

National Survey of Substance Abuse Treatment Services (N-SSATS)

March 31, 2015

Substance Abuse and Mental Health Services Administration (SAMHSA)

[Empty box for facility information]

***PLEASE REVIEW THE FACILITY INFORMATION PRINTED ABOVE.
CROSS OUT ERRORS AND ENTER CORRECT OR MISSING INFORMATION.***

CHECK ONE

- Information is complete and correct, no changes needed
- All missing or incorrect information has been corrected



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

Would you prefer to complete this questionnaire online? See the pink flyer enclosed in your packet for the Internet address and your unique user ID and password. You can log on and off the website as often as needed to complete the questionnaire. When you log on again, the program will take you to the next unanswered question. If you need more information, call the N-SSATS helpline at 1-888-324-8337.

INSTRUCTIONS

- Most of the questions in this survey ask about “this facility.” By “this facility” we mean the specific treatment facility or program whose name and location are printed on the front cover. If you have any questions about how the term “this facility” applies to your facility, please call 1-888-324-8337.
- Please answer **ONLY** for the specific facility or program whose name and location are printed on the front cover, unless otherwise specified in the questionnaire.
- If the questionnaire has not been completed online, return the completed questionnaire in the envelope provided. Please keep a copy for your records.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <https://info.nssats.com>.
- If you have any questions or need additional blank forms, contact:

MATHEMATICA POLICY RESEARCH
1-888-324-8337
NSSATSWeb@mathematica-mpr.com

IMPORTANT INFORMATION

- * **Asterisked questions.** Information from asterisked (*) questions may be published in SAMHSA’s online Behavioral Health Treatment Services Locator (found at <https://findtreatment.samhsa.gov>) and in SAMHSA’s *National Directory of Drug and Alcohol Abuse Treatment Programs*, unless you designate otherwise in question 40, page 13, of this questionnaire.

Mapping feature in online Locator. Complete and accurate name and address information is needed for the online Locator so it can correctly map the facility location.

Eligibility for online Locator and Directory. Only facilities designated as eligible by their state substance abuse office will be listed in the online Locator and *Directory*. Your state N-SSATS representative can tell you if your facility is eligible to be listed in the online Locator and *Directory*. For the name and telephone number of your state representative, call the N-SSATS helpline at 1-888-324-8337.

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for this facility only, that is, the treatment facility or program at the location listed on the front cover.

***1.^P** Which of the following substance abuse services are offered by this facility at this location, that is, the location listed on the front cover?

MARK "YES" OR "NO" FOR EACH

- | | | YES | NO |
|--|----------------------------|-----|----------------------------|
| 1. Intake, assessment, or referral | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 2. Detoxification | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 3. Substance abuse treatment
(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)..... | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 4. Any other substance abuse services | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |

OTHNONTX

YES NO

DETOX

TREATMT

ADMIN

1a.^P To which of the following clients does this facility, at this location, 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 behavioral functioning and outcomes*)?

MARK ALL THAT APPLY

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

MHTXSA

MHTXNONSA

NOMHTX

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

- 1 Yes
- 0 No → SKIP TO Q.3 (NEXT COLUMN)

DETOX_Y

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

MARK "YES" OR "NO" FOR EACH

- | | | YES | NO |
|---------------------------|----------------------------|-----|----------------------------|
| 1. Alcohol..... | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 2. Benzodiazepines | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 3. Cocaine | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 4. Methamphetamines..... | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 5. Opioids | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |
| 6. Other (Specify: _____) | 1 <input type="checkbox"/> | | 0 <input type="checkbox"/> |

DETXALC

DETXBEN

DETXCOC

DETXMET

DETXOP

DETXOTH

DETOX_SPEC

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

DETXMED

- 1 Yes
- 0 No → SKIP TO Q.4 (BELOW)

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

- 1 Yes
- 0 No → SKIP TO Q.35 (PAGE 12)

SATXY

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

- 1 Yes → SKIP TO Q.42 (PAGE 13)
- 0 No

JAIL

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

- 1 Yes
- 0 No

LOC15

***6.** What is the primary focus of this facility at this location, that is, the location listed on the front cover?

FOCUS

MARK ONE ONLY

- 1 Substance abuse treatment services
- 2 Mental health services
- 3 Mix of mental health and substance abuse treatment services (*neither is primary*)
- 4 General health care
- 5 Other (Specify: _____)

