

U.S. Department of Health and Human Services

FORM APPROVED:
OMB No. 0930-XXXX
APPROVAL EXPIRES: XX/XX/XXXX

Welcome to the

NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N-SSATS)

March 29, 2013

Sponsored by:
Substance Abuse and Mental Health Services
Administration (SAMHSA)

THIS IS A SECURE SITE

Conducted by:
Mathematica Policy Research

User ID

Password

**If you do not know your User ID and Password, please refer to the pink flyer in the N-SSATS packet. You can also call our toll free number to obtain the information:
1-888-324-8337.**

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-xxxx. Public reporting burden for this collection of information is estimated to average 40 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857.

Pledge to respondents

The information you provide will be protected to the fullest extent allowable under the Section 501(n) of the Public Health Service Act (42 USC 290aa(n)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and the Substance Abuse Treatment Facility Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.

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Log In

Your login attempt was not successful. Please
try again.

The user ID and password that you have
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Complete

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank you for logging in to the 2013 National Survey of Substance Abuse Treatment Services Web questionnaire.

The questionnaire for this facility, that is, Facility Name 1, Address 1, has already been completed. Therefore, this facility's password has been retired.

If you think this is an error or have any questions about this information, please call the N-SSATS helpline at 1-888-324-8337.

Welcome to the 2013 National Survey of Substance Abuse Treatment Services (N-SSATS) questionnaire on the Internet.



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 **Facility Name 1, Address 1**. 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 **Facility Name 1, Address 1**, unless otherwise specified in the questionnaire.
- Please keep a copy of your completed Web questionnaire for your records. You will be given the opportunity to review and print your responses at the end of the questionnaire.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <http://info.nssats.com/>.

IMPORTANT INFORMATION

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

- For "Helpful Hints" on completing this questionnaire on the Web: [Click Here](#).
- To preview the questionnaire: [Click Here](#).
- When you are ready to begin, click on the **BEGIN QUESTIONNAIRE** button below.

BEGIN QUESTIONNAIRE

Quit

If you have immediate problems or questions, you can reach our helpline at 1-888-324-8337. The helpline is staffed Monday-Friday, 8am to 8pm (Eastern Time). You can leave a message 24 hours a day when staff is not available,

OR

you can send an e-mail to the help desk by clicking on this link <http://devnssats2013.mathematica.net/EmailForm.aspx>

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

Here are a few tips to help you complete this questionnaire quickly and easily:

- To **VIEW** or move down entire pages -- **USE** the scroll bar along the right side of your computer screen. Some screens contain more than one question on a page. By using the scroll bar, you will be able to view all of the questions on a page.
- To **VIEW** a question on a previous screen or to **CHANGE** your answer to an earlier question, use the "Back" button at the bottom of the questionnaire screen.
- To **SAVE** responses and temporarily leave the questionnaire -- click on the **QUIT** button at the bottom of any screen. When you return to the questionnaire and login again, previous answers will have been saved and you will continue from the point where you left off.
- Do **NOT** use the **ENTER** key to complete your answers -- **USE** your mouse to navigate between questions. Although using the enter key is a natural reaction, this will cause you to skip any remaining questions on that page.
- To **CONTINUE** to the next page -- click on the **Submit** button at the bottom of any screen.
- To **RESET** the answers on the page you are viewing, if you have made an error in entering data -- click on the **START PAGE OVER** button at the bottom of any screen. You can then correct your mistake and click the **Submit** button to submit and continue.

To preview the questionnaire: [Click Here](#)

To return to the main introduction: [Click Here](#)

[BEGIN QUESTIONNAIRE](#)

[Quit](#)

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

**When you click the BEGIN QUESTIONNAIRE button below,
you will advance to the actual questionnaire.**

- If you are returning to finish a partially completed questionnaire, you will return to the point where you left off.
- If you are starting a new questionnaire, you will start at the beginning with the first question.
- Please do not scroll through the actual questionnaire to preview questions. This will cause errors and we will need to contact you to collect any missing information. There is a "preview" option below.
- Please do not use the "Enter" key to advance to the next screen. This can result in questions being missed. When all questions on the screen have been answered, click the "Submit Page and Continue" button at the bottom of each page.

If you want to PREVIEW the questionnaire, [click here](#).
Otherwise, if you are ready to begin the questionnaire, click the button below.

BEGIN QUESTIONNAIRE

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

[Go back to where I left off](#)

[Print a copy](#)

Below you will find the information currently on record for this facility.

- Yes, the information below is correct as shown.
- No, some information below is incorrect or missing. **(Make your corrections below)**
- No, all information below is incorrect. **(Make your corrections below)**

Edit or add to the fields below to correct your facility's information and delete any incorrect information.

State ID: IL103294

Facility Director: First Name Middle Last

Facility Name Line 1

Line 2

Location Address:

Street Address

Street Address 2

City

State Zip

Facility Telephone Number () - ext

Facility Fax Number () -

Who will be primarily responsible for completing this questionnaire?

Name: First Last

Title:

Optional information:

Telephone number (If different from main facility number):

() - Ext

Fax number (If different from main facility number):

() -

Email Address:

Facility Email Address:

- Which of the following substance abuse services are offered by this facility at this location, that is, *Facility Name 1*, *Address 1*?**

SELECT "YES" OR "NO" FOR EACH

Preview Questionnaire

	Yes	No
Intake, assessment, or referral	<input type="radio"/>	<input type="radio"/>
Detoxification	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment (services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)	<input type="radio"/>	<input type="radio"/>
Any other substance abuse services	<input type="radio"/>	<input type="radio"/>

1a. Does this facility, at this location, offer mental health treatment services (services focused on improving the mental well-being of individuals with mental disorders and on promoting their recovery)?

- Yes
- No

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

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Alcohol	<input type="radio"/>	<input type="radio"/>
Benzodiazepines	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>
Other (Please specify: _____)	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

4. Is this facility operated by...

SELECT ONE ONLY

- A private for-profit organization
- A private non-profit organization
- State government
- Local, county, or community government
- Tribal government
- Federal Government

4a. Which Federal Government agency?

SELECT ONE ONLY

- Department of Veterans Affairs
- Department of Defense

Indian Health Service
Other (Please specify:)

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

Yes
 No

6. Is this facility affiliated with a religious organization?

Yes
 No

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

Yes
 No

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

Yes
 No

8a. What type of hospital?

SELECT ONE ONLY

General hospital (including VA hospital)

Psychiatric hospital

Other specialty hospital, for example, alcoholism, maternity, etc.
(Please specify:)

9*. What telephone number(s) should a potential client call to schedule an intake appointment?

Numeric Entry
[example: (888) 555-3456]

1. Enter intake telephone number here: () - ext

2. If applicable, enter secondary intake number here: () - ext

Alphanumeric Entry
[example: (888) 555 HELP]

1. Enter intake telephone number here: () ext

2. If applicable, enter secondary intake number here: () ext

10a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, Facility Name 1, Address 1 ?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Screening for substance abuse	<input type="radio"/>	<input type="radio"/>
Screening for mental health disorders	<input type="radio"/>	<input type="radio"/>
Comprehensive substance abuse assessment or diagnosis	<input type="radio"/>	<input type="radio"/>

Preview Questionnaire

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

10b. Which of the following testing services are provided by this facility at this location?

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

SELECT "YES" OR "NO" FOR EACH

Yes No
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

10c. Which of the following transitional services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

Yes No
Discharge planning

Aftercare/continuing care

We do not offer any of these transitional services

10d. Which of the following ancillary services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

Yes No
Case management services

Social skills development

Preview Questionnaire

- 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 cessation counseling
- We do not offer any of these ancillary services

10e. Which of the following other services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

- | | Yes | No |
|--|-----------------------|-----------------------|
| Treatment for gambling disorder | <input type="radio"/> | <input type="radio"/> |
| Treatment for Internet use disorder | <input type="radio"/> | <input type="radio"/> |
| Treatment for other addiction disorder (<i>non-
substance abuse</i>) | <input type="radio"/> | <input type="radio"/> |
| We do not offer any of these other services | <input type="radio"/> | <input type="radio"/> |

10f. Which of the following pharmacotherapies are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Disulfiram (<i>Antabuse</i> ®)	<input type="radio"/>	<input type="radio"/>
Naltrexone (oral)	<input type="radio"/>	<input type="radio"/>
Vivitrol® (<i>injectible Naltrexone</i>)	<input type="radio"/>	<input type="radio"/>
Acamprosate (<i>Campral</i> ®)	<input type="radio"/>	<input type="radio"/>
Nicotine replacement	<input type="radio"/>	<input type="radio"/>
Non-nicotine smoking/tobacco cessation medications (<i>for example, Bupropion, Varenicline</i>)	<input type="radio"/>	<input type="radio"/>
Medications for psychiatric disorders	<input type="radio"/>	<input type="radio"/>
Methadone	<input type="radio"/>	<input type="radio"/>
Buprenorphine with naloxone (<i>Suboxone</i> ®)	<input type="radio"/>	<input type="radio"/>
Buprenorphine without naloxone	<input type="radio"/>	<input type="radio"/>
We do not offer any of these pharmacotherapy services	<input type="radio"/>	<input type="radio"/>

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

- *OTPs are certified by SAMHSA's Center for Substance Abuse Treatment to use the opioid drugs **methadone, buprenorphine** and **vivitrol** in the treatment of opioid (narcotic) addiction.*
- *Some SAMHSHA-certified OTPs use only buprenorphine in the treatment of opioid (narcotic) addiction.*
- *Physicians with a waiver may prescribe buprenorphine without being affiliated with an OTP. Therefore, not all facilities that prescribe buprenorphine are OTPs.*

- Yes, facility operates an OTP
 No

11a*. **Are ALL of the substance abuse clients at this facility currently in the Opioid Treatment Program?**

- Yes
 No

11b*. **Does the Opioid Treatment Program at this location provide maintenance services, detoxification services, or both?**

SELECT ONE ONLY

- Maintenance services
 Detoxification services
 Both

12. **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.**

SELECT ONE FOR EACH TYPE OF COUNSELING

Preview Questionnaire

TYPE OF COUNSELING	NOT OFFERED	RECEIVED BY 25% OR LESS OF CLIENTS	RECEIVED BY 26% TO 50% OF CLIENTS	RECEIVED BY 51% TO 75% OF CLIENTS	RECEIVED BY MORE THAN 75% OF CLIENTS
Individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/couples counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. For each type of clinical/therapeutic approach listed below, please mark the box that best describes how often that approach is used at this facility.

• Definitions of these approaches can be found at: <http://info.nssats.com>

SELECT "Never", "Rarely", "Sometimes", "Always or Often" OR "Not Familiar With This Approach" FOR EACH APPROACH.

CLINICAL/THERAPEUTIC APPROACHES	NEVER	RARELY	SOMETIMES	ALWAYS OR OFTEN	NOT FAMILIAR WITH THIS APPROACH
Substance abuse counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-step facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive-behavioral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contingency management/motivational incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-related counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Matrix Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community reinforcement plus vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rational emotive behavioral therapy (REBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relapse prevention

Computerized substance abuse treatment (including Internet, Web, mobile, and desktop programs)

Other treatment approach (Please specify:)

14. Are any of the following practices part of this facility's standard operating procedures?

SELECT "YES" OR "NO" FOR EACH

- | | Yes | No |
|---|-----------------------|-----------------------|
| Required continuing education for staff | <input type="radio"/> | <input type="radio"/> |
| Periodic drug testing of clients | <input type="radio"/> | <input type="radio"/> |
| Regularly scheduled case review with a supervisor | <input type="radio"/> | <input type="radio"/> |
| Case review by an appointed quality review committee | <input type="radio"/> | <input type="radio"/> |
| Outcome follow-up after discharge | <input type="radio"/> | <input type="radio"/> |
| Periodic utilization review | <input type="radio"/> | <input type="radio"/> |
| Periodic client satisfaction surveys conducted by the facility | <input type="radio"/> | <input type="radio"/> |
| None of these practices are part of the standard operating procedures | <input type="radio"/> | <input type="radio"/> |

15*. Does this facility, *Facility Name 1*, *Address 1*, offer a specialty designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

- Yes
- No

15a*. Does this facility serve only DUI/DWI clients?

- Yes
- No

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

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

- Yes
- No

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

- Yes
- No

17a. At this facility, who provides substance abuse treatment services in a language other than English?

SELECT ONE ONLY

Preview Questionnaire

- Staff counselor who speaks a language other than English
- On-call interpreter (*in person or by phone*) brought in when needed
- BOTH staff counselor and on-call interpreter

17a1*. Do **staff counselors** provide substance abuse treatment in Spanish at this facility?

- Yes
- No

17a2. Do **staff counselors** at this facility provide substance abuse treatment in any other languages?

- Yes
- No

17b*. In what other languages do **staff counselors** provide substance abuse treatment at this facility?

SELECT "YES" OR "NO" FOR EACH

AMERICAN INDIAN OR ALASKA NATIVE:

	Yes	No
Hopi	<input type="radio"/>	<input type="radio"/>
Lakota	<input type="radio"/>	<input type="radio"/>
Navajo	<input type="radio"/>	<input type="radio"/>
Ojibwa	<input type="radio"/>	<input type="radio"/>
Yupik	<input type="radio"/>	<input type="radio"/>
Other American Indian or Alaska Native language (Please specify: _____)	<input type="radio"/>	<input type="radio"/>

OTHER LANGUAGES:

	Yes	No
Arabic	<input type="radio"/>	<input type="radio"/>
Any Chinese language	<input type="radio"/>	<input type="radio"/>
Creole	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>
Greek	<input type="radio"/>	<input type="radio"/>
Hmong	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>

Preview Questionnaire

- Korean
- Polish
- Portuguese
- Russian
- Tagalog
- Vietnamese
- Any other language (Please specify:)

Individuals seeking substance abuse treatment can vary by age, gender or other characteristics. Which categories of individuals are served by this facility, at *Address1*?

18A1. Does this facility serve adolescents at this location?

