

You've completed 4% of your questionnaire!

FACILITY CHARACTERISTICS

*1. Which of the following substance abuse services are offered by this facility at this location, that is, abc 1610, 3190 NW 116th Street?

SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Intake, assessment, or referral	<input type="radio"/>	<input type="radio"/>
2. Detoxification	<input type="radio"/>	<input type="radio"/>
3. 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"/>
4. Any other substance abuse services	<input type="radio"/>	<input type="radio"/>

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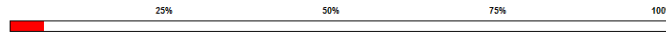
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 5% of your questionnaire!

FACILITY CHARACTERISTICS

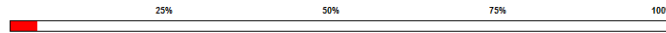
You reported that this facility does not offer either detoxification or substance abuse treatment.
Is this correct?

- Yes, this is correct.
 - No, this is not correct.
- Return to the previous screen for correction.

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You've completed 4% of your questionnaire!

FACILITY CHARACTERISTICS

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)?

SELECT ALL THAT APPLY

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

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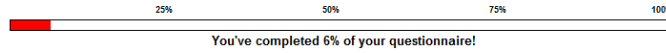
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FACILITY CHARACTERISTICS

***2a. Does this facility detoxify clients from...**
SELECT "YES" OR "NO" FOR EACH

	YES	NO
1. Alcohol	<input type="radio"/>	<input type="radio"/>
2. Benzodiazepines	<input type="radio"/>	<input type="radio"/>
3. Cocaine	<input type="radio"/>	<input type="radio"/>
4. Methamphetamines	<input type="radio"/>	<input type="radio"/>
5. Opioids	<input type="radio"/>	<input type="radio"/>
6. Other (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

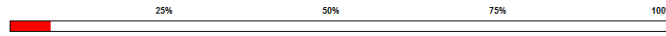
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You've completed 6% of your questionnaire!

FACILITY CHARACTERISTICS

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

- Yes
- No

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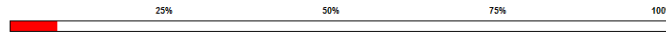
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You've completed 7% of your questionnaire!

FACILITY CHARACTERISTICS

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

- Yes
- No

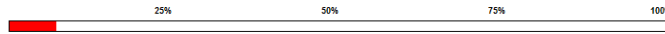
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You've completed 7% of your questionnaire!

FACILITY CHARACTERISTICS

4a. 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 the previous screen for correction.

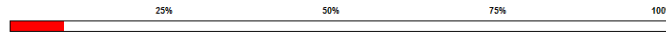
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You've completed 8% of your questionnaire!

FACILITY CHARACTERISTICS

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

- Yes
- No

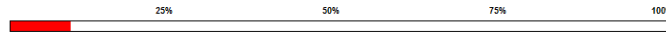
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You've completed 9% of your questionnaire!

FACILITY CHARACTERISTICS

*6. What is the primary focus of this facility at this location, that is abc 1610, 3190 NW 116th Street?

SELECT ONE ONLY

- Substance abuse treatment services
- Mental health services
- Mix of mental health and substance abuse treatment services (*neither is primary*)
- General health care
- Other (*Please specify:*)

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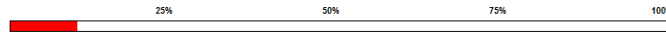
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You've completed 10% of your questionnaire!

FACILITY CHARACTERISTICS

*7. 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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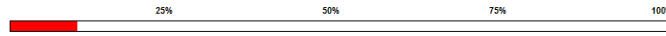
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You've completed 10% of your questionnaire!

FACILITY CHARACTERISTICS

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

SELECT ONE ONLY

Department of Veterans Affairs

Department of Defense

Indian Health Service

Some other Federal Government agency (Please specify:)

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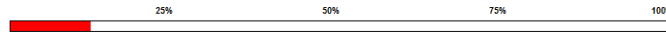
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You've completed 12% of your questionnaire!

FACILITY CHARACTERISTICS

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

- Yes
- No

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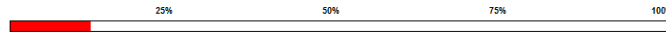
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 12% of your questionnaire!

FACILITY CHARACTERISTICS

***9a. What type of hospital?**

SELECT ONE ONLY

General hospital (including VA hospital)

Psychiatric hospital

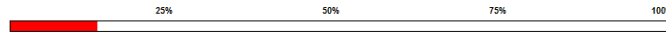
Other specialty hospital, for example, alcoholism, maternity, etc.
(Please specify: _____)

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You've completed 13% of your questionnaire!

