

U.S. Department of Health and Human Services

OMB No. xxxx-xxxx
APPROVAL EXPIRES: xx/xx/20xx
See OMB burden statement on last page

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

March 31, 2016

Substance Abuse and Mental Health Services Administration (SAMHSA)

[Empty box for facility information]

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

CHECK ONE

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



PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE

Would you prefer to complete this questionnaire online? See the pink flyer enclosed in your packet for the Internet address and your unique user ID and password. You can log on and off the website as often as needed to complete the questionnaire. When you log on again, the program will take you to the next unanswered question. If you need more information, call the N-SSATS helpline at 1-888-324-8337.

INSTRUCTIONS

- Most of the questions in this survey ask about “this facility.” By “this facility” we mean the specific treatment facility or program whose name and location are printed on the front cover. If you have any questions about how the term “this facility” applies to your facility, please call 1-888-324-8337.
- Please answer **ONLY** for the specific facility or program whose name and location are printed on the front cover, unless otherwise specified in the questionnaire.
- If the questionnaire has not been completed online, return the completed questionnaire in the envelope provided. Please keep a copy for your records.
- For additional information about this survey and definitions of some of the terms used, please visit our website at <https://info.nssats.com>.
- If you have any questions or need additional blank forms, contact:

MATHEMATICA POLICY RESEARCH
1-888-324-8337
NSSATSWeb@mathematica-mpr.com

IMPORTANT INFORMATION

* **Asterisked questions.** Information from asterisked (*) questions may be published in SAMHSA’s online Behavioral Health Treatment Services Locator (found at <https://findtreatment.samhsa.gov>) and in SAMHSA’s *National Directory of Drug and Alcohol Abuse Treatment Programs*, unless you designate otherwise in question 29, page 11, of this questionnaire.

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

Eligibility for online Locator and Directory. Only facilities designated as eligible by their state substance abuse office will be listed in the online Locator and *Directory*. Your state N-SSATS representative can tell you if your facility is eligible to be listed in the online Locator and *Directory*. For the name and telephone number of your state representative, call the N-SSATS helpline at 1-888-324-8337.

***1. Which of the following substance abuse services are offered by this facility at this location, that is, the location listed on the front cover?**

MARK "YES" OR "NO" FOR EACH

- | | YES | NO |
|--|----------------------------|----------------------------|
| 1. Intake, assessment, or referral | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Detoxification | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Substance abuse treatment
(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Any other substance abuse services | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

1a. To which of the following clients does this facility, at this location, offer mental health treatment services (interventions such as therapy or psychotropic medication that treat a person's mental health problem or condition, reduce symptoms, and improve behavioral functioning and outcomes)?

MARK ALL THAT APPLY

- 1 Substance abuse clients
- 2 Clients other than substance abuse clients
- 3 No clients are offered mental health treatment services

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

- 1 Yes
- 0 No → SKIP TO Q.3 (BELOW)

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

MARK "YES" OR "NO" FOR EACH

- | | YES | NO |
|---------------------------------|----------------------------|----------------------------|
| 1. Alcohol..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Benzodiazepines | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 3. Cocaine | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 4. Methamphetamines..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 5. Opioids | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 6. Other (Specify: _____) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

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

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

- 1 Yes → GO TO Q.4 (NEXT COLUMN)
- 0 No → SKIP TO Q.28 (PAGE 11)

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

- 1 Yes → SKIP TO Q.36 (PAGE 12)
- 0 No

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

- 1 Yes
- 0 No

***6. What is the primary focus of this facility at this location, that is, the location listed on the front cover?**

MARK ONE ONLY

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

***7. Is this facility operated by . . .**

MARK ONE ONLY

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

→ SKIP TO Q.8 (BELOW)

***7a. Which Federal Government agency?**

MARK ONE ONLY

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

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

- 1 Yes
- 0 No → SKIP TO Q.9 (NEXT PAGE)

***8a. What type of hospital?**

MARK ONE ONLY

- 1 General hospital (including VA hospital)
- 2 Psychiatric hospital
- 3 Other specialty hospital, for example, alcoholism, maternity, etc.

