

**Attachment A - C11-b**

**N-SSATS 2007 pretest questionnaire Version B**

**(with note delineating the difference between  
Version A and Version B)**

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

**March 31, 2006**

Substance Abuse and Mental Health Services Administration (SAMHSA)

Revisions to 2007 N-SSATS highlighted in pink

Additions to 2007 N-SSATS highlighted in blue

***PLEASE REVIEW THE FACILITY INFORMATION PRINTED ABOVE.  
CROSS OUT ERRORS AND ENTER CORRECT OR MISSING INFORMATION.***

CHECK ONE

- ☐ Information is complete and correct, no changes needed
- ☐ All missing or incorrect information has been corrected



**PLEASE READ THIS ENTIRE PAGE BEFORE  
COMPLETING THE QUESTIONNAIRE**

**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.
- Return the completed questionnaire in the envelope provided. Please keep a copy for your records.
- For additional information about this survey or the types of care referred to in the questionnaire, please logon to [www.samhsa.gov](http://www.samhsa.gov).
- If you have any questions or need additional blank forms, contact:

MATHEMATICA POLICY RESEARCH, INC.  
1-888-324-8337

If you prefer, you may complete this questionnaire online. See the pink flyer enclosed in your questionnaire packet for the Internet address and your unique user ID and password. If you need more information, call the N-SSATS helpline at 1-888-324-8337.

**IMPORTANT INFORMATION**

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

**Mapping feature in Locator.** Complete and accurate name and address information is needed for the online Treatment Facility Locator so it can correctly map the facility location.

**Eligibility for Directory/Locator.** Only facilities designated as eligible by their state substance abuse office will be listed in the National Directory and online Treatment Facility Locator. Your state N-SSATS representative can tell you if your facility is eligible to be listed in the Directory/Locator. For the name and telephone number of your state representative, call the N-SSATS helpline at 1-888-324-8337 or go to <http://www.dasis.samhsa.gov> and click on “DASIS Contacts” then “N-SSATS Contacts by State.”

## 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 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Detoxification .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Substance abuse treatment.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| <i>(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse) .....</i> |                            |                            |
| 4. Recovery support services.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Any other substance abuse services.....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Opiates.....          | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Cocaine.....          | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Other (Specify:.....) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

- 1 ☐ Yes  
 0 ☐ No — SKIP TO Q.4 (NEXT COLUMN)

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

- 1 ☐ Yes  
 0 ☐ No — SKIP TO Q.37 (PAGE 12)

- \*4. 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:.....)

5. Is this facility operated by . . .

MARK ONE ONLY

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

SKIP TO  
Q.6  
(PAGE 2)

SKIP TO Q.8  
(PAGE 2)

- 5a. Which federal government agency?

MARK ONE ONLY

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

SKIP TO  
Q.8  
(PAGE 2)

6. Is this facility a solo practice, meaning, an office with a single practitioner or therapist?

1 ☐ Yes

0 ☐ No

7. Is this facility affiliated with a religious organization?

1 ☐ Yes

0 ☐ No

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

1 ☐ Yes — SKIP TO Q.43 (PAGE 12)

0 ☐ No

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

1 ☐ Yes

0 ☐ No — SKIP TO Q.10 (TOP OF NEXT COLUMN)

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?

INTAKE TELEPHONE NUMBER(S)

1. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

2. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

11. Does this facility operate a hotline that responds to substance abuse problems?

- A hotline is a telephone service that provides information, referral, or immediate counseling, frequently in a crisis situation.
- If this facility is part of a group of facilities that operates a central hotline to respond to substance abuse problems, you should mark "yes."
- DO NOT consider 911 or the local police number a hotline for the purpose of this survey.

1 ☐ Yes

0 ☐ No — SKIP TO Q.12 (PAGE 3)

\*11a. Please enter the hotline telephone number(s) below.