- Yes
- No

18B1. Does this facility serve only adolescents at this location?

- Yes
- No

18C1*. Does this facility offer specifically tailored programs or groups for adolescents at this location?

- Yes
- No

18A2. Does this facility serve adult women at this location?

- Yes
- No

18B2. Does this facility serve only adult women at this location?

- Yes
- No

18C2*. Does this facility offer specifically tailored programs or groups for adult women at this location?

- Yes
- No

18A3. Does this facility serve adult men at this location?

- Yes
- No

18B3. Does this facility serve only adult men at this location?

- Yes
- No

18C3*. Does this facility offer specifically tailored programs or groups for adult men at this location?

- Yes
- No

18a. Many facilities have clients with one or more of the following characteristics. For which characteristic(s) does this facility offer a substance abuse treatment program or group specifically tailored for those individuals, at this location?

SELECT "YES" OR "NO" FOR EACH

Preview Questionnaire

	Yes	No
Pregnant/postpartum women	<input type="radio"/>	<input type="radio"/>
Seniors or older adults	<input type="radio"/>	<input type="radio"/>
Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) clients	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>
Active duty military	<input type="radio"/>	<input type="radio"/>
Members of military families	<input type="radio"/>	<input type="radio"/>
Criminal justice clients (other than DUI/DWI)	<input type="radio"/>	<input type="radio"/>
Clients with co-occurring mental and substance abuse disorders	<input type="radio"/>	<input type="radio"/>
Persons with HIV or AIDS	<input type="radio"/>	<input type="radio"/>
Persons who have experienced sexual abuse	<input type="radio"/>	<input type="radio"/>
Persons who have experienced intimate partner violence or physical abuse	<input type="radio"/>	<input type="radio"/>
Persons who have experienced other types of trauma	<input type="radio"/>	<input type="radio"/>
Specifically tailored programs or groups for any other types of clients (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

19*. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, Facility Name 1 Facility Name 2, Address 1?

- Yes
- No

19a*. Which of the following HOSPITAL INPATIENT services are offered at this facility, that is, Facility Name 1, Address 1?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Hospital inpatient detoxification (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)	<input type="radio"/>	<input type="radio"/>
2. Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)	<input type="radio"/>	<input type="radio"/>

Note: ASAM is the American Society of Addiction Medicine

20*. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, Facility Name 1, Address 1?

- Yes
- No

20a*. Which of the following RESIDENTIAL services are offered at this facility, that is, Facility Name 1, Address 1?

SELECT "YES" OR "NO" FOR EACH

Preview Questionnaire

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Residential detoxification
(Similar to ASAM Level III.2-D, <i>clinically managed residential detoxification or social detoxification</i>) | <input type="radio"/> | <input type="radio"/> |
| 2. Residential short-term treatment
(Similar to ASAM Level III.5, <i>clinically managed high-intensity residential treatment, typically 30 days or less</i>) | <input type="radio"/> | <input type="radio"/> |
| 3. Residential long-term treatment
(Similar to ASAM Levels III.3 and III.1, <i>clinically managed medium- or low-intensity residential treatment, typically more than 30 days</i>) | <input type="radio"/> | <input type="radio"/> |
- 21*. Does this facility offer **OUTPATIENT** substance abuse services at this location, that is, *Facility Name 1, Address 1* ?
- Yes
 No

21a*. Which of the following **OUTPATIENT** services are offered at this facility, that is, *Facility Name 1, Address 1* ?
SELECT "YES" OR "NO" FOR EACH

- | | Yes | No |
|---|-----------------------|-----------------------|
| 1. Outpatient detoxification
(Similar to ASAM Levels I-D and II-D, <i>ambulatory detoxification</i>) | <input type="radio"/> | <input type="radio"/> |
| 2. Outpatient methadone/buprenorphine maintenance | <input type="radio"/> | <input type="radio"/> |
| 3. Outpatient day treatment or partial hospitalization
(Similar to ASAM Level II.5, <i>20 or more hours per week</i>) | <input type="radio"/> | <input type="radio"/> |
| 4. Intensive outpatient treatment
(Similar to ASAM Level II.1, <i>9 or more hours per week</i>) | <input type="radio"/> | <input type="radio"/> |
| 5. Regular outpatient treatment
(Similar to ASAM Level I, <i>outpatient treatment, non-intensive</i>) | <input type="radio"/> | <input type="radio"/> |

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

- Yes
 No

22a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator?

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

- Yes
 No

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

- Yes
 No

23a. 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.*

- Yes
 No

24. 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 the next question.*

- Yes

- No
- Don't Know

25*. Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?

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

	Yes	No	Don't Know
No payment accepted (<i>free treatment for ALL clients</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cash or self-payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-financed health insurance plan other than Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal military insurance (<i>e.g., TRICARE</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access To Recovery (ATR) vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IHS/638 contract care funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify: _____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. 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.

SELECT ONE METHOD FOR EACH APPROACH.

WORK ACTIVITY	COMPUTER / ELECTRONIC ONLY	PAPER ONLY	BOTH ELECTRONIC AND PAPER	N/A
Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issue/receive lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Billing
- Outcomes management
- Medication prescribing/dispensing
- Health records
- Interoperability with other providers (such as primary care, mental health providers, etc.)

27. The next questions ask about the number of clients in treatment at this facility. SAMHSA would prefer to get this information separately for this facility only. However, we realize that is not always possible. Please indicate whether the clients you report will be for...

SELECT ONE ONLY

- Only this facility
- This facility plus others
- Another facility will report this facility's client counts

27a. How many facilities will be included in your client counts?

Enter the number of additional facilities included in client counts in the box below.

For Section B, please include all of these facilities in the client counts that you report in questions 28 through 33.

This facility:
+ ADDITIONAL FACILITIES:

27b. To avoid double-counting clients, we need to know which facilities are included in your counts. How will you report this information to us?

SELECT ONE ONLY

- I prefer to enter the information now
- Please call me for the list of additional facilities

27c. Please enter the facility name, location address, and phone number for each of the additional facilities included in your client counts.

Please scroll through the entire page, listing all of the additional facilities (do not list this facility). Also, answer the question at the bottom of the page before pressing the "Submit" button to advance.

Facility Name (Line 1)
(Line 2)

Location Address

Street Address
Street Address 2
City
State Zip

Facility Phone () - Ext

Before advancing to the next question, please respond to one of the following statements:

- I have entered all the additional facilities that are included in the client counts reported in this questionnaire.
- I did not enter all the additional facilities that are included in the client counts reported in this questionnaire. Please have someone contact me.

28. On March 29, 2013, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

- Yes
- No

28a. On March 29, 2013, 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)

28b. How many of the 0 HOSPITAL INPATIENTS you just reported were under the age of 18?

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

Number under age 18

28c. How many of the 0 HOSPITAL INPATIENTS you just reported received:

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

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

1. Methadone dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

28d. On March 29, 2013, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

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

Number of beds

29. On March 29, 2013, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

- Yes
- No

29a. On March 29, 2013, 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)

29b. How many of the 0 RESIDENTIAL clients you just reported were under the age of 18?

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

Number under age 18

29c. How many of the 0 RESIDENTIAL clients you just reported received:

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

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

1. Methadone dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

29d. On March 29, 2013, how many residential beds at this facility were specifically designated for substance abuse treatment?

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

Number of beds

30. During the month of March 2013, did any clients receive **OUTPATIENT** substance abuse services at this facility?

- Yes
- No

30a. How many clients received each of the following **OUTPATIENT** substance abuse services at this facility during March 2013?

- **ONLY INCLUDE** clients who received treatment in March **AND** were still enrolled in treatment on March 29, 2013.
- **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 (Count methadone/buprenorphine 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)

30b. How many of the 0 OUTPATIENT clients you just reported were under the age of 18?

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

Number under age 18

30c. How many of the 0 OUTPATIENT clients you just reported received:

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

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

1. Methadone dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

30d. On average, during March 2013, were the outpatient substance abuse treatment services at this facility operating over, under, or at capacity?

Well over capacity (over 120%)

- Somewhat over capacity (106 to 120%)
- At or about capacity (95 to 105%)
- Somewhat under capacity (80 to 94%)
- Well under capacity (under 80%)

31. This question asks you to categorize the substance abuse treatment clients at this facility into three groups: clients in treatment for (1) the abuse of **both** alcohol and drugs other than alcohol; (2) abuse of **only** alcohol; or (3) abuse of **only** drugs other than alcohol.

Enter the percent of clients on March 29, 2013, who were in each of these three groups:

Clients in treatment for abuse of:

The following three responses should total 100%. If not, please reconcile.

- 1. BOTH alcohol and drugs other than alcohol %
- 2. ONLY alcohol %
- 3. ONLY drugs other than alcohol %

32. **Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 29, 2013, had a diagnosed co-occurring mental and substance abuse disorder?**

PERCENT OF CLIENTS (IF NONE, ENTER "0") %

33. 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

34*. Does this facility operate **transitional housing** or a **halfway house** for substance abuse clients at this location, that is, Facility Name 1, Address 1?

- Yes
- No

35. Which statement below **BEST** describes this facility's smoking policy?

SELECT ONE ONLY

- Smoking is not permitted on the property or within any building
- Smoking is permitted only outdoors
- Smoking is permitted outdoors and in designated indoor area(s)
- Smoking is permitted anywhere without restriction
- Other (Please specify:)

36. 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.

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

Yes	No	Don't Know
-----	----	------------

- State substance abuse agency
- State mental health department
- State department of health
- Hospital licensing authority
- The Joint Commission
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- National Committee for Quality Assurance (NCQA)
- Council on Accreditation (COA)
- Another state or local agency or other organization
(Please specify:)

37. Does this facility have a **National Provider Identifier (NPI) number**?

- *Do NOT include the NPI numbers of individual practitioners and groups of practitioners.*

- Yes
- No

37a. What is the NPI number for this facility?

- *If a facility has more than one NPI number, please provide only the primary number.*

NPI (NPI is a 10-digit numeric ID)

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

- Yes
- No

38a*. What is this facility's website address?

- *Enter the address in the box below EXACTLY as it should be entered in order to access your site.*
- *Do not enter "http://" (for example, enter www.yourfacility.com)*

39. Does this facility want to be listed in the *National Directory* and online Treatment Facility Locator?

- Yes
- No

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

- Yes
- No

40a. Would you prefer to receive a CD or paper copy of the *Directory*?

- CD
- Paper

C19. Thank you for completing the N-SSATS questionnaire.
Would you like to provide us with comments regarding your experience completing this questionnaire?

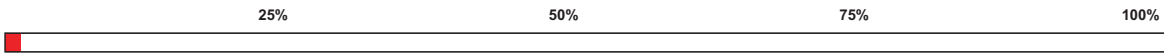
IMPORTANT NOTE: If you do not wish to report any comments, please submit this page in order to receive your confirmation number!

- Yes
- No

C20. Please enter your comments below.

IMPORTANT NOTE: Please submit this page in order to receive your confirmation number!

[Go back to where I left off](#) [Print a copy](#)



You've completed 0% of your questionnaire!

A. FACILITY CHARACTERISTICS

Below you will find the information currently on record for this facility.

- Yes, the information below is correct as shown.
- No, some information below is incorrect or missing. **(Make your corrections below)**
- No, all information below is incorrect. **(Make your corrections below)**

Edit or add to the fields below to correct your facility's information and delete any incorrect information.

State ID: **XX999999**

Facility Director: First Name Middle Last

Facility Name Line 1

Line 2

Location Address:

Street Address

Street Address 2

City

State Zip

Facility Telephone Number () - ext

Facility Fax Number () -

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OR

you can send an e-mail to the help desk by clicking on this link <http://devnssats2013.mathematica.net/EmailForm.aspx>

25%

50%

75%

100%



You've completed 1% of your questionnaire!

A. FACILITY CHARACTERISTICS

You have recorded a name change for this facility.

For confirmation purposes, please select the choice that best describes why you recorded this change.

Only spelling errors or abbreviations were corrected.

This facility used to be called Facility Name 1, but the name has been changed.

This facility was never called Facility Name 1

Changes were recorded in error. Return to the previous screen to review all information.

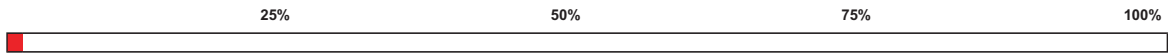
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You've completed 1% of your questionnaire!

A. FACILITY CHARACTERISTICS

Is there another substance abuse treatment facility in your organization that is currently located at *Address 1* ?

- Yes
- No

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

We need to check your new address against our files to determine whether your facility should be assigned a new ID number.

An N-SSATS administrator will contact you within one working day to discuss your responses, make corrections to your questionnaire (if necessary), and allow you to complete the remaining questions.

We are sorry for this inconvenience and thank you for starting the N-SSATS questionnaire.


If you have any questions about this information, please call the N-SSATS helpline at 1-888-324-8337.

25%

50%

75%

100%



You've completed 2% of your questionnaire!

A. FACILITY CHARACTERISTICS

Who will be primarily responsible for completing this questionnaire?

Name: First Last

Title:

Optional information:

Telephone number (If different from main facility number):

() - Ext

Fax number (If different from main facility number):

() -

Email Address:

Facility Email Address:

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25%

50%

75%

100%



You've completed 3% of your questionnaire!

A. FACILITY CHARACTERISTICS

1. Which of the following substance abuse services are offered by this facility at this location, that is, *Facility Name 1 Facility Name 2, Address 1*?

SELECT "YES" OR "NO" FOR EACH

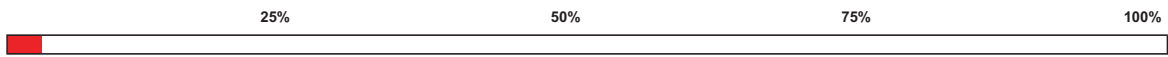
	Yes	No
Intake, assessment, or referral	<input type="radio"/>	<input type="radio"/>
Detoxification	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment (services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)	<input type="radio"/>	<input type="radio"/>
Any other substance abuse services	<input type="radio"/>	<input type="radio"/>

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You've completed 3% of your questionnaire!

