

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

March 31, 2016

Substance Abuse and Mental Health Services Administration (SAMHSA)

Empty rectangular 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 survey 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  
[NSSATWeb@mathematica-mpr.com](mailto:NSSATWeb@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>), in SAMHSA’s *National Directory of Drug and Alcohol Abuse Treatment Programs*, and other publically available listings, unless you designate otherwise in question 29, page 10, 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  0
- 2. Detoxification.....1  0
- 3. Substance abuse treatment  
(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse).....1  0
- 4. Any other substance abuse services .....1  0

**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  0
- 2. Benzodiazepines .....1  0
- 3. Cocaine .....1  0
- 4. Methamphetamines.....1  0
- 5. Opioids .....1  0
- 6. Other (Specify:.....) .. 1  0

**\*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.25 (PAGE 9)

**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.32 (PAGE 11)
- 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  Naltrexone (extended-release, injectable, for example, Vivitrol®)
- 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 treats opioid addiction, but it does not use methadone, buprenorphine, and/or naltrexone to treat opioid addiction, nor does it accept clients using those medications 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.)

**SKIP TO Q.12 (BELOW)**

- 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.)

**\*11a. Are ALL of the substance abuse clients at this facility currently receiving methadone, buprenorphine, or extended-release, injectable 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 extended-release, injectable 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.16b (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?**

- Indicate only the highest or lowest age the facility would accept. **Do not indicate** the highest or lowest age **currently receiving services** in the facility.

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 (NEXT COLUMN)**

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

MARK "YES" OR "NO" FOR EACH

- |                                                                                                                                                  | <u>YES</u>                 | <u>NO</u>                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| 1. Hospital inpatient detoxification .....<br>(Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 2. Hospital inpatient treatment .....<br>(Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)     | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

**\*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  
0  No → **SKIP TO Q.20 (NEXT PAGE)**

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

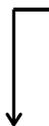
MARK "YES" OR "NO" FOR EACH

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

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

1  Yes

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..... (Similar to ASAM Levels I-D and II-D, <i>ambulatory detoxification</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Outpatient methadone/ buprenorphine maintenance or Vivitrol® treatment .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Outpatient day treatment or partial hospitalization..... (Similar to ASAM Level II.5, <i>20 or more hours per week</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Intensive outpatient treatment..... (Similar to ASAM Level II.1, <i>9 or more hours per week</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Regular outpatient treatment..... (Similar to ASAM Level I, <i>outpatient treatment, non-intensive</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**\*21. Does this facility use a sliding fee scale?**

- 1  Yes
- 0  No → **SKIP TO Q.22 (BELOW)**

**21a. 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

**\*22. Does this facility offer treatment at no charge to clients who cannot afford to pay?**

- 1  Yes
- 0  No → **SKIP TO Q.23 (BELOW)**

**22a. 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

**\*23. 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.24.*

- 1  Yes
- 0  No
- d  Don't Know

**\*24. 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

- |                                                                   | <u>YES</u>                 | <u>NO</u>                  | <u>DON'T<br/>KNOW</u>      |
|-------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| 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: \_\_\_\_\_)

**\*25. 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

**\*26. 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

**\*27. 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

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
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: _____)			

**\*28. 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.29 (NEXT COLUMN)**

**\*28a. 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: \_\_\_\_\_

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

- The Directory will be available at <http://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>
- The Locator can be found at: <https://findtreatment.samhsa.gov>

- 1  Yes  
 0  No → **SKIP TO Q.30 (BELOW)**

**29a. To increase public awareness of behavioral health services, SAMHSA may be sharing facility contact information with large commercially available Internet search engines, such as Google, Bing, Yahoo!, etc. Do you want your facility information shared on these Internet search engines?**

- Information to be shared would be: facility name, location address, telephone number, and website address.

- 1  Yes  
 0  No

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

- 1  Yes → **GO TO Q.31 (TOP OF NEXT PAGE)**  
 0  No → **SKIP TO Q.32 (NEXT PAGE)**

31. **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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

32. **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 0930-0106. 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857.