(Specify: _____)

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

1. (_____) _____ - _____ ext. _____
2. (_____) _____ - _____ ext. _____

***10. Which of the following services are provided by this facility at this location, that is, the location listed on the front cover?**

MARK ALL THAT APPLY

- 1 Screening for substance abuse
2 Screening for mental health disorders
3 Comprehensive substance abuse assessment or diagnosis
4 Comprehensive mental health assessment or diagnosis (*for example, psychological or psychiatric evaluation and testing*)
5 Screening for tobacco use
6 Outreach to persons in the community who may need treatment
7 Interim services for clients when immediate admission is not possible
8 We do not offer any of these assessment and pre-treatment services

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

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

Transitional Services

- 17 Discharge planning
18 Aftercare/continuing care
19 We do not offer any of these transitional services

Ancillary Services

- 20 Case management services
21 Social skills development
22 Mentoring/peer support
23 Child care for clients' children

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

Other Services

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

Pharmacotherapies

- 44 Disulfiram (*Antabuse®*)
45 Naltrexone (*oral*)
46 Vivitrol® (*injectable Naltrexone*)
47 Acamprosate (*Campral®*)
48 Nicotine replacement
49 Non-nicotine smoking/tobacco cessation medications (*for example, Bupropion, Varenicline*)
50 Medications for psychiatric disorders
51 Methadone
52 Buprenorphine with naloxone (*Suboxone®*)
53 Buprenorphine without naloxone
54 We do not offer any of these pharmacotherapy services

***11. How does this facility treat opioid (narcotic) addiction?**

MARK ALL THAT APPLY

- 1 This facility does not treat opioid addiction.
- 2 This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. It is NOT a federally-certified OTP.
- 3 This facility is "drug free." It does not use medications to treat opioid addiction or accept clients using medication to treat opioid addiction.
- 4 This facility accepts clients who are on methadone, buprenorphine and/or naltrexone (Vivitrol®) maintenance or treatment, but these medications originate from or are prescribed by another entity. (The medications may or may not be stored/delivered/monitored onsite.)
- 5 This facility prescribes and/or administers buprenorphine and/or naltrexone (Vivitrol®). This facility is NOT a federally-certified OTP. Buprenorphine use is authorized through a Data 2000 waived physician.
- 6 This facility administers and/or dispenses methadone, buprenorphine and/or naltrexone (Vivitrol®) as a federally-certified Opioid Treatment Program (OTP). A Data 2000 waived physician may or may not also be onsite. (While most OTPs use methadone, some only use buprenorphine.)

**SKIP TO
→ Q.12 (BELOW)**

***11a. Are ALL of the substance abuse clients at this facility currently receiving methadone, buprenorphine, or naltrexone (Vivitrol®)?**

- 1 Yes
- 0 No

***11b. Which of the following medication services does this program provide?**

MARK ALL THAT APPLY

- 1 Maintenance services with methadone or buprenorphine
- 2 Maintenance services with medically-supervised withdrawal after a pre-determined time
- 3 Detoxification services with methadone or buprenorphine
- 4 Relapse prevention with naltrexone (Vivitrol®)

***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.**

TYPE OF COUNSELING	MARK ONE BOX FOR EACH 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
1. Individual counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Group counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Family counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Marital/couples counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

***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.**

- For definitions of these approaches, go to: <https://info.nssats.com>

CLINICAL/THERAPEUTIC APPROACHES	MARK ONE FREQUENCY FOR EACH APPROACH				
	NEVER	RARELY	SOMETIMES	ALWAYS OR OFTEN	NOT FAMILIAR WITH THIS APPROACH
1. Substance abuse counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. 12-step facilitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Brief intervention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Cognitive-behavioral therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Dialectical behavior therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Contingency management/motivational incentives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Motivational interviewing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Trauma-related counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Anger management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Matrix Model	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Community reinforcement plus vouchers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. Rational emotive behavioral therapy (REBT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Relapse prevention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Other treatment approach (specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

***14. Does this facility, at this location, offer a specially designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?**

- 1 Yes
 0 No → SKIP TO Q.15 (NEXT PAGE)

***14a. Does this facility serve only DUI/DWI clients?**

- 1 Yes
 0 No

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

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

- 1 Yes
0 No

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

- 1 Yes
0 No → SKIP TO Q.17 (NEXT PAGE)

16a. At this facility, who provides substance abuse treatment services in a language other than English?

MARK ONE ONLY

- 1 Staff counselor who speaks a language other than English
2 On-call interpreter (in person or by phone) brought in when needed → SKIP TO Q.17 (NEXT PAGE)
3 BOTH staff counselor and on-call interpreter

***16a1. Do staff counselors provide substance abuse treatment in Spanish at this facility?**

- 1 Yes
0 No → SKIP TO Q.17b (NEXT COLUMN)

16a2. Do staff counselors at this facility provide substance abuse treatment in any other languages?

- 1 Yes → GO TO Q.16b (NEXT COLUMN)
0 No → SKIP TO Q.17 (NEXT PAGE)

***16b. In what other languages do staff counselors provide substance abuse treatment at this facility?**

- Do not count languages provided only by on-call interpreters.