FACILITY CHARACTERISTICS

*10. 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

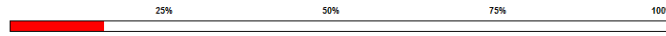
2. If applicable, enter secondary intake number here: () ext

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[Plain Language](#)



You've completed 14% of your questionnaire!

FACILITY CHARACTERISTICS

*11a. Which of the following assessment and pre-treatment services are provided by this facility at this location, that is, abc 1610, 3190 NW 116th Street?

SELECT ALL THAT APPLY

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

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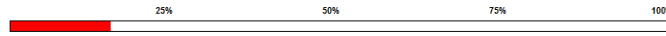
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You've completed 15% of your questionnaire!

FACILITY CHARACTERISTICS

*11b. Which of the following testing services are provided by this facility at this location, that is, abc 1610, 3190 NW 116th Street?

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

SELECT ALL THAT APPLY

- 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

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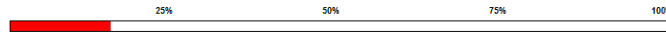
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You've completed 15% of your questionnaire!

FACILITY CHARACTERISTICS

*11c. Which of the following transitional services are provided by this facility at this location, that is, *abc 1610, 3190 NW 116th Street*?

SELECT ALL THAT APPLY

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

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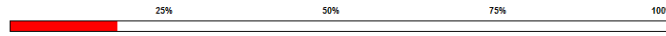
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You've completed 16% of your questionnaire!

FACILITY CHARACTERISTICS

*11d. Which of the following ancillary services are provided by this facility at this location, that is, *abc 1610, 3190 NW 116th Street*?

SELECT ALL THAT APPLY

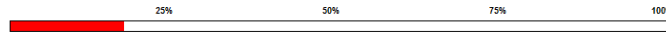
- Case management services
- Social skills development
- Mentoring/peer support
- Child care for clients' children
- Assistance with obtaining social services (for example, Medicaid (see definition), WIC, SSI, SSDI)
- Employment counseling or training for clients
- Assistance in locating housing for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

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Start Page Over

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You've completed 17% of your questionnaire!

FACILITY CHARACTERISTICS

*11e. Which of the following other services are provided by this facility at this location, that is, *abc 1610, 3190 NW 116th Street*?

SELECT ALL THAT APPLY

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

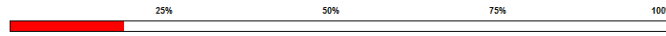
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You've completed 17% of your questionnaire!

FACILITY CHARACTERISTICS

***11f. Which of the following pharmacotherapies are dispensed, prescribed, or administered by this facility at this location, that is, abc 1610, 3190 NW 116th Street?**

SELECT ALL THAT APPLY

- Disulfiram (*Antabuse*®)
- Naltrexone (*oral*)
- Vivitrol® (*injectable Naltrexone*)
- Acamprosate (*Camprol*®)
- Nicotine replacement
- Non-nicotine smoking/tobacco cessation medications (*for example, Bupropion, Varenicline*)
- Medications for psychiatric disorders
- Methodone
- Buprenorphine with naloxone (*Suboxone*®)
- Buprenorphine without naloxone
- We do not offer any of these pharmacotherapy services

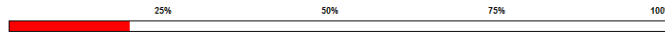
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 18% of your questionnaire!

FACILITY CHARACTERISTICS

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

SELECT ALL THAT APPLY

- This facility does not treat opioid addiction.
- This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. It is not a federally-certified OTP.
- This facility is "drug free." It does not use medications to treat opioid addiction or accept clients using medication to treat opioid addiction.
- 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.)
- 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.
- 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.)

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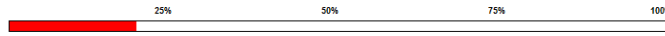
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 19% of your questionnaire!

FACILITY CHARACTERISTICS

We are in the process of coordinating our lists with the CSAT's certified OTP list. Please provide your OTP number to help us in that effort.

OTP Number:

- This facility does operate a federally-certified Opioid Treatment Program (OTP). The OTP number for this facility has been entered above.
- This facility does operate a federally-certified Opioid Treatment Program (OTP). I cannot provide the OTP number for this facility at this time.
- This is not correct, return to Q12 for correction.