FOCUS_SPEC

***7.^P** Is this facility operated by . . .

OWNERSHP

MARK ONE ONLY

- 1 A private for-profit organization
- 2 A private non-profit organization
- 3 State government
- 4 Local, county, or community government
- 5 Tribal government
- 6 Federal Government

SKIP TO Q.8 (BELOW)

SKIP TO Q.9 (NEXT PAGE)

***7a.^P** Which Federal Government agency?

FEDOWN

MARK ONE ONLY

- * 1 Department of Veterans Affairs
- 2 Department of Defense
- 3 Indian Health Service
- 4 Other (Specify: _____)

SKIP TO Q.9 (NEXT PAGE)

FEDOWN_SPEC

8. Is this facility affiliated with a religious organization?

- 1 Yes
- 0 No

RELIG

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

HOSPITAL

- 1 Yes
0 No → SKIP TO Q.10 (BELOW)

*9a. What type of hospital?

LOCS

MARK ONE ONLY

- 1 General hospital (including VA hospital)
2 Psychiatric hospital
3 Other specialty hospital, for example, alcoholism, maternity, etc.

LOCS_SPEC

(Specify: _____)

INTAKENUMBER

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

1. (_____) _____ - INTAKE1 ext. INTAKE1_EXT

2. (_____) _____ - INTAKE2 ext. INTAKE2_EXT

INTAKE1ALPHA

INTAKE1ALPHA_EXT

INTAKE2ALPHA

INTAKE2ALPHA_EXT

*11. Which of the following services are provided by this facility at this location, that is, the location listed on the front cover?

MARK ALL THAT APPLY

Assessment and Pre-Treatment Services

- 1 Screening for substance abuse SRVC89
2 Screening for mental health disorders SRVC90
3 Comprehensive substance abuse assessment or diagnosis SRVC1
4 Comprehensive mental health assessment or diagnosis (for example, psychological or psychiatric evaluation and testing) SRVC2
5 Screening for tobacco use SRVC107
6 Outreach to persons in the community who may need treatment SRVC91
7 Interim services for clients when immediate admission is not possible SRVC93
8 We do not offer any of these assessment and pre-treatment services NOPRETXSRVC

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

- 9 Breathalyzer or other blood alcohol testing SRVC10
10 Drug or alcohol urine screening SRVC11
11 Screening for Hepatitis B SRVC73
12 Screening for Hepatitis C SRVC74
13 HIV testing SRVC14
14 STD testing SRVC15
15 TB screening SRVC16
16 We do not offer any of these testing services NOTESTINGSRVC

Transitional Services

- 17 Discharge planning SRVC37

18 Aftercare/continuing care SRVC27

19 We do not offer any of these transitional services NOTRANSRVC

Ancillary Services

- 20 Case management services SRVC49
21 Social skills development SRVC96
22 Mentoring/peer support SRVC97
23 Child care for clients' children SRVC50
24 Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI) SRVC36
25 Employment counseling or training for client SRVC38
26 Assistance in locating housing for clients SRVC39
27 Domestic violence—family or partner violence services (physical, sexual, and emotional abuse) SRVC52
28 Early intervention for HIV SRVC98
29 HIV or AIDS education, counseling, or support SRVC24
30 Hepatitis education, counseling, or support SRVC104
31 Health education other than HIV/AIDS or hepatitis SRVC99
32 Substance abuse education SRVC100
33 Transportation assistance to treatment SRVC59
34 Mental health services SRVC101
35 Acupuncture SRVC48
36 Residential beds for clients' children SRVC75
37 Self-help groups (for example, AA, NA, SMART Recovery) SRVC102
38 Smoking/tobacco cessation counseling SRVC105
39 We do not offer any of these ancillary services NOANCSRVC

Other Services

- 40 Treatment for gambling disorder SRVC117
41 Treatment for Internet use disorder SRVC118
42 Treatment for other addiction disorder (non-substance abuse) SRVC119
43 We do not offer any of these other services NOOTHERSRVC

