



# Survey of Substance Abuse Treatment Services in Bermuda: 2016

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Authors:

Kyla Raynor, DrPH CHES, Senior Research Officer/Policy Analyst, Department for National Drug Control  
Tashema Bholanath, Research Officer, Department for National Drug Control

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P. O. Box 480, HM CX, Bermuda

Telephone: (441) 292-3049

Fax: (441) 295-2066

E-mail: [dndc@gov.bm](mailto:dndc@gov.bm)

Website: [www.gov.bm](http://www.gov.bm)

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## Substance abuse treatment services in Bermuda

Substance abuse is not only a major social concern in Bermuda but also a major health concern, as it can be related to a myriad of health care issues such as heart disease, diabetes, hepatitis, pancreatitis, and HIV/AIDS.

Substance abuse disorders are identified within the medical field as a disease and have their own set of symptoms, progression of those symptoms, and identified modes of treatment. There is now extensive research which identifies changes in the brain and body chemistry that both pre-dispose and are as a result of substance abuse.

Over the past decade, Bermuda has managed to develop a full spectrum of services that provide treatment and support for clients addicted to substances. All levels of care are offered besides medically managed intensive inpatient treatment. It is clear that efforts are needed to provide this remaining level of care, as Bermuda has a growing population of clients in need of co-occurring disorder (mental health and addiction), which would be best served at this level.

The DNDC has the mandate to coordinate services within the treatment continuum, reduce the duplication of services, and ensure the provision of high quality, accessible, and cost-effective treatment. Despite the hard work and success over the past decade, there are many challenges impacting the provision of substance abuse treatment in Bermuda. However, the work must be continued to address this devastating illness to avoid destruction of individual lives, families and the Bermuda community.

**JOANNE DEAN**

*Director*

Department for National Drug Control

## INTRODUCTION

The Survey of Substance Abuse Treatment Services (SSATS) is the first of its kind undertaken in Bermuda and planned and directed by the Department for National Drug Control (DNDC) in the first half of 2016. It is a census of all substance abuse treatment facilities in Bermuda. A "facility" may be a programme-level or site respondent. The data obtained from this survey can be used by policy makers when decisions are being made about substance abuse treatment programmes.

This report presents the finding from the 2016 SSATS. It should be noted that the values in the tables and text are actual raw numbers reported in the facilities' questionnaires.

The DNDC is grateful for the time dedicated by the respective facilities' directors or programme managers towards completing the SSATS.

## PURPOSE

Adopted from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, the survey was designed to collect benchmark data on the characteristics and use of alcohol and drug abuse treatment facilities and services (both public and private) on the Island, and number of clients in treatment at these facilities, in an effort to obtain a more holistic view of substance abuse treatment services being provided or available in Bermuda.

The SSATS provides a mechanism for quantifying the dynamic character and composition of Bermuda's substance abuse treatment delivery system. It collects multipurpose data, which forms the baseline that can be used to analyse substance abuse treatment services, assist in assessing the nature and extent of services provided in government-supported and other substance abuse treatment facilities, and in forecasting substance abuse treatment resource requirements.

## LIMITATIONS

As with any data collection effort, certain procedural considerations and data limitations must be taken into account when interpreting the SSATS data. For instance, the SSATS attempts to obtain responses from all known treatment facilities, and is a voluntary survey. There is no adjustment for the facilities that have not participated in the survey. In addition, the SSATS is a point-prevalence survey. It provides information on the

substance abuse treatment system and its clients on the reference date. Client counts reported here do not represent annual totals.<sup>1</sup> Rather, the SSATS provides a "snapshot" of substance abuse treatment facilities and clients on an average day, purposively selected by the DNDC, as it is indicative of the end of the fiscal year. Further, multiple responses were allowed for certain variables (for example, services provided and specialised programmes). Tabulations of these variables include the total number of facilities reporting each response.

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<sup>1</sup> Annual totals of client counts can be found in the Annual Report of the Bermuda Drug Information Network.

## BACKGROUND

A continuum of care for substance abuse treatment includes: early intervention; outpatient treatment; intensive outpatient/partial hospitalisation; residential/ inpatient treatment, and medically managed intensive inpatient treatment.

Over the past decade, Bermuda has managed to develop a full spectrum of services that provide treatment and support for clients addicted to substances. The following is a brief description of the agencies offering substance abuse treatment services in Bermuda:

**Bermuda Assessment and Referral Centre**, under the Court Services, provides assessment, referral and case management services to addicted clients, referring to both treatment centres and the Drug Treatment court.

**FOCUS Counselling Services**, a charity, provides drop-in services, a safe haven for clients in need, along with motivational counseling and transitional housing, representing both the initial entry into services and the exit from services into independent living.

**Turning Point**, under the direction of the Bermuda Hospitals Board (BHB), provides multiple services including Inpatient/ outpatient Detox, outpatient counseling services, day treatment services; methadone maintenance and after-care services.

**Harbour Light**, under the Salvation Army, provides residential treatment for males along with a community life skills programme to enhance clients' readiness to re-enter positively into the community.

**Women's Treatment Center**, under the DNDC and located at the Nelson Bascome Substance Abuse Treatment Facility, provides much needed specialised treatment for women in a long-term residential treatment setting coupled with Community Housing following residential treatment. Aftercare, respite services, and family support are also provided. It is the only treatment programme specifically for women.

**Men's Treatment Programme**, under the direction of the DNDC and also located at the Nelson Bascome Substance Abuse Treatment Facility provides residential treatment for males along with aftercare, respite services and family support.

**Counselling and LifeSkills Services**, under the Department of Child and Family Services, provides some outpatient substance abuse treatment services for youth and adolescents.

**Drug Treatment Court**, a part of Magistrates Court, provides a multidisciplinary team approach to support offenders in need of treatment to receive treatment as an alternative to incarceration.

**The Right Living House**, under the Department of Corrections, provides inpatient residential treatment for inmates suffering with substance abuse disorders in a Therapeutic Community setting separate from the general Prison population.

**Private Addiction Counselling**, is offered by organisations such as "Transitions" and "Pathways". Brief counseling can be obtained through EAP Bermuda and Benedicts Associates.

People who are experiencing various stages of alcohol and drug use disorders have a variety of needs that require attention if they are to receive optimal care. Services can be seen as falling into the following stages along a continuum of care, such as: prevention/education, recognition, treatment, and maintenance. The DNDC has the mandate to coordinate services within the treatment continuum, reduce duplication of services and ensure the provision of high quality, accessible and cost effective treatment. The NDC Act 2013 provides for the implementation of nationally recognised minimum standards for treatment service provision and the introduction of a regulatory structure to monitor quality of care and service. The international accreditation of government/quango treatment services began in 2009 with the Women’s Treatment Centre becoming the first Bermuda programme to gain accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). Turning Point earned accreditation in 2011 and the Men’s Treatment programme in 2015. All have maintained their accreditation status since earning it. CARF accreditation is a testament to the high quality services provided by these local programmes. The regulatory structure to monitor non-governmental/quango services is currently being developed.

Despite the hard work and success over the past decade, there are many challenges impacting the provision of substance abuse treatment in Bermuda. Funding sources have disappeared creating risks to the survival of programmes provided by charitable organisations such as Harbour Light and Focus and to the scope of services that are being offered by many services at this time. There is a lack of an available and qualified workforce to fill required posts in existing facilities, requiring overseas recruitment to fill the need and an expansion of a population of clients in need of co-occurring treatment services.

## THE TREATMENT CONTINUUM

Early Intervention Services	<ul style="list-style-type: none"> <li>- Benedicts Associates Ltd.</li> <li>- Bermuda Assessment and Referral Centre</li> <li>- Bermuda Professional Counselling Services</li> <li>- Employee Assistance Programme Bermuda</li> <li>- Focus (Club House)</li> <li>- Solstice</li> <li>- The Family Centre</li> </ul>
Outpatient Services	<ul style="list-style-type: none"> <li>- Benedicts Associates Ltd.</li> <li>- Counselling and Life Skills Services</li> <li>- Employee Assistance Programme Bermuda</li> <li>- Focus Counselling Services</li> <li>- Men’s Treatment (After Care)</li> <li>- Pathways Bermuda</li> <li>- Right Living House (After Care)</li> <li>- Salvation Army Community Life Skills</li> <li>- Transitions</li> <li>- Women’s Treatment Centre (After Care)</li> </ul>
Intensive Outpatient Partial Hospitalisation	<ul style="list-style-type: none"> <li>- Turning Point Substance Abuse Programme</li> <li>-</li> </ul>
Clinically-Managed Low-Intensity Residential Clinically-Managed Medium-Intensity Residential	<ul style="list-style-type: none"> <li>- Focus (Supportive Residence)</li> <li>- Men’s Treatment</li> <li>- Women’s Treatment Centre</li> <li>- Salvation Army Harbour Light</li> <li>- Right Living House</li> </ul>
Clinically-Managed High-Intensity Residential Medically-Monitored Intensive Inpatient Services	<ul style="list-style-type: none"> <li>-</li> <li>-</li> </ul>
Medically-Managed Intensive Inpatient Services	<ul style="list-style-type: none"> <li>- Turning Point (Detox Unit)</li> </ul>



## METHODOLOGY

### SUBSTANCE ABUSE TREATMENT SERVICE FACILITIES

This survey is designed to collect information from all eligible facilities in Bermuda, that is, both public and private, that provide substance abuse treatment, believed to be active facilities before the survey reference date. In total, 14 facilities were active treatment facilities at the time of the survey and were targeted for participation.