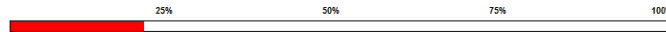
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 20% of your questionnaire!

FACILITY CHARACTERISTICS

*12a. Are ALL of the substance abuse clients at this facility currently receiving methadone, buprenorphine, or naltrexone (Vivitrol®)?

- Yes
- No

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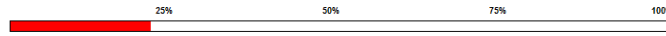
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You've completed 21% of your questionnaire!

FACILITY CHARACTERISTICS

*12b. Which of the following medication services does this program provide?

SELECT ALL THAT APPLY

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

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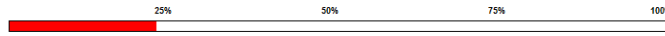
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You've completed 22% of your questionnaire!

FACILITY CHARACTERISTICS

*13. For each of the following types of counseling, 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 BOX 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
1. Individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Group counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Marital/couples counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

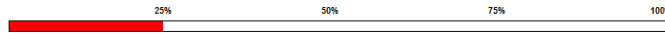
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You've completed 23% of your questionnaire!

FACILITY CHARACTERISTICS

*14. For each of the following types of clinical/therapeutic approach, please indicate how often that approach is used at this facility.

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

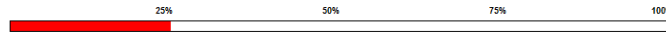
SELECT ONE FREQUENCY FOR EACH APPROACH

CLINICAL/THERAPEUTIC APPROACHES	NEVER	RARELY	SOMETIMES	ALWAYS OR OFTEN	NOT FAMILIAR WITH THIS APPROACH
1. Substance abuse counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. 12-step facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cognitive-behavioral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NEW! 5. Dialectical behavior therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Contingency management/motivational incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trauma-related counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Matrix Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Community reinforcement plus vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Rational emotive behavioral therapy (REBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Relapse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. 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 24% of your questionnaire!

FACILITY CHARACTERISTICS

*16. Does this facility, *abc 1610, 3190 NW 116th Street*, offer a specialty designed program or group intended exclusively for DUI/DWI or other drunk driver offenders?

- Yes
- No

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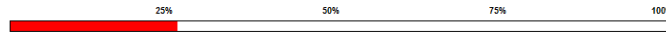
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You've completed 25% of your questionnaire!

FACILITY CHARACTERISTICS

*16a. Does this facility serve only DUI/DWI clients?

- Yes
- No

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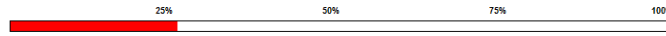
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You've completed 25% of your questionnaire!

FACILITY CHARACTERISTICS

*17. 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*)?

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

- Yes
 No

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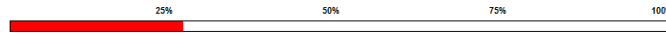
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 26% of your questionnaire!

FACILITY CHARACTERISTICS

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

- You should answer "Yes" if either a staff counselor or an on-call interpreter provides this service.

- Yes
 No

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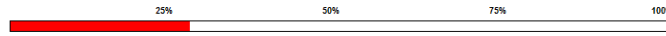
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You've completed 27% of your questionnaire!

FACILITY CHARACTERISTICS

18a. 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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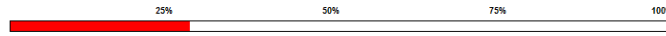
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You've completed 27% of your questionnaire!

FACILITY CHARACTERISTICS

*18a1. Do staff counselors provide substance abuse treatment in Spanish at this facility?

- Yes
- No

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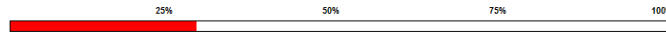
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You've completed 28% of your questionnaire!

FACILITY CHARACTERISTICS

18a2. Do staff counselors at this facility provide substance abuse treatment in any other languages?

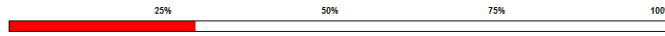
Yes

No

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[Plain Language](#)



You've completed 28% of your questionnaire!

FACILITY CHARACTERISTICS

*18b. In what other languages do staff counselors provide substance abuse treatment at this facility?