MARK ALL THAT APPLY

American Indian or Alaska Native:

- 1 Hopi
2 Lakota
3 Navajo
4 Ojibwa
5 Yupik
6 Other American Indian or Alaska Native language

(Specify: _____)

Other Languages:

- 7 Arabic
8 Any Chinese language
9 Creole
10 Farsi
11 French
12 German
13 Greek
14 Hebrew
15 Hindi
16 Hmong
17 Italian
18 Japanese
19 Korean
20 Polish
21 Portuguese
22 Russian
23 Tagalog
24 Vietnamese
25 Any other language

(Specify: _____)

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

TYPE OF CLIENT	MARK "YES" OR "NO" FOR EACH CATEGORY		IF SERVED, WHAT IS THE LOWEST AGE SERVED		IF SERVED, WHAT IS THE HIGHEST AGE SERVED	
	SERVED BY THIS FACILITY					
1. Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ YEARS	<input type="checkbox"/> No minimum age	____ YEARS	<input type="checkbox"/> No maximum age
2. Male	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ YEARS	<input type="checkbox"/> No minimum age	____ YEARS	<input type="checkbox"/> No maximum age

***17a. Many facilities have clients in one or more of the following categories. For which client categories does this facility at this location offer a substance abuse treatment program or group specifically tailored for clients in that category? If this facility treats clients in any of these categories but does not have a specifically tailored program or group for them, do not mark the box for that category.**

MARK ALL THAT APPLY

- 1 Adolescents
- 2 Young adults
- 3 Adult women
- 4 Pregnant/postpartum women
- 5 Adult men
- 6 Seniors or older adults
- 7 Lesbian, gay, bisexual, transgender (*LGBT*) clients
- 8 Veterans
- 9 Active duty military
- 10 Members of military families
- 11 Criminal justice clients (*other than DUI/DWI*)
- 12 Clients with co-occurring mental and substance abuse disorders
- 13 Clients with HIV or AIDS
- 14 Clients who have experienced sexual abuse
- 15 Clients who have experienced intimate partner violence, domestic violence
- 16 Clients who have experienced trauma
- 17 Specifically tailored programs or groups for any other types of clients
(Specify: _____)
- 18 No specifically tailored programs or groups are offered

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

- 1 Yes
0 No → SKIP TO Q.19 BELOW

***18a. Which of the following HOSPITAL INPATIENT services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

- | | YES | NO |
|--|-----|----|
| 1. Hospital inpatient detoxification 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment) | | |
| 2. Hospital inpatient treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less) | | |

NOTE: ASAM is the American Society of Addiction Medicine. For more information on ASAM please go to <https://info.nssats.com>.

18b. On March 31, 2016, how many patients received HOSPITAL INPATIENT substance abuse services at this facility?

- **DO NOT** count family members, friends, or other non-treatment patients.
- **IF NONE**, ENTER "0"

_____ HOSPITAL INPATIENTS

- If you cannot report the number of hospital inpatients for this facility alone, please check here.

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

- 1 Yes → GO TO Q.19a (NEXT COLUMN)
0 No → SKIP TO Q.20 (NEXT COLUMN)

***19a. Which of the following RESIDENTIAL services are offered at this facility?**

MARK "YES" OR "NO" FOR EACH

- | | YES | NO |
|--|-----|----|
| 1. Residential detoxification 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification) | | |
| 2. Residential short-term treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less) | | |
| 3. Residential long-term treatment 1 <input type="checkbox"/> 0 <input type="checkbox"/>
(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days) | | |

19b. On March 31, 2016, how many clients received RESIDENTIAL (non-hospital) substance abuse services at this facility?

- **DO NOT** count family members, friends, or other non-treatment clients.
- **IF NONE**, ENTER "0"

_____ RESIDENTIAL (NON-HOSPITAL)

- If you cannot report the number of residential clients for this facility alone, please check here.

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

- 1 Yes → GO TO Q.20a (NEXT PAGE)
0 No → SKIP TO Q.21 (NEXT PAGE)

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

MARK "YES" OR "NO" FOR EACH

	<u>YES</u>	<u>NO</u>
1. Outpatient detoxification 1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
(Similar to ASAM Levels I-D and II-D, <i>ambulatory detoxification</i>)		
2. Outpatient methadone/ buprenorphine maintenance or Vivitrol® treatment..... 1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Outpatient day treatment or partial hospitalization 1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
(Similar to ASAM Level II.5, <i>20 or more hours per week</i>)		
4. Intensive outpatient treatment 1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
(Similar to ASAM Level II.1, <i>9 or more hours per week</i>)		
5. Regular outpatient treatment 1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
(Similar to ASAM Level I, <i>outpatient treatment, non-intensive</i>)		

20b. How many clients received OUTPATIENT substance abuse services at this facility during March 2016?



