

ICPSR 20004

**National Survey of Substance Abuse
Treatment Services (N-SSATS), 2006**

*United States Department of Health and Human
Services. Substance Abuse and Mental Health
Services Administration. Office of Applied Studies*

Data Collection Instrument

Summary

The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS provides the mechanism for quantifying the dynamic character and composition of the United States substance abuse treatment delivery system. The objectives of N-SSATS are to collect multipurpose data that can be used to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, update SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS), analyze general treatment services trends, and generate the National Directory of Drug and Alcohol Abuse Treatment Programs and its online Abuse Treatment Facility Locator equivalent, the Substance Abuse Treatment Facility Locator:

<http://findtreatment.samhsa.gov>. Data are collected on topics including ownership, services offered, primary focus (substance abuse, mental health, both, general health, other), hotline operation, methadone/LAAM dispensing, languages in which treatment is provided, type of treatment provided, number of clients (total and under age 18), number of beds, types of payment accepted, sliding fee scale, special programs offered, facility accreditation and licensure/certification, and managed care agreements. N-SSATS was formerly titled the Uniform Facility Data Set (UFDS).

Universe

All active treatment facilities on the Inventory of Substance Abuse Treatment Services (I-SATS) at a point six weeks prior to the survey reference date of March 31, 2006. Facilities added by state substance abuse agencies or discovered during the first three weeks of the survey were also included in the survey universe.

Data Type

survey data

Data Source

mail questionnaire, telephone interview, and Web-based survey

Additional Information for Study 20004

<http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/20004.xml>

Study Citation

We appreciate the [appropriate citation](#) for study documentation obtained from SAMHDA. The study description for this study includes a [suggested bibliographic citation](#) for the data.

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

March 31, 2006

Substance Abuse and Mental Health Services Administration (SAMHSA)

DRAFT

***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**

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.
- Return the completed questionnaire in the envelope provided. Please keep a copy for your records.
- If you have any questions or need additional blank forms, contact:

MATHEMATICA POLICY RESEARCH, INC.
1-888-324-8337

If you prefer, you may complete this questionnaire online. See the pink flyer enclosed in your questionnaire packet for the Internet address and your unique user ID and password. If you need more information, call the N-SSATS helpline at 1-888-324-8337.

IMPORTANT INFORMATION

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

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

Eligibility for Directory/Locator. Only facilities designated as eligible by their state substance abuse office will be listed in the *National Directory* and online Treatment Facility Locator. Your state N-SSATS representative can tell you if your facility is eligible to be listed in the Directory/Locator. For the name and telephone number of your state representative, call the N-SSATS helpline at 1-888-324-8337 or go to <http://www.dasis.samhsa.gov> and click on “DASIS Contacts” then “N-SSATS Contacts by State.”

SECTION A: FACILITY CHARACTERISTICS

Section A asks about characteristics of individual facilities and should be completed for this facility only, that is, the treatment facility or program at the location listed on the front cover.

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?

- IF THIS IS A MENTAL HEALTH FACILITY: Please respond about the substance abuse services that may be offered at this facility.

MARK "YES" OR "NO" FOR EACH

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

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

- 1 Yes → SKIP TO Q.2 (TOP OF NEXT COLUMN)
- 0 No

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

- 1 Yes → GO TO Q.2 (TOP OF NEXT COLUMN)
- 0 No → SKIP TO Q.32 (PAGE 10)

*2. 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: _____)

3. 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.4 (PAGE 2)

→ SKIP TO Q.6 (PAGE 2)

3a. Which federal government agency?