- 1) Benedicts Associates Ltd.
- 2) Bermuda Assessment and Referral Centre (BARC)
- 3) Drug Treatment Court (DTC)
- 4) Employee Assistance Programme (EAP) Bermuda
- 5) Focus Counselling Services
- 6) Mental Health Treatment Court (MHTC)
- 7) Mid-Atlantic Wellness Institute: Turning Point Substance Abuse Programme
- 8) Nelson Bascome Centre for Substance Abuse:
  - a. Men's Treatment (MT)
  - b. Women's Treatment Center (WTC)
- 9) Pathways Bermuda
- 10) Right Living House (RLH)
- 11) Salvation Army Harbour Light
- 12) Solstice
- 13) Transitions

None of the above facilities is considered a solo practice. All interact at various stages with each other. The Drug Treatment and Mental Health Courts do not provide actual treatment, but provide a robust support to offenders in need of treatment to engage and remain engaged in treatment. Benedicts Associates Ltd. and the EAP provide short-term/brief counselling and BARC provides mainly assessments and referrals to treatment; but can provide some short-term/brief counselling, if needed. Historically, most of the treatment facilities in the public sector rely on BARC for assessments and referrals.

Although the Right Living House is a facility that provides treatment exclusively for incarcerated persons it was included in the survey because it adds to the treatment services in Bermuda.

### DATA COLLECTION

#### Questionnaire

The SSATS utilised a web-based questionnaire on Survey Monkey, which was designed to be self-editing, that is, it contained skip patterns and editing features after starting the questionnaire but before completion. In other words, respondents were prompted to complete missing responses and to confirm or correct inconsistent responses. In addition, Survey Monkey had the added benefit of collating the data into a database as responses are being entered and thereby making the data readily available for analysis (in SPSS).

There was also an optional paper and pencil method. The hard copy submission of questionnaires were reviewed manually for consistency and for missing data. Calls were made to facilities to resolve unclear responses and to obtain missing data. The responses were then entered into the web-based questionnaire.

The questionnaire comprised of 40 numbered questions (see Appendix I) with skip instructions for questions not pertaining to the respective facility. Information was collected on organisation structure, services, and utilisation. Specifically, it covered areas such as the primary focus of the facility, type of care provided, services offered, clinical/therapeutic approaches, standard operating procedures, receipt of government funding, payment options accepted, smoking policy, clients in treatment, number of beds, staffing, among others (refer to questionnaire in Appendix I).

The staffing questions helped obtain the number of paid and non-paid staff providing patient services at the facility and the number of hours they work. These counts relate to medical staff, counselling staff, and support staff. It was important to acquire these numbers across staffing categories to pinpoint staffing-specific needs that will assist in better informing policy makers.

### Survey Administration

Two data collection modes were utilised: a web-based questionnaire and a paper questionnaire that was hand-delivered. Two weeks prior to the launch of the survey, staff from the DNDC met with the directors or managers of the respective facilities to engage them and advocate for their participation in the upcoming survey. On the launch of the survey, the identified substance abuse treatment facilities were provided information regarding the survey data collection, that is, an e-mail or hard copy packet containing a letter advising the facility director or programme manager of the survey requirements and the information on completing the survey online (link); a PDF copy of the questionnaire, a set of definitions of key terms used in the survey, and a staffing worksheet, which formed part of the survey questionnaire.

The facilities were given approximately one month, from May 10<sup>th</sup> to June 13<sup>th</sup>, 2016, to finish the survey online or on paper and return the completed 'Facility Workforce/Staffing Worksheet' (see Appendix II). The questionnaire was to be completed by the respective facility's director or programme managers; that is, someone who is intimately involved with the administration of the substance abuse treatment programme or facility. During the data collection phase, the DNDC Research Unit staff were available to answer facilities' questions concerning the survey. One week before the close of the data collection period, a reminder e-mail was sent to all facilities. Most facilities met the deadline of June 13<sup>th</sup>, while a couple of others still needed to complete their staffing worksheet and submit, which they did shortly thereafter.

### Reference Date

A number of the questions in the questionnaire made reference to the date March 31<sup>st</sup>, 2016, for which responses were to be provided.

### Response Rate

A total of 13 facilities responded to the survey (facility response rate of 93%). In terms of the mode of response, 11 facilities responded via the internet and two responded on the hard copy questionnaire.

### Quality Assurance & Non-Responses

After data entry, automated quality assurance reviews were conducted on all the responses. The reviews incorporated the rules used in manual editing, plus consistency checks for data outliers not readily identified by manual review.

The non-response to items was minimised by designing the questionnaire in Survey Monkey by requiring a response to a question before the respondent can move on to the next question. In the case of the hard copy submissions, non-responses was minimised through careful editing and follow-up with the respondent. No imputations were made for any missing data.

## PROFILE OF SSATS IN BERMUDA

In Bermuda, 14 substance abuse treatment facilities were operational at the time of administering the SSATS. These facilities collectively reported that there were 371 clients, mainly aged 18 years and older, in substance abuse treatment on March 31<sup>st</sup>, 2016. Of the 14 facilities targeted, nine actually provided some sort of substance abuse treatment services, and therefore were eligible for this report; while four (BARC, DTC, MHTC, and EAP) did not consider themselves as offering such services (more so, focused solely on assessment, referral, and supervision); and one agency (Transitions) did not respond to the survey.

### FACILITY AND CLIENT CHARACTERISTICS

#### Facility Operation

A total of nine substance abuse treatment facilities provided complete responses to the SSATS survey. In terms of the operational structure of the substance abuse treatment system, that is, the type of entity responsible for operating the facility, three facilities were private non-profit agencies, another three were private for-profit agencies, and four were government-sponsored agencies. It should be noted, however, that although one agency is designated as private for-profit, it receives its funding from the government.

As of March 31, 2016, government-funded facilities treated almost three-quarters of the clients (n=266), while private non-profit agencies and private for-profit agencies treated the remainder of the clients.

Facility Operation		
	Number of Facilities	Clients in Treatment on March 31 <sup>st</sup> , 2016
Private non-profit	3	84
Private for-profit	3	16
Government	3	266
<b>Total</b>	<b>9</b>	<b>366</b>

#### Primary Focus of Facility

Substance abuse treatment services was the primary focus in seven of the facilities. None of the facilities indicated that they provided mental health services, a mix of mental health and substance abuse treatment services, or general health care. However, there were three facilities whose main focus was other than those mentioned above. They indicated they provide other services such as a holistic wellness centre, offering a wide range of related services; intervention; brief treatment and case management within another facility; probation and parole; and treatment court.

## Type of Care Offered

Type of care offered comprises three broad categories: outpatient, residential (non-hospital), or hospital inpatient, each with several subcategories. A facility could offer more than one type of care. Eight facilities reported that they provided outpatient care, five provided residential (non-hospital) care, and one provided hospital inpatient care. Half of the facilities that provided either residential or outpatient care are government facilities and the other half are mainly private non-profit.

Although nine of the facilities indicated that they provide substance abuse treatment services, only eight reported to have had clients in care on March 31<sup>st</sup>, 2016. There were as many as 366 persons receiving substance abuse treatment services in the form of different types of care in seven facilities in Bermuda as on March 31<sup>st</sup>, 2016. Most persons received outpatient care (n=302) and in the form of regular outpatient treatment (non-intensive) [n=166] followed by methadone/buprenorphine maintenance (n=117). There were 59 clients in residential (non-hospital) care for substance abuse treatment and five persons received hospital inpatient care on the same reference date under consideration.

Type of Care		
	Number of Facilities <sup>1</sup>	Clients in Treatment on March 31 <sup>st</sup> , 2016
<b>Outpatient</b>	<b>7</b>	<b>302</b>
Regular <sup>2</sup>	7	161
Intensive	2	10
Day treatment/partial hospitalisation	1	2
Detoxification	1	12
Methadone/buprenorphine maintenance or Vivitrol®	1	117
<b>Residential (non-hospital)</b>	<b>5</b>	<b>59</b>
Short term (<30 days)	-	-
Long term (30+ days)	5	59
Detoxification	-	-
<b>Hospital Inpatient</b>	<b>1</b>	<b>5</b>
Treatment	1	-
Detoxification	1	5
<b>Total</b>	<b>7</b>	<b>366</b>

<sup>1</sup> Facilities may provide more than one type of care.