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

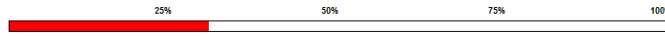
SELECT ALL THAT APPLY

AMERICAN INDIAN OR ALASKA NATIVE:

- Hopi
- Lakota
- Navajo
- Ojibwa
- Yupik
- Other American Indian or Alaska Native language
(Please specify:)

OTHER LANGUAGES

- Arabic
- Any Chinese Language
- Creole
- Farsi
- French
- German
- Greek
- Hebrew
- Hindi
- Hmong
- Italian
- Japanese
- Korean
- Polish
- Portuguese



You've completed 30% of your questionnaire!

FACILITY CHARACTERISTICS

***19. Individuals seeking substance abuse treatment can vary by age, gender or other characteristics.**

Are females served by this facility, at this location?

- Yes
- No

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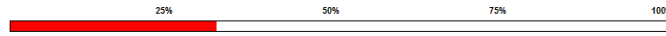
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 31% of your questionnaire!

FACILITY CHARACTERISTICS

***19. What are the lowest and highest ages of females served by this facility?**

Type of Client	What is the Lowest Age Served?		What is the Highest Age Served?	
	YEARS	No minimum age	YEARS	No maximum age
Female	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

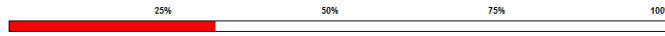
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[Plain Language](#)



You've completed 31% of your questionnaire!

FACILITY CHARACTERISTICS

***19. Individuals seeking substance abuse treatment can vary by age, gender or other characteristics.**

Are males served by this facility, at this location?

- Yes
- No

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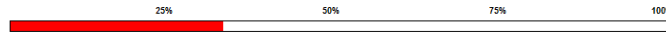
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 32% of your questionnaire!

FACILITY CHARACTERISTICS

***19. What are the lowest and highest ages of males served by this facility?**

Type of Client	What is the Lowest Age Served?		What is the Highest Age Served?	
	YEARS	No minimum age	YEARS	No maximum age
Male	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

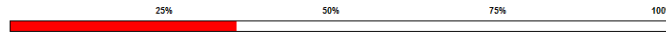
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[Plain Language](#)



You've completed 34% of your questionnaire!

FACILITY CHARACTERISTICS

*19a. 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.

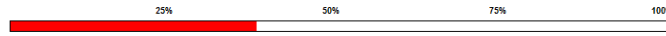
SELECT ALL THAT APPLY

- Adolescents
- Young adults
- Adult women
- Pregnant/postpartum women
- Adult men
- Seniors or older adults
- Lesbian, gay, bisexual, transgender (LGBT) clients
- Veterans
- Active duty military
- Members of military families
- Criminal justice clients (see definition)(other than DUI/DWI)
- Clients with co-occurring mental and substance abuse disorders
- Clients with HIV or AIDS
- Clients who have experienced sexual abuse
- Clients who have experienced intimate partner violence, domestic violence
- Clients who have experienced trauma
- Specifically tailored programs or groups for any other types of clients
(Please specify: _____)
- No specifically tailored programs or groups are offered

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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 37% of your questionnaire!

FACILITY CHARACTERISTICS

*20. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, *abc 1610, 3190 NW 116th Street*?

- Yes
- No

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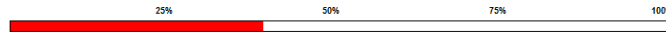
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You've completed 38% of your questionnaire!

FACILITY CHARACTERISTICS

***20a. Which of the following HOSPITAL INPATIENT services are offered at this facility, that is, abc 1610, 3190 NW 116th Street?**

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

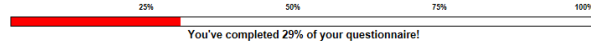
* Information from asterisked (*) questions may be published in SAMHSA's online Behavioral Health Treatment Services Locator (found at <https://findtreatment.samhsa.gov>) and in SAMHSA's National Directory of Drug and Alcohol Abuse Treatment Programs, unless you designate otherwise in question 40 of this questionnaire.

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[Plain Language](#)

Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 29% of your questionnaire!

FACILITY CHARACTERISTICS

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

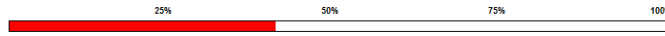
- **DO NOT** count family members, friends, or other non-treatment patients.
- **IF NONE, ENTER "0"**

HOSPITAL INPATIENTS

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

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You've completed 40% of your questionnaire!

FACILITY CHARACTERISTICS

*21. Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, abc 1610, 3190 NW 116th Street?

