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

March 30, 2018

Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (HHS)

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 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 27, page 10 of this questionnaire.

Mapping feature in online Locator. Complete and accurate name and address information is needed for SAMHSA's online Behavioral Health Treatment Services 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.
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 → SKIP TO Q.3 (TOP OF 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. Yes → SKIP TO Q.4 (NEXT COLUMN)  
   0. No

3. Did you answer “yes” to substance abuse treatment in option 3 of question 1?  
   1. Yes  
   0. No → SKIP TO Q.24 (PAGE 9)

4. Is this facility a jail, prison, or other organization that provides treatment exclusively for incarcerated persons or juvenile detainees?  
   1. Yes → SKIP TO Q.29 (PAGE 10)  
   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: ______________ )

*7b. Does this facility routinely use medications during detoxification?  
   1. Yes → SKIP TO Q.4 (NEXT COLUMN)  
   0. No
8. 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.9 (BELOW)

8a. 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>1. Hospital inpatient detoxification</td>
<td>0</td>
</tr>
</tbody>
</table>
   (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 go to https://info.nssats.com.

9. 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.10 (TOP OF NEXT COLUMN)

9a. Which of the following RESIDENTIAL 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>1. Residential detoxification</td>
<td>0</td>
</tr>
</tbody>
</table>
   (similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification) |
| 2. Residential short-term treatment | 0 |
   (similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less) |
| 3. Residential long-term treatment | 0 |
   (similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days) |

10. 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.11 (TOP OF NEXT PAGE)

10a. Which of the following OUTPATIENT 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>1. Outpatient detoxification</td>
<td>0</td>
</tr>
</tbody>
</table>
   (similar to ASAM Levels I-D and II-D, ambulatory detoxification) |
| 2. Outpatient methadone/ buprenorphine maintenance or naltrexone treatment | 0 |
| 3. Outpatient day treatment or partial hospitalization | 0 |
   (similar to ASAM Level II.5, 20 or more hours per week) |
| 4. Intensive outpatient treatment | 0 |
   (similar to ASAM Level II.1, 9 or more hours per week) |
| 5. Regular outpatient treatment | 0 |
   (similar to ASAM Level I, outpatient treatment, non-intensive) |
**11.** Which of the following services are offered by this facility at this location, that is, the location listed on the front cover? MARK ALL THAT APPLY

**Assessment and Pre-Treatment Services**
- [ ] Screening for substance abuse
- [ ] Screening for mental health disorders
- [ ] Comprehensive substance abuse assessment or diagnosis
- [ ] Comprehensive mental health assessment or diagnosis *(for example, psychological or psychiatric evaluation and testing)*
- [ ] Screening for tobacco use
- [ ] Outreach to persons in the community who may need treatment
- [ ] Interim services for clients when immediate admission is not possible
- [ ] 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.)*
- [ ] Breathalyzer or other blood alcohol testing
- [ ] Drug or alcohol urine screening
- [ ] Screening for Hepatitis B
- [ ] Screening for Hepatitis C
- [ ] HIV testing
- [ ] STD testing
- [ ] TB screening
- [ ] We do not offer any of these testing services

**Transitional Services**
- [ ] Discharge planning
- [ ] Aftercare/continuing care
- [ ] We do not offer any of these transitional services

**Ancillary Services**
- [ ] Case management services
- [ ] Social skills development
- [ ] Mentoring/peer support
- [ ] Child care for clients’ children
- [ ] Assistance with obtaining social services *(for example, Medicaid, WIC, SSI, SSDI)*
- [ ] Employment counseling or training for clients
- [ ] Assistance in locating housing for clients
- [ ] Domestic violence—family or partner violence services *(physical, sexual, and emotional abuse)*
- [ ] Early intervention for HIV
- [ ] HIV or AIDS education, counseling, or support
- [ ] Hepatitis education, counseling, or support
- [ ] Health education other than HIV/AIDS or hepatitis
- [ ] Substance abuse education
- [ ] Transportation assistance to treatment
- [ ] Mental health services
- [ ] Acupuncture
- [ ] Residential beds for clients’ children
- [ ] Self-help groups *(for example, AA, NA, SMART Recovery)*
- [ ] Smoking/tobacco cessation counseling
- [ ] We do not offer any of these ancillary services

**Other Services**
- [ ] Treatment for gambling disorder
- [ ] Treatment for Internet use disorder
- [ ] Treatment for other addiction disorder *(non-substance abuse)*
- [ ] We do not offer any of these other services

**Pharmacotherapies**
- [ ] Disulfiram *(Antabuse®)*
- [ ] Naltrexone *(oral)*
- [ ] Naltrexone *(extended-release, injectable, for example, Vivitrol®)*
- [ ] Acamprosate *(Campral®)*
- [ ] Nicotine replacement
- [ ] Non-nicotine smoking/tobacco cessation medications *(for example, bupropion, varenicline)*
- [ ] Medications for psychiatric disorders
- [ ] Methadone
- [ ] Buprenorphine with naloxone *(for example, Suboxone®, Bunavail®, Zubsolv®)*
- [ ] Buprenorphine without naloxone
- [ ] Buprenorphine sub-dermal implant *(Probuphine®)*
- [ ] Buprenorphine *(extended-release, injectable, for example, Sublocade®)*
- [ ] We do not offer any of these pharmacotherapy services
*12. Facilities may treat a range of substance use disorders. The next series of questions focuses only on how this facility treats opioid use disorder.

How does this facility treat opioid use disorder?

