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

March 31, 2015

Substance Abuse and Mental Health Services Administration (SAMHSA)

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
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 12 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. 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 0 
□ Substance abuse clients
2 0 
□ Clients other than substance abuse clients
3 0 
□ No clients are offered mental health treatment services

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

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

*2a. Does this facility detoxify clients from . . . MARK “YES” OR “NO” FOR EACH

YES      NO
1. Alcohol............................................................................... 1 0
2. Benzodiazepines.................................................. 1 0
3. Cocaine ................................................................. 1 0
4. Methamphetamines ........................................ 1 0
5. Opioids ....................................................................... 1 0
6. Other (Specify:__________________________) ............................................. 1 0

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

1 0 
□ Yes
0 0 
□ No → SKIP TO Q.4 (BELOW)

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

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

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

1 0 
□ Yes
0 0 
□ No → SKIP TO Q.42 (PAGE 12)

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

1 0 
□ Yes
0 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 0 
□ Substance abuse treatment services
2 0 
□ Mental health services
3 0 
□ Mix of mental health and substance abuse treatment services (neither is primary)
4 0 
□ General health care
5 0 
□ Other (Specify:__________________________)

*7. Is this facility operated by . . . MARK ONE ONLY

1 0 
□ A private for-profit organization
2 0 
□ A private non-profit organization
3 0 
□ State government
4 0 
□ Local, county, or community government
5 0 
□ Tribal government
6 0 
□ Federal Government

*7a. Which Federal Government agency? MARK ONE ONLY

1 0 
□ Department of Veterans Affairs
2 0 
□ Department of Defense
3 0 
□ Indian Health Service
4 0 
□ Other (Specify:__________________________)

8. Is this facility affiliated with a religious organization?

1 0 
□ Yes
0 0 
□ No
*9. Is this facility a hospital or located in or operated by a hospital?
  1  ☐ Yes
  0  ☐ No  ➔ SKIP TO Q.10 (BELOW)

*9a. What type of hospital?
MARK ONE ONLY
  1  ☐ General hospital (including VA hospital)
  2  ☐ Psychiatric hospital
  3  ☐ Other specialty hospital, for example, alcoholism, maternity, etc.
     (Specify: ____________________________)

*10. What telephone number(s) should a potential client call to schedule an intake appointment?
  1. (______) ________ - ____________ ext._____  
  2. (______) ________ - ____________ 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
  2  ☐ Screening for mental health disorders
  3  ☐ Comprehensive substance abuse assessment or diagnosis
  4  ☐ Comprehensive mental health assessment or diagnosis (for example, psychological or psychiatric evaluation and testing)
  5  ☐ Screening for tobacco use
  6  ☐ Outreach to persons in the community who may need treatment
  7  ☐ Interim services for clients when immediate admission is not possible
  8  ☐ We do not offer any of these assessment and pre-treatment services

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

Transitional Services
  17  ☐ Discharge planning

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

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

Pharmacotherapies
  44  ☐ Disulfiram (Antabuse®)
  45  ☐ Naltrexone (oral)
  46  ☐ Vivitrol® (injectable Naltrexone)
  47  ☐ Acamprosate (Campra®)
  48  ☐ Nicotine replacement
  49  ☐ Non-nicotine smoking/tobacco cessation medications (for example, Bupropion, Varenicline)
  50  ☐ Medications for psychiatric disorders
  51  ☐ Methadone
  52  ☐ Buprenorphine with naloxone (Suboxone®)
  53  ☐ Buprenorphine without naloxone
  54  ☐ We do not offer any of these pharmacotherapy services
12. How does this facility treat opioid (narcotic) addiction?
MARK ALL THAT APPLY
1  □  This facility does not treat opioid addiction.
2  □  This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. It is NOT a federally-certified OTP.
3  □  This facility is "drug free." It does not use medications to treat opioid addiction or accept clients using medication to treat opioid addiction.
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.)
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 waivered physician.
6  □  This facility administers and/or dispenses methadone, buprenorphine and/or naltrexone (Vivitrol®) as a federally-certified Opioid Treatment Program (OTP). A Data 2000 waivered physician may or may not also be onsite. (While most OTPs use methadone, some only use buprenorphine.)

12a. Are ALL of the substance abuse clients at this facility currently receiving methadone, buprenorphine, or naltrexone (Vivitrol®)?
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
2  □  Maintenance services with medically-supervised withdrawal after a pre-determined time
3  □  Detoxification services with methadone or buprenorphine
4  □  Relapse prevention with naltrexone (Vivitrol®)

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.