MARK ONE ONLY

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

→ SKIP TO Q.6 (PAGE 2)

4. Is this facility a solo practice, meaning, an office with a single practitioner or therapist?

- 1 Yes
- 0 No

5. Is this facility affiliated with a religious organization?

- 1 Yes
- 0 No

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

- 1 Yes → SKIP TO Q.37 (PAGE 10)
- 0 No

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

- 1 Yes
- 0 No → SKIP TO Q.8 (TOP OF NEXT COLUMN)

7a. 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: _____)

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

INTAKE TELEPHONE NUMBER(S)

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

9. Does this facility operate a hotline that responds to substance abuse problems?

- A hotline is a telephone service that provides information, referral, or immediate counseling, frequently in a crisis situation.
- If this facility is part of a group of facilities that operates a central hotline to respond to substance abuse problems, you should mark "yes."
- DO NOT consider 911 or the local police number a hotline for the purpose of this survey.

- 1 Yes
- 0 No → SKIP TO Q.10 (PAGE 3)

*9a. Please enter the hotline telephone number(s) below.

HOTLINE TELEPHONE NUMBER(S)

- 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

Assessment and Pre-Treatment Services

- 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 Outreach to persons in the community that may need treatment
- 6 Brief intervention for substance users who are not yet dependent, usually 1-5 sessions
- 7 Interim services for clients when immediate admission is not possible

Substance Abuse Therapy and Counseling

- 8 Family counseling
- 9 Group therapy, not including relapse prevention
- 10 Individual therapy
- 11 Relapse prevention groups
- 12 Aftercare/continuing care

Pharmacotherapies

- 13 Antabuse
- 14 Naltrexone
- 15 Campral
- 16 Buprenorphine - Subutex
- 17 Buprenorphine - Suboxone
- 18 Methadone
- 19 Nicotine replacement
- 20 Medications for psychiatric disorders

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

- 21 Breathalyzer or other blood alcohol testing
- 22 Drug or alcohol urine screening
- 23 Screening for Hepatitis B
- 24 Screening for Hepatitis C
- 25 HIV testing
- 26 STD testing
- 27 TB screening

Transitional Services

- 28 Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)
- 29 Discharge planning
- 30 Employment counseling or training for clients
- 31 Assistance in locating housing for clients

Other Services

- 32 Case management services
- 33 Social skills development
- 34 Mentoring/peer support

- 35 Child care for clients' children
- 36 Domestic violence—family or partner violence services (physical, sexual, and emotional abuse)
- 37 Early intervention for HIV
- 38 HIV or AIDS education, counseling, or support
- 39 Outcome follow-up after discharge
- 40 Health education other than HIV/AIDS
- 41 Substance abuse education
- 42 Transportation assistance to treatment
- 43 Mental health services
- 44 Acupuncture
- *45 Residential beds for clients' children
- 46 Self-help groups (for example, AA, NA, Smart Recovery)

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

- Opioid Treatment Programs are certified by SAMHSA's Center for Substance Abuse Treatment to use opioid drugs such as **methadone or buprenorphine** in the treatment of opiate (narcotic) addiction.

- 1 Yes
- 0 No → SKIP TO Q.12 (BELOW)

*11a. Is the Opioid Treatment Program at this location a maintenance program, a detoxification program, or both?

MARK ONE ONLY

- 1 Maintenance program
- 2 Detoxification program
- 3 Both

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

- 1 Yes
- 0 No

*12. Does this facility offer a special program for DUI/DWI or other drunk driver offenders at this location?

- Mark "yes" if this facility serves only DUI/DWI clients OR if this facility has a special DUI/DWI program.

- 1 Yes
- 0 No → SKIP TO Q.13 (PAGE 4)

*12a. Are ALL of the substance abuse treatment clients at this facility enrolled in the DUI/DWI program?

- 1 Yes
- 0 No

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

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

- 1 Yes
0 No

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

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

- 1 Yes
0 No → SKIP TO Q.15 (TOP OF NEXT COLUMN)

14a. 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 → GO TO Q.14b (BELOW)
2 On-call interpreter brought in when needed → SKIP TO Q.15 (TOP OF NEXT COLUMN)
3 BOTH staff counselor and on-call interpreter → GO TO Q.14b (BELOW)

***14b. In what other languages do staff counselors provide substance abuse treatment at this facility?**

MARK ALL THAT APPLY

American Indian or Alaska Native:

- 1 Hopi
2 Lakota
3 Navajo
4 Yupik
5 Other American Indian or Alaska Native language
(Specify: _____)

Other Languages:

- 6 Arabic
7 Chinese
8 Creole
9 French
10 German
11 Hmong
12 Korean
13 Polish
14 Portuguese
15 Russian
16 Spanish
17 Vietnamese
18 Other language (Specify: _____)

***15. This question has two parts. Column A asks about the types of clients accepted into treatment at this facility. Column B asks whether this facility offers specially designed treatment programs or groups for each type of client.**

Column A - For each type of client listed below: Indicate whether this facility accepts these clients into treatment at this location.

Column B - For each "yes" in Column A: Indicate whether this facility offers a specially designed substance abuse treatment program or group exclusively for that type of client at this location.

TYPE OF CLIENT	COLUMN A		COLUMN B	
	CLIENTS ACCEPTED INTO TREATMENT		OFFERS SPECIALLY DESIGNED PROGRAM OR GROUP	
	YES	NO	YES	NO
1. Adolescents	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Clients with co-occurring mental and substance abuse disorders	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Criminal justice clients (other than DUI/DWI)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Persons with HIV or AIDS	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Gays or lesbians	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Seniors or older adults	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Adult women	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8. Pregnant or postpartum women	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
9. Adult men	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10. Specially designed programs or groups for any other types of clients (Specify: _____)			1 <input type="checkbox"/>	0 <input type="checkbox"/>

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

MARK "YES" OR "NO" FOR EACH

YES NO

1. Hospital inpatient detoxification 1 0
2. Hospital inpatient treatment..... 1 0

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

MARK "YES" OR "NO" FOR EACH

YES NO

1. Residential detoxification 1 0
2. Residential short-term treatment
(30 days or less) 1 0
3. Residential long-term treatment
(more than 30 days) 1 0

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

MARK "YES" OR "NO" FOR EACH

YES NO

1. Outpatient detoxification 1 0
2. Outpatient methadone/
buprenorphine maintenance..... 1 0
3. Outpatient day treatment or
partial hospitalization
(20 or more hours per week)..... 1 0
4. Intensive outpatient treatment
(a minimum of 2 hours per day
on 3 or more days per week)..... 1 0
5. Regular outpatient treatment
(fewer hours per week than
intensive) 1 0

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

1 Yes

0 No → SKIP TO Q.20 (BELOW)

19a. Do you want the availability of a sliding fee scale published in SAMHSA's Directory/Locator?
(For information on Directory/Locator eligibility, see the inside front cover.)

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

1 Yes

0 No

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

1 Yes

0 No → SKIP TO Q.21 (PAGE 6)

20a. Do you want the availability of free care for eligible clients published in SAMHSA's Directory/Locator?

- The Directory/Locator will explain that potential clients should call the facility for information on eligibility.

1 Yes

0 No

21. 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 will be included in Q.22 below.

- 1 Yes
 0 No
 -1 Don't Know

*22. 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 KNOW</u>
1. Cash or self-payment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
2. Medicare	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
3. Medicaid	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
4. A state-financed health insurance plan other than Medicaid (for example, State Children's Health Insurance Program (SCHIP) or high risk insurance pools).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
5. Federal military insurance such as TRICARE or Champ VA	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
6. Private health insurance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
7. No payment accepted (free treatment for ALL clients).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
8. Access to Recovery (ATR) vouchers (to be answered by facilities in the following states only: CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
9. Other	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
(Specify: _____)			

23. Does this facility have agreements or contracts with managed care organizations for providing substance abuse treatment services?

- Managed care organizations have agreements with certain health care providers who give services to plan members, usually at discounted rates. Examples include managed behavioral healthcare organizations (MBHOs), health maintenance organizations (HMOs), and preferred provider organizations (PPOs).

- 1 Yes
 0 No
 -1 Don't Know

SECTION B: CLIENT COUNT INFORMATION

IMPORTANT: Questions in Section B ask about two different time periods, i.e., the single day of March 31, 2006, and the 12-month period ending on March 31, 2006. Please pay special attention to the period specified in each question.