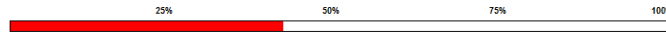
- Yes
- No

* 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 40 of this questionnaire.

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[Plain Language](#)



You've completed 41% of your questionnaire!

FACILITY CHARACTERISTICS

*21a. Which of the following RESIDENTIAL services are offered at this facility, that is, *abc 1610, 3190 NW 116th Street?*

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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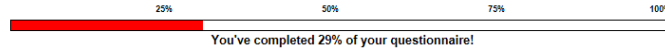
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FACILITY CHARACTERISTICS

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"**

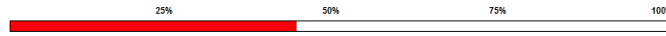
RESIDENTIAL (NON-HOSPITAL)

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

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You've completed 43% of your questionnaire!

FACILITY CHARACTERISTICS

*22. Does this facility offer **OUTPATIENT** substance abuse services at this location, that is, *abc 1610, 3190 NW 116th Street*?

- Yes
- No

* 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 40 of this questionnaire.

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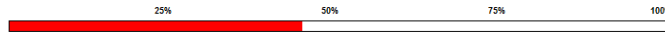
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You've completed 44% of your questionnaire!

FACILITY CHARACTERISTICS

***22a. Which of the following OUTPATIENT services are offered at this facility, that is, abc 1610, 3190 NW 116th Street?**

SELECT "YES" OR "NO" FOR EACH

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

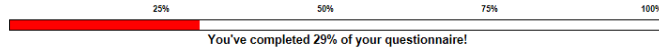
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 29% of your questionnaire!

FACILITY CHARACTERISTICS

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.

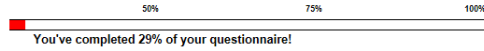
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FACILITY CHARACTERISTICS

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

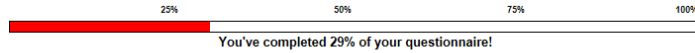
Vivitrol® (injectable Naltrexone) administered at this facility

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

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Attachment B4- N-SSATS 2016 screens for online questionnaire



FACILITY CHARACTERISTICS

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.

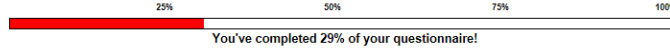
Full- and Part-time **Paid** Staff

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.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Pharmacist	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Registered Nurse (RN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Licensed Practical Nurse (LPN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Mid-level medical personnel (Nurse Practitioner, PA, APRN, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNSELING STAFF			
6. Doctoral level counselor (PhD Psychologist, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Masters level counselor (MSW, MS, MA Psychologist, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Bachelors degreed counselor (BA, BS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Associate degree or non-degreed counselor	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPPORT STAFF			
10. Pharmacy assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Peer support staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Care manager or patient navigator	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Other recovery support worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Administrative staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Other clinical staff (specify: <input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Attachment B4- N-SSATS 2016 screens for online questionnaire



FACILITY CHARACTERISTICS

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.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Nursing staff (RN, LPN, PA, APRN, Nurse practitioner, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNSELING STAFF			
3. Post Graduate Counselors (PhD Psychologist, MSW, MS, MA Psychologist, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Bachelors degreed counselor (BA, BS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Associate degree or non-degreed Counselor	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPPORT STAFF			
6. Pharmacy assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Care manager or patient navigator	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Peer support staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other recovery support worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Administrative staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Other (specify: <input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

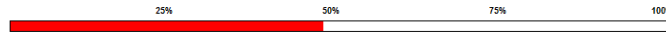
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 47% of your questionnaire!

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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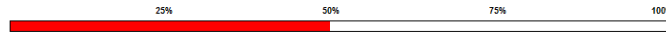
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 48% of your questionnaire!

FACILITY CHARACTERISTICS

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

- Yes
- No

* 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 40 of this questionnaire.

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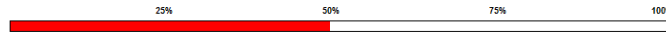
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You've completed 48% of your questionnaire!

FACILITY CHARACTERISTICS

23a. Do you want the availability of a sliding fee scale published in SAMHSA's online Locator and Directory?

- The Directory is an annual publication listing substance abuse treatment facilities in the United States and the services they offer. The Locator is an online version of the Directory that also includes a mapping feature so clients can find facilities easily.
- The online Locator and Directory will explain that sliding fee scales are based on income and other factors.