Pharmacotherapies

- 44 Disulfiram (Antabuse®) SRVC70
45 Naltrexone (oral) SRVC71
46 Vivitrol® (injectable Naltrexone) SRVC108
47 Acamprosate (Campral®) SRVC88
48 Nicotine replacement SRVC94
49 Non-nicotine smoking/tobacco cessation medications (for example, Bupropion, Varenicline) SRVC106
50 Medications for psychiatric disorders SRVC95
51 Methadone SRVC85
52 Buprenorphine with naloxone (Suboxone®) SRVC87
53 Buprenorphine without naloxone SRVC86
54 We do not offer any of these pharmacotherapy services NOPHARMSRVC

***12. How does this facility treat opioid (narcotic) addiction?**

MARK ALL THAT APPLY

- 1 This facility does not treat opioid addiction. OTXNONE
- 2 This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. It is NOT a federally-certified OTP. OTXPAIN
- 3 This facility is "drug free." It does not use medications to treat opioid addiction or accept clients using medication to treat opioid addiction. OTXFREE
- 4 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.) OTXNOMED
- 5 This facility prescribes and/or administers buprenorphine and/or naltrexone (Vivitrol®). This facility is NOT a federally-certified OTP. Buprenorphine use is authorized through a Data 2000 waived physician. OTXBUPVIV
- 6 This facility administers and/or dispenses methadone, buprenorphine and/or naltrexone (Vivitrol®) as a federally-certified Opioid Treatment Program (OTP). A Data 2000 waived physician may or may not also be onsite. (While most OTPs use methadone, some only use buprenorphine.) OTXFEDOTP

→ SKIP TO Q.13 (BELOW)

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

- 1 Yes
- 0 No

***12b. Which of the following medication services does this program provide?**

MARK ALL THAT APPLY

- 1 Maintenance services with methadone or buprenorphine OPIOIDMAINT
- 2 Maintenance services with medically-supervised withdrawal after a pre-determined time OPIOIDWDRAW
- 3 Detoxification services with methadone or buprenorphine OPIOIDDETOX
- 4 Relapse prevention with naltrexone (Vivitrol®) OPIOIDNAL

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

TYPE OF COUNSELING	MARK ONE BOX FOR EACH TYPE OF COUNSELING				
	NOT OFFERED	RECEIVED BY 25% 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
1. Individual counseling <input type="checkbox"/> SRVC6_PCT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Group counseling <input type="checkbox"/> SRVC5_PCT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Family counseling <input type="checkbox"/> SRVC4_PCT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Marital/couples counseling <input type="checkbox"/> SRVC103_PCT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

*14.^P 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, go to: <https://info.nssats.com>

CLINICAL/THERAPEUTIC APPROACHES	MARK ONE FREQUENCY FOR EACH APPROACH				
	Never	Rarely	Sometimes	Always or Often	Not Familiar With This Approach
1. Substance abuse counseling SACNSL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. 12-step facilitation TWELVESTEP	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Brief intervention BRINTRV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Cognitive-behavioral therapy COGBEH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Dialectical behavior therapy TREATDIALTHRPY	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Contingency management/motivational incentives .. CONTMGT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Motivational interviewing MOTVINT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Trauma-related counseling TRAUMA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Anger management ANGER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Matrix Model MATRIX	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Community reinforcement plus vouchers COMMREIN	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. Rational emotive behavioral therapy (REBT) REBT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Relapse prevention RELPS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs) COMPSAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Other treatment approach (Specify:) APPROTH _____ APPROTH_SPEC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

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

MARK ALL THAT APPLY

- 1 Required continuing education for staff CONTED
- 2 Periodic drug testing of clients DRUGTST
- 3 Regularly scheduled case review with a supervisor CASEREV
- 4 Case review by an appointed quality review committee QUALREV
- 5 Outcome follow-up after discharge OUTFUP
- 6 Periodic utilization review UTREV
- 7 Periodic client satisfaction surveys conducted by the facility SATSUR
- 8 None of these practices are part of the standard operating procedures NOSTDOPPROC

*16.^P Does this facility, at this location, offer a specialty designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

- 1 Yes DUI_DWI
- 0 No → SKIP TO Q.17 (BELOW)

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

- 1 Yes ONLYDUI
- 0 No

*17.^P Does this facility provide substance abuse treatment services in sign language at this location for the deaf and hard of hearing (for example, American Sign Language, Signed English, or Cued Speech)?