HOTLINE TELEPHONE NUMBER(S)

1. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

2. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

12. 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 ☐ Outreach
- 6 ☐ Brief intervention
- 7 ☐ Interim services

#### Pharmacotherapies

- 8 ☐ Antabuse
- 9 ☐ Naltrexone
- 10 ☐ Campral
- 11 ☐ Buprenorphine - Subutex
- 12 ☐ Buprenorphine - Suboxone
- 13 ☐ Methadone
- 14 ☐ Nicotine replacement
- 15 ☐ Medications for psychiatric disorders

#### Testing

*(Include tests performed at this location, even if specimen is sent to an outside source for chemical analysis.)*

- 16 ☐ Breathalyzer or other blood alcohol testing
- 17 ☐ Drug or alcohol urine screening
- 18 ☐ Screening for Hepatitis B
- 19 ☐ Screening for Hepatitis C
- 20 ☐ HIV testing
- 21 ☐ STD testing
- 22 ☐ TB screening

#### Transitional Services

- 23 ☐ Discharge planning
- 24 ☐ Aftercare/continuing care

#### Ancillary Services

- 25 ☐ Case management services
- 26 ☐ Social skills development
- 27 ☐ Mentoring/peer support
- 28 ☐ Child care for clients' children
- 29 ☐ Assistance with obtaining social services *(for example, Medicaid, WIC, SSI, SSDI)*
- 30 ☐ Employment counseling or training for clients
- 31 ☐ Assistance in locating housing for clients
- 32 ☐ Domestic violence—family or partner violence services *(physical, sexual, and emotional abuse)*
- 33 ☐ Early intervention for HIV
- 34 ☐ HIV or AIDS education, counseling, or support
- 35 ☐ Health education other than HIV/AIDS
- 36 ☐ Substance abuse education
- 37 ☐ Transportation assistance to treatment
- 38 ☐ Mental health services
- 39 ☐ Acupuncture
- \* 40 ☐ Residential beds for clients' children
- 41 ☐ Self-help groups *(for example, AA, NA, Smart Recovery)*

13. Which of the following treatment approaches are used at this facility?

MARK "YES" OR "NO" FOR EACH

- |                                     | YES                        | NO                         |
|-------------------------------------|----------------------------|----------------------------|
| 1. 12-step approach.....            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Bio-psychosocial.....            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Cognitive behavioral.....        | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. A combination of approaches..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Other (Specify: _____)           | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

13a. Of the treatment approaches marked "yes" in question 13 above, which treatment approach is used most often at this facility?

MARK ONE ONLY

- 1 ☐ 12-step approach
- 2 ☐ Bio-psychosocial
- 3 ☐ Cognitive behavioral
- 4 ☐ A combination of approaches
- 5 ☐ Other (Specify: \_\_\_\_\_)

14. Over the course of their treatment at this facility, approximately what percent of substance abuse treatment clients receive . . .

1. Both individual AND group counseling? \_\_\_\_\_%
2. Individual counseling only? \_\_\_\_\_%
3. Group counseling only? \_\_\_\_\_%

TOTAL %

THIS SHOULD TOTAL 100%.  
IF NOT, PLEASE RECONCILE.

15. Listed below are a variety of clinical practices that are used at substance abuse treatment facilities. For each practice, please mark the box that best describes how often the practice is used at this facility.

	MARK ONE FREQUENCY FOR EACH			
	Never	Rarely	Sometimes	Often
1. Supportive – expressive psychotherapy counseling...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Cognitive therapy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Behavioral management.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Contingency management...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Motivational interviewing/engagement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Individually customized drug abuse counseling.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Family/couples counseling ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. Relapse prevention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Other treatment practice (Specify:.....)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
.....)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

16. Are any of the following practices a part of this facility's regular procedures?

MARK "YES" OR "NO" FOR EACH

- |   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| 1. Required continuing education for staff.....                         | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Periodic drug testing of clients .....                               | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Regularly scheduled case review with a supervisor .....              | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Case review by an appointed quality review committee .....           | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Outcome follow-up after discharge.....                               | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 6. Periodic utilization review .....                                    | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 7. Periodic client satisfaction surveys conducted by the facility ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

\*17. Does this facility operate an Opioid Treatment Program (OTP) at this location?

- Opioid Treatment Programs are certified by SAMHSA's Center for Substance Abuse Treatment to use opioid drugs such as **methadone or buprenorphine** in the treatment of opiate (narcotic) addiction.

- 1 ☐ Yes  
0 ☐ No — SKIP TO Q.18 (PAGE 5)

\*17a. Is the Opioid Treatment Program at this location a maintenance program, a detoxification program, or both?

MARK ONE ONLY

- 1 ☐ Maintenance program  
2 ☐ Detoxification program  
3 ☐ Both

\*17b. Are ALL of the substance abuse clients at this facility currently in the Opioid Treatment Program?

- 1 ☐ Yes  
0 ☐ No

**\*18. Does this facility offer a special program for DUI/DWI or other drunk driver offenders at this location?**

- Mark "yes" if this facility serves only DUI/DWI clients OR if this facility has a special DUI/DWI program.