- Yes
 No

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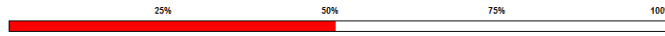
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Attachment B4- N-SSATS 2016 screens for online questionnaire



You've completed 49% of your questionnaire!

FACILITY CHARACTERISTICS

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

- Yes
- No

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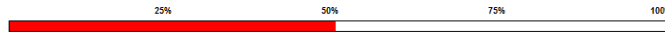
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[Plain Language](#)



You've completed 49% of your questionnaire!

FACILITY CHARACTERISTICS

24a. Do you want the availability of free care for eligible clients published in SAMHSA's online Locator and Directory?

- *The Directory is an annual publication listing substance abuse treatment facilities in the United States and the services they offer. The Locator is an online version of the Directory that also includes a mapping feature so clients can find facilities easily.*
- *The online Locator and Directory will explain that potential clients should call the facility for information on eligibility.*

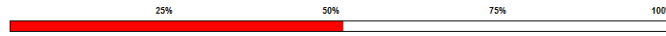
- Yes
- No

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You've completed 50% of your questionnaire!

FACILITY CHARACTERISTICS

*25. 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

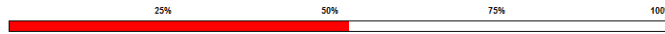
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[Plain Language](#)



You've completed 51% of your questionnaire!

FACILITY CHARACTERISTICS

*26. 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
1. No payment accepted (<i>free treatment for ALL clients</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cash or self-payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. State-financed health insurance plan other than Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Federal military insurance (<i>e.g., TRICARE</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Access To Recovery (ATR) vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. IHS/Tribal/Urban (ITU) funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other (<i>Please specify:</i> <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

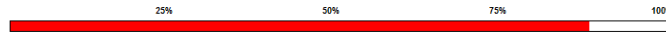
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You've completed 87% of your questionnaire!

GENERAL INFORMATION

*35. Does this facility operate [transitional housing](#) or a [halfway house](#) for substance abuse clients at this location, that is, *abc 1610, 3190 NW 116th Street*?

- Yes
- No

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Start Page Over

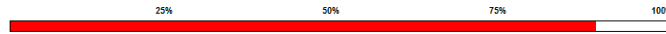
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GENERAL INFORMATION

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

SELECT ONE ONLY

- Not permitted to smoke anywhere outside or within any building
- Permitted in designated outdoor area(s)
- Permitted anywhere outside
- Permitted in designated indoor area(s)
- Permitted anywhere inside
- Permitted anywhere without restriction

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Start Page Over

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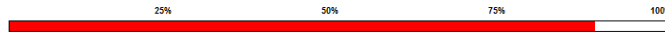
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GENERAL INFORMATION

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

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

SELECT "YES," "NO," OR "DONT KNOW" FOR EACH

	YES	NO	DONT KNOW
1. State substance abuse agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. State mental health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. State department of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Hospital licensing authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The Joint Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. National Committee for Quality Assurance (NCQA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Council on Accreditation (COA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Healthcare Facilities Accreditation Program (HFAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other national organization or federal, state, or local agency (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Start Page Over

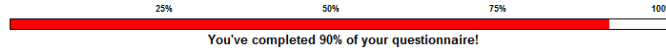
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You've completed 90% of your questionnaire!

GENERAL INFORMATION

*39. 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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Submit Page and Continue

Start Page Over

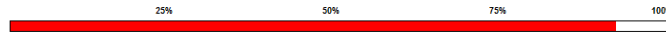
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You've completed 91% of your questionnaire!

GENERAL INFORMATION

*39a. If eligible, the website address for this location will appear in the *Directory* and online Locator. Please provide the address exactly as it should be entered in order to reach your website.

- 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)

Web Address:

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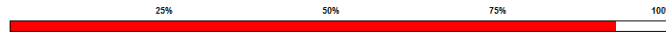
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You've completed 91% of your questionnaire!

GENERAL INFORMATION

40. If eligible, does this facility want to be listed in the *Directory* and the online *Locator*?

- *The Directory is an annual publication listing substance abuse treatment facilities in the United States and the services they offer. The Locator is an online version of the Directory that also includes a mapping feature so clients can find facilities easily.*

- Yes
 No

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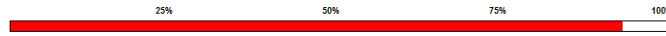
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You've completed 92% of your questionnaire!

GENERAL INFORMATION

41. 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*.)

- Yes
- No

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Start Page Over

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