- **ONLY INCLUDE** clients who received treatment in March **AND** were still enrolled in treatment on March 31, 2016.
- **DO NOT** count family members, friends, or other non-treatment clients.
- **IF NONE**, ENTER "0"

_____ OUTPATIENTS

If you cannot report the number of outpatients for this facility alone, please check here.

_____ Please record the total number of clients you indicated in questions 18b, 19b, and 20b.

21. How many of the total number of clients listed in the box above received:

- *Include clients who received these drugs for detoxification or maintenance purposes.*
- **IF NONE**, ENTER "0"

_____ Methadone dispensed at this facility

_____ Buprenorphine dispensed or prescribed at this facility

_____ Vivitrol® (injectable Naltrexone) administered at this facility

If you cannot report these numbers for this facility alone, please check here.

22. This question concerns all paid staff providing patient services at this facility during the week of March 27 – April 2, 2016.

Column A For each staff category that is in a **paid** status, please record total number of people employed at this facility. Make sure each staff member is counted only once, regardless of their full- or part-time status. (If your facility does not employ staff in this category please record 0.)

Column B Please record the total number of hours worked for this category of staff. For example, if this facility has 2 **paid** physicians where one is full-time (40 hours) and the other is part-time (20 hours), you should report 60 hours in Column B.

Column C Please record the total number of **paid** staff in this category, indicated in Column A, who are certified in addiction treatment.

Full- and Part-time **Paid** Staff

STAFF	COLUMN A TOTAL NUMBER EMPLOYED AT THIS FACILITY	COLUMN B TOTAL NUMBER OF HOURS WORKED IN THE WEEK OF MARCH 27 – APRIL 2, 2016	COLUMN C NUMBER OF STAFF THAT ARE ADDICTION CERTIFIED
MEDICAL STAFF			
1. Physician (MD, DO, Psychiatrist, etc.)	_ _ _	_ _ _	_ _ _
2. Pharmacist	_ _ _	_ _ _	_ _ _
3. Registered Nurse (RN)	_ _ _	_ _ _	_ _ _
4. Licensed Practical Nurse (LPN)	_ _ _	_ _ _	_ _ _
5. Mid-level medical personnel (Nurse Practitioner, PA, APRN, etc.)	_ _ _	_ _ _	_ _ _
COUNSELING STAFF			
6. Doctoral level counselor (PhD Psychologist, etc.)	_ _ _	_ _ _	_ _ _
7. Masters level counselor (MSW, MS, MA Psychologist, etc.)	_ _ _	_ _ _	_ _ _
8. Bachelors degreed counselor (BA, BS)	_ _ _	_ _ _	_ _ _
9. Associate degree or non-degreed counselor	_ _ _	_ _ _	_ _ _
SUPPORT STAFF			
10. Pharmacy assistant	_ _ _	_ _ _	_ _ _
11. Peer support staff	_ _ _	_ _ _	_ _ _
12. Care manager or patient navigator	_ _ _	_ _ _	_ _ _
13. Other recovery support worker	_ _ _	_ _ _	_ _ _
14. Administrative staff	_ _ _	_ _ _	_ _ _
15. Other clinical staff (<i>specify:</i> _____)	_ _ _	_ _ _	_ _ _

23. This question concerns all non-paid staff providing patient services at this facility during the week of March 27 – April 2, 2016.

Column A – For each staff category that is in a **non-paid** status, please record total number of people at this facility.

Column B Please record the total number of hours worked for this category of staff. For example, if this facility has 3 **non-paid** peer support staff where each works 10 hours, you should report 30 hours in Column B.

Column C Please record the total number of staff in this category, indicated in Column C, who are certified in addiction treatment.