1 ☐ Yes

0 ☐ No — SKIP TO Q.19 (BELOW)

**\*18a. Are ALL of the substance abuse treatment clients at this facility enrolled in the DUI/DWI program?**

1 ☐ Yes

0 ☐ No

**\*19. Does this facility provide substance abuse treatment services in sign language (for example, American Sign Language, Signed English, or Cued Speech) for the hearing impaired at this location?**

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

1 ☐ Yes

0 ☐ No

**\*20. Does this facility provide substance abuse treatment services in a language other than English at this location?**

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

1 ☐ Yes

0 ☐ No — SKIP TO Q.21 (PAGE 6)

**20a. At this facility, who provides substance abuse treatment services in a language other than English?**

**MARK ONE ONLY**

1 ☐ Staff counselor that speaks a language other than English

2 ☐ On-call interpreter brought in when needed — SKIP TO Q.21 (PAGE 6)

3 ☐ BOTH staff counselor and on-call interpreter

**\*20b. In what other languages do staff counselors provide substance abuse treatment at this facility?**

**MARK ALL THAT APPLY**

**American Indian or Alaska Native:**

1 ☐ Hopi

3 ☐ Navajo

2 ☐ Lakota

4 ☐ Yupik

5 ☐ Other American Indian or Alaska Native language

(Specify: \_\_\_\_\_)

**Other Languages:**

6 ☐ Arabic

12 ☐ Korean

7 ☐ Chinese

13 ☐ Polish

8 ☐ Creole

14 ☐ Portuguese

9 ☐ French

15 ☐ Russian

10 ☐ German

16 ☐ Spanish

11 ☐ Hmong

17 ☐ Vietnamese

18 ☐ Other language (Specify: \_\_\_\_\_)

21. Which of the following types of clients are accepted into treatment at this facility, at this location?

MARK "YES" OR "NO" FOR EACH

YES NO

1. Adolescents .....1 ☐ 0 ☐
2. Clients with co-occurring mental and substance abuse disorders.....1 ☐ 0 ☐
3. Criminal justice clients (other than DUI/DWI clients) .....1 ☐ 0 ☐
4. Persons with HIV or AIDS.....1 ☐ 0 ☐
5. Gays or lesbians ..... 1 ☐ 0 ☐
6. Senior or older adults.....1 ☐ 0 ☐
7. Adult women .....1 ☐ 0 ☐
8. Pregnant or postpartum women .....1 ☐ 0 ☐
9. Adult men .....1 ☐ 0 ☐

\*21a. Thinking about only the clients marked "yes" in question 21 above, for which of these clients does this facility, at this location, offer a substance abuse treatment program or group designed exclusively for that type of client?

- Please answer for each "Yes" response in Q.21.

MARK "YES" OR "NO" FOR EACH

YES NO

1. Adolescents .....1 ☐ 0 ☐
2. Clients with co-occurring mental and substance abuse disorders.....1 ☐ 0 ☐
3. Criminal justice clients (other than DUI/DWI clients) .....1 ☐ 0 ☐
4. Persons with HIV or AIDS..... 1 ☐ 0 ☐
5. Gays or lesbians .....1 ☐ 0 ☐
6. Senior or older adults.....1 ☐ 0 ☐
7. Adult women .....1 ☐ 0 ☐
8. Pregnant or postpartum women .....1 ☐ 0 ☐
9. Adult men .....1 ☐ 0 ☐
10. Specially designed programs or groups for any other types of clients (Specify:\_\_\_\_\_ ...1 ☐ 0 ☐  
\_\_\_\_\_)

22. Does this facility offer any of the following INPATIENT or RESIDENTIAL substance abuse services at this location, that is, the location listed on the front cover?