<sup>2</sup> Includes 50 aftercare clients considered by five reporting facilities as outpatients.

## Facilities with Opioid Treatment Programmes or Medication Services

Medication-assisted opioid therapy includes the use of methadone, and buprenorphine for the treatment of opioid addiction or dependence, and the use of extended-release, injectable naltrexone/Vivitrol® for relapse prevention in opioid addiction. Currently, methadone and buprenorphine are the only opioid medications approved for the treatment of opioid addiction. None of the residential facilities dispensed methadone or buprenorphine or administer Vivitrol®. However, there is only one facility in Bermuda, MWI's Turning Point Substance Abuse Programme, which provides medication-assisted therapy with methadone and buprenorphine (prescribes, administers, and/or dispenses) to both hospital inpatient and outpatient clients. In addition, this one facility offers maintenance services with medically-supervised withdrawal after a pre-determined time, detoxification services with methadone or buprenorphine, as well as relapse prevention with naltrexone (Vivitrol®).

Clients receiving methadone, buprenorphine, or Vivitrol® could be in any type of care – outpatient, residential (non-hospital), or hospital inpatient. Not all of the Turning Point Substance Abuse Programme clients received methadone, buprenorphine, or naltrexone (Vivitrol®). In fact, it did not administer naltrexone (Vivitrol®) to anyone on March 31<sup>st</sup>, 2016. Three of its five hospital inpatient clients were administered buprenorphine, 107 of its outpatient clients received methadone and 12 received buprenorphine.

Four facilities indicated that they do not treat opioid (narcotic) addiction; but accept clients on these medication. There are six facilities, however, which accept clients who are on methadone, buprenorphine, and/or naltrexone (Vivitrol®) maintenance or treatment, but these medications originate from or are prescribed by another entity.

It should be noted that there are no pharmacies or physicians that prescribe medication (buprenorphine or injectable naltrexone) for the treatment of opioid addiction, although they are not prohibited by legislation. There is an informal arrangement among the practitioners that the Bermuda Hospitals Board will be the sole opioid treatment programme for the effective management of the opioid treatment medication.

## CLIENT CHARACTERISTICS

Individuals seeking substance abuse treatment can vary by age, gender or other characteristics.

Seven facilities in Bermuda offer services catered to females, one of which (WTC) solely provides services for females. Nine facilities cater toward males, three of which solely provide services for this group (Salvation Army Harbour Light, RLH, and MT). This therefore means that there are some facilities (six to be specific) that cater toward both males and females.

The ages of both the female and male clients accepted in these facilities range from no minimum age (in the case of the private facility) to no maximum age for all facilities. Other facilities have a minimum age of four years, 13 years, or 18 years.

## Detoxification Services

Facilities that provided detoxification services were asked to indicate whether or not they detoxified clients from specified substances, and whether or not medication was routinely used during detoxification. Again, only the one facility, Turning Point, offered detoxification services. Detoxification was provided from the following substances: alcohol, benzodiazepines, and opioids. Medications were routinely used during detoxification by this facility in the provision of detoxification services.

## Substance Abuse Problem Treated

Clients who were in treatment were grouped into three broad categories of substance abuse problems: both alcohol and drug abuse, drug abuse only, and alcohol abuse only. The rate was highest for persons with both alcohol and drug problems where all of the facilities had clients in treatment for both alcohol and drug abuse on March 31<sup>st</sup>, 2016. Six facilities had clients in treatment for drug abuse only, and eight facilities had clients in treatment for alcohol abuse only.

Those in treatment for both alcohol and drug abuse problems, on the reference date of March 31<sup>st</sup>, 2016, in nine facilities across the island, ranged from 17% to 100% of the facility's clients. Similarly, in five facilities, there were about 10% to 17% of clients who were in treatment for alcohol abuse only. Likewise, in seven facilities, there were 2% to 67% of clients who were in treatment for drug abuse only (other than alcohol).

Substance Abuse Problem Treated		
	Number of Facilities <sup>1</sup>	Clients in Treatment on March 31 <sup>st</sup> , 2016
Clients with both alcohol and drug abuse	9	17% - 100%
Clients with drug abuse only	5	2% - 67%
Clients with alcohol abuse only	7	10% - 17%
<b>Total</b>	<b>9</b>	

<sup>1</sup> Facilities may be included in more than one category.

## Diagnosed Co-occurring Mental Disorders

Facilities were asked to indicate the approximate percentage of its substance abuse treatment clients, enrolled on March 31<sup>st</sup>, 2016, with a diagnosed co-occurring mental or substance abuse disorder. Nine facilities indicated that there were clients with these co-occurring disorders in their locations; in many facilities or about five, a considerable proportion of the clientele, that is, more than one-quarter, had these disorders. The responses ranged from as low as 2% to as much as 90% as in the case of Focus Counselling Services.

## Facility Size

Facility size is defined by the number of clients in substance abuse treatment. In terms of operation structure, the average number of clients ranged from five to 240 in facilities operated by the government. One facility operated by the government was larger than facilities operated by other entities; however, facilities operated by private non-profit entities were generally larger.

Facilities were purposefully sorted into four groups based on the total number of clients in treatment on March 31<sup>st</sup>, 2016. These four groups were treating fewer than 15 clients, 15-29 clients, 30-59 clients, and 60 or more clients, respectively. There was one facilities with fewer than 15 clients, four facilities with 15-29 clients, one facility with 30-59 clients, and one with 60 or more clients. All the private non-profit facilities fell in the categories of 15-29 and 30-59 clients compared to the government facilities, which mainly had clients in the two extreme categories.

Facility Size				
Facility	Clients in Treatment on March 31 <sup>st</sup> , 2016			
	Hospital Inpatient	Residential	Outpatient	Detox
<i>Private for profit</i>				
Benedicts Associates Ltd.	-	-	-	-
Right Living House	-	11	5	-
Solstice	-	-	-	-
<i>Private non-profit</i>				
Focus	-	17	23	-
Pathways	-	-	17	-
Salvation Army	-	9	8	-
<i>Government</i>				
Men's Treatment	-	14	3	-
Turning Point	5	-	223	12
Women's Treatment Centre	*-	8	1	-

Over the most recent 12-month period to the point of this survey being administered, there were a total of 309 substance abuse treatment admissions by nine facilities, with as many as 188 by one facility and as few as eight by another.

## Facility Capacity and Utilisation Rate

Five facilities indicated that, on average, during the March 2016 reference period, their outpatient substance abuse services were operating at or about total capacity (95 to 100%), while two facilities responded that their outpatient services were operating somewhat under capacity (80 to 94%). There was one facility whose outpatient substance abuse services was operating well under capacity (under 80%).

Facilities were asked to report the number of residential (non-hospital) and hospital inpatient beds designated for substance abuse treatment. Utilisation rates were calculated by dividing the number of residential (non-hospital) or hospital inpatient clients by the number of residential (non-hospital) or hospital inpatient designated beds. Residential (non-hospital) facilities generally had slightly higher utilisation rates than the one hospital inpatient facility.

The five residential facilities reported having 86 residential (non-hospital) beds designated for substance abuse treatment on March 31<sup>st</sup>, 2016. The number of beds for these five residential facilities ranged from as low as 10 beds as in the case of Salvation Army Harbour Light to as many as 24 beds for MT, averaging 17 beds across these facilities. The overall utilisation rate was 69%, and ranged from 58% in the case of MT (government) to 90% for Salvation Army (private non-profit). All of the residential facilities, with the exception of Salvation Army, reported operational capacity under 80% on March 31<sup>st</sup>, 2016.

As of March 31<sup>st</sup>, 2016, the average number of clients at residential substance abuse treatment facilities was 12, ranging from eight clients at WTC to 17 at Focus.

The one facility, Turning Point, which offered hospital inpatient services and reported having eight beds designated for substance abuse treatment on March 31<sup>st</sup>, 2016, had an overall operational capacity under 80% as well, where its utilisation rate stood at 63%.

There were five clients receiving hospital inpatient substance abuse treatment services as of March 31<sup>st</sup>, 2016.

Facility Capacity and Utilisation Rate		
	Residential	Hospital Inpatient
Number of facilities	5	1
Number of clients <sup>1</sup>	59	5
Number of designated beds	86	8
Utilisation rate <sup>2</sup>	68.6	62.5
Average number of designated beds per facility	17	8

<sup>1</sup> Number of clients on March 31<sup>st</sup>, 2016.