A. FACILITY CHARACTERISTICS

You reported that this facility does not offer detoxification or substance abuse treatment.

Is this correct?

Yes, this is correct.

No, this is not correct.

Return to previous page for correction.

[Quit for now](#)

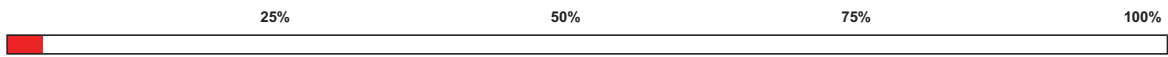
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You've completed 3% of your questionnaire!

A. FACILITY CHARACTERISTICS

1a. Does this facility, at this location, offer mental health treatment services (*services focused on improving the mental well-being of individuals with mental disorders and on promoting their recovery*)?

- Yes
- No

Submit Page and Continue

Start Page Over

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You've completed 4% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Alcohol	<input type="radio"/>	<input type="radio"/>
Benzodiazepines	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>
Other (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

[Submit Page and Continue](#)

[Start Page Over](#)

[Quit for now](#)

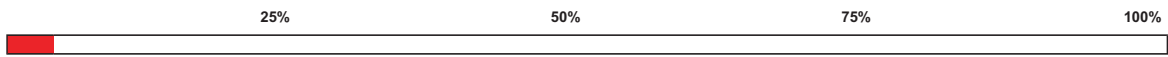
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You've completed 4% of your questionnaire!

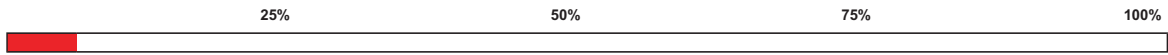
A. FACILITY CHARACTERISTICS

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

- Yes
- No

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You've completed 6% of your questionnaire!

A. FACILITY CHARACTERISTICS

4. Is this facility operated by...

SELECT ONE ONLY

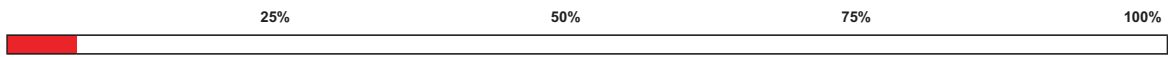
- A private for-profit organization
- A private non-profit organization
- State government
- Local, county, or community government
- Tribal government
- Federal Government

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You've completed 6% of your questionnaire!

A. FACILITY CHARACTERISTICS

4a. Which Federal Government agency?

SELECT ONE ONLY

Department of Veterans Affairs

Department of Defense

Indian Health Service

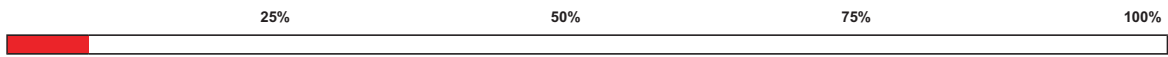
Other (Please specify:)

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You've completed 7% of your questionnaire!

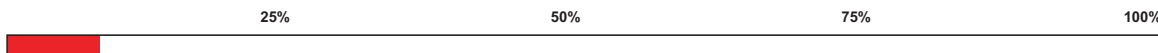
A. FACILITY CHARACTERISTICS

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

- Yes
- No

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You've completed 8% of your questionnaire!

A. FACILITY CHARACTERISTICS

6. Is this facility affiliated with a religious organization?

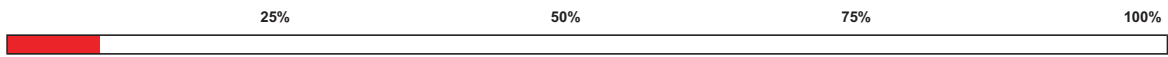
- Yes
- No

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You've completed 8% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

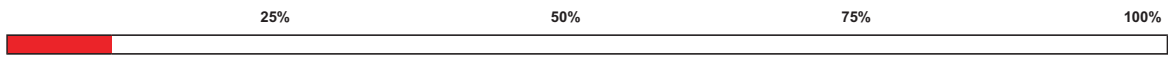
- Yes
- No

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You've completed 9% of your questionnaire!

A. FACILITY CHARACTERISTICS

Just to confirm, this facility provides substance abuse treatment services only to incarcerated persons or juvenile detainees.

Is that correct?

Yes, this is correct.

No, this is not correct.

Return to question 7 for correction.

[Submit Page and Continue](#)

[Start Page Over](#)

[Quit for now](#)

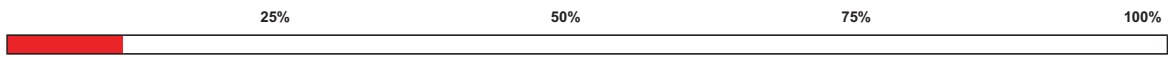
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You've completed 10% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

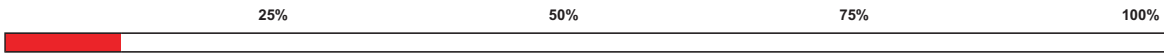
- Yes
- No

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You've completed 10% of your questionnaire!

A. FACILITY CHARACTERISTICS

8a. What type of hospital?

SELECT ONE ONLY

General hospital (*including VA hospital*)

Psychiatric hospital

Other specialty hospital, for example, alcoholism, maternity, etc.
(Please specify:)

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25%

50%

75%

100%



You've completed 11% of your questionnaire!

A. FACILITY CHARACTERISTICS

9*. What telephone number(s) should a potential client call to schedule an intake appointment?

Numeric Entry

[example: (888) 555-3456]

1. Enter intake telephone number here: () - ext

2. If applicable, enter secondary intake number here: () - ext

Alphanumeric Entry

[example: (888) 555 HELP]

1. Enter intake telephone number here: () ext

2. If applicable, enter secondary intake number here: () ext

[Quit for now](#)

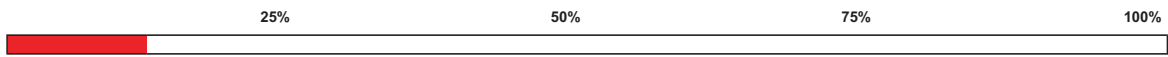
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You've completed 12% of your questionnaire!

A. FACILITY CHARACTERISTICS

You reported the following telephone number(s) should be called to schedule an intake appointment. Please review the number(s) below for accuracy and select the choice that best describes the result of your review.

Intake Numbers:

Numeric entry #1: (999)999-9999

Numeric entry #2:

Alphanumeric entry #1:

Alphanumeric entry #2:

This information is accurate as reported.

This information is not accurate. Return to previous screen for correction.

[Quit for now](#)

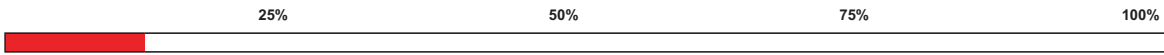
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You've completed 12% of your questionnaire!

A. FACILITY CHARACTERISTICS

10a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Screening for substance abuse	<input type="radio"/>	<input type="radio"/>
Screening for mental health disorders	<input type="radio"/>	<input type="radio"/>
Comprehensive substance abuse assessment or diagnosis	<input type="radio"/>	<input type="radio"/>
Comprehensive mental health assessment or diagnosis <i>(for example, psychological or psychiatric evaluation and testing)</i>	<input type="radio"/>	<input type="radio"/>
Screening for tobacco use	<input type="radio"/>	<input type="radio"/>
Outreach to persons in the community who may need treatment	<input type="radio"/>	<input type="radio"/>
Interim services for clients when immediate admission is not possible	<input type="radio"/>	<input type="radio"/>
We do not offer any of these assessment and pre-treatment services	<input type="radio"/>	

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You've completed 13% of your questionnaire!

A. FACILITY CHARACTERISTICS

10b. Which of the following testing services are provided by this facility at this location?

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

SELECT "YES" OR "NO" FOR EACH

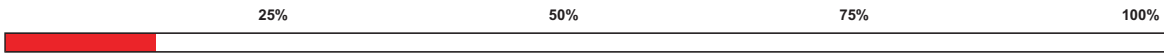
	Yes	No
Breathalyzer or other blood alcohol testing	<input type="radio"/>	<input type="radio"/>
Drug or alcohol urine screening	<input type="radio"/>	<input type="radio"/>
Screening for Hepatitis B	<input type="radio"/>	<input type="radio"/>
Screening for Hepatitis C	<input type="radio"/>	<input type="radio"/>
HIV testing	<input type="radio"/>	<input type="radio"/>
STD testing	<input type="radio"/>	<input type="radio"/>
TB screening	<input type="radio"/>	<input type="radio"/>
We do not offer any of these testing services	<input type="radio"/>	

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You've completed 13% of your questionnaire!

A. FACILITY CHARACTERISTICS

10c. Which of the following transitional services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

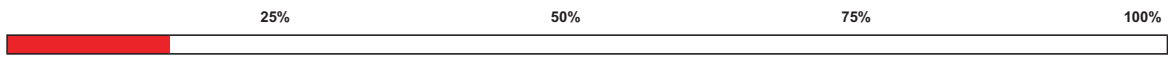
	Yes	No
Discharge planning	<input type="radio"/>	<input type="radio"/>
Aftercare/continuing care	<input type="radio"/>	<input type="radio"/>
We do not offer any of these transitional services	<input type="radio"/>	

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You've completed 14% of your questionnaire!

A. FACILITY CHARACTERISTICS

10d. Which of the following ancillary services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Case management services	<input type="radio"/>	<input type="radio"/>
Social skills development	<input type="radio"/>	<input type="radio"/>
Mentoring/peer support	<input type="radio"/>	<input type="radio"/>
Child care for clients' children	<input type="radio"/>	<input type="radio"/>
Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)	<input type="radio"/>	<input type="radio"/>
Employment counseling or training for clients	<input type="radio"/>	<input type="radio"/>
Assistance in locating housing for clients	<input type="radio"/>	<input type="radio"/>
Domestic violence -- family or partner violence services (physical, sexual, and emotional abuse)	<input type="radio"/>	<input type="radio"/>
Early intervention for HIV	<input type="radio"/>	<input type="radio"/>
HIV or AIDS education, counseling, or support	<input type="radio"/>	<input type="radio"/>
Hepatitis education, counseling, or support	<input type="radio"/>	<input type="radio"/>
Health education other than HIV/AIDS or hepatitis	<input type="radio"/>	<input type="radio"/>
Substance abuse education	<input type="radio"/>	<input type="radio"/>
Transportation assistance to treatment	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>
* Residential beds for clients' children	<input type="radio"/>	<input type="radio"/>
Self-help groups (for example, AA, NA, SMART Recovery)	<input type="radio"/>	<input type="radio"/>
Smoking cessation counseling	<input type="radio"/>	<input type="radio"/>
We do not offer any of these ancillary services	<input type="radio"/>	

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75%

100%

You've completed 15% of your questionnaire!

A. FACILITY CHARACTERISTICS

10e. Which of the following other services are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Treatment for gambling disorder	<input type="radio"/>	<input type="radio"/>
Treatment for Internet use disorder	<input type="radio"/>	<input type="radio"/>
Treatment for other addiction disorder (<i>non-substance abuse</i>)	<input type="radio"/>	<input type="radio"/>
We do not offer any of these other services	<input type="radio"/>	

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75%

100%


 You've completed 15% of your questionnaire!

A. FACILITY CHARACTERISTICS

10f. Which of the following pharmacotherapies are provided by this facility at this location?

SELECT "YES" OR "NO" FOR EACH

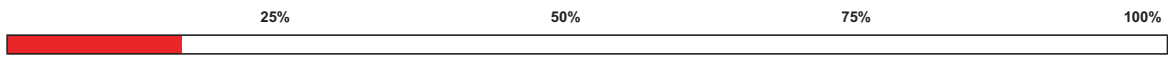
	Yes	No
Disulfiram (<i>Antabuse</i> ®)	<input type="radio"/>	<input type="radio"/>
Naltrexone (oral)	<input type="radio"/>	<input type="radio"/>
Vivitrol® (<i>injectible Naltrexone</i>)	<input type="radio"/>	<input type="radio"/>
Acamprosate (<i>Camprial</i> ®)	<input type="radio"/>	<input type="radio"/>
Nicotine replacement	<input type="radio"/>	<input type="radio"/>
Non-nicotine smoking/tobacco cessation medications (<i>for example, Bupropion, Varenicline</i>)	<input type="radio"/>	<input type="radio"/>
Medications for psychiatric disorders	<input type="radio"/>	<input type="radio"/>
Methadone	<input type="radio"/>	<input type="radio"/>
Buprenorphine with naloxone (<i>Suboxone</i> ®)	<input type="radio"/>	<input type="radio"/>
Buprenorphine without naloxone	<input type="radio"/>	<input type="radio"/>
We do not offer any of these pharmacotherapy services	<input type="radio"/>	

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You've completed 15% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- OTPs are *certified by SAMHSA's Center for Substance Abuse Treatment* to use the opioid drugs **methadone**, **buprenorphine** and **vivitrol** in the treatment of opioid (narcotic) addiction.
- Some SAMHSHA-certified OTPs use only buprenorphine in the treatment of opioid (narcotic) addiction.
- Physicians with a waiver may prescribe buprenorphine without being affiliated with an OTP. Therefore, not all facilities that prescribe buprenorphine are OTPs.

- Yes, facility operates an OTP
 No

Submit Page and Continue

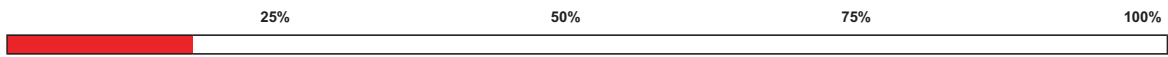
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You've completed 16% of your questionnaire!

A. FACILITY CHARACTERISTICS

Two responses are inconsistent.