- 1 ☐ Medically managed<sup>a</sup> or monitored<sup>b</sup> inpatient detoxification  
**ASAM levels IV-D and III.7-D**
- 2 ☐ Clinically managed<sup>c</sup> residential detoxification or "social detoxification"  
**ASAM level III.2-D**
- 3 ☐ Medically managed<sup>a</sup> or monitored<sup>b</sup> intensive inpatient treatment  
**ASAM levels IV and III.7**
- 4 ☐ Clinically managed, high-intensity<sup>d</sup> residential treatment (typically 30 days or less)  
**ASAM level III.5**
- 5 ☐ Clinically managed medium-intensity<sup>e</sup> residential treatment (typically more than 30 days)  
**ASAM level III.3**
- 6 ☐ Clinically managed, low-intensity<sup>f</sup> residential treatment (typically more than 30 days)  
**ASAM level III.1**

**Definitions:**

- a **Medically managed** - Services that involve daily medical care, where diagnostic and treatment services are directly provided and/or managed by an appropriately trained and licensed physician.
- b **Medically monitored** - Services that are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists and other health care professionals and technical personnel, under the direction of a licensed physician.
- c **Clinically managed** - Services that are directed by non-physician addiction specialists rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral or cognitive concerns, readiness to change, relapse, or recovery environment, and whose problems are minimal or can be managed through separate arrangements for medical services.
- d **High-intensity residential treatment** - These programs are designed to treat persons with significant social and psychological problems. Goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in the individual's lifestyle, attitudes and values.
- e **Medium-intensity residential treatment** - Frequently referred to as extended or long-term care. Individual's functional deficits are primarily cognitive which can result in problems in interpersonal relationships or emotional coping skills. Requires a slower paced, more concrete, and more repetitive treatment plan than less intensive programs.
- f **Low-intensity residential treatment** - Services focus on improving the individual's functioning and coping skills through the use of community or house meetings of residents and staff. Provides a minimum of 5 hours per week of treatment.

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

- 1 ☐ Ambulatory (outpatient) detoxification  
ASAM levels I-D and II-D
- 2 ☐ Partial hospitalization/day treatment  
(20 or more hours per week)  
ASAM level II.5
- 3 ☐ Intensive outpatient treatment  
(9 or more hours per week)  
ASAM level II.1
- 4 ☐ Outpatient treatment (non-intensive)  
ASAM level I
- 5 ☐ Opioid maintenance therapy

**\*24. Does this facility use a sliding fee scale?**

- 1 ☐ Yes
- 0 ☐ No — SKIP TO Q.25 (BELOW)

**24a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator?**  
(For information on Directory/Locator eligibility, see the inside front cover.)

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

- 1 ☐ Yes
- 0 ☐ No

**\*25. Does this facility offer treatment at no charge to clients who cannot afford to pay?**

- 1 ☐ Yes
- 0 ☐ No — SKIP TO Q.26 (TOP OF NEXT COLUMN)

**25a. Do you want the availability of free care for eligible clients published in SAMHSA's Directory/Locator?**

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

- 1 ☐ Yes
- 0 ☐ No

**\*26. Which of the following types of payments are accepted by this facility for substance abuse treatment?**

MARK "YES," "NO," OR "DON'T KNOW" FOR EACH

- |   | YES                        | NO                         | DON'T KNOW                  |
|---|----------------------------|----------------------------|-----------------------------|
| 1. Cash or self-payment .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 2. Medicare .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 3. Medicaid .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 4. A state-financed health insurance plan other than Medicaid (for example, State Children's Health Insurance Program (SCHIP) or high risk insurance pools) ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 5. Federal military insurance such as TRICARE or Champ VA.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 6. Private health insurance .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 7. No payment accepted (free treatment for ALL clients) .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 8. Access To Recovery (ATR) vouchers<br>(to be answered by facilities in the following states only: CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY) ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 9. Other.....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |

(Specify: \_\_\_\_\_)

27. Does this facility receive any public funds such as federal, state, county, or local government funds for substance abuse treatment programs?

- Do not include Medicare, Medicaid, or federal military insurance.

- 1 ☐ Yes
- 0 ☐ No
- 1 ☐ Don't Know

28. Does this facility have agreements or contracts with managed care organizations for providing substance abuse treatment services?

- Managed care organizations have agreements with certain health care providers who give services to plan members, usually at discounted rates. Examples include managed behavioral healthcare organizations (MBHOs), health maintenance organizations (HMOs), and preferred provider organizations (PPOs).

- 1 ☐ Yes
- 0 ☐ No
- 1 ☐ Don't Know

## SECTION B: CLIENT COUNT INFORMATION

**IMPORTANT:** Questions in Section B ask about two different time periods, i.e., the single day of March 31, 2006, and the 12-month period ending on March 31, 2006. Please pay special attention to the period specified in each question.

**IF THIS IS A MENTAL HEALTH FACILITY:** Include in your client counts all clients receiving substance abuse treatment, even if substance abuse is their secondary diagnosis.