<sup>2</sup> Computed as [(number of clients/number of beds) x 100]



## Type of Services Offered

Facilities were asked about the types of services they provided. Services were grouped into seven broad categories: assessment and pre-treatment services, testing, counselling, transitional services, pharmacotherapies, ancillary services, and other services. Some elements of assessment and pre-treatment, counselling, and ancillary services were offered by all of the facilities. For instance, screening for substance abuse was offered by all of the facilities, as well as social skills development and substance abuse education. Individual and group counselling was the most frequently reported form of counselling, by nine facilities, and marital/couples counselling was reported least frequently, by five facilities. A majority of the facilities offered testing and transitional services such as drug and alcohol urine screening and aftercare/continuing care, which was offered by eight of the facilities. Few of the facilities offered pharmacotherapies or other services. In terms of the pharmacotherapies provided, at least one was provided by two facilities, primarily focused on substance abuse treatment. No one pharmacotherapy was more common than the other.

Types of Services Offered	
	No. of Facilities
<b>Assessment and Pre-Treatment Services</b>	<b>9</b>
Screening for substance abuse	9
Screening for mental health disorder	5
Comprehensive substance abuse assessment or diagnosis	6
Comprehensive mental health assessment or diagnosis	3
Screening for tobacco use	6
Outreach to persons in the community who may need treatment	4
Interim services for clients when immediate admission is not possible	4
<b>Testing</b>	<b>8</b>
Breathalyser or other blood alcohol testing	5
Drug or alcohol urine screening	8
Screening for Hepatitis B	2
Screening for Hepatitis C	2
HIV testing	2
STD testing	2
TB testing	1
<b>Counselling</b>	<b>9</b>
Individual counselling	9
Group counselling	9
Family counselling	7
Marital/couples counselling	5

## Types of Services Offered (continued)

	No. of Facilities
<b>Transitional Services</b>	<b>8</b>
Discharge planning	7
Aftercare/continuing care	8
<b>Pharmacotherapies</b>	<b>2</b>
Disulfiram (Antabuse®)	2
Naltrexone (oral)	2
Acamprosate (Campral®)	2
Nicotine replacement	2
Non-nicotine smoking/tobacco cessation medications	2
Medications for psychiatric disorders	2
Methadone	2
Buprenorphine with naloxone (Suboxone®)	2
Buprenorphine without naloxone	1
<b>Ancillary Services</b>	<b>9</b>
Case management services	8
Social skills development	9
Mentoring/peer support	5
Child care for clients' children	1
Assistance with obtaining social services	8
Employment counselling or training for client	5
Assistance in locating housing for clients	7
Domestic violence – family or partner violence services	4
Early intervention for HIV	1
HIV or AIDS education, counselling, or support	4
Hepatitis education, counselling or support	3
Health education other than HIV/AIDS or Hepatitis	4
Substance abuse education	9
Transportation assistance to treatment	3
Mental health services	6
Acupuncture	1
Residential beds for clients' children	1
Self-help groups	7

## Types of Services Offered (continued)

	No. of Facilities
<b>Ancillary Services continued</b>	
Smoking/tobacco cessation counselling	5
<b>Other Services</b>	
Drug free workplace policy development	1
Organisational development	1
Referral to STI clinic for health education	1
Case management with mental health professionals	1
Case management with client physicians for client education and to minimise/monitor medication (to prevent prescription drug abuse)	1
Client supportive health counselling after diagnosis of serious health condition	1
Supportive family counselling	1
Supportive employment counselling and case management with employers	1
Life skills development	1
Anger Management	1
Consulting leadership	1
Management and personal profiling	1
Evidence-based groups for all ages including Lego therapy, social skills, teenage girls anxiety group, certified art therapist, divorce coaching, clinical dietitian, massage, yoga, mindfulness meditation	1

Three facilities indicated that they operate **transitional housing or a halfway house** for substance abuse clients. These are the Salvation Army Harbour Light, WTC, and Focus Counselling Services.

In terms of the facilities' smoking policy for clients, three facilities (RLH, BARC, MT) indicated that clients are not permitted to smoke anywhere outside or within any building. In contrast, six facilities stated that clients are permitted to smoke in designated outdoor area(s), while four facilities responded that clients are permitted to smoke anywhere outside.

## Clinical/Therapeutic Approaches

All facilities providing substance abuse services apply some form of clinical or therapeutic approach. Tested and effective scientific theories have been implemented to address substance misuse and apply some of the most popular approaches used in the field of addiction science.

Facilities were asked to indicate whether or not they used any of 13 specific clinical/therapeutic approaches. The approaches used by most facilities are listed in the table below. Other clinical/therapeutic approaches used, as indicated by the facilities, include: therapeutic community (TC), cognitive analytical therapy, psychodynamic, art therapy, recreation, occupational therapy, wellness component, community reinforcement approach (CRA), relapse prevention therapy with chemically dependent criminal offenders (T. Gorski), and gender-specific services.

There were facilities that used as few as four to as many as 11 approaches “always or often”; and in some cases, in addition to one or more of the other approaches outlined above. Cognitive behavioural therapy was used “always or often” by all of the facilities and substance abuse counselling, motivational interviewing, anger management, and relapse prevention was used “always or often” by nearly all of the facilities. A number of approaches were used at least sometimes (always, often, or sometimes) by all of the facilities while some approaches were used rarely or never, or were unfamiliar to very few of the facilities. For instance, in addition to the approaches mentioned above, other approaches such as brief intervention, contingency management, and trauma-related counselling, were used by most of the facilities at least sometimes (see table below). Community reinforcement plus vouchers were used rarely or never by nine facilities as was the dialectical behavioural therapy by five facilities, with an additional facility being unfamiliar with this therapy.

Clinical/Therapeutic Approaches Used Always or Often or Sometimes	
	No. of Facilities
Substance abuse counselling	9
Cognitive behavioural therapy (CBT)	9
Motivational interviewing	9
Relapse prevention	9
Brief intervention	8
Contingency management/motivational incentives	8
Anger management	8
Trauma-related counselling	8
12-step facilitation	7
Rational emotive behavioural therapy (REBT)	7
Matrix model	6
Other treatment approaches	5
Dialectical behaviour therapy	4
Community reinforcement plus vouchers	1

## Specifically Tailored Programmes or Groups

Facilities were asked about the provision of treatment programmes or groups specifically tailored for specific client types. Overall, ten facilities in Bermuda offered at least one such programme or group to serve a specific client type. Most of the facilities (n=7) offer substance abuse treatment services for adult men, compared to only four facilities that offer services tailored to adult women and only one that caters to adolescents. Some of the other specifically tailored programmes or groups offered by two facilities cover areas or topics such as parenting, shame and guilt, relationship, gender differences in addiction, human sexuality, supportive residency, and harm reduction. It is worth noting that when it comes to special populations, while limited, there is at least one agency providing a service to that group such with pregnant women or LGBT clients. On the other hand, as observed above, there is only one agency providing services to adolescents.

None of the facilities provide substance abuse treatment services in sign language for the deaf or hard of hearing.

Specifically Tailored Programmes or Groups	
	No. of Facilities
Any programme or group	9
Adult men	6
Criminal justice clients	4
Clients with co-occurring disorders	4
Persons who have experienced sexual abuse	4
Adult women	3
Persons who have experienced trauma	3
Seniors or older adults	2
Persons with HIV or AIDS	2
Persons who have experienced domestic violence	2
No programme or group offered	2
Other	2
Adolescents	1
Pregnant or postpartum women	1
Lesbians, gay, bisexual, transgender (LGBT) clients	1
Veterans	1
DUI/DWI clients	1
Young adults	-
Active duty regiment officers	-

## Payment Options

Facilities were asked to indicate whether or not they accepted specific types of payment or insurance for substance abuse treatment. They were also asked about the use of a sliding fee scale and if they offered treatment at no charge to clients who could not pay. Half of the facilities do not require payment for the substance abuse treatment services provided, and these are mainly operated or funded by the government; while four accept cash or self-payment or private health insurance; these facilities are mainly private non-profit. At the same time, most of the facilities will provide substance abuse treatment at no charge for clients who cannot pay. Only three of the facilities use a sliding fee scale. A few facilities indicated that they accept other forms of payment, which include donations, payment from the client's employer, or treatment scholarships for those clients who are unable to pay.

Facility Payment Options	
	No. of Facilities <sup>1</sup>
Cash or self-payment	4
HIP	2
Future Care	2
Private health insurance	4
Other payments	3
No payment accepted	4
Other payments	3
Sliding fee scale	3
Treatment at no charge for clients who cannot pay	8

<sup>1</sup> Facilities may accept more than one type of payment.