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

- 1 Yes SIGNLANG
- 0 No

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

- 1 Yes LANG
- 0 No → SKIP TO Q.19 (PAGE 6)

18a.^P At this facility, who provides substance abuse treatment services in a language other than English?

MARK ONE ONLY

- 1 Staff counselor who speaks a language other than English LANGPROV
- 2 On-call interpreter (in person or by phone) brought in when needed → SKIP TO Q.19 (PAGE 6)
- 3 BOTH staff counselor and on-call interpreter

*18a1.^P Do staff counselors provide substance abuse treatment in Spanish at this facility?

- 1 Yes LANG16
- 0 No → SKIP TO Q.18b (BELOW)

18a2.^P Do staff counselors at this facility provide substance abuse treatment in any other languages?

- 1 Yes LANG_B
- 0 No → SKIP TO Q.19 (PAGE 6)

*18b.^P In what other languages do staff counselors provide substance abuse treatment at this facility?

- Do not count languages provided only by on-call interpreters.

MARK ALL THAT APPLY

American Indian or Alaska Native:

- 1 Hopi LANG1
- 2 Lakota LANG2
- 3 Navajo LANG3
- 4 Ojibwa LANG21
- 5 Yupik LANG4
- 6 Other American Indian or Alaska Native language LANG5
(Specify: _____ LANG5_SPEC)

Other Languages:

- 7 Arabic LANG6
- 8 Any Chinese language LANG7
- 9 Creole LANG8
- 10 Farsi LANG24
- 11 French LANG9
- 12 German LANG10
- 13 Greek LANG22
- 14 Hebrew LANG25
- 15 Hindi LANG26
- 16 Hmong LANG11
- 17 Italian LANG19
- 18 Japanese LANG23
- 19 Korean LANG12
- 20 Polish LANG13
- 21 Portuguese LANG14
- 22 Russian LANG15
- 23 Tagalog LANG20
- 24 Vietnamese LANG17
- 25 Any other language LANG18
(Specify: _____ LANG18_SPEC)

***19. 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?**

Type of Client	MARK YES OR NO FOR EACH CATEGORY		IF SERVED, WHAT IS THE LOWEST AGE SERVED		IF SERVED, WHAT IS THE HIGHEST AGE SERVED	
	SERVED BY THIS FACILITY		YEARS		YEARS	
1. Female	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	<div style="border: 1px solid red; padding: 2px;">FEMALESRV</div> <div style="border: 1px solid red; padding: 2px;">FEMALEMINYRS</div> [][] YEARS	<div style="border: 1px solid red; padding: 2px;">FEMALENOMIN</div> <input type="checkbox"/> No minimum age	<div style="border: 1px solid red; padding: 2px;">FEMALEMAXYRS</div> [][] YEARS	<div style="border: 1px solid red; padding: 2px;">FEMALENOMAX</div> <input type="checkbox"/> No maximum age
2. Male	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	<div style="border: 1px solid red; padding: 2px;">MALESRV</div> <div style="border: 1px solid red; padding: 2px;">MALEMINYRS</div> [][] YEARS	<div style="border: 1px solid red; padding: 2px;">MALENOMIN</div> <input type="checkbox"/> No minimum age	<div style="border: 1px solid red; padding: 2px;">MALEMAXYRS</div> [][] YEARS	<div style="border: 1px solid red; padding: 2px;">MALENOMAX</div> <input type="checkbox"/> No maximum age

***19a.^P Many facilities have clients in one or more of the following categories. For which client categories does this facility at this location offer a substance abuse treatment program 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 program or group for them, do not mark the box for that category.**