<table>
<thead>
<tr>
<th>TYPE OF COUNSELING</th>
<th>NOT OFFERED</th>
<th>RECEIVED BY 25% OR LESS OF CLIENTS</th>
<th>RECEIVED BY 26% TO 50% OF CLIENTS</th>
<th>RECEIVED BY 51% TO 75% OF CLIENTS</th>
<th>RECEIVED BY MORE THAN 75% OF CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual counseling</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>2. Group counseling</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>3. Family counseling</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>4. Marital/couples counseling</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>
*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, go to: https://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>1☐</td>
</tr>
<tr>
<td>2. 12-step facilitation</td>
<td>1☐</td>
</tr>
<tr>
<td>3. Brief intervention</td>
<td>1☐</td>
</tr>
<tr>
<td>4. Cognitive-behavioral therapy</td>
<td>1☐</td>
</tr>
<tr>
<td>5. Dialectical behavior therapy</td>
<td>1☐</td>
</tr>
<tr>
<td>6. Contingency management/motivational incentives</td>
<td>1☐</td>
</tr>
<tr>
<td>7. Motivational interviewing</td>
<td>1☐</td>
</tr>
<tr>
<td>8. Trauma-related counseling</td>
<td>1☐</td>
</tr>
<tr>
<td>9. Anger management</td>
<td>1☐</td>
</tr>
<tr>
<td>10. Matrix Model</td>
<td>1☐</td>
</tr>
<tr>
<td>11. Community reinforcement plus vouchers</td>
<td>1☐</td>
</tr>
<tr>
<td>12. Rational emotive behavioral therapy (REBT)</td>
<td>1☐</td>
</tr>
<tr>
<td>13. Relapse prevention</td>
<td>1☐</td>
</tr>
<tr>
<td>14. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs)</td>
<td>1☐</td>
</tr>
<tr>
<td>15. Other treatment approach (Specify: ________________)</td>
<td>1☐</td>
</tr>
</tbody>
</table>
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
2. Periodic drug testing of clients
3. Regularly scheduled case review with a supervisor
4. Case review by an appointed quality review committee
5. Outcome follow-up after discharge
6. Periodic utilization review
7. Periodic client satisfaction surveys conducted by the facility
8. None of these practices are part of the standard operating procedures

16. Does this facility, at this location, offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders? SKIP TO Q.17 (BELOW)
1. Yes
0. No

16a. Does this facility serve only DUI/DWI clients? SKIP TO Q.17 (BELOW)
1. Yes
0. No

17. 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
0. No

18. Does this facility provide substance abuse treatment services in a language other than English at this location? SKIP TO Q.19 (PAGE 6)
1. Yes
0. No

18a. 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
3. BOTH staff counselor and on-call interpreter

18a1. Do staff counselors provide substance abuse treatment in Spanish at this facility?
1. Yes
0. No

18a2. Do staff counselors at this facility provide substance abuse treatment in any other languages?
1. Yes
0. No

18b. 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. Farsi
11. French
12. German
13. Greek
14. Hebrew
15. Hindi
16. Hmong
17. Italian
18. Japanese
19. Korean
20. Polish
21. Portuguese
22. Russian
23. Tagalog
24. Vietnamese
25. Any other language
   (Specify: __________________________)
*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? **MARK “YES” OR “NO” FOR EACH CATEGORY**

<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</td>
<td>□ No minimum age</td>
<td>□ No maximum age</td>
</tr>
<tr>
<td>2. Male</td>
<td>□ Yes</td>
<td>□ No minimum age</td>
<td>□ No maximum age</td>
</tr>
</tbody>
</table>

*19a. 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

*20. 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.21 (NEXT PAGE)**

*20a. Which of the following HOSPITAL INPATIENT services are offered at this facility? **MARK “YES” OR “NO” FOR EACH**

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

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

1. Yes
2. No  →  SKIP TO Q.22 (BELOW)

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Residential detoxification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Residential short-term treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Residential long-term treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatient detoxification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Levels I-D and II-D, ambulatory detoxification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Outpatient methadone/buprenorphine maintenance or Vivitrol® treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Outpatient day treatment or partial hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Level II.5, 20 or more hours per week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Intensive outpatient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Level II.1, 9 or more hours per week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Regular outpatient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Similar to ASAM Level I, outpatient treatment, non-intensive)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. Yes
2. No  →  SKIP TO Q.24 (BELOW)

**23a.** 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
2. No

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

1. Yes
2. No  →  SKIP TO Q.25 (BELOW)

**24a.** 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
2. 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?

- 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
2. No  
4. Don’t Know
*26. 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

<table>
<thead>
<tr>
<th>NO</th>
<th>DON’T KNOW</th>
</tr>
</thead>
</table>

1. No payment accepted (free treatment for ALL clients) .........1
2. Cash or self-payment ..........................................1
3. Medicare ..................................................................1
4. Medicaid ................................................................1
5. State-financed health insurance plan other than Medicaid ..1
6. Federal military insurance (e.g., TRICARE) ..................1
7. Private health insurance ........................................1
8. Access To Recovery (ATR) vouchers .........................1
9. IHS/Tribal/Urban (ITU) funds ................................1
10. Other (Specify: _____________________________) .......1

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.