## Facility Funding

Six facilities, when asked if they received government funds or grants to support their substance abuse treatment programmes, have indicated being the recipient of such funds. These programmes include: Men's Treatment, Women's Treatment Centre, Salvation Army Harbour Light and Community Lifeskills Programmes, Turning Point, Right Living House, and Focus Counselling Services. Two of the three programmes operated by private non-profit organisations reported receiving public funds whereas one of the three facilities operated by a private for-profit organisation reported receiving public funds. Grant funding is allocated at the beginning of the government fiscal year which spans April 1<sup>st</sup> through March 31<sup>st</sup> each year. Funding is determined by the overall Government priorities and the amount of money in the public accounts.

## Facility Licensing, Certification, or Accreditation

Facilities were asked to report licensure, certification, or accreditation by specified agencies or organisations, which could be local or international. Currently, the Government of Bermuda does not license or certify its substance abuse treatment facilities although the mandate has been given to the DNDC via the NDC Act 2013 to be the responsible body for licensing and certifying these agencies. Seven facilities reported that they were licenced, certified, or accredited by one or more agencies or organisations and it was not necessarily dependent on the type of care offered. Three agencies on the Island have been internationally accredited via CARF International (Turning Point, Men’s Treatment, and Women’s Treatment Centre). Five other facilities have gained accreditation, certification, or licensing via other bodies such as Accreditation Canada (Turning Point), Salvation Army Accreditation Authority (Harbour Light Programme), Charity 371 (Focus Counselling Services), and Bermuda Health Alliance (Benedicts Associates Ltd.), Council of Accreditation (COA), and Bermuda National Standards Committee (BNSC) (EAP). In a couple of instances, a facility is accredited, certified, or licenced by more than one organisation, as in the case of Turning Point and the EAP.

Facility Licensing, Certification , or Accreditation	
	No. of Facilities <sup>1</sup>
Government mental health department	-
Government department of health	-
Hospital or licensing authority <sup>2</sup>	4
Commission on Accreditation of Rehabilitation Facilities (CARF)	3
Other organisation	5

<sup>1</sup> Facilities may be accredited by more than one agency/organisation.

<sup>2</sup> Includes the Bermuda Health Council.

## Standard Operating Procedures

Facilities were asked to indicate whether or not they followed specified practices as part of their standard operating procedures. All of the standard practices listed in the table below were in at least three or more of the facilities. There are a number of operating procedures either required by accreditation bodies or implemented as best practice standards. The majority of the facilities have standard operating procedures for staff continuing education while only three have case review by an appointed quality review committee. It is important to note that at least three facilities have all seven of the standard operating procedures listed, while the remaining six have at least six of the standard practices.

Standard Operating Procedures	
	No. of Facilities
Required continuing education for staff	9
Periodic drug testing for clients	8
Regularly scheduled case review with a supervisor	8
Case review by an appointed quality review committee	3
Outcome follow-up after discharge	7
Periodic utilisation review	5
Periodic client satisfaction surveys conducted by this facility	7
None of these practices	-



## Administrative and Programme Processes

When facilities were asked to indicate the methods they used to accomplish their work, a majority of facilities utilised both electronic and paper resources for administrative and programme processes. This was most obvious when conducting intake, assessments, making referrals, discharges, managing outcomes, and when interacting with other providers. The computer or electronic only method was used by five facilities in scheduling appointments while paper resources was used mainly by three facilities to monitor clients' progress and to a lesser extent to accomplish billing activity.

Activities	No. of Facilities			
	Computer/ Electronic Only	Paper Only	Both Electronic and Paper	Not Applicable
Intake	2	2	5	-
Scheduling appointments	5	2	2	-
Assessment	2	1	6	-
Treatment plan	3	2	4	-
Client progress monitoring	2	3	4	-
Discharge	1	2	5	1
Referrals	1	1	7	-
Issue/receive lab results	1	-	5	3
Billing	1	1	2	4
Outcome management	-	1	7	1
Medication prescribing/dispensing	-	-	2	7
Health records	-	2	5	2
Interoperability with other providers	-	-	8	1

## FACILITY WORKFORCE

### PAID STAFFING

During the reference period of March 27 to April 2, 2016, there was a total of 15 paid medical staff at the nine reporting facilities (see table overleaf). There were three physicians employed at the various facilities, working a total of 16 hours. Only one of those physicians is addiction certified. When it came to paid pharmacists, there was only one such person within all nine facilities who worked 39 hours in that reference week. There were 11 registered nurses working a total of 406 hours during the reference week, one of whom indicated being addiction certified.

Counselling staff comprised the largest proportion of staff employed by the nine facilities. In terms of paid counselling staff, there were 58 counsellors on staff at the nine facilities during the reference week. Three counsellors were doctoral level counsellors working 100 hours weekly, with no addiction certification. Of the remaining counselling staff, 13 of 26 Masters' level counsellors are addiction certified; six of 19 Bachelors' level counsellors are addiction certified, and six of the 10 Associate degreed or non-degreed counsellors are addiction certified. The Masters' level counsellors appeared to work the most paid hours.

Paid support staff comprised 40 persons across the nine facilities. Administrative staff appeared to have worked the most hours during the reference week, followed by other recovery support workers who worked at 207 hours. Only two clinical staff across the nine facilities are addiction certified.

<b>PAID STAFFING</b>			
<b>STAFF</b>	<b>COLUMN A TOTAL NUMBER OF PAID STAFF EMPLOYED AT THIS FACILITY</b>	<b>COLUMN B TOTAL NUMBER OF PAID HOURS WORKED IN THE WEEK OF MARCH 27 - APRIL 2, 2016</b>	<b>COLUMN C NUMBER OF PAID STAFF THAT ARE ADDICTION CERTIFIED</b>
<b><u>PAID MEDICAL STAFF</u></b>			
1. Physician (MD, DO, Psychiatrist, etc.)	3	16	1
2. Pharmacist	1	39	-
3. Registered Nurse (RN)	11	406	1
4. Licenced Practical Nurse (LPN)	-	-	-
5. Mid-level medical personnel (Nurse Practitioner, PA, APRN, etc.)	-	-	-
<b><u>PAID COUNSELLING STAFF</u></b>			
6. Doctoral level counsellor (PhD Psychologist, etc.)	3	100	-
7. Masters level counsellor (MSW, MS, MA Psychologist, etc.)	26	724	13
8. Bachelors degreed counsellor (BA, BS)	19	501	6
9. Associate degreed or non-degreed counsellor	10	240	6

<b>PAID STAFFING continued</b>			
<b>STAFF</b>	<b>COLUMN A TOTAL NUMBER OF PAID STAFF EMPLOYED AT THIS FACILITY</b>	<b>COLUMN B TOTAL NUMBER OF PAID HOURS WORKED IN THE WEEK OF MARCH 27 - APRIL 2, 2016</b>	<b>COLUMN C NUMBER OF PAID STAFF THAT ARE ADDITION CERTIFIED</b>
<b><u>PAID SUPPORT STAFF</u></b>			
10. Pharmacy assistant	1	35	-
11. Care manager or patient navigator	1	-	-
12. Peer support staff	-	-	-
13. Other recovery support worker	7	207	-
14. Administrative staff (reception, personnel, billing, etc.)	9	345	-
15. Interns, contractors/per diem staff, and intake coordinators	14	130	-
16. Other clinical staff (specify: _____)	8	175	2

## NON-PAID STAFFING

Overall, there are low numbers of non-paid workers (n=13) within the nine reporting facilities. There is one medical staff person and a nurse who provided one hour of service during the reference week. There were no non-paid counselling staff during the reference week. However, there were 11 other persons who provided support during this period, majority of whom were peer support staff. Of the 12 non-paid staff, no one was addiction certified.