29. Questions 30 through 34 ask about the number of clients in treatment at this facility at specified times.

Please check the option below that best describes how client counts will be reported in these questions.

MARK ONE ONLY

- 1 ☐ Questions 30 through 34 will include client counts for this facility alone \_\_\_\_\_ **SKIP TO Q.30 (PAGE 9)**
- 2 ☐ Questions 30 through 34 will include client counts for this facility combined with other facilities \_\_\_\_\_ **SKIP TO Q.30 (PAGE 9)**
- 3 ☐ Client counts for this facility will be reported by another facility \_\_\_\_\_ **SKIP TO Q.37 (PAGE 12)**

## INPATIENT AND RESIDENTIAL

30. On March 31, 2006, did any clients receive **INPATIENT or RESIDENTIAL substance abuse services** at this facility?

1 ☐ Yes

0 ☐ No — SKIP TO Q.31 (PAGE 10)

30a. On March 31, 2006, how many patients received the following **INPATIENT or RESIDENTIAL substance abuse services** at this facility?

- **COUNT** a client in **one service only**, even if the client received more than one service.
- **DO NOT** count family members, friends, or other non-treatment clients.

ENTER A NUMBER FOR EACH  
(IF NONE, ENTER "0")

1 ☐ Medically managed or monitored inpatient detoxification  
**ASAM levels IV-D and III.7-D** \_\_\_\_\_

2 ☐ Clinically managed residential detoxification or "social detoxification"  
**ASAM level III.2-D** \_\_\_\_\_

3 ☐ Medically managed or monitored intensive inpatient treatment  
**ASAM levels IV and III.7** \_\_\_\_\_

4 ☐ Clinically managed, high-intensity residential treatment (typically 30 days or less)  
**ASAM level III.5** \_\_\_\_\_

5 ☐ Clinically managed medium-intensity residential treatment (typically more than 30 days)  
**ASAM level III.3** \_\_\_\_\_

6 ☐ Clinically managed, low-intensity residential treatment (typically more than 30 days)  
**ASAM level III.1** \_\_\_\_\_

**INPATIENT/RESIDENTIAL  
TOTAL BOX**

30b. How many of the clients from the **INPATIENT/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 **INPATIENT/RESIDENTIAL TOTAL BOX** received methadone or buprenorphine dispensed by this facility?

- Include clients who received these drugs for detoxification or maintenance purposes.

ENTER A NUMBER FOR EACH  
(IF NONE, ENTER "0")

1. Methadone \_\_\_\_\_

2. Buprenorphine \_\_\_\_\_

30d. On March 31, 2006, how many beds at this facility were specifically designated for **INPATIENT or RESIDENTIAL substance abuse treatment**?

ENTER A NUMBER  
(IF NONE, ENTER "0")

Number of beds \_\_\_\_\_

## OUTPATIENT

31. During the month of March 2006, did any clients receive **OUTPATIENT substance abuse services** at this facility?

- 1 ☐ Yes  
 0 ☐ No — **SKIP TO Q.32 (PAGE 11)**

31a. As of March 31, 2006, how many active clients were enrolled in each of the following **OUTPATIENT substance abuse services** at this facility?



An active outpatient client is someone who:

- (1) was seen at this facility for substance abuse treatment or detoxification at least once during the month of March 2006

**AND**

- (2) was still enrolled in treatment on March 31, 2006.

- **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 | <input type="checkbox"/> Ambulatory (outpatient) detoxification<br><b>ASAM levels I-D and II-D</b>                   | _____ |
| 2 | <input type="checkbox"/> Partial hospitalization/day treatment (20 or more hours per week)<br><b>ASAM level II.5</b> | _____ |
| 3 | <input type="checkbox"/> Intensive outpatient treatment (9 or more hours per week)<br><b>ASAM level II.1</b>         | _____ |
| 4 | <input type="checkbox"/> Outpatient treatment (non-intensive)<br><b>ASAM level I</b>                                 | _____ |
| 5 | <input type="checkbox"/> Opioid maintenance therapy  | _____ |

**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 methadone or buprenorphine dispensed by this facility?

- Include clients who received these drugs for detoxification or maintenance purposes.

ENTER A NUMBER FOR EACH  
(IF NONE, ENTER "0")

- |    |               |       |
|----|---------------|-------|
| 1. | Methadone     | _____ |
| 2. | Buprenorphine | _____ |

31d. Without adding to the staff or space available in March 2006, what is the maximum number of clients that could have been enrolled in outpatient substance abuse treatment on March 31, 2006? This is generally referred to as outpatient capacity.

