

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

March 31, 2014

Substance Abuse and Mental Health Services Administration (SAMHSA)

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***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

- All 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.
- Please answer **ONLY** for the specific facility or program whose name and location are printed on the front cover.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <http://info.nssats.com>.
- If you have any questions, please contact:

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

IMPORTANT INFORMATION

* **Asterisked questions.** Information from asterisked (*) questions will be published in SAMHSA’s *National Directory of Drug and Alcohol Abuse Treatment Programs* and will be available online at <http://findtreatment.samhsa.gov>, SAMHSA’s online Behavioral Health Treatment Services Locator.

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

1. 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 0
- * 2. Detoxification 1 0
- * 3. Substance abuse treatment
(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse) 1 0
- 4. Any other substance abuse services 1 0

1a. 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

2. DID YOU ANSWER "YES" TO DETOXIFICATION IN OPTION 2 OF QUESTION 1 ABOVE?

- 1 YES → SKIP TO Q.4 (BELOW)
- 0 NO

3. DID YOU ANSWER "YES" TO SUBSTANCE ABUSE TREATMENT IN OPTION 3 OF QUESTION 1?

- 1 YES
- 0 NO → SKIP TO Q.23 (PAGE 6)

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

- 1 YES → SKIP TO Q.29 (PAGE 6)
- 0 NO

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

- 1 YES
- 0 NO

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

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: _____)

7. Is this facility operated by ...

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)

7a. Which Federal Government agency?

MARK ONE ONLY

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

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

- 1. (_____) _____ - _____ ext. _____
- 2. (_____) _____ - _____ ext. _____

*9. Which of the following pharmacotherapies are dispensed, prescribed, or administered by this facility at this location, that is, the location listed on the front cover?

MARK ALL THAT APPLY

- 1. Disulfiram (Antabuse®)
- * 2. Naltrexone (oral)
- * 3. Vivitrol® (injectable Naltrexone)
- 4. Acamprosate (Campral®)
- 5. Nicotine replacement
- 6. Non-nicotine smoking/tobacco cessation medications (for example, Bupropion, Varenicline)
- 7. Medications for psychiatric disorders
- * 8. Methadone
- * 9. Buprenorphine with naloxone (Suboxone®)
- * 10. Buprenorphine without naloxone
- 11. We do not offer any of these pharmacotherapy services

***10. Does this facility operate an Opioid Treatment Program (OTP) at this location?**

- *OTPs are certified by SAMHSA's Center for Substance Abuse Treatment (CSAT) to dispense the opioid drugs methadone and buprenorphine for the treatment of opioid (narcotic) addiction.*
- *Almost all SAMHSA-certified OTPs dispense methadone, some dispense both methadone and buprenorphine, and a few dispense only buprenorphine.*
- *Facilities that are not OTPs may prescribe (not dispense) buprenorphine for their patients if they have a specially qualified physician on staff. Therefore, not all facilities that prescribe buprenorphine are OTPs.*

MARK ONE ONLY

- 1 Yes, this facility operates a SAMHSA-certified Opioid Treatment Program (OTP) and dispenses methadone and/or buprenorphine
- 2 No, this facility is not a SAMHSA-certified OTP but it prescribes buprenorphine for the treatment of opioid addiction
- 3 No, this facility does not use methadone or buprenorphine to treat opioid addiction → **SKIP TO Q.11 (BELOW)**

***10a. Are ALL of the substance abuse clients at this facility currently receiving methadone or buprenorphine?**

- 1 YES
- 0 NO

***10b. Does the program for opioid addiction at this location provide maintenance services, detoxification services, or both?**

MARK ONE ONLY

- 1 Maintenance services
- 2 Detoxification services
- 3 Both

11. 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.

- *Definitions of these approaches can be found at: <http://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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. 12-step facilitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Brief intervention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Cognitive-behavioral therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Contingency management/motivational incentives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Motivational interviewing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Trauma-related counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Anger management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Matrix Model	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Community reinforcement plus vouchers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Rational emotive behavioral therapy (REBT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. Relapse prevention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
* 13. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Other treatment approach (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

*12. 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
0 NO → SKIP TO Q.13 (BELOW)

*12a. Does this facility serve only DUI/DWI clients?

- 1 YES
0 NO

*13. Does this facility provide substance abuse treatment services in sign language at this location for the hearing impaired (for example, *American Sign Language, Signed English, or Cued Speech*)?

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

- 1 YES
0 NO

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

- 1 YES
0 NO → SKIP TO Q.15 (PAGE 4)

14a. 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
2 On-call interpreter (*in person or by phone*) brought in when needed → SKIP TO Q.15 (PAGE 4)
3 BOTH staff counselor and on-call interpreter

*14a1. Do staff counselors provide substance abuse treatment in Spanish at this facility?

- 1 YES
0 NO → SKIP TO Q.14b (BELOW)

14a2. Do staff counselors at this facility provide substance abuse treatment in any other languages?