Earlier you indicated that you do not offer methadone services, however you just indicated that you operate an Opioid Treatment Program (OTP) at this location.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

10f. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Methadone: No

11. Does this facility operate an Opioid Treatment Program (OTP) at this location?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

Return to question 10f for correction.

Return to question 11 for correction.

This facility offers buprenorphine services.

[Quit for now](#)

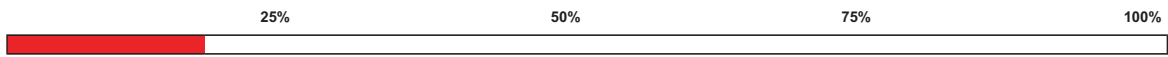
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You've completed 17% of your questionnaire!

A. FACILITY CHARACTERISTICS

Two responses are inconsistent.

Earlier you indicated that you do not offer buprenorphine services, however you just indicated having buprenorphine services.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

10f. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

Methodone: No

Buprenorphine with naloxone (Suboxone®): No

Buprenorphine without naloxone: No

11. Does this facility operate an Opioid Treatment Program (OTP) at this location?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

Return to question 10f for correction

Return to question 11 for correction

[Quit for now](#)

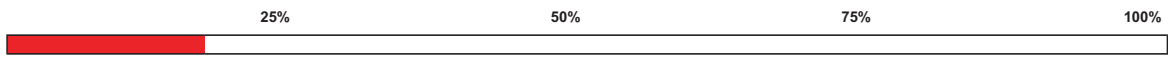
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You've completed 17% of your questionnaire!

A. FACILITY CHARACTERISTICS

11a*. Are ALL of the substance abuse clients at this facility currently in the Opioid Treatment Program?

- Yes
- No

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You've completed 18% of your questionnaire!

A. FACILITY CHARACTERISTICS

11b*. Does the Opioid Treatment Program at this location provide maintenance services, detoxification services, or both?

SELECT ONE ONLY

Maintenance services

Detoxification services

Both

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You've completed 19% of your questionnaire!

A. FACILITY CHARACTERISTICS

12. 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.

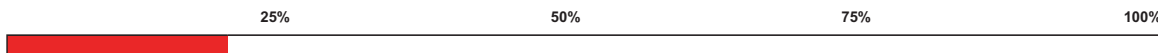
SELECT ONE FOR EACH TYPE OF COUNSELING

TYPE OF COUNSELING	NOT OFFERED	RECEIVED BY 25% OR LESS OF CLIENTS	RECEIVED BY 26% TO 50% OF CLIENTS	RECEIVED BY 51% TO 75% OF CLIENTS	RECEIVED BY MORE THAN 75% OF CLIENTS
Individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/couples counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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You've completed 19% of your questionnaire!

A. FACILITY CHARACTERISTICS

13. For each type of clinical/therapeutic approach listed below, please mark the box that best describes how often that approach is used at this facility.

• Definitions of these approaches can be found at: <http://info.nssats.com>

SELECT "Never", "Rarely", "Sometimes", "Always or Often" OR "Not Familiar With This Approach" FOR EACH APPROACH.

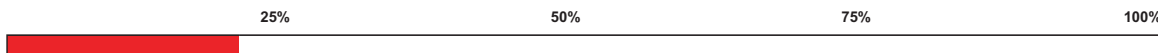
CLINICAL/THERAPEUTIC APPROACHES	NEVER	RARELY	SOMETIMES	ALWAYS OR OFTEN	NOT FAMILIAR WITH THIS APPROACH
Substance abuse counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-step facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive-behavioral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contingency management/motivational incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-related counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Matrix Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community reinforcement plus vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rational emotive behavioral therapy (REBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computerized substance abuse treatment (including Internet, Web, mobile, and desktop programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other treatment approach (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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You've completed 20% of your questionnaire!

A. FACILITY CHARACTERISTICS

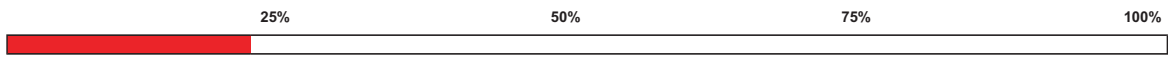
14. Are any of the following practices part of this facility's standard operating procedures?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
Required continuing education for staff	<input type="radio"/>	<input type="radio"/>
Periodic drug testing of clients	<input type="radio"/>	<input type="radio"/>
Regularly scheduled case review with a supervisor	<input type="radio"/>	<input type="radio"/>
Case review by an appointed quality review committee	<input type="radio"/>	<input type="radio"/>
Outcome follow-up after discharge	<input type="radio"/>	<input type="radio"/>
Periodic utilization review	<input type="radio"/>	<input type="radio"/>
Periodic client satisfaction surveys conducted by the facility	<input type="radio"/>	<input type="radio"/>
None of these practices are part of the standard operating procedures	<input type="radio"/>	

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You've completed 21% of your questionnaire!

A. FACILITY CHARACTERISTICS

15*. Does this facility, *Facility Name 1 Facility Name 2, Address 1*, offer a specialty designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

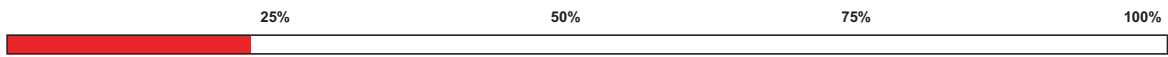
- Yes
- No

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You've completed 21% of your questionnaire!

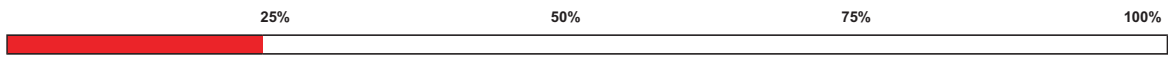
A. FACILITY CHARACTERISTICS

15a*. Does this facility serve only DUI/DWI clients?

- Yes
- No

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You've completed 22% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

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

- Yes
- No

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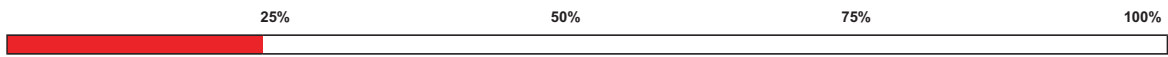
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You've completed 22% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No

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You've completed 23% of your questionnaire!

A. FACILITY CHARACTERISTICS

17a. At this facility, who provides substance abuse treatment services in a language other than English?

SELECT ONE ONLY

Staff counselor who speaks a language other than English

On-call interpreter (*in person or by phone*) brought in when needed

BOTH staff counselor and on-call interpreter

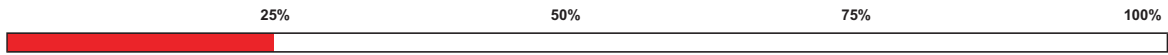
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You've completed 23% of your questionnaire!

A. FACILITY CHARACTERISTICS

17a1*. Do staff counselors provide substance abuse treatment in Spanish at this facility?

- Yes
- No

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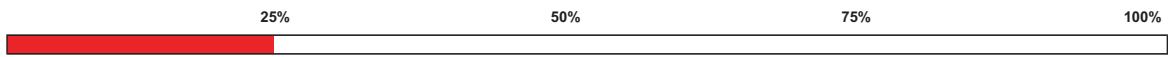
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You've completed 23% of your questionnaire!

A. FACILITY CHARACTERISTICS

17a2. Do staff counselors at this facility provide substance abuse treatment in any other languages?

- Yes
- No

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You've completed 24% of your questionnaire!

A. FACILITY CHARACTERISTICS

17b*. In what other languages do staff counselors provide substance abuse treatment at this facility?

SELECT "YES" OR "NO" FOR EACH

AMERICAN INDIAN OR ALASKA NATIVE:

	Yes	No
Hopi	<input type="radio"/>	<input type="radio"/>
Lakota	<input type="radio"/>	<input type="radio"/>
Navajo	<input type="radio"/>	<input type="radio"/>
Ojibwa	<input type="radio"/>	<input type="radio"/>
Yupik	<input type="radio"/>	<input type="radio"/>
Other American Indian or Alaska Native language (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

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100%



You've completed 24% of your questionnaire!

A. FACILITY CHARACTERISTICS

OTHER LANGUAGES:

	Yes	No
Arabic	<input type="radio"/>	<input type="radio"/>
Any Chinese language	<input type="radio"/>	<input type="radio"/>
Creole	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>
Greek	<input type="radio"/>	<input type="radio"/>
Hmong	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>
Portuguese	<input type="radio"/>	<input type="radio"/>
Russian	<input type="radio"/>	<input type="radio"/>
Tagalog	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>
Any other language (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

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You've completed 25% of your questionnaire!

A. FACILITY CHARACTERISTICS

Are all of the languages indicated below spoken by a staff counselor?

Language1, Language2, Language3, Language4, Language5

Yes, all the languages listed are spoken by a staff counselor.

No, all the languages listed are NOT spoken by a staff counselor. Return for correction.

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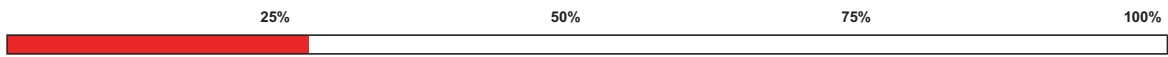
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You've completed 26% of your questionnaire!

A. FACILITY CHARACTERISTICS

Individuals seeking substance abuse treatment can vary by age, gender or other characteristics. Which categories of individuals are served by this facility, at *Address1*?

18A1. Does this facility serve adolescents at this location?

- Yes
- No

Submit Page and Continue

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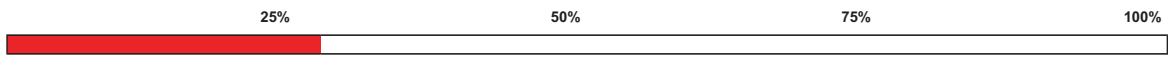
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You've completed 27% of your questionnaire!

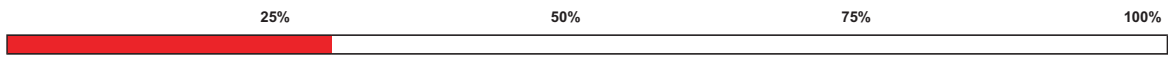
A. FACILITY CHARACTERISTICS

18B1. Does this facility serve only adolescents at this location?

- Yes
- No

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You've completed 28% of your questionnaire!

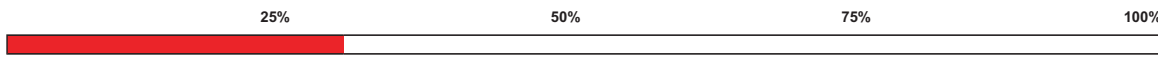
A. FACILITY CHARACTERISTICS

18C1*. Does this facility offer specifically tailored programs or groups for adolescents at this location?

- Yes
- No

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You've completed 29% of your questionnaire!

A. FACILITY CHARACTERISTICS

18A2. Does this facility serve adult women at this location?

- Yes
- No

[Submit Page and Continue](#)

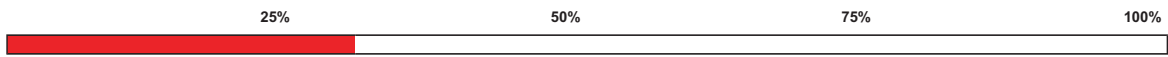
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You've completed 30% of your questionnaire!

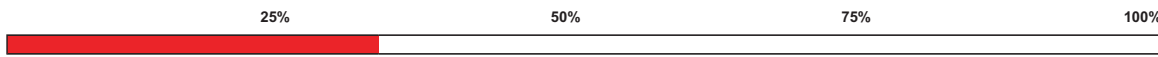
A. FACILITY CHARACTERISTICS

18B2. Does this facility serve only adult women at this location?

- Yes
- No

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You've completed 32% of your questionnaire!

A. FACILITY CHARACTERISTICS

18C2*. Does this facility offer specifically tailored programs or groups for adult women at this location?

- Yes
- No

[Quit for now](#)

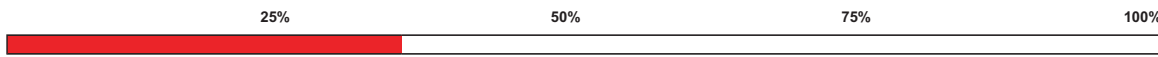
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You've completed 34% of your questionnaire!

A. FACILITY CHARACTERISTICS

18A3. Does this facility serve adult men at this location?

- Yes
- No

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[Start Page Over](#)

[Quit for now](#)

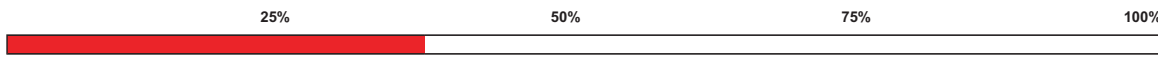
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You've completed 36% of your questionnaire!

A. FACILITY CHARACTERISTICS

18B3. Does this facility serve only adult men at this location?

- Yes
- No

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[Quit for now](#)

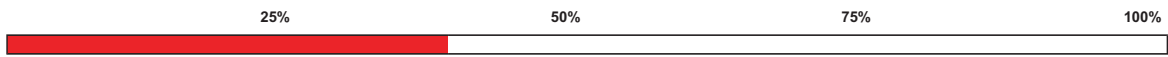
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You've completed 38% of your questionnaire!

A. FACILITY CHARACTERISTICS

18C3*. Does this facility offer specifically tailored programs or groups for adult men at this location?

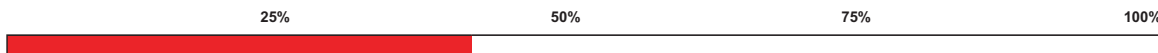
- Yes
- No

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You've completed 40% of your questionnaire!

A. FACILITY CHARACTERISTICS

18a. Many facilities have clients with one or more of the following characteristics. For which characteristic(s) does this facility offer a substance abuse treatment program or group specifically tailored for those individuals, at this location?