MARK ALL THAT APPLY

- 1 Adolescents SRVC30
 - 2 Young adults SRVC120
 - 3 Adult women SRVC34
 - 4 Pregnant/postpartum women SRVC33
 - 5 Adult men SRVC64
 - 6 Seniors or older adults SRVC63
 - 7 Lesbian, gay, bisexual, transgender (*LGBT*) clients SRVC62
 - 8 Veterans SRVC113
 - 9 Active duty military SRVC114
 - 10 Members of military families SRVC115
 - 11 Criminal justice clients (*other than DUI/DWI*) SRVC61
 - 12 Clients with co-occurring mental and substance abuse disorders SRVC31
 - 13 Clients with HIV or AIDS SRVC32
 - 14 Clients who have experienced sexual abuse SRVC121
 - 15 Clients who have experienced intimate partner violence, domestic violence SRVC122
 - 16 Clients who have experienced trauma SRVC116
 - 17 Specifically tailored programs or groups for any other types of clients SRVC35
- (Specify: _____) SRVC35_SPEC
- 18 No specifically tailored programs or groups are offered NOSPECGRP

***20.^P Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, the location listed on the front cover?**

- 1 Yes CTYPE4
- 0 No → SKIP TO Q.21 (NEXT PAGE)

***20a.^P Which of the following HOSPITAL INPATIENT services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

YES NO

- 1. Hospital inpatient detoxification CTYPEH1 1 0
 (Similar to ASAM Levels IV-D and III.7-D, *medically managed or monitored inpatient detoxification*)
- 2. Hospital inpatient treatment CTYPEH2 1 0
 (Similar to ASAM Levels IV and III.7, *medically managed or monitored intensive inpatient treatment*)

NOTE: ASAM is the American Society of Addiction Medicine.
 For more information on ASAM please go to <https://info.nssats.com>.

***21.^P Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, the location listed on the front cover?**

CTYPE7

- 1 Yes
0 No → SKIP TO Q.22 (BELOW)

***21a.^P Which of the following RESIDENTIAL services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

YES NO

1. Residential detoxification 1 0
(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification) **CTYPEC1**
2. Residential short-term treatment 1 0
(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less) **CTYPEC3**
3. Residential long-term treatment 1 0
(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days) **CTYPEC4**

***22.^P Does this facility offer OUTPATIENT substance abuse services at this location, that is, the location listed on the front cover?**

CTYPE1

- 1 Yes
0 No → SKIP TO Q.23 (TOP OF NEXT COLUMN)

***22a.^P Which of the following OUTPATIENT services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

YES NO

1. Outpatient detoxification 1 0
(Similar to ASAM Levels I-D and II-D, ambulatory detoxification) **CTYPE6**
2. Outpatient methadone/ buprenorphine maintenance or Vivitrol[®] treatment 1 0
CTYPEML
3. Outpatient day treatment or partial hospitalization 1 0
(Similar to ASAM Level II.5, 20 or more hours per week) **CTYPEOP**
4. Intensive outpatient treatment 1 0
(Similar to ASAM Level II.1, 9 or more hours per week) **CTYPE2**
5. Regular outpatient treatment 1 0
(Similar to ASAM Level I, outpatient treatment, non-intensive) **CTYPE3**

***23.^P Does this facility use a sliding fee scale?**

FEESCALE

- 1 Yes
0 No → SKIP TO Q.24 (BELOW)

***23a.^P Do you want the availability of a sliding fee scale published in SAMHSA's online Locator and Directory?**

- The online Locator and Directory will explain that sliding fee scales are based on income and other factors.

- 1 Yes **DIRSFS**
0 No

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

PAYASST

- 1 Yes
0 No → SKIP TO Q.25 (BELOW)

***24a.^P Do you want the availability of free care for eligible clients published in SAMHSA's online Locator and Directory?**

- The online Locator and Directory will explain that potential clients should call the facility for information on eligibility.

- 1 Yes **DIRAPA**
0 No

***25. 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?**

EARMARK

- Do not include Medicare, Medicaid, or federal military insurance. These forms of client payments are included in Q.26 on the next page.