Full- and Part-time Non-Paid Staff

STAFF	COLUMN A TOTAL NUMBER EMPLOYED AT THIS FACILITY	COLUMN B TOTAL NUMBER OF HOURS WORKED IN THE WEEK OF MARCH 27 – APRIL 2, 2016	COLUMN C NUMBER OF STAFF THAT ARE ADDICTION CERTIFIED
MEDICAL STAFF			
1. Doctoral level medical staff (Physician (MD, DO, Psychiatrist, Pharmacist etc.)	_ _ _	_ _ _	_ _ _
2. Nursing staff (RN, LPN, PA, APRN, Nurse practitioner, etc.)	_ _ _	_ _ _	_ _ _
COUNSELING STAFF			
3. Post Graduate Counselors (PhD Psychologist, MSW, MS, MA Psychologist, etc.)	_ _ _	_ _ _	_ _ _
4. Bachelors degreed counselor (BA, BS)	_ _ _	_ _ _	_ _ _
5. Associate degree or non-degreed Counselor	_ _ _	_ _ _	_ _ _
SUPPORT STAFF			
6. Pharmacy assistant	_ _ _	_ _ _	_ _ _
7. Care manager or patient navigator	_ _ _	_ _ _	_ _ _
8. Peer support staff	_ _ _	_ _ _	_ _ _
9. Other recovery support worker	_ _ _	_ _ _	_ _ _
10. Administrative staff	_ _ _	_ _ _	_ _ _
11. Other (<i>specify:</i> _____)	_ _ _	_ _ _	_ _ _

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

- 1 Yes
 0 No → **SKIP TO Q.25 (NEXT PAGE)**

24a. Do you want the availability of a sliding fee scale published in SAMHSA’s online Locator and Directory?

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

- 1 Yes
 0 No

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

- 1 Yes
 0 No → SKIP TO Q.26 (BELOW)

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

- The online Locator and Directory will explain that potential clients should call the facility for information on eligibility.
- 1 Yes
 0 No

*26. Does this facility receive any funding or grants from the Federal Government, or state, county or local governments, to support its substance abuse treatment programs?

- Do not include Medicare, Medicaid, or federal military insurance. These forms of client payments are included in Q.27.
- 1 Yes
 0 No
 d Don't Know

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

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

- | | YES | NO | DON'T KNOW |
|---|----------------------------|----------------------------|----------------------------|
| 1. No payment accepted
(free treatment for ALL clients) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 2. Cash or self-payment | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 3. Medicare..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 4. Medicaid | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 5. State-financed health insurance plan other than Medicaid | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 6. Federal military insurance
(e.g., TRICARE) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 7. Private health insurance | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 8. Access To Recovery
(ATR vouchers) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 9. IHS/Tribal/Urban (ITU funds)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 10. Other..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
- (Specify: _____)

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

- 1 Yes
 0 No

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

MARK ONE ONLY

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

*30. Is this facility or program licensed, certified, or accredited to provide substance abuse services by any of the following organizations?

- Do not include personal-level credentials or general business licenses such as a food service license.

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

- | | YES | NO | DON'T KNOW |
|---|----------------------------|----------------------------|----------------------------|
| 1. State substance abuse agency | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 2. State mental health department..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 3. State department of health..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 4. Hospital licensing authority | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 5. The Joint Commission..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 6. Commission on Accreditation of Rehabilitation Facilities (CARF)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 7. National Committee for Quality Assurance (NCQA) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 8. Council on Accreditation (COA) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 9. Healthcare Facilities Accreditation Program (HFAP)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| 10. Other national organization or federal, state, or local agency | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
- (Specify: _____)

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

- 1 Yes
0 No → SKIP TO Q.32 (BELOW)

***31a. If eligible, the website address for this facility will appear in the *Directory* and online Locator. Please provide the address exactly as it should be entered in order to reach your site.**

Web Address: _____

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

- 1 Yes
0 No

33. The *Directory* may be published on CD. If so, would you like to receive a free copy of the CD? (The *Directory* will also be available at <http://store.samhsa.gov> in PDF format; search for *Directory*.)

- 1 Yes
0 No

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

- 1 Yes
0 No → SKIP TO Q.36 (BELOW)

35. What is the name, address, and phone number of the facility that is the parent, or master site, of the organization?

Name: _____

Address: _____

Phone Number: (____) - ____ - _____

36. Who was primarily responsible for completing this form? This information will only be used if we need to contact you about your responses. It will not be published.

MARK ONE ONLY

1 Ms. 2 Mrs. 3 Mr. 4 Dr.

5 Other (Specify: _____)

Name: _____

Title: _____

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

Fax Number: (____) ____ - _____

Email Address: _____

Facility Email Address: _____

PLEDGE TO RESPONDENTS: The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(n)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk may be published in SAMHSA's online Behavioral Health Treatment Services Locator, the *National Directory of Drug and Alcohol Abuse Treatment Programs*, and other publically available listings. Responses to non-asterisked questions will be published with no direct link to individual treatment facilities.

**Thank you for your participation. Please return this questionnaire in the envelope provided.
If you no longer have the envelope, please mail this questionnaire to:**

MATHEMATICA POLICY RESEARCH
ATTN: RECEIPT CONTROL - Project 06667
P.O. Box 2393
Princeton, NJ 08543-2393

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 xxxx-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.