IF THIS IS A MENTAL HEALTH FACILITY: Include in your client counts all clients receiving substance abuse treatment, even if substance abuse is their secondary diagnosis.

24. Questions 25 through 29 ask about the number of clients in treatment at this facility at specified times.

Please check the option below that best describes how client counts will be reported in these questions.

MARK ONE ONLY

- 1 Questions 25 through 29 will include client counts for this facility alone → **SKIP TO Q.25 (PAGE 7)**
- 2 Questions 25 through 29 will include client counts for this facility combined with other facilities → **SKIP TO Q.25 (PAGE 7)**
- 3 Client counts for this facility will be reported by another facility → **SKIP TO Q.32 (PAGE 10)**

HOSPITAL INPATIENT

25. On March 31, 2006, did any patients receive **HOSPITAL INPATIENT substance abuse services** at this facility?

- 1 Yes
0 No → SKIP TO Q.26 (TOP OF NEXT COLUMN)

25a. On March 31, 2006, how many patients received the following **HOSPITAL INPATIENT substance abuse services** at this facility?

- **COUNT** a patient in **one service only**, even if the patient received both services.
- **DO NOT** count family members, friends, or other non-treatment patients.

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

1. Hospital inpatient detoxification _____
2. Hospital inpatient treatment _____

**HOSPITAL INPATIENT
TOTAL BOX**

25b. How many of the patients from the **HOSPITAL INPATIENT TOTAL BOX** were under the age of 18?

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

Number under age 18 _____

25c. How many of the patients from the **HOSPITAL INPATIENT TOTAL BOX** received methadone or buprenorphine dispensed by this facility?

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

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

1. Methadone _____
2. Buprenorphine _____

25d. On March 31, 2006, how many hospital inpatient beds at this facility were specifically designated for substance abuse treatment?

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

Number of beds _____

RESIDENTIAL (NON-HOSPITAL)

26. On March 31, 2006, did any clients receive **RESIDENTIAL (non-hospital) substance abuse services** at this facility?

- 1 Yes
0 No → SKIP TO Q.27 (PAGE 8)

26a. On March 31, 2006, how many clients received the following **RESIDENTIAL substance abuse services** at this facility?

- **COUNT** a client in **one service only**, even if the client received multiple services.
- **DO NOT** count family members, friends, or other non-treatment clients.

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

1. Residential detoxification _____
2. Residential short-term treatment (30 days or less) _____
3. Residential long-term treatment (more than 30 days) _____

**RESIDENTIAL
TOTAL BOX**

26b. How many of the clients from the **RESIDENTIAL TOTAL BOX** were under the age of 18?

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

Number under age 18 _____

26c. How many of the clients from the **RESIDENTIAL TOTAL BOX** received methadone or buprenorphine dispensed by this facility?

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

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

1. Methadone _____
2. Buprenorphine _____

26d. On March 31, 2006, how many residential beds at this facility were specifically designated for substance abuse treatment?

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


Number of beds _____

OUTPATIENT

27. During the month of March 2006, did any clients receive **OUTPATIENT substance abuse services** at this facility?

- 1 Yes
 0 No → **SKIP TO Q.28 (PAGE 9)**

27a. As of March 31, 2006, how many active clients were enrolled in each of the following **OUTPATIENT substance abuse services** at this facility?

 An active outpatient client is someone who:

(1) was seen at this facility for substance abuse treatment or detoxification at least once during the month of March 2006

AND

(2) was still enrolled in treatment on March 31, 2006.

- **COUNT** a client in **one service only**, even if the client received multiple services.
- **DO NOT** count family members, friends, or other non-treatment clients.