<b>NON-PAID STAFFING</b>			
<b>STAFF</b>	<b>COLUMN A TOTAL NUMBER OF NON-PAID STAFF EMPLOYED AT THIS FACILITY</b>	<b>COLUMN B TOTAL NUMBER OF NON-PAID HOURS WORKED IN THE WEEK OF MARCH 27 - APRIL 2, 2016</b>	<b>COLUMN C NUMBER OF NON-PAID STAFF THAT ARE ADDITION CERTIFIED</b>
<b><u>NON-PAID MEDICAL STAFF</u></b>			
1. Doctoral level medical staff (Physician (MD, DO, Psychiatrist, Pharmacist, etc.))	-	-	-
2. Nursing staff (RN, LPN, PA, APRN, Nurse practitioner, etc.)	1	1	-

**NON-PAID STAFFING continued**

<b>STAFF</b>	<b>COLUMN A TOTAL NUMBER OF NON-PAID STAFF EMPLOYED AT THIS FACILITY</b>	<b>COLUMN B TOTAL NUMBER OF NON-PAID HOURS WORKED IN THE WEEK OF MARCH 27 – APRIL 2, 2016</b>	<b>COLUMN C NUMBER OF NON-PAID STAFF THAT ARE ADDICTION CERTIFIED</b>
<b><u>NON-PAID COUNSELLING STAFF</u></b>			
3. Post Graduate Counsellors (PhD Psychologist, MSW, MS, MA Psychologist, etc.)	-		
4. Bachelors degreed counsellor (BA, BS)	-	-	-
5. Associate degreed or non-degreed counsellor	-	-	-
<b><u>NON-PAID SUPPORT STAFF</u></b>			
6. Pharmacy assistant	-	-	-
7. Care manager or patient navigator	-	-	-
8. Peer support staff	5	164	-
9. Other recovery support worker	1	1	-
10. Administrative staff (reception, personnel, billing, etc.)	2	6	-
11. Interns, contractors/per diem staff, and intake coordinators	3	10	-
12. Other clinical staff (specify: _____)	-	-	-

## DISCUSSION

The current survey of substance abuse treatment agencies has been implemented to provide a host of data concerning the location, characteristics, and use of alcohol and drug abuse treatment facilities and services in Bermuda. This profile serves as the first of its kind on the Island and provides the mechanism for quantifying the character and composition of the substance abuse treatment delivery system here in Bermuda. After reviewing the data provided, as of March 31, 2016, there were 366 clients receiving treatment from nine local facilities. The majority of those in treatment were clients in a government sponsored agency (n=266) and there was no charge for treatment services obtained. While treatment at no or minimal cost reduces barriers to accessing care, it also places a greater burden on the government as a whole since many of these clients are also obtaining services from other government Departments, such as Financial Assistance.

Persons who are experiencing various stages of alcohol and drug addiction have a variety of needs that require attention if they are to receive optimal care. One of the main components of the National Drug Strategy is to enhance the substance abuse treatment infrastructure by diversifying treatment modalities to meet the needs of the community. The current survey demonstrates that the majority of clients within the treatment system are receiving regular outpatient services and, to a lesser extent, long-term residential treatment services. Both types of treatment services are staffed by a number of medical, counselling, and support staff, the majority of whom do not hold a substance abuse counseling certification. Not all participating facilities provided primary substance abuse treatment. There were a few agencies that provided ancillary services, such as those facilities engaged in one-on-one counselling for persons with addiction issues; which is covered by most insurance companies.

Unemployment, lack of financial resources, stigma, and lack of confidence in the treatment system and its effectiveness, are all known barriers to access substance abuse treatment services. Given residential treatment services has a utilisation rate of 68% and that 50% of the facilities surveyed indicated they do not engage clients who may need treatment through outreach, emphasis could be placed on reaching out to clients in the community in an effort to build relationships and trust that would facilitate easier access to care when the client is ready. A number of facilities, however, indicated that information about the facility's substance abuse treatment programmes was provided through websites.

A limitation in the current survey was the inability to determine the number of agencies that are licensed and certified as required by the NDC Act of 2013 since the Department for National Drug Control has yet to establish the regulations or guidelines by which agencies are to abide. Regulations are planned to be drafted and enacted within the fiscal year 2016/2017.

It is not known at this time if this census will be an annual undertaking, similar to the national survey conducted by SAMHSA. A second implementation of the survey will, however, provide information on trends in the local substance abuse treatment delivery system that is currently not available.

## SUBSTANCE ABUSE TREATMENT FACILITIES

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### [Benedicts Associates Ltd.](#)

69 Front St. | Hamilton, HM 12 | 294-2070

[www.benedict.bm](http://www.benedict.bm)

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### [Bermuda Assessment and Referral Centre \(BARC\)](#)

Department of Court Services

Dame Lois Browne-Evans Building

3<sup>rd</sup> Floor | 58 Court St. | Hamilton, HM12 | 294-9322

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### [Drug Treatment Court](#)

Department of Court Services

Dame Lois Browne-Evans Building

3<sup>rd</sup> Floor | 58 Court St. | Hamilton, HM12 | 292-5005

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### [Employee Assistance Programme \(EAP\)](#)

P.O. Box HM 381 | Hamilton, HM BX | 292-9000

[www.eap.bm](http://www.eap.bm)

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### [Focus Counselling Services](#)

47 Elliot St. | Hamilton, HM 17 | 296-2196

[www.focus.bm](http://www.focus.bm)

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### [Men's Treatment](#)

[Nelson Bascome Centre for Substance Abuse Treatment:](#)

3 Cockburn Road | Sandys, MA 01 | 278-4718

[www.gov.bm](http://www.gov.bm)

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### [Mental Health Treatment Court Programme](#)

Department of Court Services

Dame Lois Browne-Evans Building

3<sup>rd</sup> Floor | 58 Court St. | Hamilton, HM12 | 294-9336

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### [Mid-Atlantic Wellness Institute \(MWI\):](#)

[Turning Point Substance Abuse Programme](#)

44 Devon Springs Road | Devonshire, FL 01 | 239-2038

[www.bermudahospitals.bm](http://www.bermudahospitals.bm)

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### [Pathways Bermuda](#)

P.O. Box FL 474 | Flatts, FL BX | 236-0823

[www.pathways.bm](http://www.pathways.bm)

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### [Right Living House](#)

Department of Corrections

27 Ferry Road Ferry Reach

Saint George's, GE 01 | 294-1280

[www.cecintl.com](http://www.cecintl.com)

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## SUBSTANCE ABUSE TREATMENT FACILITIES

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### Salvation Army – Harbour Light

Dudley Butterfield Residence

44 King St. | Hamilton, HM 12 | 292-2586

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### Solstice Bermuda

Falconer House

108 Pitts Bay Road | Pembroke, HM 08 | 292-3456

[www.solstice.bm](http://www.solstice.bm)

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### Women’s Treatment Centre

Nelson Bascome Centre for Substance Abuse Treatment

3 Cockburn Road | Sandys, MA 01 | 279-4719

[www.gov.bm](http://www.gov.bm)

## GLOSSARY

**Facility operation** indicates the type of entity responsible for the operation of the facility:

- Private for-profit
- Private non-profit
- Government

**Type of care** indicated the services the facility offers:

- Outpatient
  - Regular
  - Intensive
  - Outpatient day treatment or partial hospitalisation
  - Outpatient detoxification
  - Outpatient methadone/buprenorphine maintenance or Vivitrol® treatment
- Residential (non-hospital)
  - Short-term (30 days or less)
  - Long-term (more than 30 days)
  - Detoxification
- Hospital inpatient
  - Inpatient detoxification
  - Inpatient treatment

**Clients in treatment** were defined as:

- Hospital inpatient and residential (non-hospital) clients receiving substance abuse treatment services at the facility on March 31<sup>st</sup>, 2016 and
- Outpatient clients who are seen at the facility for a substance abuse treatment or detoxification service at least once during the month of March 2016, and who were still enrolled in treatment on March 31, 2016.



## APPENDIX: SSATS QUESTIONNAIRE

**Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016**

Adopted from the Substance Abuse and Mental Health Services Administration (SAMHSA)

This survey is being conducted by the **Department for National Drug Control**.

Please respond to each question to the best of your ability.

The deadline for completing this survey is **June 13, 2016**.

PREPARED BY THE RESEARCH UNIT OF THE DEPARTMENT FOR NATIONAL DRUG CONTROL

**Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016**

**PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE**

**INSTRUCTIONS**

- You can log on and off the website as often as needed to complete the questionnaire.
- Most of the questions in this survey ask about "this facility". By "this facility" we mean the specific treatment facility that you represent. If you have any questions about how the terms "this facility" applies to your facility, please call **294-9702**.
- Please answer **ONLY** for your specific facility or programme.
- If the questionnaire has not been completed online, return the completed questionnaire in the envelope provided along with the staffing worksheet attachment sent in the e-mail correspondence. Please keep a copy for your records.
- For additional information about this survey and definitions of some of the terms uses, please call **294-9702**.
- If you have any questions or need additional blank forms, contact **Kyla Raynor** at **294-9702** or [kjraynor@gov.bm](mailto:kjraynor@gov.bm).

**Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016**

**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 1. Which of the following substance abuse services are offered by this facility?

MARK "YES" OR "NO" FOR EACH

	YES	NO
Intake, assessment, or referral	<input type="radio"/>	<input type="radio"/>
Detoxification	<input type="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
Any other substance abuse services	<input type="radio"/>	<input type="radio"/>

\* 1a. To which of the following clients does this facility offer mental health treatment services *(interventions such as therapy or psychotropic medication that treat a person's mental health problem or condition, reduce symptoms, and improve behavioural functioning and outcomes)*? MARK ALL THAT APPLY

- Substance abuse clients
- Clients other than substance abuse clients
- No clients are offered mental health treatment services

\* 2. Did you answer "yes" to **detoxification** in option 2 of question 1 above?