- 1 Yes
0 No
d Don't Know

***26.^P 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	
1. No payment accepted (<i>free treatment for ALL clients</i>)1	□	0 □	d □	REVCHK3
2. Cash or self-payment1	□	0 □	d □	REVCHK1
3. Medicare1	□	0 □	d □	REVCHK8
4. Medicaid1	□	0 □	d □	REVCHK5
5. State-financed health insurance plan other than Medicaid1	□	0 □	d □	REVCHK10
6. Federal military insurance (<i>e.g., TRICARE</i>).....1	□	0 □	d □	REVCHK15
7. Private health insurance1	□	0 □	d □	REVCHK2
8. Access To Recovery (<i>ATR</i>) vouchers1	□	0 □	d □	REVCHK16
9. IHS/Tribal/Urban (<i>ITU</i>) funds.....1	□	0 □	d □	REVCHK17
10. Other.....1	□	0 □	d □	REVCHK2A
(Specify: REVCHK2A_SPEC)				

27. 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.

WORK ACTIVITY	MARK ONE METHOD FOR EACH ACTIVITY			
	COMPUTER/ ELECTRONIC ONLY	PAPER ONLY	BOTH ELECTRONIC AND PAPER	N/A
1. Intake INTKE	1 □	2 □	3 □	na □
2. Scheduling appointments SCHEDULE	1 □	2 □	3 □	na □
3. Assessment ASSESS	1 □	2 □	3 □	na □
4. Treatment plan TXPLAN	1 □	2 □	3 □	na □
5. Client progress monitoring PROGRESS	1 □	2 □	3 □	na □
6. Discharge DSCHRG	1 □	2 □	3 □	na □
7. Referrals REF	1 □	2 □	3 □	na □
8. Issue/receive lab results LAB	1 □	2 □	3 □	na □
9. Billing BILL	1 □	2 □	3 □	na □
10. Outcomes management OUTCM	1 □	2 □	3 □	na □
11. Medication prescribing/dispensing DISP	1 □	2 □	3 □	na □
12. Health records HLTHREC	1 □	2 □	3 □	na □
13. Interoperability with other providers (<i>such as primary care, mental health providers, criminal justice, etc.</i>) INTEROP	1 □	2 □	3 □	na □

SECTION B: REPORTING CLIENT COUNTS

28. Questions 29 through 34 ask about the number of clients in treatment. If possible, report clients for this facility only. However, we realize that is not always possible. Please indicate whether the clients you report will be for . . .

MARK ONE ONLY

OTHFAC

- 1 Only this facility → SKIP TO Q.29 (TOP OF NEXT COLUMN)
- 2 This facility plus others
- 3 Another facility will report this facility's client counts → SKIP TO Q.35 (PAGE 12)

28a. How many facilities will be included in your client counts?

THIS FACILITY	1
+ ADDITIONAL FACILITIES	
<div style="text-align: right; padding-right: 10px;">TOTAL FACILITIES^a</div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 10px;"></div>	
<div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 5px;">FACNUM</div>	

^aFor Section B, please include all of these facilities in the client counts that you report in questions 29 through 34.

28b. To avoid double-counting clients, we need to know which facilities are included in your counts. How will you report this information to us?

MARK ONE ONLY

ADDLIST

- 1 By listing the names and location addresses of these additional facilities in the "Additional Facilities Included in Client Counts" section on page 14 of this questionnaire or attaching a sheet of paper to this questionnaire
- 2 Please call me for a list of the additional facilities included in these counts

HOSPITAL INPATIENT CLIENT COUNTS

29. On March 31, 2015, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

- 1 Yes TYPE4
- 0 No → SKIP TO Q.30 (PAGE 10)

29a. On March 31, 2015, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

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

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

1. Hospital inpatient detoxification T_CLI1
(Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)
2. Hospital inpatient treatment T_CLI2
(Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)

**HOSPITAL INPATIENT
TOTAL BOX**

T_CLIHI

NOTE: ASAM is the American Society of Addiction Medicine. For more information on ASAM please go to <https://info.nssats.com>.

29b. How many of the patients from the HOSPITAL INPATIENT TOTAL BOX were under the age of 18?

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

Number under age 18

H_AGE1

29c. How many of the patients from the HOSPITAL INPATIENT TOTAL BOX received:

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

METHBUPHICOUNTS

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

1. Methadone dispensed at this facility HIMETNUM
2. Buprenorphine dispensed or prescribed at this facility HIBUPNUM
3. Vivitrol® administered at this facility HIVIVNUM

29d. On March 31, 2015, how many hospital inpatient beds were specifically designated for substance abuse treatment?