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

1. Outpatient detoxification _____
2. Outpatient methadone/
buprenorphine maintenance
(count methadone and
buprenorphine maintenance
clients on this line only) _____
3. Outpatient day treatment or
partial hospitalization (20 or
more hours per week) _____
4. Intensive outpatient treatment
(a minimum of 2 hours per day
on 3 or more days per week) _____
5. Regular outpatient treatment
(fewer hours per week than
intensive) _____

**OUTPATIENT
TOTAL BOX**

27b. How many of the clients from the **OUTPATIENT TOTAL BOX** were under the age of 18?

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

Number under age 18 _____

27c. How many of the clients from the **OUTPATIENT TOTAL BOX** received methadone or buprenorphine dispensed by this facility?

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

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

1. Methadone _____
2. Buprenorphine _____

27d. Without adding to the staff or space available in March 2006, what is the maximum number of clients who could have been enrolled in outpatient substance abuse treatment on March 31, 2006? This is generally referred to as outpatient capacity.

**OUTPATIENT CAPACITY
ON MARCH 31, 2006**



This number should not be less than the number entered in the **OUTPATIENT TOTAL BOX**.

28. Thinking about all of your substance abuse treatment clients—including hospital inpatient, residential, and/or outpatient—approximately what percent of the substance abuse treatment clients enrolled at this facility on March 31, 2006, were being treated for . . .

1. Abuse of both alcohol and drugs _____%
2. Alcohol abuse only _____%
3. Drug abuse only _____%

TOTAL %

THIS SHOULD TOTAL 100%.
IF NOT, PLEASE RECONCILE.

29. In the 12 months beginning April 1, 2005, and ending March 31, 2006, how many **ADMISSIONS** for substance abuse treatment did this facility have? Count every admission and re-admission in this 12-month period. If a person was admitted 3 times, count this as 3 admissions.

- FOR OUTPATIENT CLIENTS, consider an admission to be the initiation of a treatment program or course of treatment. Count admissions into treatment, not individual treatment visits.
- IF DATA FOR THIS TIME PERIOD are not available, use the most recent 12-month period for which you have data.
- IF THIS IS A MENTAL HEALTH FACILITY, count all admissions in which clients received substance abuse treatment, even if substance abuse was their secondary diagnosis.

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN 12-MONTH PERIOD

30. How many facilities are included in the client counts reported in questions 25 through 29?

- 1 Only this facility → **SKIP TO Q.31 (BELOW)**
- 2 This facility plus others → ENTER NUMBER OF FACILITIES INCLUDED IN CLIENT COUNTS:

THIS FACILITY	1
+ ADDITIONAL FACILITIES	
= TOTAL FACILITIES	

When we receive your questionnaire, we will contact you for a list of the other facilities included in your client counts.

If you prefer, attach a separate piece of paper listing the name and location address of each facility included in your client counts.

Please continue with Question 31 (BELOW)

31. For which of the numbers you just reported did you provide actual client counts and for which did you provide your best estimate?

- Mark "N/A" for any type of care not provided by this facility on March 31, 2006.

MARK "ACTUAL," "ESTIMATE," OR "N/A" FOR EACH

	ACTUAL	ESTIMATE	N/A
1. Hospital inpatient clients (Q.25a, Pg. 7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- 4 <input type="checkbox"/>
2. Residential clients (Q.26a, Pg. 7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- 4 <input type="checkbox"/>
3. Outpatient clients (Q.27a, Pg. 8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- 4 <input type="checkbox"/>
4. 12-month admissions (Q.29).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- 4 <input type="checkbox"/>

PLEASE CONTINUE WITH QUESTIONS ON THE BACK COVER →

SECTION C: GENERAL INFORMATION

Section C should be completed for this facility only.

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

- 1 Yes
0 No

33. Does this facility or program have licensing, certification, or accreditation from any of the following organizations?

- Only include facility-level licensing, accreditation, etc., related to the provision of substance abuse services.
- Do not include general business licenses, fire marshal approvals, personal-level credentials, food service licenses, etc.