- Yes
- No → (SKIP TO Q3)

Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016

SECTION A: FACILITY CHARACTERISTICS  
Characteristics of this facility or programme

\* 2a. Does this facility detoxify from...

MARK "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"/>
Opioids	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Specify other:

\* 2b. Does this facility **routinely** use medication during detoxification?

Yes → (SKIP TO Q4)

No → (SKIP TO Q4)

Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016

SECTION A: FACILITY CHARACTERISTICS  
Characteristics of this facility or programme

\* 3. Did you answer "yes" to substance abuse treatment in option 3 of question 1?

Yes

No → (SKIP TO Q33)

**Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016**

**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 4. Is this facility a jail, prison, or other organisation that provides treatment **exclusively** for incarcerated persons or juvenile detainees?

Yes

No

\* Is this facility a solo practice, meaning, an office with only one independent practitioner or counsellor?

Yes

No

\* 6. What is the primary focus of this facility? MARK ONLY ONE

Substance abuse treatment services

Mental health services

Mix of mental health and substance abuse treatment services (*neither is primary*)

General health care

Other (Specify)

\* 7. Is this facility operated by...

MARK ONLY ONE

A private for-profit organisation → (SKIP TO Q8)

A private non-profit organisation → (SKIP TO Q8)

Government → (SKIP TO Q9)

Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016

SECTION A: FACILITY CHARACTERISTICS  
Characteristics of this facility or programme

\* 8. Is this facility affiliated with a religious organisation?

Yes

No

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

Yes

No → (SKIP TO Q10)



**Survey of Substance Abuse Treatment Services  
(SSATS)  
May 10, 2016**

**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 9a. What type of hospital? MARK ONLY ONE

- General hospital (KEMH)
- Psychiatric hospital (MWI)
- Other specialty hospital, for example, alcoholism, maternity, etc. (Specify)

\* 10. What telephone number should(s) should a potential client call to schedule an **intake** appointment? *If this question does not apply to you, please write "not applicable" in either of the boxes.*

1.

2.

\* 11. Which of the following services are provided by this facility? MARK ALL THAT APPLY

**Assessment and Pre-Treatment Services**

- Screening for substance abuse
- Screening for mental health disorder
- Comprehensive substance abuse assessment or diagnosis
- Comprehensive mental health assessment or diagnosis (*for example, psychological or psychiatric evaluation and testing*)
- Screening for tobacco use
- Outreach to persons in the community who may need treatment
- Interim services for clients when immediate admission is not possible
- We do not offer any of these assessment and pre-treatment services

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

- Breathalyser or other blood alcohol testing
- Drug or alcohol urine screening
- Screening for Hepatitis B
- Screening for Hepatitis C
- HIV testing
- STD testing
- TB testing
- We do not offer any of these testing services

\* **Transitional Services**

- Discharge planning
- Aftercare/continuing care
- We do not offer any of these transitional services

**\* Ancillary Services**

- Case management services
- Social skills development
- Mentoring/peer support
- Child care for clients' children
- Assistance with obtaining social services (*for example, financial assistance*)
- Employment counseling or training for client
- Assistance in locating housing for clients
- Domestic violence - family or partner violence services (*physical, sexual, and emotional abuse*)
- Early intervention for HIV
- HIV or AIDS education, counselling, or support
- Hepatitis education, counselling or support
- Health education other than HIV/AIDS or hepatitis
- Substance abuse education
- Transportation assistance to treatment
- Mental health services
- Acupuncture
- Residential beds for clients' children
- Self-help groups (*for example AA, NA*)
- Smoking/tobacco cessation counselling
- We do not offer any of these ancillary services

**Other Services (Specify):**

**\* Pharmacotherapies**

- Disulfiram (Antabuse®)
- Naltrexone (oral)
- Vicitrol® (injectable Naltrexone)
- Acamprosate (Campral®)
- Nicotine replacement
- Non-nicotine smoking/tobacco cessation medications (*for example, Bupropion, Varenicline*)
- Medications for psychiatric disorders
- Methadone
- Buprenorphine with naloxone (Suboxone®)
- Buprenorphine without naloxone
- We do not offer any of these pharmacotherapy services

**\* 12. How does this facility treat opioid (narcotic) addiction? MARK ALL THAT APPLY**

- This facility does not treat opioid addiction. → (SKIP TO Q13)
- This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. → (SKIP TO Q13)
- This facility is "drug-free". It does not use medications to treat opioid addiction or accept clients using medication to treat opioid addiction. → (SKIP TO Q13)
- This facility accepts clients who are on methadone, buprenorphine, and/or naltrexone (Vivitrol®) maintenance or treatment, but these medications originate from or are prescribed by another entity. (The medications may or may not be stored/delivered/monitored onsite.) → (SKIP TO Q13)
- This facility prescribes and/or administers buprenorphine, and/or naltrexone (Vivitrol®).
- This facility administers and/or dispenses methadone, buprenorphine, and/or naltrexone (Vivitrol®)

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**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 12a. Are ALL of the substance abuse clients at this facility currently receiving methadone, buprenorphine, or naltrexone (Vivitrol®)?

Yes

No

\* 12b. Which of the following medication services does this programme provide? MARK ALL THAT APPLY

Maintenance services with methadone or buprenorphine

Maintenance services with medically-supervised withdrawal after a pre-determined time

Detoxification services with methadone or buprenorphine

Relapse prevention with naltrexone (Vivitrol®)

\* 13. For each **type of counselling** listed below, please indicate **approximately what percent of the substance abuse clients at this facility** receive that type of counselling as part of their substance abuse treatment programme. MARK ONE BOX FOR EACH TYPE OF COUNELLING

	NOT OFFERED	RECEIVED BY 20% OR LESS OF CLIENTS	RECEIVED BY 26% TO 50% OF CLIENTS	RECEIVED BY 51% TO 75% OF CLIENTS	RECEIVED BY MORE THAN 75% OF CLIENTS
Individual counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/couples counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 14. For each type of **clinical/therapeutic approach** listed below, please mark the box that best describes how **often that approach** is used at this facility. *For definitions of these approaches, please refer to attachment sent in e-mail.* MARK ONE FREQUENCY FOR EACH APPROACH

	Never	Rarely	Sometimes	Always or Often	Not Familiar With This Approach
Substance abuse counselling	<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-behavioural therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialectical behaviour 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 counselling	<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 behavioural 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other:

\* 15. Are any of the following practices part of this facility's **standard operating** procedures? MARK ALL THAT APPLY

- Required continuing education for staff
- Periodic drug testing for clients
- Regularly scheduled case review with a supervisor
- Case review by an appointed quality review committee
- Outcome follow-up after discharge
- Periodic utilisation review
- Periodic client satisfaction surveys conducted by this facility
- None of these practices are part of the standard operating procedures

\* 16. Does this facility offer a **specially designed** programme or group intended **exclusively** for DUI/DWI or other drunk driver offenders?

Yes

No → (SKIP TO Q17)

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**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 16a. Does this facility serve **only** DUI/DWI clients?

- Yes  
 No

\* 17. Does this facility provide substance abuse treatment services in **sign language** for the deaf or hard of hearing?

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

- Yes  
 No

\* 18. Individuals seeking substance abuse treatment can vary by age, gender, or other characteristics. Which categories of individuals listed below are **served by this facility**? MARK "YES" OR "NO" FOR EACH CATEGORY

- Indicate only the highest or lowest age the facility would accept. **Do not indicate** the highest or lowest age **currently receiving services** in the facility.

	Yes	No
Female	<input type="radio"/>	<input type="radio"/>
Male	<input type="radio"/>	<input type="radio"/>

If served, what is the lowest age served (in years)? If no minimum age, please state "no minimum age".

Female

Male



If served, what is the highest age served (in years)? If no maximum age, please state "no maximum age".

Female

Male

\* 18a. Many facilities have clients in one or more of the following categories. For which client categories does this facility offer a substance abuse treatment programme or group **specifically tailored** for clients in that category? If this facility treats clients in any of these categories but does not have a specifically tailored programme or group for them, do **not** mark the box for that category. MARK ALL THAT APPLY

- Adolescents
- Young adults
- Adult women
- Pregnant/postpartum women
- Adult men
- Seniors or older adults
- Lesbians, gay, bisexual, transgender (*LGBT*) clients
- Veterans
- Activity duty regiment officers
- Criminal justice clients (*other than DUI/DWI*)
- Clients with co-occurring mental and substance abuse disorders
- Clients with HIV or AIDS
- Clients who have experienced sexual abuse
- Clients who have experienced intimate partner violence, domestic violence
- Clients who have experienced trauma
- No specifically tailored programmes or groups offered
- Specifically tailored programmes or groups for any other types of clients
- Specifically tailored programmes or groups for any other types of clients (Specify)

\* 19. Does this facility offer HOSPITAL INPATIENT substance abuse services?