SELECT "YES" OR "NO" FOR EACH

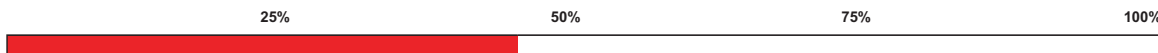
	Yes	No
Pregnant/postpartum women	<input type="radio"/>	<input type="radio"/>
Seniors or older adults	<input type="radio"/>	<input type="radio"/>
Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) clients	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>
Active duty military	<input type="radio"/>	<input type="radio"/>
Members of military families	<input type="radio"/>	<input type="radio"/>
Criminal justice clients (other than DUI/DWI)	<input type="radio"/>	<input type="radio"/>
Clients with co-occurring mental and substance abuse disorders	<input type="radio"/>	<input type="radio"/>
Persons with HIV or AIDS	<input type="radio"/>	<input type="radio"/>
Persons who have experienced sexual abuse	<input type="radio"/>	<input type="radio"/>
Persons who have experienced intimate partner violence or physical abuse	<input type="radio"/>	<input type="radio"/>
Persons who have experienced other types of trauma	<input type="radio"/>	<input type="radio"/>
Specifically tailored programs or groups for any other types of clients (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

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You've completed 44% of your questionnaire!

A. FACILITY CHARACTERISTICS

19*. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

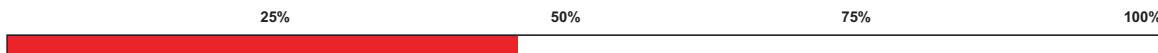
- Yes
- No

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You've completed 44% of your questionnaire!

A. FACILITY CHARACTERISTICS

19a*. Which of the following HOSPITAL INPATIENT services are offered at this facility, that is, *Facility Name 1 Facility Name 2, Address 1?*

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Hospital inpatient detoxification (Similar to ASAM Levels IV-D and III.7-D, <i>medically managed or monitored inpatient detoxification</i>)	<input type="radio"/>	<input type="radio"/>
2. Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, <i>medically managed or monitored intensive inpatient treatment</i>)	<input type="radio"/>	<input type="radio"/>

Note: ASAM is the American Society of Addiction Medicine

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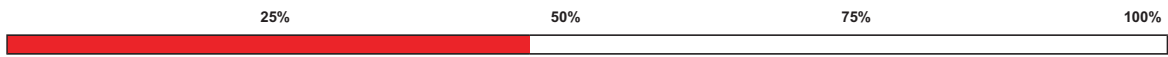
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You've completed 45% of your questionnaire!

A. FACILITY CHARACTERISTICS

Two responses appear to be inconsistent.

In question 19 you indicated that you offer hospital inpatient substance abuse services and in question 19a you answered NO to each type of hospital inpatient service offered.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

19. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1*?

YOUR RESPONSE: **Yes**

19a. Which of the following HOSPITAL INPATIENT services are offered at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification (Similar to **ASAM** Levels IV-D and III.7-D, *medically managed or monitored inpatient detoxification*): **No**

Hospital inpatient treatment (Similar to **ASAM** Levels IV and III.7, *medically managed or monitored intensive inpatient treatment*): **No**

Select the choice that best describes your resolution:

Return to question 19 for correction.

Return to question 19a for correction.

This facility offers a different type of hospital inpatient substance abuse service.

[Quit for now](#)

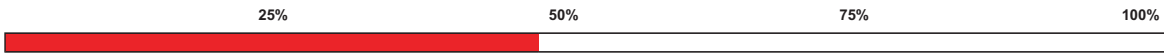
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You've completed 46% of your questionnaire!

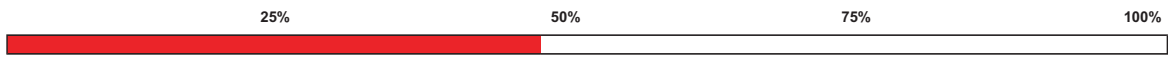
A. FACILITY CHARACTERISTICS

What type of hospital inpatient substance abuse services do you offer at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

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You've completed 46% of your questionnaire!

A. FACILITY CHARACTERISTICS

20*. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, *Facility Name 1*
Facility Name 2, Address 1?

- Yes
- No

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You've completed 47% of your questionnaire!

A. FACILITY CHARACTERISTICS

20a*. Which of the following **RESIDENTIAL** services are offered at this facility, that is, *Facility Name 1 Facility Name 2, Address 1?*

SELECT "YES" OR "NO" FOR EACH

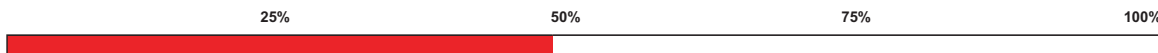
	Yes	No
1. Residential detoxification (Similar to ASAM Level III.2-D, <i>clinically managed residential detoxification or social detoxification</i>)	<input type="radio"/>	<input type="radio"/>
2. Residential short-term treatment (Similar to ASAM Level III.5, <i>clinically managed high-intensity residential treatment, typically 30 days or less</i>)	<input type="radio"/>	<input type="radio"/>
3. Residential long-term treatment (Similar to ASAM Levels III.3 and III.1, <i>clinically managed medium- or low-intensity residential treatment, typically more than 30 days</i>)	<input type="radio"/>	<input type="radio"/>

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You've completed 47% of your questionnaire!

A. FACILITY CHARACTERISTICS

Two responses appear to be inconsistent.

In question 20 you indicated that you offer residential (non-hospital) substance abuse services and in question 20a you answered NO to every type of residential (non-hospital) service offered.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

20. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1*?

YOUR RESPONSE: **Yes**

20a. Which of the following RESIDENTIAL services are offered at this facility?

YOUR RESPONSE:

Residential detoxification (Similar to **ASAM** Level III.2-D, *clinically managed residential detoxification or social detoxification*): **No**

Residential short-term treatment (Similar to **ASAM** Level III.5, *clinically managed high-intensity residential treatment, typically 30 days or less*): **No**

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*): **No**

Select the choice that best describes your resolution:

Return to question 20 for correction.

Return to question 20a for correction.

This facility offers a different type of residential substance abuse service.

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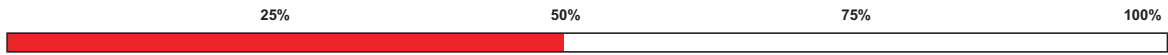
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You've completed 48% of your questionnaire!

A. FACILITY CHARACTERISTICS

What type of residential substance abuse services do you offer at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

[Quit for now](#)

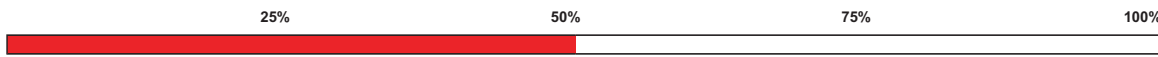
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You've completed 49% of your questionnaire!

A. FACILITY CHARACTERISTICS

21*. Does this facility offer **OUTPATIENT** substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

- Yes
- No

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25%

50%

75%

100%



You've completed 49% of your questionnaire!

A. FACILITY CHARACTERISTICS

21a*. Which of the following **OUTPATIENT** services are offered at this facility, that is, *Facility Name 1 Facility Name 2, Address 1?*

SELECT "YES" OR "NO" FOR EACH

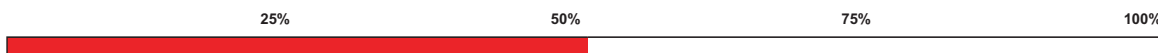
	Yes	No
1. Outpatient detoxification (Similar to ASAM Levels I-D and II-D, <i>ambulatory detoxification</i>)	<input type="radio"/>	<input type="radio"/>
2. Outpatient methadone/buprenorphine maintenance	<input type="radio"/>	<input type="radio"/>
3. Outpatient day treatment or partial hospitalization (Similar to ASAM Level II.5, <i>20 or more hours per week</i>)	<input type="radio"/>	<input type="radio"/>
4. Intensive outpatient treatment (Similar to ASAM Level II.1, <i>9 or more hours per week</i>)	<input type="radio"/>	<input type="radio"/>
5. Regular outpatient treatment (Similar to ASAM Level I, <i>outpatient treatment, non-intensive</i>)	<input type="radio"/>	<input type="radio"/>

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You've completed 50% of your questionnaire!

A. FACILITY CHARACTERISTICS

Two responses appear to be inconsistent.

In question 21 you indicated that you offer outpatient substance abuse services and in question 21a you answered NO to every type of outpatient service offered.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

21. Does this facility offer OUTPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

YOUR RESPONSE: **Yes**

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

YOUR RESPONSE:

Outpatient detoxification (Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*): **No**

Outpatient methadone/buprenorphine maintenance: **No**

Outpatient day treatment or partial hospitalization (Similar to **ASAM** Level II.5, *20 or more hours per week*): **No**

Intensive outpatient treatment (Similar to **ASAM** Level II.1, *9 or more hours per week*): **No**

Regular outpatient treatment (Similar to **ASAM** Level I, *outpatient treatment, non-intensive*): **No**

Select the choice that best describes your resolution:

Return to question 21 for correction.

Return to question 21a for correction.

This facility offers a different type of outpatient substance abuse service.

[Quit for now](#)

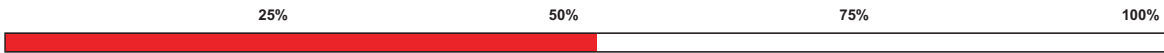
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You've completed 51% of your questionnaire!

A. FACILITY CHARACTERISTICS

What type of outpatient substance abuse services do you offer at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

[Quit for now](#)

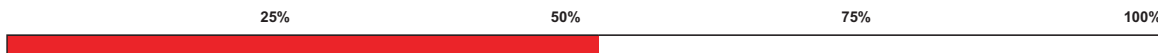
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You've completed 51% of your questionnaire!

A. FACILITY CHARACTERISTICS

Two responses appear to be inconsistent.

Earlier you indicated that you operate an Opioid Treatment Program (OTP), however you just indicated that you do not offer outpatient methadone maintenance at this location.

Please review your responses to the two questions below and select the choice that best describes your resolution.

11b. Does the Opioid Treatment Program at this location provide maintenance services, detoxification services, or both?

YOUR RESPONSE:

Maintenance services: Yes

Detoxification services: No

Both: No

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

YOUR RESPONSE:

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

2. Outpatient methadone/buprenorphine maintenance: No

3. Outpatient day treatment or partial hospitalization (Similar to ASAM Level II.5, 20 or more hours per week): No

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

5. Regular outpatient treatment (Similar to ASAM Level I, outpatient treatment, non-intensive): No

Select the choice that best describes your resolution:

Return to question 11b for correction.

Return to question 21a for correction.

This facility offers buprenorphine services.

Submit Page and Continue

Start Page Over

Quit for now

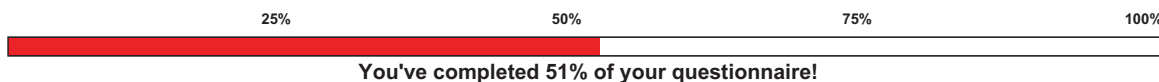
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A. FACILITY CHARACTERISTICS

Two responses appear to be inconsistent.

Earlier you indicated that this facility's Opioid Treatment Program (OTP) provides detoxification services at this location, however you just indicated that you offer outpatient methadone maintenance at this location.

Please review your responses to the two questions below and select the choice that best describes your resolution.

11b. Does the Opioid Treatment Program at this location provide maintenance services, detoxification services, or both?

YOUR RESPONSE:

Maintenance services: No
Detoxification services: Yes
Both: No

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

YOUR RESPONSE:

1. Outpatient detoxification (Similar to ASAM Levels I-D and II-D, ambulatory detoxification): Yes
2. Outpatient methadone/buprenorphine maintenance: Yes
3. Outpatient day treatment or partial hospitalization (Similar to ASAM Level II.5, 20 or more hours per week): No
4. Intensive outpatient treatment (Similar to ASAM Level II.1, 9 or more hours per week): Yes
5. Regular outpatient treatment (Similar to ASAM Level I, outpatient treatment, non-intensive): No

Select the choice that best describes your resolution:

Return to question 11b for correction.

Return to question 21a for correction.

This facility offers buprenorphine services.

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You've completed 52% of your questionnaire!

A. FACILITY CHARACTERISTICS

You reported this facility does not offer hospital inpatient, residential, or outpatient substance abuse services.

Is this correct?

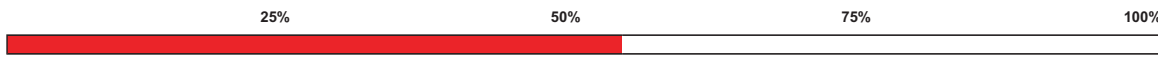
Yes, this is correct. This facility does not offer any type of substance abuse treatment services.

Yes, this is correct. This facility offers another type of substance abuse treatment services.
(Please specify:)

No, this is not correct.

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You've completed 53% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

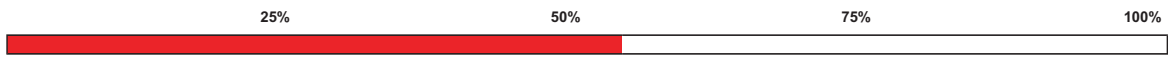
- Yes
- No

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You've completed 53% of your questionnaire!

A. FACILITY CHARACTERISTICS

22a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator?

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

- Yes
- No

Submit Page and Continue

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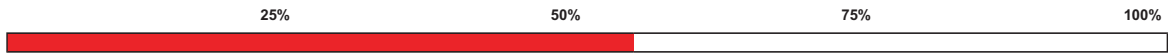
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You've completed 54% of your questionnaire!

A. FACILITY CHARACTERISTICS

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

- Yes
- No

[Submit Page and Continue](#)

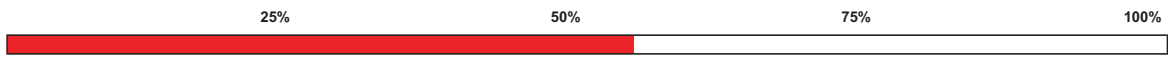
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You've completed 54% of your questionnaire!

