, CORRECT AS RECORDED
- <2> CORRECT THE METHADONE MAINTENANCE CLIENTS IN Q30a_2
- <3> CORRECT THE REGULAR OUTPATIENT CLIENTS IN Q30a_5

Va30a Your response to this question is unusually large compared to most other facilities. I have recorded this facility had [fill a30a_tot] Outpatient substance abuse treatment clients actively enrolled in Outpatient treatment on March 29, 2013. Is that correct?

NO, CHANGE THE NUMBER OF CLIENTS IN a30a 1 THROUGH 5

- <1> YES, THAT IS CORRECT
- <2> NO, CHANGE THE NUMBER OF CLIENTS IN a30a 1 THROUGH 5

Va30a1 Two responses I recorded appear to be inconsistent. A moment ago I recorded that as of March 29, 2013, some clients were enrolled in an Outpatient substance abuse program at this location. However, I've just recorded that no clients were receiving Outpatient detoxification, Outpatient methadone maintenance, Outpatient day treatment or partial hospitalization, Intensive outpatient treatment, or Regular outpatient treatment services on March 29, 2013. Have I recorded something incorrectly?

YES (CHANGE a30 OR a30a)

<1> YES (CHANGE a30 OR a30a)
 <2> NO, ALL CLIENTS WERE DISCHARGED BEFORE March 29
 <3> NO

Va30a2 What type of Outpatient substance abuse services were clients enrolled in at this location on March 29, 2013?

BACKCODE TO a30a_1 THROUGH a30a_5 WHEN APPROPRIATE

<1> RECORD TYPE OF SERVICE

Va30a3 I need to talk with my supervisor regarding the type of treatment service offered at this location. I may need to call you again. Thank you very much for your time.

<1> Continue

Va30c1 Two responses I recorded may be inconsistent. I just recorded that [fill a30c_1] patients were receiving methadone dispensed at this facility. However, earlier I recorded that this facility does not operate an Opioid Treatment Program at this facility.

Have I recorded something incorrectly?

DID NOT HAVE METHADONE CLIENTS - CHANGE a30c
 DOES OPERATE AN OPIOID TREATMENT PROGRAM - CHANGE a12

<1> CORRECT AS REPORTED; NO CHANGE
 <2> DID NOT HAVE METH CLIENTS - CHANGE a30c
 <3> DOES OPERATE OTP PROGRAM - CHANGE a12

Va30c Two responses I recorded are inconsistent. I just recorded that [fill a30c_tot] of the Outpatients enrolled as of March 29, 2013 received either methadone or buprenorphine. However, earlier I recorded that this location had a total of [fill a30a_tot] Outpatients enrolled as of March 29, 2013.

Have I recorded something incorrectly?

CHANGE THE NUMBER OF OUTPATIENTS IN a30a
 CHANGE THE NUMBER RECEIVING METHADONE IN a30c_1
 CURRENTLY RECORDED AS [a30c_1]
 CHANGE THE NUMBER RECEIVING BUPRENORPHINE IN a30c_2
 CURRENTLY RECORDED AS [a30c_2]
 CHANGE THE NUMBER RECEIVING VIVITROL IN a30c_3 (CURRENTLY RECORDED AS [a30c_3])

<1> Continue

Va30c2 Two responses I recorded may be inconsistent. Earlier I recorded that [fill a30a_2] Outpatients were in a methadone maintenance program as of March 29, 2013 and I've just recorded that only [fill a30c_tot] clients were receiving methadone as of March 29, 2013. Is that correct?

NO, CHANGE THE [a30a_2] METHADONE CLIENTS IN a30a_2
NO, CHANGE THE [a30c_tot] CLIENTS RECEIVING METHADONE IN a30c

- <1> YES, THAT IS CORRECT
- <2> NO, CHANGE THE [a30a_2] METH CLIENTS IN a30a_2
- <3> NO, CHANGE THE [a30c_tot] CLIENTS RECEIVING METH IN a30c

Va30c3 Two responses I recorded may be inconsistent. Earlier I recorded that this facility operates an Opioid Treatment Program, and I've just recorded that no Hospital Inpatients or Residential clients were receiving methadone on March 29, 2013, and there were no Outpatient clients that received methadone during the month of March. Is that correct?

- <1> YES, THAT IS CORRECT
- <2> NO, DID NOT OPERATE AN OTP PROGRAM (CHANGE a11)
- <3> NO, THAT IS NOT CORRECT. CHANGE INPATIENTS AT a28C_1
- <4> NO, THAT IS NOT CORRECT. CHANGE RESIDENTIAL CLIENTS AT a29C_1
- <5> NO, THAT IS NOT CORRECT. CHANGE OUTPATIENTS AT a30C_1

Va30c3_no_a30 Two responses I recorded may be inconsistent. Earlier I recorded that this facility operates an Opioid Treatment Program, and I've just recorded that no clients were receiving methadone on March 29, 2013. Is that correct?

