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

March 31, 2014

Substance Abuse and Mental Health Services Administration (SAMHSA)
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
  NSSATSWeb@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  
   0. NO

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

   1. YES  
   0. NO

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

   1. YES  
   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

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**

- ☐ Yes, this facility operates a SAMHSA-certified Opioid Treatment Program (OTP) and dispenses methadone and/or buprenorphine
- ☐ No, this facility is not a SAMHSA-certified OTP but it prescribes buprenorphine for the treatment of opioid addiction
- ☐ 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?

- ☐ YES
- ☐ NO

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

**MARK ONE ONLY**

- ☐ Maintenance services
- ☐ Detoxification services
- ☐ 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

<table>
<thead>
<tr>
<th>CLINICAL/ THERAPEUTIC APPROACHES</th>
<th>MARK ONE FREQUENCY FOR EACH APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>1. Substance abuse counseling</td>
<td>☐</td>
</tr>
<tr>
<td>2. 12-step facilitation</td>
<td>☐</td>
</tr>
<tr>
<td>3. Brief intervention</td>
<td>☐</td>
</tr>
<tr>
<td>4. Cognitive-behavioral therapy</td>
<td>☐</td>
</tr>
<tr>
<td>5. Contingency management/….</td>
<td>☐</td>
</tr>
<tr>
<td>6. Motivational interviewing</td>
<td>☐</td>
</tr>
<tr>
<td>7. Trauma-related counseling</td>
<td>☐</td>
</tr>
<tr>
<td>8. Anger management</td>
<td>☐</td>
</tr>
<tr>
<td>9. Matrix Model</td>
<td>☐</td>
</tr>
<tr>
<td>10. Community reinforcement plus vouchers</td>
<td>☐</td>
</tr>
<tr>
<td>11. Rational emotive behavioral therapy (REBT)</td>
<td>☐</td>
</tr>
<tr>
<td>12. Relapse prevention</td>
<td>☐</td>
</tr>
<tr>
<td>13. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs)</td>
<td>☐</td>
</tr>
<tr>
<td>14. Other treatment approach (Specify:____________________)</td>
<td>☐</td>
</tr>
</tbody>
</table>
*12. Does this facility, at this location, offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

1 □ YES
0 □ NO → 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)

*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?

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>MARK YES OR NO FOR EACH CATEGORY</th>
<th>IF SERVED, WHAT IS THE LOWEST AGE SERVED</th>
<th>IF SERVED, WHAT IS THE HIGHEST AGE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SERVED BY THIS FACILITY</td>
<td>YEARS</td>
<td>YEARS</td>
</tr>
<tr>
<td>1. Female</td>
<td>□ YES 0 NO</td>
<td>□ No minimum age</td>
<td>□ No maximum age</td>
</tr>
<tr>
<td>2. Male</td>
<td>□ YES 0 NO</td>
<td>□ No minimum age</td>
<td>□ No maximum age</td>
</tr>
</tbody>
</table>

*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
- □ Adolescents
- □ Young adults
- □ Adult women
- □ Pregnant/postpartum women
- □ Adult men
- □ Seniors or older adults
- □ Lesbian, gay, bisexual, transgender (LGBT) clients
- □ Veterans
- □ Active duty military
- □ Members of military families
- □ 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
- □ Specifically tailored programs or groups for any other types of clients
  (Specify: ____________________________________________)
- □ 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?

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

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

<table>
<thead>
<tr>
<th>MARK &quot;YES&quot; OR &quot;NO&quot; FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

1. Hospital inpatient detoxification ............................................................................................................... □ 0 □
   (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)

2. Hospital inpatient treatment ...................................................................................................................... □ 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 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

YES NO

1. Residential detoxification ................ 1 ☐ 0 ☐
   (Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification)

2. Residential short-term treatment ...... 1 ☐ 0 ☐
   (Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less)

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)

19a. 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)

2. Outpatient methadone/buprenorphine maintenance or Vivitrol® treatment .................. 1 ☐ 0 ☐

3. Outpatient day treatment or partial hospitalization .................. 1 ☐ 0 ☐
   (Similar to ASAM Level II.5, 20 or more hours per week)

4. Intensive outpatient treatment .......... 1 ☐ 0 ☐
   (Similar to ASAM Level II.1, 9 or more hours per week)

5. Regular outpatient treatment ............ 1 ☐ 0 ☐
   (Similar to ASAM Level I, outpatient treatment, non-intensive)

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)

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?

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?

1 ☐ YES

0 ☐ NO
22. Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?

<table>
<thead>
<tr>
<th>Type of Payment/Insurance</th>
<th>Accepted</th>
<th>Not Accepted</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No payment accepted (free treatment for ALL clients)</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>2. Cash or self-payment</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3. Medicare</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>4. Medicaid</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>5. State-financed health insurance plan other than Medicaid</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>6. Federal military insurance (e.g., TRICARE)</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>7. Private health insurance</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>8. Access To Recovery (ATR) vouchers</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>9. IHS/638 contract care funds</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>10. Other (Specify: )</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

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

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

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.