**OUTPATIENT CAPACITY  
ON MARCH 31, 2006**

This number should not be less than the number entered in the **OUTPATIENT TOTAL BOX**.

32. Thinking about all of your substance abuse treatment clients—including inpatient or residential and/or outpatient—approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2006, were being treated for . . .

1. Abuse of both alcohol and drugs \_\_\_\_\_ %
2. Alcohol abuse only \_\_\_\_\_ %
3. Drug abuse only \_\_\_\_\_ %

TOTAL

%

THIS SHOULD TOTAL 100%.  
IF NOT, PLEASE RECONCILE.

33. Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2006, had a diagnosed co-occurring substance abuse and mental health disorder?

ENTER A PERCENT  
(IF NONE, ENTER "0")

Percent of clients \_\_\_\_\_ %

34. In the 12 months beginning April 1, 2005, and ending March 31, 2006, how many **ADMISSIONS** for substance abuse treatment did this facility have? Count every admission and re-admission in this 12-month period. If a person was admitted 3 times, count this as 3 admissions.

- *FOR OUTPATIENT CLIENTS*, consider an admission to be the initiation of a treatment program or course of treatment. Count admissions into treatment, not individual treatment visits.
- *IF DATA FOR THIS TIME PERIOD* are not available, use the most recent 12-month period for which you have data.
- *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  
12-MONTH PERIOD**

34a. How many of the 12-month treatment admissions included in question 34 were funded by ATR vouchers?

- *To be answered by facilities in the following states only: CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY*

**NUMBER OF ADMISSIONS  
FUNDED BY ATR VOUCHERS**

35. How many facilities are included in the client counts reported in questions 30 through 34?

- 1 ☐ Only this facility — **SKIP TO Q.36 (BELOW)**
- 2 ☐ This facility plus others —

ENTER NUMBER OF  
FACILITIES INCLUDED  
IN CLIENT COUNTS:

THIS FACILITY	1
+ ADDITIONAL FACILITIES	
<b>= TOTAL FACILITIES</b>	

When we receive your questionnaire, we will contact you for a list of the other facilities included in your client counts.

If you prefer, attach a separate piece of paper listing the name and location address of each facility included in your client counts.

**Please continue with Question 36 (BELOW)**

36. For which of the numbers you just reported did you provide actual client counts and for which did you provide your best estimate?

- Mark "N/A" for any type of care not provided by this facility on March 31, 2006.

**MARK "ACTUAL," "ESTIMATE," OR "N/A" FOR EACH**

ACTUAL ESTIMATE N/A

1. Inpatient and residential clients  
(Q.30a, Pg. 9) ..... 1 ☐ 2 ☐ - 4 ☐
2. Outpatient clients  
(Q.31a, Pg. 10) ..... 1 ☐ 2 ☐ - 4 ☐
3. 12-month admissions  
(Q.34, Pg. 11) ..... 1 ☐ 2 ☐ - 4 ☐

## SECTION C: GENERAL INFORMATION

Section C should be completed for this facility only.

**\*37. Does this facility operate a halfway house or other transitional housing for substance abuse clients at this location, that is, the location listed on the front cover?**

- 1 ☐ Yes  
0 ☐ No

**38. Does this facility or program have licensing, certification, or accreditation from any of the following organizations?**

- Only include facility-level licensing, accreditation, etc., related to the provision of substance abuse services.
- Do not include general business licenses, fire marshal approvals, personal-level credentials, food service licenses, etc.

MARK "YES," "NO," OR "DON'T KNOW" FOR EACH

YES   NO   DON'T  
          KNOW

- |   |                            |                            |                             |
|---|----------------------------|----------------------------|-----------------------------|
| 1. State substance abuse agency...  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 2. State mental health department...  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 3. State department of health .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 4. Hospital licensing authority .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 5. JCAHO ( <i>Joint Commission on Accreditation of Healthcare Organizations</i> ) ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 6. CARF ( <i>Commission on Accreditation of Rehabilitation Facilities</i> ) .....       | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 7. NCQA ( <i>National Committee for Quality Assurance</i> ) .....                       | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 8. COA ( <i>Council on Accreditation for Children &amp; Family Services</i> ) .....     | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| 9. Another state or local agency or other organization .....                            | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |

(Specify: \_\_\_\_\_)

**39. Has this facility received a National Provider Identifier (NPI)?**

- 1 ☐ Yes  
0 ☐ No — SKIP TO Q.40 (BELOW)

**39a. What is the NPI for this facility?**

NPI

**\*40. Does this facility have a website or web page with information about the facility's substance abuse treatment programs?**

- 1 ☐ Yes —

Please check the front cover of this questionnaire to confirm that the website address for this facility is correct **EXACTLY** as listed. If incorrect or missing, enter the correct address.