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

Number of beds

HOSPBED

RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

30. On March 31, 2015, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

- 1 Yes TYPE7
- 0 No → SKIP TO Q.31 (PAGE 11)

30a. On March 31, 2015, how many clients received the following RESIDENTIAL substance abuse services at this facility?

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

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

1. Residential detoxification (Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification) T_CLI3
2. Residential short-term treatment (Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less) T_CLI9
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) T_CLI10

RESIDENTIAL TOTAL BOX

T_CLIIRC

30b. How many of the clients from the RESIDENTIAL TOTAL BOX were under the age of 18?

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

R_AGE1

Number under age 18

30c. 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")

1. Methadone dispensed at this facility RCMETNUM
2. Buprenorphine dispensed or prescribed at this facility RCBUPNUM
3. Vivitrol® administered at this facility RCVIVNUM

30d. On March 31, 2015, how many residential beds were specifically designated for substance abuse treatment?

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

RESBED

Number of beds

OUTPATIENT CLIENT COUNTS

31. During the month of March 2015, did any clients receive **OUTPATIENT substance abuse services** at this facility?

- 1 Yes TYPE1
- 0 No → **SKIP TO Q.32 (PAGE 12)**

31a. How many clients received each of the following **OUTPATIENT substance abuse services** at this facility during March 2015?

- ONLY INCLUDE** clients who received treatment in March **AND** were still enrolled in treatment on March 31, 2015.
- 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")**

- | | |
|--|---|
| 1. Outpatient detoxification
(Similar to ASAM Levels I-D and II-D, ambulatory detoxification) | T_CLI7 |
| 2. Outpatient methadone/
buprenorphine maintenance
or Vivitrol® treatment
(Count methadone/buprenorphine/
Vivitrol® clients on this line only) | T_CLIML |
| 3. Outpatient day treatment
or partial hospitalization
(Similar to ASAM Level II.5,
20 or more hours per week) | T_CLI8 |
| 4. Intensive outpatient treatment
(Similar to ASAM Level II.1,
9 or more hours per week) | T_CLI6 |
| 5. Regular outpatient treatment
(Similar to ASAM Level I,
outpatient treatment,
non-intensive) | T_CLI5 |

OUTPATIENT TOTAL BOX T_CLIOP

31b. How many of the clients from the **OUTPATIENT TOTAL BOX** were under the age of 18?

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

Number under age 18 O_AGE1

31c. 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")**

- | | |
|--|--|
| 1. Methadone dispensed
at this facility | OPMETNUM |
| 2. Buprenorphine dispensed or
prescribed at this facility | OPBUPNUM |
| 3. Vivitrol® administered
at this facility | OPVIVNUM |

31d. On average, during March 2015, were the **outpatient substance abuse treatment services** at this facility operating over, under, or at capacity?

CAPOVUN

MARK ONE ONLY

- 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%*)

**ALL SUBSTANCE ABUSE
TREATMENT SETTINGS**

Including Hospital Inpatient,
Residential (non-hospital) and/or Outpatient

32. 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 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, 2015, who were in each of these three groups:

Clients in treatment for abuse of:

- 1. BOTH alcohol and substances other than alcohol %
- 2. ONLY alcohol %
- 3. ONLY substances other than alcohol %

TOTAL %

33. Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2015, had a diagnosed co-occurring mental and substance abuse disorder?

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

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

- **OUTPATIENT CLIENTS:** Count admissions into treatment, not individual treatment visits. Consider an admission to be the initiation of a treatment program or course of treatment. Count any re-admission as an admission.
- **IF THIS IS A MENTAL HEALTH FACILITY:** Count all admissions in which clients received substance abuse treatment, even if substance abuse was their secondary diagnosis.

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN A 12-MONTH PERIOD

**SECTION C:
GENERAL INFORMATION**

*35.^P Does this facility operate transitional housing or a halfway house for substance abuse clients at this location, that is, the location listed on the front cover?

- 1 Yes
- 0 No

*36. Which statement below **BEST** describes this facility's smoking policy for clients?