A. FACILITY CHARACTERISTICS

23a. 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.*

- Yes
 No

Submit Page and Continue

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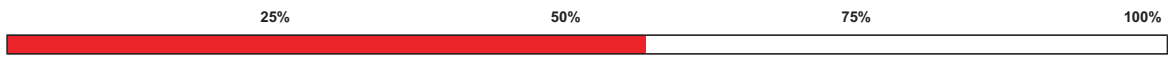
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You've completed 55% of your questionnaire!

A. FACILITY CHARACTERISTICS

24. 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 the next question.

- Yes
- No
- Don't Know

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You've completed 56% of your questionnaire!

A. FACILITY CHARACTERISTICS

25*. Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment?

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

	Yes	No	Don't Know
No payment accepted (<i>free treatment for ALL clients</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cash or self-payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-financed health insurance plan other than Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal military insurance (<i>e.g., TRICARE</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access To Recovery (<i>ATR</i>) vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IHS/638 contract care funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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You've completed 56% of your questionnaire!

A. FACILITY CHARACTERISTICS

26. 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.

SELECT ONE METHOD FOR EACH APPROACH.

WORK ACTIVITY	COMPUTER / ELECTRONIC ONLY	PAPER ONLY	BOTH ELECTRONIC AND PAPER	N/A
Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issue/receive lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcomes management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication prescribing/dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interoperability with other providers (<i>such as primary care, mental health providers, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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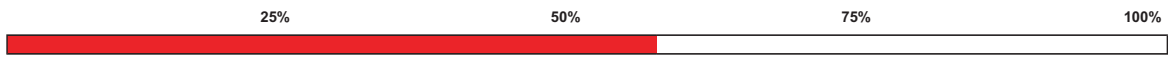
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You've completed 56% of your questionnaire!

B. REPORTING CLIENT COUNTS

27. The next questions ask about the number of clients in treatment at this facility. SAMHSA would prefer to get this information separately for this facility only. However, we realize that is not always possible. Please indicate whether the clients you report will be for...

SELECT ONE ONLY

Only this facility

This facility plus others

Another facility will report this facility's client counts

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You've completed 57% of your questionnaire!

B. REPORTING CLIENT COUNTS

27a. How many facilities will be included in your client counts?

Enter the number of additional facilities included in client counts in the box below.

For Section B, please include all of these facilities in the client counts that you report in questions 28 through 33.

This facility: 1

+ ADDITIONAL FACILITIES:

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You've completed 58% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent.

At question 27 you reported you will include client counts for this facility combined with other facilities, however, at question 27a you reported the number of additional facilities as zero.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

27. The next questions 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.

YOUR RESPONSE:

This questionnaire will include client counts for this facility combined with other facilities

27a. How many facilities will be included in the client counts reported in this questionnaire?

YOUR RESPONSE:

THIS FACILITY: 1
+ ADDITIONAL FACILITIES: 0

= TOTAL FACILITIES: 1

Select the choice that best describes your resolution:

Return to question 27 for correction

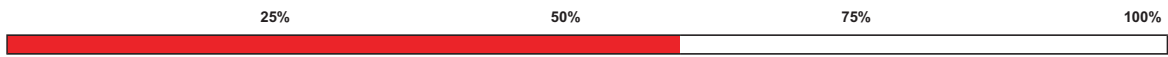
Return to question 27a for correction

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You've completed 58% of your questionnaire!

B. REPORTING CLIENT COUNTS

27b. To avoid double-counting clients, we need to know which facilities are included in your counts. How will you report this information to us?

SELECT ONE ONLY

I prefer to enter the information now

Please call me for the list of additional facilities

[Quit for now](#)

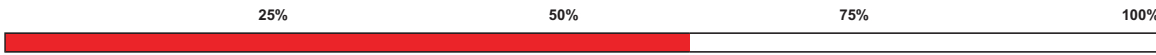
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You've completed 59% of your questionnaire!

B. REPORTING CLIENT COUNTS

27c. Please enter the facility name, location address, and phone number for each of the additional facilities included in your client counts.

Please scroll through the entire page, listing all of the additional facilities (do not list this facility). Also, answer the question at the bottom of the page before pressing the "Submit" button to advance.

Facility Name (Line 1)

(Line 2)

Location Address

Street Address

Street Address 2

City

State Zip

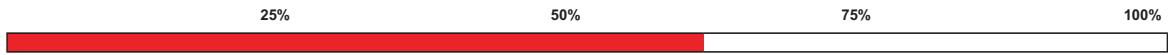
Facility Phone () - Ext

Before advancing to the next question, please respond to one of the following statements:

- I have entered all the additional facilities that are included in the client counts reported in this questionnaire.
- I did not enter all the additional facilities that are included in the client counts reported in this questionnaire. Please have someone contact me.

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B. REPORTING CLIENT COUNTS

28. On March 29, 2013, did any patients receive HOSPITAL INPATIENT substance abuse services at these facilities?

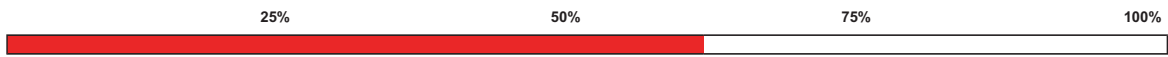
- Yes
- No

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You've completed 60% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent.

In question 19 you indicated this facility offers hospital inpatient substance abuse services and in question 28 you reported that no patients received hospital inpatient services on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

19. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1*?

YOUR RESPONSE: **Yes**

28. On March 29, 2013, did any patients receive HOSPITAL INPATIENT substance abuse services at these facilities?

YOUR RESPONSE: **No**

Select the choice that best describes your resolution:

- Both question 19 and question 28 are correct
- Return to question 19 for correction
- Return to question 28 for correction
- Return to both question 19 and question 28 for correction

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You've completed 60% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent.

In question 19 you indicated this facility does not offer hospital inpatient substance abuse services and in question 28 you reported that some patients received hospital inpatient services on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

19. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1*?

YOUR RESPONSE: No

28. On March 29, 2013, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

- Both question 19 and question 28 are correct
- Return to question 19 for correction
- Return to question 28 for correction
- Return to both question 19 and question 28 for correction

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You've completed 61% of your questionnaire!

B. REPORTING CLIENT COUNTS

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at these facilities?

- **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)

[Quit for now](#)

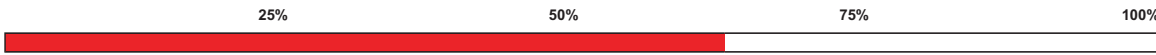
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You've completed 62% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses appear to be inconsistent.

In question 28 you indicated that some patients received hospital inpatient substance abuse services on March 29, 2013 and, in question 28a, you reported zero patients received hospital inpatient detoxification or treatment services on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

28. On March 29, 2013, did any patients receive HOSPITAL INPATIENT substance abuse services at these facilities?

YOUR RESPONSE: **Yes**

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at these facilities?

YOUR RESPONSE:

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

Hospital inpatient treatment (Similar to **ASAM** Levels IV and III.7, *medically managed or monitored intensive inpatient treatment*): **0**

Select the choice that best describes your resolution:

- Return to question 28 for correction
- Return to question 28a for correction
- Patients received a different type of hospital inpatient substance abuse service

[Quit for now](#)

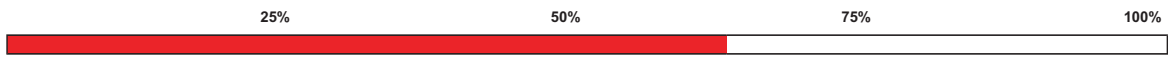
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You've completed 62% of your questionnaire!

B. REPORTING CLIENT COUNTS

What type of hospital inpatient substance abuse services did patients receive at these facilities on March 29, 2013?

Submit Page and Continue

Start Page Over

[Quit for now](#)

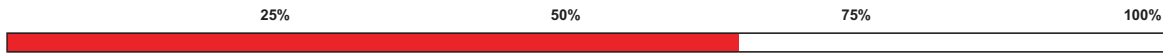
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You've completed 63% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent. In questions 19a and 28a you indicated this facility...

- Does not offer hospital inpatient detoxification, but had patients who received this service on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

19a. Which of the following HOSPITAL INPATIENT services are offered at this facility?

YOUR RESPONSE:

Hospital inpatient detoxification (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification): No

Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment): Yes

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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

Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment): 0

TOTAL HOSPITAL INPATIENTS: 1

Select the choice that best describes your resolution:

- Both question 19a and question 28a are correct
- Return to question 19a for correction
- Return to question 28a for correction
- Return to both question 19a and question 28a for corrections

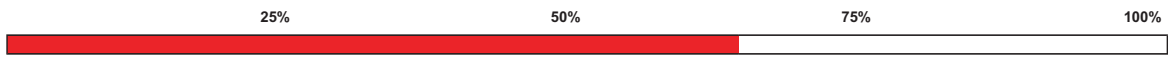
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You've completed 63% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your response to question 28a is unusually large, compared to most other hospital inpatient facilities. Please verify your response.

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at these facilities?

YOUR RESPONSE:

Hospital inpatient detoxification (Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification): 100000

Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment): 100000

TOTAL HOSPITAL INPATIENTS: 200000

Is this correct?

Yes, question 28a is correct as recorded

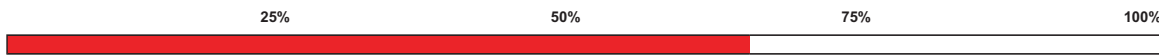
No, return to question 28a for correction

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You've completed 64% of your questionnaire!

B. REPORTING CLIENT COUNTS

28b. How many of the 2 HOSPITAL INPATIENTS you just reported were under the age of 18?

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

Number under age 18

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You've completed 65% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated more hospital inpatients under the age of 18 than total hospital inpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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

Hospital inpatient treatment (Similar to **ASAM** Levels IV and III.7, *medically managed or monitored intensive inpatient treatment*): **1**

TOTAL HOSPITAL INPATIENTS: 2

28b. How many of the 2 HOSPITAL INPATIENTS you just reported were under the age of 18?

YOUR RESPONSE: 3

Select the choice that best describes your resolution:

Return to question 28a for correction
and review other hospital inpatient client count responses

Return to question 28b for correction

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You've completed 65% of your questionnaire!

B. REPORTING CLIENT COUNTS

28c. How many of the 2 HOSPITAL INPATIENTS you just reported received:

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

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

1. Methadone dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

[Quit for now](#)

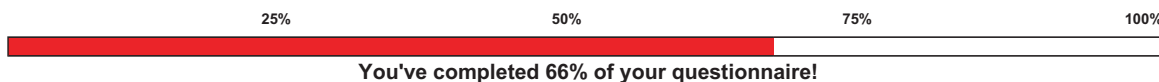
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B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated more hospital inpatient methadone or buprenorphine patients than total hospital inpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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

Hospital inpatient treatment (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment): 1

TOTAL HOSPITAL INPATIENTS: 2

28c. How many of the 2 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: 3

Buprenorphine: 3

Select the choice that best describes your resolution:

Return to question 28a for correction and review other hospital inpatient client count responses

Return to question 28c for correction

Submit Page and Continue

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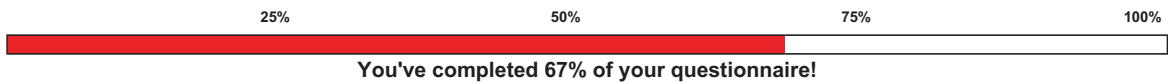
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B. REPORTING CLIENT COUNTS

Two responses appear to be inconsistent.

In question 10f you reported this facility does not provide methadone or buprenorphine, however, at question 28c you indicated some hospital inpatients received methadone and/or buprenorphine dispensed or prescribed at this facility.

Please review your responses to the two questions below and select the choice that best describes your resolution.

10f. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

10f.8 Methadone: **No**

10f.9 Buprenorphine with naloxone (Suboxone®): **No**

10f.10 Buprenorphine without naloxone: **No**

28c. How many of the 2 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: **1**

Buprenorphine: **1**

Select the choice that best describes your resolution:

Return to question 10f for correction

Return to question 28c for correction

[Quit for now](#)

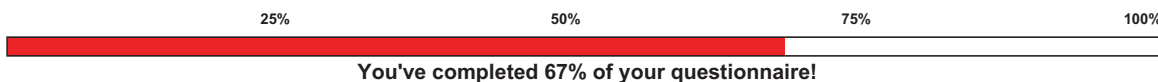
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B. REPORTING CLIENT COUNTS

28d. On March 29, 2013, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

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

Number of beds

[Quit for now](#)

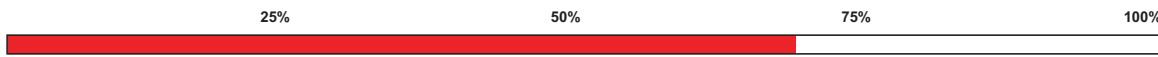
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You've completed 68% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your response to question 28d is unusually large, compared to the number of patients who received hospital inpatient services on March 29.

Please verify your responses to the two questions below and then select the choice that best describes your resolution.

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE:

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

Hospital inpatient treatment (Similar to **ASAM** Levels IV and III.7, *medically managed or monitored intensive inpatient treatment*): **1**

TOTAL INPATIENTS: 2

28d. On March 29, 2013, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

YOUR RESPONSE: 100

Select the choice that best describes your resolution:

Both questions 28a and 28d are correct as recorded

Return to question 28a for correction and review other hospital inpatient client count responses

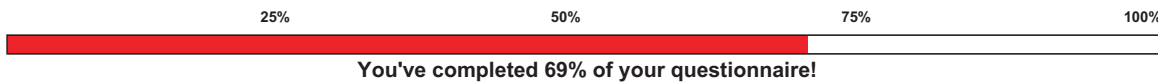
Return to question 28d for correction

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B. REPORTING CLIENT COUNTS

29. On March 30, 2013, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

- Yes
- No

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You've completed 69% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent.

