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

March 31, 2017

Substance Abuse and Mental Health Services Administration (SAMHSA)
Would you prefer to complete this questionnaire online? See the pink flyer enclosed in your survey 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 surveys, 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), in SAMHSA’s National Directory of Drug and Alcohol Abuse Treatment Programs, and other publicly-available listings, unless you designate otherwise in question 39, 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 and that complete this questionnaire will be listed as substance abuse facilities 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 ✔️
   2. Detoxification ✔️
   3. Substance abuse treatment ✔️
   4. Any other substance abuse services ✔️

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

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

   MARK “YES” OR “NO” FOR EACH
   YES     NO

   1. Alcohol ✔️
   2. Benzodiazepines ✔️
   3. Cocaine ✔️
   4. Methamphetamine ✔️
   5. Opioids ✔️
   6. Other (Specify: ___________________)

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

   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. Is this facility affiliated with a religious organization?

   1. Yes
   0. No

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

   1. Yes
   0. No
**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  
18. [ ] Aftercare/continuing care  
19. [ ] We do not offer any of these transitional services  

### 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. [ ] Naltrexone *(extended-release, injectable, for example, Vivitrol®)*  
47. [ ] Acamprosate *(Campral®)*  
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. [ ] Buprenorphine sub-dermal implant *(Probuphine®)*  
55. [ ] We do not offer any of these pharmacotherapy services
12. Facilities may treat a range of substance abuse disorders. The next series of questions focus only on how this facility treats opioid use disorder.

How does this facility treat opioid use disorder?

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 Opioid Treatment Program (OTP).
3. This facility treats opioid addiction, but it does not use methadone, buprenorphine, and/or naltrexone to treat opioid addiction, nor does it accept clients using those medications to treat opioid addiction.
4. This facility accepts clients who are on methadone, buprenorphine and/or naltrexone 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. This facility is NOT a federally-certified Opioid Treatment Program (OTP). Buprenorphine use is authorized through a DATA 2000 waivered physician, physician assistant, or nurse practitioner. Naltrexone use is authorized through any medical staff who have prescribing privileges.
6. This facility administers and/or dispenses methadone, buprenorphine and/or naltrexone 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. Does this facility serve only opioid use disorder clients?

1. Yes
2. 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

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>MARK ONE BOX FOR EACH TYPE OF COUNSELING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT OFFERED</td>
</tr>
<tr>
<td>1. Individual counseling</td>
<td>1 ☐</td>
</tr>
<tr>
<td>2. Group counseling</td>
<td>1 ☐</td>
</tr>
<tr>
<td>3. Family counseling</td>
<td>1 ☐</td>
</tr>
<tr>
<td>4. Marital/couples counseling</td>
<td>1 ☐</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>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>ALWAYS OR OFTEN</th>
<th>NOT FAMILIAR WITH THIS APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance abuse counseling</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>2. 12-step facilitation</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>3. Brief intervention</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>4. Cognitive behavioral therapy</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>5. Dialectical behavior therapy</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>6. Contingency management/motivational incentives</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>7. Motivational interviewing</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>8. Trauma-related counseling</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>9. Anger management</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>10. Matrix Model</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>11. Community reinforcement plus vouchers</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>12. Rational emotive behavioral therapy (REBT)</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>13. Relapse prevention</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>14. Computerized substance abuse treatment/ telemedicine (including Internet, Web, mobile, and desktop programs)</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>15. Other treatment approach (Specify: _________________________________)</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</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?

☐ Yes
☐ No → SKIP TO Q.17 (BELOW)

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

☐ Yes
☐ 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.

☐ Yes
☐ No

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

☐ Yes
☐ No → SKIP TO Q.19 (TOP OF NEXT PAGE)

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 → SKIP TO Q.19 (TOP OF NEXT PAGE)
3 ☐ BOTH staff counselor and on-call interpreter

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

☐ Yes
☐ No → SKIP TO Q.18b (NEXT COLUMN)

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

☐ Yes → GO TO Q.18b (TOP OF NEXT COLUMN)
☐ No → SKIP TO Q.19 (TOP OF NEXT PAGE)

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:

☐ Hopi
☐ Lakota
☐ Navajo
☐ Ojibwa
☐ Yupik
☐ Other American Indian or Alaska Native language

(Specify: ____________________________)

Other Languages:

☐ Arabic
☐ Any Chinese language
☐ Creole
☐ Farsi
☐ French
☐ German
☐ Greek
☐ Hebrew
☐ Hindi
☐ Hmong
☐ Italian
☐ Japanese
☐ Korean
☐ Polish
☐ Portuguese
☐ Russian
☐ Tagalog
☐ Vietnamese
☐ Any other language

(Specify: ____________________________)

5
*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?

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

<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>MARK “YES” OR “NO” FOR EACH CATEGORY SERVED BY THIS FACILITY</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>1. Female</td>
<td>1 □ Yes 0 □ No</td>
<td>0 □ No minimum age</td>
<td>0 □ No maximum age</td>
</tr>
<tr>
<td>2. Male</td>
<td>1 □ Yes 0 □ No</td>
<td>0 □ No minimum age</td>
<td>0 □ 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 (BELOW)**

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

**MARK “YES” OR “NO” FOR EACH**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 → **GO TO Q.21a (TOP OF NEXT PAGE)**
0 □ No → **SKIP TO Q.22 (NEXT PAGE)**
*21a. Which of the following RESIDENTIAL services are offered at this facility?