- 0 ☐ No

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

- 1 ☐ Yes  
0 ☐ No

**42. Would you like to receive a free paper copy of the next National Directory of Drug and Alcohol Abuse Treatment Programs when it is published?**

- 1 ☐ Yes  
0 ☐ No

**43. 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.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Fax Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

## NOTES

**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, INC.**  
ATTN: RECEIPT CONTROL - Project 8945  
P.O. Box 2393  
Princeton, NJ 08543-2393

Public burden for this collection of information is estimated to average 40 minutes per response 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, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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 number for this project is 0930-0106.

**Differences Between N-SSATS 2007 Pretest Questionnaires  
Version A and Version B**

Version A		Version B	
Question Number	Question	Question Number	Question
21	Question text explains that this question has two parts. Column A asks about the nine types of clients accepted into treatment at this facility. Column B asks whether this facility offers specially designed treatment programs or groups for each type of client. Respondent is asked to complete a grid by answering “yes” or “no” in Column A. For every “yes” response in Column A, the respondent is asked to answer “yes” or “no” in Column B.	21 &	Question 21 asks which of the following types of clients are accepted into treatment at this facility. The same nine types of clients are listed as in Version A. Respondent is asked to answer “yes” or “no” for each type of client.
		21a	Question 21a asks respondent to think about only the clients marked “yes” in question 21. For those client types marked “yes” in question 21, the respondent is asked to mark whether this facility offers a substance abuse treatment program or group designed exclusively for that type of client.
22	Question 22 asks if this facility offers either “inpatient detoxification” or “inpatient treatment.” This terminology has been used in N-SSATS in past years; however, this is the first time a crosswalk to the ASAM levels of care is given for each inpatient category. For example, for inpatient detoxification, the crosswalk reads: (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification).	22	This question combines inpatient and residential services and asks if this facility offers any of the six levels of substance abuse services listed. Only ASAM levels of care are listed, along with their descriptions. For example, the first level is: Medically managed or monitored inpatient detoxification, <b>ASAM levels IV-D and III.7-D.</b>  Definitions are provided for the following terms used in this question: <ul style="list-style-type: none"> <li>a. Medically managed</li> <li>b. Medically monitored</li> <li>c. Clinically managed</li> <li>d. High-intensity residential treatment</li> <li>e. Medium-intensity residential treatment</li> <li>f. Low-intensity residential treatment</li> </ul>
23	Similar to question 22, this question asks if this facility offers any of the three listed residential substance abuse services. A crosswalk to the ASAM levels of care is given.		

Version A		Version B	
Question Number	Question	Question Number	Question
24	Question 24 asks if this facility offers any of the five listed outpatient substance abuse services. A crosswalk to the ASAM levels of care is given.	23	This question asks if this facility offers any of the five outpatient substance abuse services listed. Only ASAM levels of care are listed, along with their descriptions.
31 &	This question asks if any patients received hospital inpatient substance abuse services at this facility on March 31, 2006.	30	This question combines inpatient and residential services, and asks if any clients received those services on March 31, 2007.
32	This question asks if any clients received residential (non-hospital) substance abuse services on March 31, 2006.		
31a &	This question asks how many patients received each type of inpatient service on March 31, 2006. Similar to question 22, two categories are given with a crosswalk to the ASAM levels of care.	30a	This question asks how many patients received each of six levels of inpatient or residential service. Similar to question 22, only ASAM levels of care and their descriptions are listed.
32a	This question asks how many clients received each type of residential service on March 31, 2006. Similar to question 23, three categories are given with a crosswalk to the ASAM levels of care.		
33a	This question asks how many active clients were enrolled in each type of outpatient substance abuse services at this facility on March 31, 2006. Similar to question 24, five categories are given with a crosswalk to the ASAM levels of care.	31a	This question asks how many active clients were enrolled in each of five levels of outpatient care listed. Similar to question 23, only ASAM levels of care and their descriptions are listed.