In question 20 you indicated this facility does not offer residential substance abuse services and in question 29 you reported that some clients received residential services on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

20. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

YOUR RESPONSE: **No**

29. On March 29, 2013, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: **Yes**

Select the choice that best describes your resolution:

- Both question 20 and question 29 are correct
- Return to question 20 for correction
- Return to question 29 for correction
- Return to both question 20 and question 29 for correction

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You've completed 69% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent.

In question 20 you indicated this facility offers residential substance abuse services and in question 29 you reported that no clients received residential services on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

20. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

YOUR RESPONSE: **Yes**

29. On March 29, 2013, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: **No**

Select the choice that best describes your resolution:

- Both question 20 and question 29 are correct
- Return to question 20 for correction
- Return to question 29 for correction
- Return to both question 20 and question 29 for correction

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You've completed 70% of your questionnaire!

B. REPORTING CLIENT COUNTS

29a. On March 29, 2013, 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*)

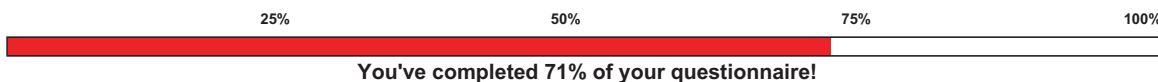
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B. REPORTING CLIENT COUNTS

Two responses appear to be inconsistent.

In question 29 you indicated that some clients received residential (non-hospital) substance abuse services on March 29, 2013 and, in question 29a, you reported zero clients received residential detoxification, residential short-term or residential long-term treatment services on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

29. On March 29, 2013, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: **Yes**

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

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

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

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*): **0**

Select the choice that best describes your resolution:

Return to question 29 for correction

Return to question 29a for correction

Clients received a different type of residential substance abuse service

[Quit for now](#)

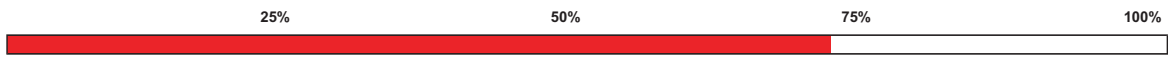
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You've completed 71% of your questionnaire!

B. REPORTING CLIENT COUNTS

What type of residential substance abuse services did clients receive at this facility on March 29, 2013?

Submit Page and Continue

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You've completed 72% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent. In questions 20a and 29a you indicated this facility...

- Does not offer residential detoxification, but had clients who received this service on March 29, 2013.
- Does not offer residential short-term treatment, but had clients who received this service on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

20a. Which of the following RESIDENTIAL services are offered at this facility?

YOUR RESPONSE:

Residential detoxification (Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification): No

Residential short-term treatment (Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less): No

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): Yes

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification (Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification): 5

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

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): 0

TOTAL RESIDENTIAL CLIENTS: 10

Select the choice that best describes your resolution:

- Both question 20a and question 29a are correct
- Return to question 20a for correction
- Return to question 29a for correction
- Return to both question 20a and question 29a for corrections

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You've completed 72% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your response to question 29a is unusually large, compared to most other residential facilities. Please verify your response.

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

Residential detoxification (Similar to [ASAM](#) Level III.2-D, *clinically managed residential detoxification or social detoxification*): **0**

Residential short-term treatment (Similar to [ASAM](#) Level III.5, *clinically managed high-intensity residential treatment, typically 30 days or less*): **0**

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*): **1500**

TOTAL RESIDENTIAL CLIENTS: **1500**

Is this correct?

Select the choice that best describes your resolution:

Yes, question 29a is correct as recorded

No, return to question 29a for correction

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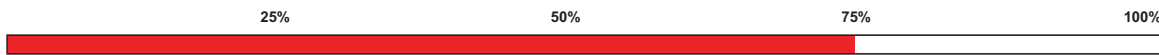
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You've completed 73% of your questionnaire!

B. REPORTING CLIENT COUNTS

29b. How many of the 1500 RESIDENTIAL clients you just reported were under the age of 18?

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

Number under age 18

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you can send an e-mail to the help desk by clicking on this link <http://devnssats2013.mathematica.net/EmailForm.aspx>



You've completed 74% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated more residential clients under the age of 18 than total residential clients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

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

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

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*): **1500**

TOTAL RESIDENTIAL CLIENTS: 1500

29b. How many of the 1500 RESIDENTIAL clients you just reported were under the age of 18?

YOUR RESPONSE: 8000

Select the choice that best describes your resolution:

Return to question 29a for correction
and review other residential client count responses

Return to question 29b for correction

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You've completed 74% of your questionnaire!

B. REPORTING CLIENT COUNTS

29c. How many of the 1500 RESIDENTIAL clients you just reported received:

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

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

1. Methadone dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

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25%

50%

75%

100%



You've completed 75% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated more residential methadone or buprenorphine clients than total residential clients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

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

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

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*): **1500**

TOTAL RESIDENTIAL CLIENTS: 1500

29c. How many of the 1500 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: **2000**

Buprenorphine: **5**

Select the choice that best describes your resolution:

Return to question 29a for correction
and review other residential client count responses

Return to question 29c for correction

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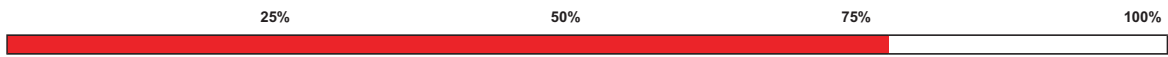
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You've completed 76% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses appear to be inconsistent.

In question 10f you reported this facility does not provide methadone or buprenorphine, however, at question 29c you indicated some residential (non-hospital) clients received methadone and/or buprenorphine dispensed or prescribed at this facility.

Please review your responses to the two questions below and select the choice that best describes your resolution.

10f. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

10f.8 Methadone: **No**

10f.9 Buprenorphine with naloxone (Suboxone®): **No**

10f.10 Buprenorphine without naloxone: **No**

29c. How many of the 1500 RESIDENTIAL clients you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: **5**

Buprenorphine: **5**

Select the choice that best describes your resolution:

Return to question 10f for correction

Return to question 29c for correction

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You've completed 76% of your questionnaire!

B. REPORTING CLIENT COUNTS

29d. On March 29, 2013, how many residential beds at this facility were specifically designated for substance abuse treatment?

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

Number of beds

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You've completed 77% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your response to question 29d is unusually large, compared to the number of clients who received residential services on March 29.

Please verify your responses to the two questions below and then select the choice that best describes your resolution.

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility?

YOUR RESPONSE:

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

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

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*): **1500**

TOTAL RESIDENTIAL CLIENTS: 1500

29d. On March 29, 2013, how many residential beds at this facility were specifically designated for substance abuse treatment?

YOUR RESPONSE: 8000

Select the choice that best describes your resolution:

Both questions 29a and 29d are correct as recorded

Return to 29a for correction and review other residential client count responses

Return to question 29d for correction

[Quit for now](#)

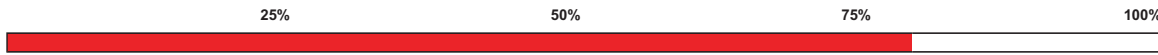
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You've completed 78% of your questionnaire!

B. REPORTING CLIENT COUNTS

To avoid duplication in counting substance abuse patients/clients who received services on March 29, each patient/client should be reported as receiving services in only one type of setting on that day...either HOSPITAL INPATIENT or RESIDENTIAL (non-hospital).

Please review your responses to the questions below to make sure that the same patients/clients are not reported twice, and then select the choice that best describes your resolution.

28. On March 29, 2013, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

YOUR RESPONSE: **Yes**

28a. On March 29, 2013, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility (hospital inpatient detoxification; hospital inpatient treatment)?

YOUR TOTAL RESPONSE: **10**

29. On March 29, 2013, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

YOUR RESPONSE: **Yes**

29a. On March 29, 2013, how many clients received the following RESIDENTIAL substance abuse services at this facility (residential detoxification; residential short-term treatment; residential long-term treatment)?

YOUR TOTAL RESPONSE: **10**

Select the choice that best describes your resolution:

All responses are correct. The patients reported as receiving hospital inpatient services are not the same clients reported as receiving residential services.

Responses to HOSPITAL INPATIENT and/or RESIDENTIAL client numbers are incorrect. Return to questions 28 and 29 to make corrections.

[Quit for now](#)

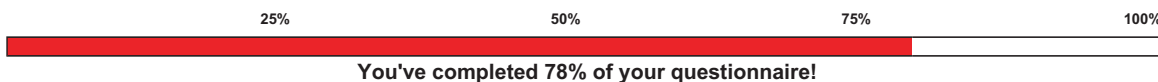
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B. REPORTING CLIENT COUNTS

30. During the month of March 2013, did any clients receive **OUTPATIENT** substance abuse services at this facility?

- Yes
- No

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You've completed 79% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent.

In question 21 you indicated this facility offers outpatient substance abuse services and in question 30 you reported that no clients received outpatient services during the month of March 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

21. Does this facility offer OUTPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

YOUR RESPONSE: **Yes**

30. During the month of March 2013, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: **No**

Select the choice that best describes your resolution:

- Both question 21 and question 30 are correct
- Return to question 21 for correction
- Return to question 30 for correction
- Return to both question 21 and question 30 for correction

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You've completed 79% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent.

In question 21 you indicated this facility does not offer outpatient substance abuse services and in question 30 you reported that some clients received outpatient services during the month of March 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

21. Does this facility offer OUTPATIENT substance abuse services at this location, that is, *Facility Name 1 Facility Name 2, Address 1?*

YOUR RESPONSE: No

30. During the month of March 2013, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: Yes

Select the choice that best describes your resolution:

- Both question 21 and question 30 are correct
- Return to question 21 for correction
- Return to question 30 for correction
- Return to both question 21 and question 30 for correction

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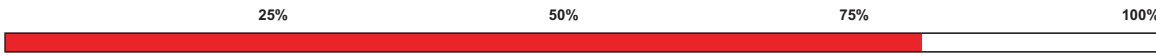
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You've completed 79% of your questionnaire!

B. REPORTING CLIENT COUNTS

30a. How many clients received each of the following **OUTPATIENT** substance abuse services at this facility during March 2013?

- **ONLY INCLUDE** clients who received treatment in March **AND were still enrolled in treatment on March 29, 2013.**
- **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")

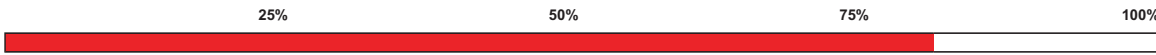
1. Outpatient detoxification,
(Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*)
2. Outpatient methadone/buprenorphine maintenance (*Count methadone/buprenorphine clients on this line only*)
3. Outpatient day treatment or partial hospitalization,
(Similar to **ASAM** Level II.5, *20 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*)

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You've completed 80% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses appear to be inconsistent.

In question 30 you indicated that some clients received outpatient substance abuse services during the month of March 2013. And in question 30a you reported that, as of March 29, 2013, zero clients were enrolled in outpatient detoxification, methadone/buprenorphine maintenance, day treatment or partial hospitalization, intensive or regular outpatient treatment services.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

30. During the month of March 2013, did any clients receive OUTPATIENT substance abuse services at this facility?

YOUR RESPONSE: **Yes**

30a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*): **0**

Outpatient methadone/buprenorphine maintenance: **0**

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

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

Regular outpatient treatment (Similar to **ASAM** Level I, *outpatient treatment, non-intensive*): **0**

Select the choice that best describes your resolution:

- Return to question 30 for correction
- Return to question 30a for correction
- Clients received a different type of outpatient substance abuse service
- No action is needed, there were no outpatients as of March 29, 2013

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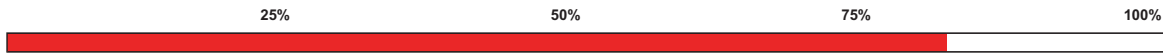
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You've completed 81% of your questionnaire!

B. REPORTING CLIENT COUNTS

What type of outpatient substance abuse services were clients enrolled in, at this facility, on March 29, 2013?

Submit Page and Continue

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25%

50%

75%

100%



You've completed 81% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses may be inconsistent. In questions 21a and 30a you indicated this facility...

- Does not offer methadone/buprenorphine maintenance, but had clients enrolled in this service on March 29, 2013.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

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

YOUR RESPONSE:

Outpatient detoxification (Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*): No

Outpatient methadone/buprenorphine maintenance: No

Outpatient day treatment or partial hospitalization (Similar to **ASAM** Level II.5, *20 or more hours per week*): No

Intensive outpatient treatment (Similar to **ASAM** Level II.1, *9 or more hours per week*): No

Regular outpatient treatment (Similar to **ASAM** Level I, *outpatient treatment, non-intensive*): No

30a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*): 0

Outpatient methadone/buprenorphine maintenance: 10

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

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

Regular outpatient treatment (Similar to **ASAM** Level I, *outpatient treatment, non-intensive*): 0

TOTAL OUTPATIENTS: 10

Select the choice that best describes your resolution:

- Both question 21a and question 30a are correct
- Return to question 21a for correction
- Return to question 30a for correction
- Return to both question 21a and question 30a for corrections

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You've completed 83% of your questionnaire!

B. REPORTING CLIENT COUNTS

The clients reported in outpatient methadone/buprenorphine maintenance and the clients reported in regular outpatient treatment appear to be duplicated. Please review your answers below.

Only count methadone/buprenorphine maintenance clients in one category, even if they received multiple services.

30a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to ASAM Levels I-D and II-D, *ambulatory detoxification*): 0

Outpatient methadone/buprenorphine maintenance: 10

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

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

Regular outpatient treatment (Similar to ASAM Level I, *outpatient treatment, non-intensive*): 10

TOTAL OUTPATIENTS: 20

Are the 10 methadone/buprenorphine maintenance clients the same clients as the 10 regular outpatient treatment clients?