MARK “YES” OR “NO” FOR EACH

YES NO

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

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

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

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

1 □ Yes
0 □ No → SKIP TO Q.23 (BELOW)

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

MARK “YES” OR “NO” FOR EACH

YES NO

1. Outpatient detoxification ....................... 1 □ □
   (Similar to ASAM Levels I-D and II-D, ambulatory detoxification)

2. Outpatient methadone/buprenorphine
   maintenance or naltrexone treatment .. 1 □ □

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

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

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

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

1 □ Yes
0 □ No → SKIP TO Q.24 (TOP OF NEXT COLUMN)

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
0 □ No

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

1 □ Yes
0 □ 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
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?
   • Do not include Medicare, Medicaid, or federal
   military insurance. These forms of client
   payments are included in Q.26.

1 □ Yes
0 □ No
d □ 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

YES NO DON’T KNOW

1. No payment accepted (free
   treatment for ALL clients) ..........1 □ □ □ d □

2. Cash or self-payment ...................1 □ □ □ d □

3. Medicare .......................................1 □ □ □ d □

4. Medicaid .......................................1 □ □ □ d □

5. State-financed health insurance
   plan other than Medicaid ..............1 □ □ □ d □

6. Federal military insurance
   (e.g., TRICARE) ............................1 □ □ □ d □

7. Private health insurance.............1 □ □ □ d □

8. Access To Recovery
   (ATR vouchers) .........................1 □ □ □ d □

9. IHS/Tribal/Urban (ITU funds) .......1 □ □ □ d □

10. Other .............................................1 □ □ □ d □

   (Specify:  ___________________________ )
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.

**NOTE:** Electronic resources include tools such as electronic health records and web portals. Please consider e-fax, pdf, or scanned documents as paper documents.

<table>
<thead>
<tr>
<th>WORK ACTIVITY</th>
<th>MARK ONE METHOD FOR EACH ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></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. Store and maintain client health and/or treatment records</td>
<td>1 ☐</td>
</tr>
<tr>
<td>13. Send client health and/or treatment information to providers or sources outside your organization</td>
<td>1 ☐</td>
</tr>
<tr>
<td>14. Receive client health and/or treatment information from providers or sources outside your organization</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>
<th>TOTAL FACILITIESα</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

αFor 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, 2017, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

1. □ Yes
0. □ No → SKIP TO Q.30 (TOP OF NEXT PAGE)

29a. On March 31, 2017, 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 _______________ (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)
2. Hospital inpatient treatment _______________ (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive 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, maintenance, or relapse prevention for opioid use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER “0”)

1. Methadone dispensed at this facility for opioid use disorder _______________
2. Buprenorphine dispensed or prescribed at this facility for opioid use disorder _______________
3. Naltrexone administered at this facility for opioid use disorder _______________

29d. On March 31, 2017, 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, 2017, 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, 2017, 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, maintenance, or relapse prevention for opioid use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER “0”)

1. Methadone dispensed at this facility for opioid use disorder _________

2. Buprenorphine dispensed or prescribed at this facility for opioid use disorder _________

3. Naltrexone administered at this facility for opioid use disorder _________

OUTPATIENT CLIENT COUNTS

31. During the month of March 2017, did any clients receive OUTPATIENT substance abuse services at this facility?

☐ Yes  ☐ No  → SKIP TO Q.32 (NEXT PAGE)

31a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2017?

ONLY INCLUDE clients who received treatment in March AND were still enrolled in treatment on March 31, 2017.

- **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 naltrexone treatment
   (Count methadone/buprenorphine/naltrexone 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 _________
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, maintenance, or relapse prevention for opioid use disorder.

ENTER A NUMBER FOR EACH
(IF NONE, ENTER “0”)

1. Methadone dispensed at this facility for opioid use disorder _______________

2. Buprenorphine dispensed or prescribed at this facility for opioid use disorder _______________

3. Naltrexone administered at this facility for opioid use disorder _______________

31d. On average, during March 2017, 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, 2017, 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, 2017, 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?*

- Yes [1]  
- No [0]

*36. Which of the following statements BEST describes this facility’s smoking policy for clients?*

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

*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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State substance abuse agency</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. State mental health department</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. State department of health</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Hospital licensing authority</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. The Joint Commission</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Commission on Accreditation of Rehabilitation Facilities (CARF)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. National Committee for Quality Assurance (NCQA)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Council on Accreditation (COA)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Healthcare Facilities Accreditation Program (HFAP)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Other national organization or federal, state, or local agency</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

- Yes [1]  
- No [0]  

**SKIP TO Q.39 (BELOW)**

*38a. 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: __________________________

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

- The Locator can be found at: [https://findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)

- Yes [1]  
- No [0]  

**SKIP TO Q.40 (BELOW)**

*39a. To increase public awareness of behavioral health services, SAMHSA may be sharing facility contact information with large commercially available Internet search engines, such as Google, Bing, Yahoo!, etc. Do you want your facility information shared on these Internet search engines?*

- Information to be shared would be: facility name, location address, telephone number, and website address.

- Yes [1]  
- No [0]

*40. 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**

- Ms [1]  
- Mrs [2]  
- Mr [3]  
- Dr [4]  
- Other (Specify: __________________________) [5]

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

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 50345
P.O. Box 2393
Princeton, NJ 08543-2393

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