- Medication assisted treatment (MAT) includes the use of methadone, buprenorphine and/or naltrexone for the treatment of opioid use disorder.

MARK ALL THAT APPLY

1. □ This facility does not treat opioid use disorder.
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 use disorder, but it does not use medication assisted treatment (MAT), nor does it accept clients using MAT to treat opioid use disorder.
4. □ This facility accepts clients using MAT, but the medications originate from or are prescribed by another entity. (The medications may or may not be stored/delivered/monitored onsite.)
5. □ This facility administers naltrexone to treat opioid use disorder. Naltrexone use is authorized through any medical staff who have prescribing privileges.
6. □ This facility prescribes buprenorphine to treat opioid use disorder. Buprenorphine use is authorized through a DATA 2000 waivered physician, physician assistant, or nurse practitioner.
7. □ This facility administers and/or dispenses methadone, buprenorphine and/or naltrexone and is a federally-certified Opioid Treatment Program (OTP). A DATA 2000 waivered physician, physician assistant, or nurse practitioner 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 (or taper) after a period of stabilization
3. □ Detoxification from opioids of abuse 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>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. 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.16 (BELOW)

15a. Does this facility serve only DUI/DWI clients?
   1  ☐ Yes
   0  ☐ No

16. 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

17. Does this facility provide substance abuse treatment services in a language other than English at this location?
   1  ☐ Yes
   0  ☐ No → SKIP TO Q.18 (TOP OF NEXT PAGE)

17a. 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.18 (TOP OF NEXT PAGE)
   3  ☐ BOTH staff counselor and on-call interpreter

17a1. Do staff counselors provide substance abuse treatment in Spanish at this facility?
   1  ☐ Yes
   0  ☐ No → SKIP TO Q.17b (TOP OF NEXT COLUMN)

17a2. Do staff counselors at this facility provide substance abuse treatment in any other languages?
   1  ☐ Yes → GO TO Q.17b (TOP OF NEXT COLUMN)
   0  ☐ No → SKIP TO Q.18 (TOP OF NEXT PAGE)

17b. 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: _________________________________)
*18. 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>□□□ YEARS 0 □ No minimum age</td>
<td>□□□ YEARS 0 □ No maximum age</td>
</tr>
<tr>
<td>2. Male</td>
<td>1 □ Yes 0 □ No</td>
<td>□□□ YEARS 0 □ No minimum age</td>
<td>□□□ YEARS 0 □ No maximum age</td>
</tr>
</tbody>
</table>

*18a. 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

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

- *Sliding fee scales are based on income and other factors.*
  1. □ Yes  
  0 □ No  → SKIP TO Q.20 (BELOW)

**19a. 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 potential clients should call the facility for information on eligibility.
  1. □ Yes  
  0 □ No

*20. Does this facility offer treatment at no charge or minimal payment (for example, $1) to clients who cannot afford to pay?*

  1. □ Yes  
  0 □ No  → SKIP TO Q.21 (BELOW)

**20a. Do you want the availability of treatment at no charge or minimal payment (for example, $1) 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

*21. 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.22.*
  1. □ Yes  
  0 □ No  
  □ Don’t know
*22. Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?  
MARK “YES,” “NO,” OR “DON’T KNOW” FOR EACH

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

1. No payment accepted (*free treatment for ALL clients*) .......... 1 0 0
2. Cash or self-payment .................................. 1 0 0
3. Medicare ........................................... 1 0 0
4. Medicaid ........................................... 1 0 0
5. State-financed health insurance plan other than Medicaid .......... 1 0 0
6. Federal military insurance (e.g., TRICARE) .................... 1 0 0
7. Private health insurance ................................ 1 0 0
8. IHS/Tribal/Urban (ITU) funds ...... 1 0 0
9. Other ............................................ 1 0 0
   (Specify: ________________________________)

*23. Is this facility a hospital or located in or operated by a hospital?  
1 □ Yes  
0 □ No SKIP TO Q.24 (BELOW)

*23a. What type of hospital?  
MARK ONE ONLY

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

1 □ General hospital (*including VA hospital*)  
2 □ Psychiatric hospital  
3 □ Other specialty hospital, for example, alcoholism, maternity, etc.  
   (Specify: ________________________________)

*24. 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

*25. Which of the following statements BEST describes this facility’s smoking policy for clients?  
MARK ONE ONLY

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

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

*26. 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>DONT KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. State substance abuse agency .. 1 0 0
2. State mental health department .. 1 0 0
3. State department of health .......... 1 0 0
4. Hospital licensing authority .......... 1 0 0
5. The Joint Commission ................. 1 0 0
6. Commission on Accreditation of Rehabilitation Facilities (CARF) .. 1 0 0
7. National Committee for Quality Assurance (NCQA) .......... 1 0 0
8. Council on Accreditation (COA) .. 1 0 0
9. Healthcare Facilities Accreditation Program (HFAP) ... 1 0 0
10. Other national organization or federal, state, or local agency ...... 1 0 0
   (Specify: ________________________________)

(Specify: ________________________________
27. If eligible, does this facility want to be listed in the Directory and the online Locator? *(See inside front cover for eligibility information)*
   - The Directory will be available at https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats
   - The Locator can be found at: https://findtreatment.samhsa.gov

   1  ☐ Yes
   0  ☐ No ➔ SKIP TO Q.28 (BELOW)

27a. 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.

   1  ☐ Yes
   0  ☐ No

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

   1  ☐ Yes
   0  ☐ No ➔ SKIP TO Q.29 (BELOW)

28a. 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 the Public Health Service Act (42 USC 290aa(p)). 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

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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857.