Question 30a is correct. The clients reported as receiving outpatient methadone/buprenorphine maintenance are not the same clients reported as receiving regular outpatient treatment

Return to 30a for correction. Some clients are reported in more than one category.

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You've completed 83% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your response to question 30a is unusually large, compared to most other outpatient facilities. Please verify your response.

30a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to ASAM Levels I-D and II-D, *ambulatory detoxification*): 0

Outpatient methadone/buprenorphine maintenance: 0

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

Intensive outpatient treatment (Similar to ASAM Level II.1, *9 or more hours per week*): 5000

Regular outpatient treatment (Similar to ASAM Level I, *outpatient treatment, non-intensive*): 0

TOTAL OUTPATIENTS: 5000

Please consider the following:

Do not count clients who were discharged on or before March 29

Do not count a client's support group, such as relatives and friends who may have received support counseling

Do not count clients who were not seen at least once during March 2013 for a substance abuse treatment service

Do not count clients in more than one category

Count individual clients...not number of visits

The number you report should represent the outpatient caseload or "census" at this facility as of March 29

Considering the above, is your response to question 30a correct?

Yes, question 30a is correct as recorded

No, return to question 30a for correction

Submit Page and Continue

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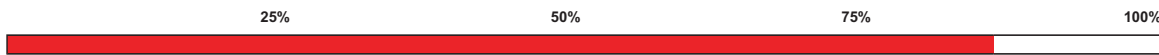
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You've completed 85% of your questionnaire!

B. REPORTING CLIENT COUNTS

30b. How many of the 165 OUTPATIENT clients you just reported were under the age of 18?

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

Number under age 18

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You've completed 85% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated more outpatient clients under the age of 18 than total outpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

30a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to ASAM Levels I-D and II-D, *ambulatory detoxification*): **5**

Outpatient methadone/buprenorphine maintenance: **80**

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

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

Regular outpatient treatment (Similar to ASAM Level I, *outpatient treatment, non-intensive*): **80**

TOTAL OUPATIENTS: 165

30b. How many of the 165 OUTPATIENT clients you just reported were under the age of 18?

YOUR RESPONSE: 200

Select the choice that best describes your resolution:

Return to question 30a for correction
and review other outpatient client count responses

Return to question 30b for correction

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You've completed 86% of your questionnaire!

B. REPORTING CLIENT COUNTS

30c. How many of the 165 OUTPATIENT clients you just reported received:

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

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

1. Methadone dispensed at this facility

2. Buprenorphine dispensed or prescribed at this facility

[Quit for now](#)

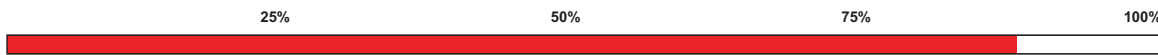
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You've completed 87% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated more outpatient methadone or buprenorphine clients than total outpatients.

Please review your responses to the two questions below and then select the choice that best describes your resolution.

30a. How many clients received each of the following **OUTPATIENT** substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*): **5**

Outpatient methadone/buprenorphine maintenance: **80**

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

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

Regular outpatient treatment (Similar to **ASAM** Level I, *outpatient treatment, non-intensive*): **80**

TOTAL OUPATIENTS: 165

30c. How many of the 165 **OUTPATIENTS** you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: **200**

Buprenorphine: **15**

Select the choice that best describes your resolution:

Return to question 30a for correction and review other outpatient client count responses

Return to question 30c for correction

[Quit for now](#)

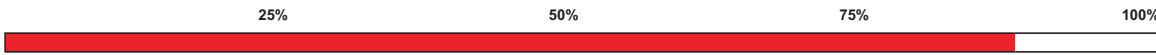
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you can send an e-mail to the help desk by clicking on this link <http://devnssats2013.mathematica.net/EmailForm.aspx>



You've completed 87% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses are inconsistent. You have indicated fewer outpatients received methadone and buprenorphine than outpatients enrolled in a methadone/buprenorphine maintenance program.

Please review your answers to the two questions below and then select the choice that best describes your resolution.

30a. How many clients received each of the following OUTPATIENT substance abuse services at this facility during March 2013?

YOUR RESPONSE:

Outpatient detoxification (Similar to **ASAM** Levels I-D and II-D, *ambulatory detoxification*): 5

Outpatient methadone/buprenorphine maintenance: **80**

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

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

Regular outpatient treatment (Similar to **ASAM** Level I, *outpatient treatment, non-intensive*): 80

TOTAL OUPATIENTS: 165

30c. How many of the 165 OUTPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: **0**

Buprenorphine: **0**

Select the choice that best describes your resolution:

Return to question 30a for correction and review other outpatient client count responses

Return to question 30c for correction

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You've completed 88% of your questionnaire!

B. REPORTING CLIENT COUNTS

Two responses appear to be inconsistent.

In question 10f you reported this facility does not provide methadone or buprenorphine, however, at question 30c you indicated some outpatients received methadone and/or buprenorphine dispensed or prescribed at this facility.

Please review your responses to the two questions below and select the choice that best describes your resolution.

10f. Which of the following pharmacotherapies are provided by this facility at this location?

YOUR RESPONSE:

10f.8 Methadone: **No**

10f.9 Buprenorphine with naloxone (Suboxone®): **No**

10f.10 Buprenorphine without naloxone: **No**

30c. How many of the 165 OUTPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: **80**

Buprenorphine: **15**

Select the choice that best describes your resolution:

Return to question 10f for correction

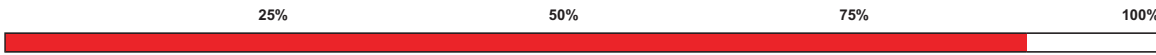
Return to question 30c for correction

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You've completed 88% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your responses appear to be inconsistent.

Earlier you indicated that this facility operates an Opioid Treatment Program (OTP), however you have reported that none of the clients enrolled at this facility on March 29, 2013 received methadone.

Please review your responses to the questions below and select the choice that best describes your resolution.

11. Does this facility operate an Opioid Treatment Program (OTP) at this location?

YOUR RESPONSE: **Yes**

28c. How many of the 10 HOSPITAL INPATIENTS you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: 0

Buprenorphine: 0

30c. How many of the 165 OUTPATIENT clients you just reported received methadone or buprenorphine dispensed or prescribed at this facility?

YOUR RESPONSE:

Methadone: 0

Buprenorphine: 80

Select the choice that best describes your resolution:

Return to question 11 for correction

Return to question 28c for correction

Return to question 30c for correction

Correct as is

Submit Page and Continue

Start Page Over

Quit for now

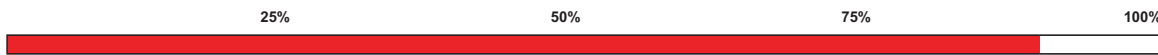
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You've completed 89% of your questionnaire!

B. REPORTING CLIENT COUNTS

30d. On average, during March 2013, were the outpatient substance abuse treatment services at this facility operating over, under, or at capacity?

Well over capacity (over 120%)

Somewhat over capacity (106 to 120%)

At or about capacity (95 to 105%)

Somewhat under capacity (80 to 94%)

Well under capacity (under 80%)

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You've completed 90% of your questionnaire!

B. REPORTING CLIENT COUNTS

31. This question asks you to categorize the substance abuse treatment clients at this facility into three groups: clients in treatment for (1) the abuse of both alcohol and drugs other than alcohol; (2) abuse of only alcohol; or (3) abuse of only drugs other than alcohol.

Enter the percent of clients on March 29, 2013, who were in each of these three groups:

Clients in treatment for abuse of:

The following three responses should total 100%. If not, please reconcile.

1. BOTH alcohol and drugs other than alcohol %

2. ONLY alcohol %

3. ONLY drugs other than alcohol %

[Quit for now](#)

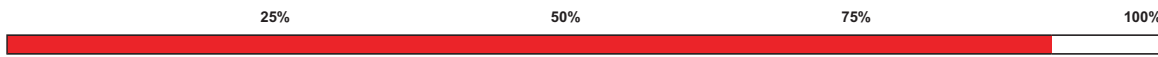
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You've completed 90% of your questionnaire!

B. REPORTING CLIENT COUNTS

32. **Approximately what percent of the substance abuse treatment clients enrolled at this facility on March 29, 2013, had a diagnosed co-occurring mental and substance abuse disorder?**

PERCENT OF CLIENTS
(IF NONE, ENTER "0") %

[Quit for now](#)

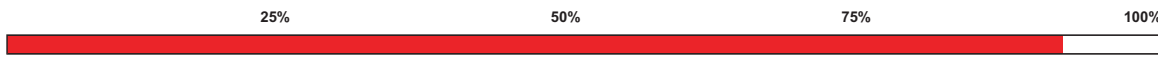
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You've completed 91% of your questionnaire!

B. REPORTING CLIENT COUNTS

33. 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

[Quit for now](#)

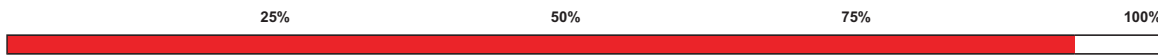
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You've completed 92% of your questionnaire!

B. REPORTING CLIENT COUNTS

Your response to question 33 is unusually large, compared to the number of clients enrolled at this facility on March 29, 2013.

Please verify your response to question 33.

33. Using the most recent 12-month period for which you have data, approximately how many substance abuse treatment ADMISSIONS did this facility have?

YOUR RESPONSE:

Number of Substance Abuse Admissions in a 12-month period: 10000

Is this correct?

Yes, question 33 is correct as recorded

No, return to question 33 for correction

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You've completed 92% of your questionnaire!

C. GENERAL INFORMATION

34*. Does this facility operate **transitional housing** or a **halfway house** for substance abuse clients at this location, that is, **Facility Name 1 Facility Name 2, Address 1?**

- Yes
- No

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You've completed 93% of your questionnaire!

C. GENERAL INFORMATION

35. Which statement below BEST describes this facility's smoking policy?

SELECT ONE ONLY

- Smoking is not permitted on the property or within any building
- Smoking is permitted only outdoors
- Smoking is permitted outdoors and in designated indoor area(s)
- Smoking is permitted anywhere without restriction
- Other (Please specify:)

Submit Page and Continue

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You've completed 94% of your questionnaire!

C. GENERAL INFORMATION

36. 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.

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

	Yes	No	Don't Know
State substance abuse agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State mental health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State department of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital licensing authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Joint Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Committee for Quality Assurance (NCQA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Council on Accreditation (COA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another state or local agency or other organization (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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You've completed 94% of your questionnaire!

C. GENERAL INFORMATION

37. Does this facility have a **National Provider Identifier (NPI) number**?

- Do NOT include the NPI numbers of individual practitioners and groups of practitioners.

- Yes
- No

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You've completed 95% of your questionnaire!

B. REPORTING CLIENT COUNTS

37a. What is the NPI number for this facility?

- If a facility has more than one NPI number, please provide only the primary number.

NPI

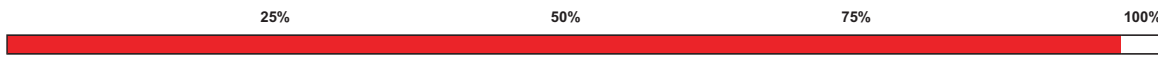
(NPI is a 10-digit numeric ID)

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You've completed 96% of your questionnaire!

C. GENERAL INFORMATION

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

- Yes
- No

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25%

50%

75%

100%

You've completed 96% of your questionnaire!

C. GENERAL INFORMATION

38a*. What is this facility's website address?

- Enter the address in the box below EXACTLY as it should be entered in order to access your site.
- Do not enter "http://" (for example, enter www.yourfacility.com)

Submit Page and Continue

Start Page Over

[Quit for now](#)

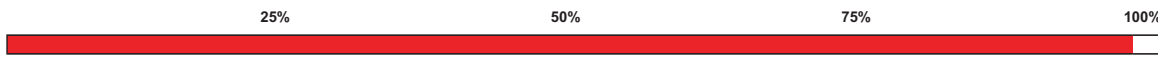
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You've completed 97% of your questionnaire!

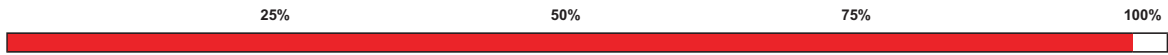
C. GENERAL INFORMATION

39. Does this facility want to be listed in the *National Directory* and online Treatment Facility Locator?

- Yes
- No

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You've completed 97% of your questionnaire!

C. GENERAL INFORMATION

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

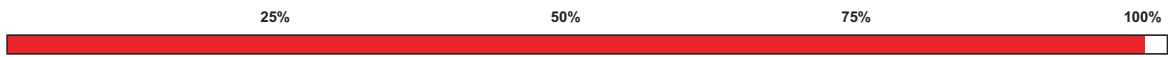
- Yes
- No

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You've completed 98% of your questionnaire!

C. GENERAL INFORMATION

40a. Would you prefer to receive a CD or paper copy of the *Directory*?

- CD
- Paper

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You've completed 99% of your questionnaire!

C. GENERAL INFORMATION

C19. Thank you for completing the N-SSATS questionnaire.
Would you like to provide us with comments regarding your experience completing this questionnaire?

IMPORTANT NOTE: If you do not wish to report any comments, please submit this page in order to receive your confirmation number!

- Yes
- No

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25%

50%

75%

100%



You've completed 99% of your questionnaire!

C. GENERAL INFORMATION

C20. Please enter your comments below.

IMPORTANT NOTE: Please submit this page in order to receive your confirmation number!

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

Thank You

Your completed survey has been submitted

YOUR CONFIRMATION NUMBER IS: NS13-XXXXX

Before quitting this site, please be sure to print out a record.

Click here to: [Print a copy of your answers](#)

- It may take a minute or two to load all of your responses.
- When the page is finished loading, use your browser's print button to print a record of your answers.
- If you would like to exit the questionnaire, please click on the "QUIT" button below.

CAUTION: You will not be able to re-enter this survey to print a copy after you click "QUIT" and close your browser.

Thanks again for your participation!

Quit