<table>
<thead>
<tr>
<th>WORK ACTIVITY</th>
<th>MARK ONE METHOD FOR EACH ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORK ACTIVITY</td>
<td>COMPUTER/ELECTRONIC ONLY</td>
</tr>
<tr>
<td>1. Intake</td>
<td>1</td>
</tr>
<tr>
<td>2. Scheduling appointments</td>
<td>1</td>
</tr>
<tr>
<td>3. Assessment</td>
<td>1</td>
</tr>
<tr>
<td>4. Treatment plan</td>
<td>1</td>
</tr>
<tr>
<td>5. Client progress monitoring</td>
<td>1</td>
</tr>
<tr>
<td>6. Discharge</td>
<td>1</td>
</tr>
<tr>
<td>7. Referrals</td>
<td>1</td>
</tr>
<tr>
<td>8. Issue/receive lab results</td>
<td>1</td>
</tr>
<tr>
<td>9. Billing</td>
<td>1</td>
</tr>
<tr>
<td>10. Outcomes management</td>
<td>1</td>
</tr>
<tr>
<td>11. Medication prescribing/dispensing</td>
<td>1</td>
</tr>
<tr>
<td>12. Health records</td>
<td>1</td>
</tr>
<tr>
<td>13. Interoperability with other providers (such as primary care, mental health providers, criminal justice, etc.)</td>
<td>1</td>
</tr>
</tbody>
</table>
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

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?

<table>
<thead>
<tr>
<th>THIS FACILITY</th>
<th>+ ADDITIONAL FACILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

TOTAL FACILITIES

“For 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

1 ☐ By listing the names and location addresses of these additional facilities in the “Additional Facilities Included in Client Counts” section on page 13 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

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
2. Hospital inpatient treatment

HOSPITAL INPATIENT TOTAL BOX

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

29c. 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”)

1. Methadone dispensed at this facility
2. Buprenorphine dispensed or prescribed at this facility
3. Vivitrol® administered at this facility
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 _______________

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

☐ Yes
☐ No → SKIP TO Q.31 (NEXT COLUMN)

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)

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

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

RESIDENTIAL TOTAL BOX

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

ENTER A NUMBER
(IF NONE, ENTER “0”)

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 _______________
2. Buprenorphine dispensed or prescribed at this facility _______________
3. Vivitrol® administered at this facility _______________

RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

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

ENTER A NUMBER
(IF NONE, ENTER “0”)

Number of beds _______________

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

☐ Yes
☐ No → SKIP TO Q.32 (PAGE 11)

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

2. Outpatient methadone/ buprenorphine maintenance or Vivitrol® treatment _________
   (Count methadone/buprenorphine/ Vivitrol® clients on this line only)

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

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

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

OUTPATIENT TOTAL BOX

OUTPATIENT CLIENT COUNTS
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 _______________

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 _______________
2. Buprenorphine dispensed or prescribed at this facility _______________
3. Vivitrol® administered at this facility _______________

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

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%)

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 100%

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. 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 of the following statements 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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State substance abuse agency</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. State mental health department</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. State department of health</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Hospital licensing authority</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. The Joint Commission</td>
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<td>☐</td>
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<tr>
<td>6. Commission on Accreditation of Rehabilitation Facilities (CARF)</td>
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<tr>
<td>7. National Committee for Quality Assurance (NCQA)</td>
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<tr>
<td>8. Council on Accreditation (COA)</td>
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<tr>
<td>9. Healthcare Facilities Accreditation Program (HFAP)</td>
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<tr>
<td>10. Other national organization or federal, state, or local agency</td>
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</table>

*Specify: ___________________________

---

*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

0 ☐ No ➔ SKIP TO Q.39 (BELOW)

---

*38a. What is the NPI number for this facility?*  
(NPI is a 10-digit numeric ID)

---

*39. 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.40 (BELOW)

---

*39a. 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: __________________________

---

*40. 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

---

*41. 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

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

1 ☐ Ms.

2 ☐ Mrs.

3 ☐ Mr.

4 ☐ Dr.

5 ☐ Other (Specify: __________________________)

Name: __________________________

Title: __________________________

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

Fax Number: (_____) _____ - _______

Email Address: __________________________

Facility Email Address: __________________________
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: ____________
PHONE: ____________________________
FACILITY EMAIL ADDRESS: _______________________________________________
☐ HOSPITAL INPATIENT ☐ RESIDENTIAL ☐ OUTPATIENT

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

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