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"/>	-1 <input type="checkbox"/>
2. State mental health department ...	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
3. State department of health	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
4. Hospital licensing authority	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
5. JCAHO (<i>Joint Commission on Accreditation of Healthcare Organizations</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
6. CARF (<i>Commission on Accreditation of Rehabilitation Facilities</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
7. NCQA (<i>National Committee for Quality Assurance</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
8. COA (<i>Council on Accreditation for Children & Family Services</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
9. Another state or local agency or other organization.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	-1 <input type="checkbox"/>
(Specify: _____)			

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

- 1 Yes →

Please check the front cover of this questionnaire to confirm that the website address for this facility is correct EXACTLY as listed. If incorrect or missing, enter the correct address.

- 0 No

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

- 1 Yes
0 No

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

- 1 Yes
0 No

37. 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.

Name: _____

Title: _____

Phone Number: (____) - _____ - _____

Fax Number: (____) - _____ - _____

Email Address: _____

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, INC.
ATTN: RECEIPT CONTROL - Project 8945
P.O. Box 2393
Princeton, NJ 08543-2393

Public burden for this collection of information is estimated to average 35 minutes per response 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, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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 number for this project is 0930-0106.

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Survey control data						
	MODE	Num	8	2	Completes 1=phone 2=mail 9=web	2
Added variables						
	T_CLI11	Num	8	183	Added: Total t_cli11 3/31/06	50
	T_METH	Num	8	184	Added: Total Meth Maint 3/31/06	50
	T_BUPR	Num	8	185	Added: Total Bupren Dextox Maint 3/31/06	51
	T_CLIMETH	Num	8	186	Added: Total Meth & Bupren Dextox Maint 3/31/06	51
	T_CLIJUV	Num	8	187	Added: Total t_cli11 Under Age 18 3/31/06	52
	RPTLVL	Num	8	188	Added: Reporting for Self, Self & Others, No Counts	52
	REGION	Char	2	191	Blk A. Location Addr: Region	52
	DIVISION	Char	2	192	Blk A. Location Addr: Division	53
Block A data						
	LST	Char	2	1	LST=State	1
	COUNTY	Char	25	192	Blk A. Location Addr: County	not shown
	CTYFIPS	Char	3	193	Blk A. Location Addr: County FIPS Code	not shown
	MSA1990	Char	4	193	MSA 1990	not shown
	MSA2000	Char	5	194	MSA 2000	not shown
Q1						
	OTHNONTX	Num	8	3	Q1.Offer Intake /Assessment/Refer	2
	DETOX	Num	8	4	Q1.Offer Detox	2
	TREATMT	Num	8	5	Q1.Offer SA Tx	2
	ADMIN	Num	8	6	Q1.Offer Other SA Services	2
Q2	FOCUS	Num	8	7	Q2.Is Primary focus SA Tx/MH/Mix/GH/Other	3
Q3	OWNERSHP	Num	8	8	Q3.Ownership	3
Q3a	FEDOWN	Num	8	9	Q3a.Federal Government Agency	3
Q4	LOC15	Num	8	10	Q4.Solo practice	3
Q5	RELIG	Num	8	11	Q5.Affiliated w/ religious organization	4
Q7	HOSPITAL	Num	8	12	Q7.Located in/operated by hospital	4
Q7a	LOCS	Num	8	13	Q7.Hospital Type	4
Q8	HOTYN	Num	8	14	Q9.Hotline - yes/no	4