- <1> YES, THAT IS CORRECT
- <2> NO, DID NOT OPERATE AN OTP (CHANGE a11)
- <3> NO, THAT IS NOT CORRECT. CHANGE INPATIENTS AT a28C_1
- <4> NO, THAT IS NOT CORRECT. CHANGE RESIDENTIAL CLIENTS AT a29C_1
- <5> NO, THAT IS NOT CORRECT. CHANGE OUTPATIENT CLIENTS AT a30C_1

A30d On average, during March 2013, were the outpatient substance abuse treatment services at this facility operating...

- <1> Well over capacity (over 120%)
- <2> Somewhat over capacity (106 to 120%)
- <3> At or about capacity (95 to 105%)
- <4> Somewhat under capacity (80 to 94%)
- <5> Well under capacity (under 80%)

A31 The next question will ask for the actual number or percent of substance abuse treatment clients enrolled at this location on March 29, 2013 who were being treated in the following three categories; abuse of both alcohol and drugs, alcohol abuse only, and drug abuse only.

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

- <1> REPORT NUMBERS
- <2> REPORT PERCENTS

A31a This question asks you to categorize the substance abuse treatment clients at this facility into three groups: clients in treatment for (1) abuse of **both** alcohol and drugs other than alcohol; (2) abuse **only** of alcohol; (3) abuse **only** of drugs other than alcohol.

Here is the question . . .

Thinking about all of your substance abuse clients - including [fill Hospital Inpatient] [fill Residential], and [fill Outpatient] - how many of the [fill counts] substance abuse clients enrolled at this facility on March 29, 2013, were being treated for . . .

<1> Both alcohol and drugs other than alcohol
 <2> Only alcohol
 <3> Only drugs other than alcohol

<d> DON'T KNOW
 <r> REFUSED

A32 Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 29, 2013, had a diagnosed co-occurring mental and substance abuse disorder?

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

<d> DON'T KNOW
 <r> REFUSED

A33 Using the most recent 12-month period for which you have data, approximately how many substance abuse treatment admissions did this facility have?

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

READ IF NECESSARY: If this is a mental health facility, count all admissions in which clients received substance abuse treatment, even if substance abuse was their secondary diagnosis.

<d> DON'T KNOW
 <r> REFUSED

Va33a4 Your response to this question is unusually large compared to most other facilities. I have recorded [fill a33 total] substance abuse treatment admissions in the most recent 12-month period. Is that correct?

<1> YES
 <2> NO, CHANGE ADMISSIONS IN a33

A34 Does this facility operate transitional housing or a halfway house for substance abuse clients at this location, that is, [fill facility name] located at [fill LOCATION ADDRESS]?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A35 Which statement below BEST describes this facilities smoking policy?

- <1> Smoking is not permitted on the property or within any building
- <2> Smoking is permitted only outdoors
- <3> Smoking is permitted outdoors and in designated indoor area(s)
- <4> Smoking is permitted anywhere without restriction
- <5> Other Specify (Specify other smoking policy)

A36 The next question asks if this facility has licensing or certification from certain organizations. Answer only for facility-level licensing or certification related to the provision of substance abuse services.

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

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

- <1> YES
- <0> NO

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

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

A37 Does this facility have a National Provider Identifier (NPI) number?

Do NOT include the NPI numbers of individual practitioners and groups of practitioners

- <1> YES
- <0> NO [goto A38]

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

A37a What is the NPI number for this facility?

If a facility has more than one NPI number, please provide only the primary number

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

A38 Does this facility have a website or web page with information about the facility's substance abuse treatment programs?

<1> YES
 <0> NO [goto A39]

<d> DON'T KNOW
 <r> REFUSED

A38x Please give me the address exactly as it should be entered in order to reach your site.

<1> TO RECORD WEBSITE ADDRESS

<d> DON'T KNOW
 <r> REFUSED

A38x_web INTERVIEWER: RECORD WEBSITE ADDRESS.

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

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

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

A39 Does this facility want to be listed in SAMHSA's Directory and online Treatment Facility Locator?

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

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A40 Would you like to receive a free paper copy of the next National Directory of Drug and Alcohol Abuse Treatment Programs when it is published?

<1> YES
 <0> NO

<d> DON'T KNOW
 <r> REFUSED

A40a Would you prefer to receive a CD or paper copy of the Directory?

<1> CD
 <2> Paper

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

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

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

<1> YES
 <0> NO

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

<1> Continue

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

<1> YES
 <0> NO
 <2> MISSPELLED
 <3> ABBREVIATION IN NAME

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

<1> Continue

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

<1> YES
 <0> NO
 <2> The location address has been edited but it is the same address

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

<1> Continue

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

<1> YES, FACILITY PHONE NUMBER IS CORRECT,
 <0> NO, (MAKE CORRECTIONS)

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

 <1> YES, FAX NUMBER IS CORRECT,
 <0> NO, FAX NUMBER IS NOT CORRECT, MAKE CHANGES,
 <2> NO LONGER HAVE FAX MACHINE

uloc3 Does this facility have a fax machine?

 <1> YES
 <0> NO

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

 IF NO, BACK UP TO MAKE THE CHANGE
 <1> YES

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

 INTERVIEWER: WAS THIS A ...

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

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

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

Public Burden Statement: 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 control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 40 minutes per respondent, per year, 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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857.

Pledge to Respondents

The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(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.