MARK ONE ONLY

- 1 Not permitted to smoke anywhere outside or within any building
- 2 Permitted in designated outdoor area(s)
- 3 Permitted anywhere outside
- 4 Permitted in designated indoor area(s)
- 5 Permitted anywhere inside
- 6 Permitted anywhere without restriction

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

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

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

- | | YES | NO | DON'T KNOW |
|--|--------------------------|---|--|
| 1. State substance abuse agency | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="LICENSD"/> |
| 2. State mental health department | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="LICENMH"/> |
| 3. State department of health | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="LICENPH"/> |
| 4. Hospital licensing authority | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="LICENHOS"/> |
| 5. The Joint Commission | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="JCAHO"/> |
| 6. Commission on Accreditation of Rehabilitation Facilities (CARF) | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="CARF"/> |
| 7. National Committee for Quality Assurance (NCQA) | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="NCQA"/> |
| 8. Council on Accreditation (COA) | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="COA"/> |
| 9. Healthcare Facilities Accreditation Program (HFAP) | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="HFAP"/> |
| 10. Other national organization or federal, state, or local agency | <input type="checkbox"/> | 0 <input type="checkbox"/> d <input type="checkbox"/> | <input type="text" value="OTHSTATE"/> |
| (Specify: _____) | | | <input type="text" value="OTHSTATE_SPEC"/> |

38. 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 NPI
0 No → SKIP TO Q.39 (BELOW)

38a. What is the NPI number for this facility?

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

NPI

--	--	--	--	--	--	--	--	--	--

(NPI is a 10-digit numeric ID)

NPINUM

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

1 Yes HASWEB
0 No → SKIP TO Q.40 (BELOW)

***39a.^P If eligible, the website address for this facility will appear in the *Directory* and online Locator. Please provide the address exactly as it should be entered in order to reach your site.**

Web Address: URL _____

40.^P If eligible, does this facility want to be listed in the *Directory* and the online Locator? (See inside front cover for eligibility information.)

1 Yes INDRCTRY
0 No

41.^P The *Directory* may be published on CD. If so, would you like to receive a free copy of the CD? (The *Directory* will also be available at <http://store.samhsa.gov> in PDF format; search for *Directory*.)

1 Yes NATDIRHD
0 No

42. 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.

MARK ONE ONLY

RCONSALU

1 Ms. 2 Mrs. 3 Mr. 4 Dr.

5 Other (Specify: RCONSALSPEC)

Name: RFIRSTNAME RMIDDLENAME RLASTNAME

Title: RTITLE

Phone Number: RPHONE (____) ____ - RPHONE_EXT Ext. ____

Fax Number: RFAX (____) ____ - ____

Email Address: REMAIL _____

Facility Email Address: RFACEMAIL _____

ADDITIONAL FACILITIES INCLUDED IN CLIENT COUNTS

Complete this section if you reported clients for this facility plus other facilities, as indicated in Question 28.

For each additional facility, please mark if that facility offers hospital inpatient, residential and/or outpatient substance abuse services at that location.

FACILITY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FACILITY EMAIL ADDRESS: _____

HOSPITAL INPATIENT RESIDENTIAL OUTPATIENT

FACILITY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FACILITY EMAIL ADDRESS: _____

HOSPITAL INPATIENT RESIDENTIAL OUTPATIENT

FACILITY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

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STATE: _____ ZIP: _____

PHONE: _____

FACILITY EMAIL ADDRESS: _____

HOSPITAL INPATIENT RESIDENTIAL OUTPATIENT

FACILITY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FACILITY EMAIL ADDRESS: _____

HOSPITAL INPATIENT RESIDENTIAL OUTPATIENT

If you require additional space, please continue on the next page.

ANY ADDITIONAL COMMENTS

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 may be published in SAMHSA's online Behavioral Health Treatment Services Locator, the *National Directory of Drug and Alcohol Abuse Treatment Programs*, and other publically available listings. Responses to non-asterisked questions will be published with no direct link to individual treatment facilities.

**Thank you for your participation. Please return this questionnaire in the envelope provided.
If you no longer have the envelope, please mail this questionnaire to:**

MATHEMATICA POLICY RESEARCH
ATTN: RECEIPT CONTROL - Project 06667
P.O. Box 2393
Princeton, NJ 08543-2393

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 0930-0106. 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.