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Q10						
1	SRVC89	Num	8	15	Q10.Assessment screening substance abuse	5
2	SRVC90	Num	8	16	Q10.Assessment screening mental health	5
3	SRVC1	Num	8	17	Q10.Assessment comprehensive SA	5
4	SRVC2	Num	8	18	Q10.Assessment mental health	5
5	SRVC91	Num	8	19	Q10.Assessment outreach	6
6	SRVC92	Num	8	20	Q10.Assessment brief intervention	6
7	SRVC93	Num	8	21	Q10.Assessment interim services	6
8	SRVC4	Num	8	22	Q10.Therapy family counseling	6
9	SRVC5	Num	8	23	Q10.Therapy group	7
10	SRVC6	Num	8	24	Q10.Therapy individual	7
11	SRVC8	Num	8	25	Q10.Therapy relapse prevention	7
12	SRVC27	Num	8	26	Q10.Therapy aftercare counseling	7
13	SRVC70	Num	8	27	Q10.Pharmacotherapies Antabuse	8
14	SRVC71	Num	8	28	Q10.Pharmacotherapies Naltrexone	8
15	SRVC88	Num	8	29	Q10.Pharmacotherapies Campral	8
16	SRVC86	Num	8	30	Q10.Pharmacotherapies Buprenorphine - Subutex	8
17	SRVC87	Num	8	31	Q10.Pharmacotherapies Buprenorphine - Suboxone	9
18	SRVC85	Num	8	32	Q10.Pharmacotherapies Methadone	9
19	SRVC94	Num	8	33	Q10.Pharmacotherapies Nicotine Replacement	9
20	SRVC95	Num	8	34	Q10.Pharmacotherapies Psychiatric Disorders	9
21	SRVC10	Num	8	35	Q10.Testing blood/alcohol	10
22	SRVC11	Num	8	36	Q10.Testing drug/alcohol urine screen	10
23	SRVC73	Num	8	37	Q10.Testing Hepatitis B	10
24	SRVC74	Num	8	38	Q10.Testing Hepatitis C	10
25	SRVC14	Num	8	39	Q10.Testing HIV	11
26	SRVC15	Num	8	40	Q10.Testing STD	11
27	SRVC16	Num	8	41	Q10.Testing TB screen	11
28	SRVC36	Num	8	42	Q10.Transitional Assist. Social Services	11
29	SRVC37	Num	8	43	Q10.Transitional Discharge Plan	12
30	SRVC38	Num	8	44	Q10.Transitional Employment	12
31	SRVC39	Num	8	45	Q10.Transitional Housing Assist	12
32	SRVC49	Num	8	46	Q10.Other Services Case Management	12
33	SRVC96	Num	8	47	Q10.Other Social Skills	13
34	SRVC97	Num	8	48	Q10.Other Mentoring/Peer Support	13
35	SRVC50	Num	8	49	Q10.Other Child Care	13
36	SRVC52	Num	8	50	Q10.Other Domestic Violence	13
37	SRVC98	Num	8	51	Q10.Other Intervention HIV	14
38	SRVC24	Num	8	52	Q10.Other HIV/AIDS Edu	14
39	SRVC55	Num	8	53	Q10.Other Outcome Follow-Up	14
40	SRVC99	Num	8	54	Q10.Other Health Edu	14
41	SRVC100	Num	8	55	Q10.Other Substance Abuse Edu	15
42	SRVC59	Num	8	56	Q10.Other Transportation Assistance	15
43	SRVC101	Num	8	57	Q10.Other Mental Health Svcs	15
44	SRVC48	Num	8	58	Q10.Other Acupuncture	15
45	SRVC75	Num	8	59	Q10.Other Residential Beds for Client's children	16
46	SRVC102	Num	8	60	Q10.Other Self-Help Groups	16
Q11	OTP	Num	8	61	Q11.Does facility operate an Opioid Treatment Program?	16
Q11a	OTPTYPE	Num	8	62	Q11a.Is OTP a Maintenance/Detoxification program or Both?	16
Q11b	OTPALL	Num	8	63	Q11b.All Clients in OTP?	17
Q12	DUI_DWI	Num	8	64	Q12.Program for DUI/DWI/other offenders	17
Q12a	ONLYDUI	Num	8	65	Q12a.Are all clients in DUI/DWI program?	17
Q13	SIGNLANG	Num	8	66	Q13.Does facility offer sign language?	17
Q14	LANG	Num	8	67	Q14.Tx in language other than English-y/n	18
Q14a	LANGPROV	Num	8	68	Q14a.Who Tx in language other than English	18