- Yes
- No → (SKIP TO Q20)

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**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 19a. Which of the following HOSPITAL INPATIENT services are offered at this facility?

NOTE: ASAM is the American Society of Addiction Medicine. For more information on ASAM, please refer to attachment sent in e-mail.

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

\* 20. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services?

- Yes
- No → (SKIP TO Q21)

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**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 20a. Which of the following RESIDENTIAL services are offered at this facility? MARK "YES" OR "NO" FOR EACH

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

\* 21. Does this facility offer OUTPATIENT substance abuse services?

- Yes
- No → (SKIP TO Q22)

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**SECTION A: FACILITY CHARACTERISTICS**  
Characteristics of this facility or programme

\* 21a. Which of the following OUTPATIENT services are offered at this facility? MARK "YES" OR "NO" FOR EACH

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

\* 22. Does this facility use a sliding fee scale?

- Yes  
 No

\* 23. Does this facility offer treatment at no charge to clients who cannot afford to pay?

- Yes  
 No

\* 24. Does this facility receive any funding or grants from the Government to support its substance abuse treatment programmes?

- Yes  
 No  
 Don't Know

\* 25. Which of the following types of client payments or insurance are accepted by this facility for **substance abuse treatment**? MARK "YES", "NO", OR "DON'T KNOW" FOR EACH

	YES	NO	DON'T KNOW
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"/>
HIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other:

\* 26. 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? MARK ONE METHOD FOR EACH ACTIVITY

	COMPUTER / ELECTRONIC ONLY	PAPER ONLY	BOTH ELECTRONIC AND PAPER	NOT APPLICABLE
Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client progress monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issue/receive lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcomes management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication prescribing/dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interoperability with other providers ( <i>such as primary care, mental health providers, criminal justice, etc.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SECTION B: REPORTING CLIENT COUNTS  
Questions 27 to 32 ask about the number of clients in treatment

HOSPITAL INPATIENT CLIENT COUNTS

- \* 27. On March 31, 2016, did any patients receive HOSPITAL INPATIENT **substance abuse** services at this facility?
- Yes
- No → (SKIP TO Q28)

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**SECTION B: REPORTING CLIENT COUNTS**  
Questions 27 to 32 ask about the number of clients in treatment

\* 27a. On March 31, 2016, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility? NOTE: ASAM is the American Society of Addiction Medicine. For more information on ASAM, please refer to attachment sent in e-mail.

- **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.

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

**Hospital inpatient detoxification**

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

**Hospital inpatient treatment**

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

**HOSPITAL INPATIENT TOTAL**

\* 27b. How many of the patients from the HOSPITAL INPATIENT TOTAL box received:

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

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

**Methadone dispensed at this facility**

**Buprenorphine dispensed or prescribed at this facility**

**Vivitrol® administered at this facility**

\* 27c. On March 31, 2016, how many hospital inpatient beds were **specifically designated** for substance abuse treatment?

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

Number of beds



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SECTION B: REPORTING CLIENT COUNTS  
Questions 27 to 32 ask about the number of clients in treatment

RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

\* 28. On March 31, 2016, did any clients receive RESIDENTIAL (non-hospital) **substance abuse** services at this facility?

- Yes
- No → (SKIP TO Q29)

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**SECTION B: REPORTING CLIENT COUNTS**  
Questions 27 to 32 ask about the number of clients in treatment

\* 28a. On March 31, 2016, how many clients received the following RESIDENTIAL substance abuse services at this facility?

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

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

**Residential detoxification**

(Similar to ASAM Level III.2-D, *clinically managed residential detoxification or social detoxification* )

**Residential short-term treatment**

(Similar to ASAM Level III.5, *clinically managed high-intensity residential treatment, typically 30 days or less* )

**Residential long-term treatment**

(Similar to ASAM Levels III.3 and III.1, *clinically residential treatment, typically more than 30 days* )

**After Care**

**RESIDENTIAL TOTAL**

\* 28b. How many of the clients from the RESIDENTIAL TOTAL box received:

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

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

Methodone dispensed at this facility

Buprenorphine dispensed or prescribed at this facility

Vivitrol® administered at this facility

\* 28c. On March 31, 2016, how many residential **beds** were **specifically designated** for substance abuse treatment?

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

Number of beds

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SECTION B: REPORTING CLIENT COUNTS  
Questions 27 to 32 ask about the number of clients in treatment

OUTPATIENT CLIENT COUNTS

- \* 29. During the month of March 2016, did any clients receive OUTPATIENT substance abuse services at this facility?
- Yes
- No → (SKIP TO Q30)

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**SECTION B: REPORTING CLIENT COUNTS**  
Questions 27 to 32 ask about the number of clients in treatment

\* 29a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2016?

- **ONLY INCLUDE** clients who received treatment in March **AND** were still enrolled in treatment on March 31, 2016.
- **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.

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

**Outpatient detoxification**

(Similar to ASAM Levels I-D and II-D, *ambulatory detoxification*)

**Outpatient methadone/buprenorphine maintenance or Vivitrol® treatment**

(Count methadone/buprenorphine/Vivitrol® clients on this line only)

**Outpatient day treatment or partial hospitalisation**

(Similar to ASAM Level II.5, *20 ore more hours per week* )

**Intensive outpatient treatment**

(Similar to ASAM Level II.1, *9 or more hours per week* )

**Regular outpatient treatment**

Similar to ASAM Level I, *outpatient treatment, non-intensive* )

**OUTPATIENT TOTAL**

\* 29b. How many of the clients from the OUTPATIENT TOTAL box received:

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

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

**Methadone dispensed at this facility**

**Buprenorphine dispensed or prescribed at this facility**

**Vivitrol® administered at this facility**

\* 29c. On average, during March 2016, were the outpatient substance abuse treatment services at this facility operating over, under, or at capacity. MARK ONLY ONE

- Well over capacity (over 120%)
- Somewhat over capacity (106 to 120%)
- At or about total capacity (95 to 105%)
- Somewhat under capacity (80 to 94%)
- Well under capacity (under 80%)

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**SECTION B: REPORTING CLIENT COUNTS**  
Questions 27 to 32 ask about the number of clients in treatment

**ALL SUBSTANCE TREATMENT SETTINGS**  
Including Hospital Inpatient, Residential (non-hospital) and/or Outpatient

\* 30. This question asks you to categorise the substance abuse treatment clients at this facility into three groups: clients in treatment for (1) abuse of **both** alcohol and substances other than alcohol; (2) abuse **only** of alcohol; or (3) abuse **only** of substances other than alcohol.

Enter the percent of clients on March 31, 2016, who were in each of these three groups. Your responses must total 100%.

Clients in treatment for abuse of:

**BOTH alcohol and substances other than alcohol**

**ONLY alcohol**

**ONLY substance other than alcohol**

\* 31. Approximately what percent of the substance abuse treatment clients enrolled at this facility on **March 31, 2016, had a diagnosed co-occurring mental and substance abuse** disorder?

PERCENT (%) OF  
CLIENTS (IF NONE,  
ENTER "0")

\* 32. 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 programme or course of treatment. Count any readmission 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 A 12-MONTH PERIOD



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**SECTION C: GENERAL INFORMATION**

\* 33. Does this facility operate transitional housing or halfway house for substance abuse clients?

- Yes  
 No

34. Which statement below BEST describes this facility's **smoking policy** for **clients**? MARK ONE ONLY

- Not permitted to smoke anywhere outside or within any building  
 Permitted in designated outdoor area(s)  
 Permitted anywhere outside  
 Permitted in designated indoor area(s)  
 Permitted anywhere inside  
 Permitted anywhere without restriction

\* 35. Is this facility or program licensed, certified, or accredited to provide substance abuse services by any of the following organisations?

- *Do not include personal-level credentials or general business licenses such as food service license.*

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

	YES	NO	DON'T KNOW
Government substance abuse agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government mental health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government department of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital or licensing authority	<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"/>
Other organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify other:

\* 36. Does this facility have a web page with information about the facility's substance abuse treatment programmes?

Yes

No → (SKIP TO Q37)

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**SECTION C: GENERAL INFORMATION**

\* 36a. If eligible, the website address for this facility will appear in the Directory of Treatment Services produced by the Department for National Drug Control. Please provide the address exactly as it should be entered in order to reach your site.

**Web Address:**

\* 37. Who was primarily responsible for completing this form? This information will only be used if we need to contact you about your responses. It will not be published.

Name:

Title:

Phone Number:

Fax Number:

E-mail Address:

Facility Name:

**COMMENTS**

**38. ANY ADDITIONAL COMMENTS**



