

NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES
2016 N-SSATS

Hello Hello, my name is [fill interviewer name] and I am calling concerning the Federal Government's annual survey of substance abuse treatment providers called N-SSATS or the National Survey of Substance Abuse Treatment Services. The N-SSATS survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

Confirm Is this [fill facility name 1 and 2] located at:
[fill facility address line 1]
[fill facility address line 2]
[fill facility city, state, and zip]

<1> INFORMATION IS CORRECT [goto GetDir]
<2> CORRECT FACILITY, BUT NEEDS NAME/ADDRESS UPDATE
[goto GetDir]
<3> WRONG NUMBER [goto Sorry]
<4> HUNG UP DURING INTRODUCTION [goto ExitRemark]

GetDir May I speak with [fill director name] regarding this facility's 2016 N-SSATS survey?

<1> SPEAKING WITH FACILITY DIRECTOR/APPROPRIATE PERSON
[goto Intro]
<2> CONNECTED TO FACILITY DIRECTOR/APPROPRIATE PERSON
[goto Hello2]
<3> FACILITY DIRECTOR NOT AVAILABLE [goto Callback]
<4> ANSWERING MACHINE [goto Message_Q]

Sorry I'm sorry. Thank you for your time.

Hello2 Hello, my name is [fill interviewer name] and I am calling concerning the Federal Government's annual survey of substance abuse treatment providers called N-SSATS or the National Survey of Substance Abuse Treatment Services. The N-SSATS survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration.

[goto Intro]

Intro Recently you were mailed a letter from Dr. Peter J. Delany at SAMHSA along with a letter from your State or Federal Agency Substance Abuse Director. Both letters requested the participation of your facility in the 2016 N-SSATS. We are calling at this time to complete the survey. Is this a good time?

<1> YES, CONTINUE [goto BeginSurvey]
<2> SCHEDULE CALLBACK AT CONVENIENT TIME [goto Callback]
<3> COMPLETING ON THE WEB [Thanks]
<4> NO LONGER PROVIDES SUBSTANCE ABUSE TREATMENT [goto BeginSurvey]
<5> NEVER PROVIDED SUBSTANCE ABUSE SERVICES [goto BeginSurvey]
<6> DUPLICATE FACILITY [goto Duplicate]
<7> MERGED WITH ANOTHER FACILITY [goto Merged]
<8> FACILITY CLOSED/NO LONGER EXISTS [goto Thanks2]
<9> SATELLITE FACILITY [goto Satellite]

<10> WRONG NUMBER [goto Sorry]
<11> COMPLETING BY MAIL [goto Thanks]
<12> FACILITY IS A JAIL/PRISON [goto vJail]

BeginSurvey

NOTE: SINCE 2014, THE CATI INSTRUMENT ENDS AT THIS POINT. INTERVIEWERS FOLLOW THE INSTRUCTIONS DETAILED BELOW, TO LAUNCH THE WEB UTILITY. USING A UNIQUE INTERVIEWER URL FOR TRACKING PURPOSES, THE TELEPHONE SURVEY IS COMPLETED WITH THE RESPONDENT USING THE ONLINE INSTRUMENT.

Click on the three dots to connect to the Web Browser.

DO NOT CLICK THE THREE DOTS MORE THAN ONCE. IF NECESSARY, EXIT BLAISE AND RE-OPEN THE CASE TO RECONNECT TO THE BROWSER.

YOU SHOULD HAVE ONLY ONE BROWSER WINDOW OPEN WHILE ACCESSING THE WEB INSTRUMENT.

IF YOUR BROWSER DOES NOT APPEAR TO OPEN, CONFIRM IF THERE IS A BROWSER WINDOW MINIMIZED AT THE BOTTOM OF YOUR SCREEN. IF THERE IS, CLOSE IT.

WHILE IN THE WEB INSTRUMENT, DO NOT CLOSE YOUR BROWSER WINDOW UNTIL THE CASE IS COMPLETE OR AFTER A BREAK OFF.

IF YOU ARE UNABLE TO ACCESS THE WEB INSTRUMENT, OR HAVE ANY PROBLEMS OR QUESTIONS, CONTACT THE FLOOR SUPERVISOR IMMEDIATELY.

Confirm2

I will be asking you questions about [fill facility name 1 and 2] located at
[fill facility address 1]
[fill facility address 2]
[fill facility City],
[fill facility State]
[fill facility zip]

[goto BeginSurvey]

BeginSurvey

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RE1 We'll watch for that information to come in. Putting the client information aside, it is important for every facility to answer a few questions regarding the specific characteristics of their facility--even if an administrative unit or parent facility will report your client information for you. Could I ask you these few questions now? It will only take about 15 minutes

<1> YES [goto BeginSurvey]
<2> NO, NOT A CONVENIENT TIME [goto Callback]
<3> NO, NOT THE PROPER PERSON TO TALK WITH [goto RE3]
<4> NO, WILL COMPLETE ON WEB [goto Thanks]

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RE3 Who could answer facility-specific questions such as which types of services are offered at this facility?

[goto RE4]

RE4 Could I please speak with that person?

<1> YES [goto RE5]
<2> NOT AVAILABLE - INTERVIEWER: Thank you, I will call back. [goto Callback]
<3> CONNECTED TO ANSWERING MACHINE [goto Message_R]

RE5 Hello, my name is [fill interviewer name] and I am calling on behalf of the Federal Government's annual survey called the National Survey of Substance Abuse Treatment Services. This survey is sponsored by SAMHSA, the Substance Abuse and Mental Health Services Administration. I have a few questions I'd like to ask you. It will only take about 15 minutes. Is now a good time?

<1> YES, CONTINUE [goto BeginSurvey]
<2> NO, NOT A CONVENIENT TIME [goto Callback]
<3> NO, WILL COMPLETE ON WEB [goto Thanks]

BeginSurvey

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Duplicate

Which facility is a duplicate of this one?

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO
[choose from list of facilities or goto MainFacility]

Merged

Which facility was this one merged with?

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO
[choose from list of facilities or goto MainFacility]

Satellite

Which facility is this one associated with?

For the purpose of this survey a satellite facility is one that does not have permanent staff on location. Often times staff will travel from another location to provide treatment on a limited schedule.

PRESS ENTER TO CHOOSE FROM LIST OR TO ENTER FACILITY INFO
[choose from list of facilities or goto MainFacility]

MainFacility

May I have the name, address and phone number of the facility?

<1> Continue

PhoneNumber

Please give me the telephone number, area code first?

[goto Thanks]

Message_R *** REMINDER CALL MESSAGE ***
DID YOU LEAVE THE MESSAGE?

<1> Yes
<2> No

Message_Q *** QUESTIONNAIRE CALL MESSAGE ***
DID YOU LEAVE THE MESSAGE?

<1> Yes
<2> No

Thanks Thank you so much for your time. Your responses are very
important to the study and we look forward to receiving your
completed questionnaire.

Thanks2 Thank you for your time.

Callback USE THE 'APPOINTMENT' TAB ABOVE TO MAKE AN APPOINTMENT.

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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 25 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 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 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.