- 1 YES
0 NO → SKIP TO Q.15 (PAGE 4)

*14b. 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
2 Lakota
3 Navajo
4 Ojibwa
5 Yupik
6 Other American Indian or Alaska Native language

(Specify: _____)

Other Languages:

- 7 Arabic
8 Any Chinese language
9 Creole
10 French
11 German
12 Greek
13 Hmong
14 Italian
15 Japanese
16 Korean
17 Polish
18 Portuguese
19 Russian
20 Tagalog
21 Vietnamese
22 Any other language

(Specify: _____)

***15. 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	<input type="checkbox"/> No minimum age	_____ YEARS	<input type="checkbox"/> No maximum age
1. Female	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ YEARS	<input type="checkbox"/> No minimum age	_____ YEARS	<input type="checkbox"/> No maximum age
2. Male	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ YEARS	<input type="checkbox"/> No minimum age	_____ YEARS	<input type="checkbox"/> No maximum age

***15a. 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
- 2 Young adults
- 3 Adult women
- 4 Pregnant/postpartum women
- 5 Adult men
- 6 Seniors or older adults
- 7 Lesbian, gay, bisexual, transgender (*LGBT*) clients
- 8 Veterans
- 9 Active duty military
- 10 Members of military families
- 11 Criminal justice clients (*other than DUI/DWI*)
- 12 Clients with co-occurring mental and substance abuse disorders
- 13 Clients with HIV or AIDS
- 14 Clients who have experienced sexual abuse
- 15 Clients who have experienced intimate partner violence, domestic violence
- 16 Clients who have experienced trauma
- 17 Specifically tailored programs or groups for any other types of clients
(Specify: _____)
- 18 No specifically tailored programs or groups are offered

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

- 1 YES
- 0 NO → SKIP TO Q.17 (PAGE 5)

***16a. Which of the following HOSPITAL INPATIENT services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

YES NO

- 1. Hospital inpatient detoxification YES NO
(Similar to ASAM Levels IV-D and III.7-D, *medically managed or monitored inpatient detoxification*)
- 2. Hospital inpatient treatment YES NO
(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 visit <http://info.nssats.com>.

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

- 1 YES
 0 NO → SKIP TO Q.19 (BELOW)

***17a. Which of the following RESIDENTIAL services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Residential detoxification 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification) | | |
| 2. Residential short-term treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less) | | |
| 3. Residential long-term treatment..... 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days) | | |

IF Qs. 17a.1, 17a.2, OR 17a.3 EQUALS "YES":

***18. Does this facility provide residential beds for clients' children?**

- 1 YES
 0 NO

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

- 1 YES → SKIP TO Q.19a (TOP OF NEXT COLUMN)
 0 NO → SKIP TO Q.20 (NEXT COLUMN)

***19a. Which of the following OUTPATIENT services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Outpatient detoxification 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Levels I-D and II-D, ambulatory detoxification) | | |
| 2. Outpatient methadone/ buprenorphine maintenance or Vivitrol® treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/> | | |
| 3. Outpatient day treatment or partial hospitalization 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level II.5, 20 or more hours per week) | | |
| 4. Intensive outpatient treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level II.1, 9 or more hours per week) | | |
| 5. Regular outpatient treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level I, outpatient treatment, non-intensive) | | |

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

- 1 YES
 0 NO → SKIP TO Q.21 (BELOW)

***20a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory and online Locator?**

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

- 1 YES
 0 NO

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

- 1 YES
 0 NO → SKIP TO Q.22 (PAGE 6)

***21a. Do you want the availability of free care for eligible clients published in SAMHSA's Directory and online Locator?**

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

- 1 YES
 0 NO

***22. 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

- | | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> |
|---|----------------------------|----------------------------|----------------------------|
| 1. No payment accepted
(free treatment for ALL clients) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 2. Cash or self-payment..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 3. Medicare | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 4. Medicaid..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 5. State-financed health insurance plan other than Medicaid | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 6. Federal military insurance (e.g., TRICARE)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 7. Private health insurance | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 8. Access To Recovery (ATR) vouchers | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 9. IHS/638 contract care funds | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 10. Other (Specify:.....
_____) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |

***23. 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

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

- 1 YES
0 NO → SKIP TO Q.25 (TOP OF NEXT COLUMN)

***24a. 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: _____

25. 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
0 NO

26. The *Directory* will be published on CD. Would you like to receive a free copy of the CD?

- 1 YES
0 NO

27. Is this facility part of an organization with multiple facilities or sites that provide substance abuse treatment?

- 1 YES
0 NO → SKIP TO Q.29 (BELOW)

28. What is the name, address, and phone number of the facility that is the parent, or master site, of the organization?

Name: _____

Address: _____

Phone Number: (____) - ____ - _____

29. 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

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

- 5 Other (Specify: _____)

Name: _____

Title: _____

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

Fax Number: (____) ____ - ____

Email Address: _____

Facility Email Address: _____

PLEDGE TO RESPONDENTS: The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(n)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and the online Behavioral Health Treatment Services Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.

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 25 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.