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Q14b						
1	LANG1	Num	8	69	Q14b.Hopi	18
2	LANG2	Num	8	70	Q14b.Lakota	18
3	LANG3	Num	8	71	Q14b.Navajo	19
4	LANG4	Num	8	72	Q14b.Yupik	19
5	LANG5	Num	8	73	Q14b.Other Am. Indian/Alaska native Language	19
6	LANG6	Num	8	74	Q14b.Arabic	19
7	LANG7	Num	8	75	Q14b.Chinese	20
8	LANG8	Num	8	76	Q14b.Creole	20
9	LANG9	Num	8	77	Q14b.French	20
10	LANG10	Num	8	78	Q14b.German	20
11	LANG11	Num	8	79	Q14b.Hmong	21
12	LANG12	Num	8	80	Q14b.Korean	21
13	LANG13	Num	8	81	Q14b.Polish	21
14	LANG14	Num	8	82	Q14b.Portuguese	21
15	LANG15	Num	8	83	Q14b.Russian	22
16	LANG16	Num	8	84	Q14b.Spanish	22
17	LANG17	Num	8	85	Q14b.Vietnamese	22
18	LANG18	Num	8	86	Q14b.Other Language	22
Q15a						
1	SRVC76	Num	8	87	Q15a.Accepts adolescents	23
2	SRVC77	Num	8	89	Q15a.Accepts co-occurring	23
3	SRVC78	Num	8	91	Q15a.Accepts crminal justice clients	24
4	SRVC79	Num	8	93	Q15a.Accepts persons with HIV/AIDS	24
5	SRVC80	Num	8	95	Q15a.Accepts gays/lesbians	25
6	SRVC81	Num	8	97	Q15a.Accepts seniors	25
7	SRVC83	Num	8	99	Q15a.Accepts adult women	26
8	SRVC82	Num	8	101	Q15a.Accepts pregnant/postpartum women	26
9	SRVC84	Num	8	103	Q15a.Accepts adult men	27
Q15b						
1	SRVC30	Num	8	88	Q15b.Program/grp for adolescents	23
2	SRVC31	Num	8	90	Q15b.Program/grp for co-occurring	23
3	SRVC61	Num	8	92	Q15b.Program/grp for crimn'l justice clients	24
4	SRVC32	Num	8	94	Q15b.Program/grp for persons with HIV/AIDS	24
5	SRVC62	Num	8	96	Q15b.Program/grp for gays/lesbians	25
6	SRVC63	Num	8	98	Q15b.Program/grp for seniors	25
7	SRVC34	Num	8	100	Q15b.Program/grp for adult women	26
8	SRVC33	Num	8	102	Q15b.Program/grp for preg't/postpart'm women	26
9	SRVC64	Num	8	104	Q15b.Program/grp for adult men	27
10	SRVC35	Num	8	105	Q15b.Program/grp for other groups	27
Q16						
	CTYPE4	Num	8	106	Q16Hosp Inpat'nt SA care offered currently	27
1	CTYPEH11	Num	8	107	Q16.Hosp Inpat'nt Detoxification care offered	27
2	CTYPEH12	Num	8	108	Q16.Hosp Inpat'nt Rehabilitation care offered	28
Q17						
	CTYPE7	Num	8	109	Q17.Non-hosp Res SA care offered currently	28
1	CTYPERC1	Num	8	110	Q17.Non-hosp Res Detoxification care offered	28
2	CTYPERC3	Num	8	111	Q17.Non-hosp Res Short Term Tx	28
3	CTYPERC4	Num	8	112	Q17.Non-hosp Res Long Term Tx	28
Q18						
	CTYPE1	Num	8	113	Q18.Any Outpat'nt SA care offered currently	28
1	CTYPE6	Num	8	114	Q18.Outpatient Detox offered currently	29
2	CTYPEML	Num	8	115	Q18.Outpatient Methadone maintenance offered	29
3	CTYPEOP	Num	8	116	Q18.Day Tx/Partial Hosp offered currently	29
4	CTYPE2	Num	8	117	Q18.Intensive Outpat'nt offered currently	29
5	CTYPE3	Num	8	118	Q18.Regular Outpat'nt offered currently	29
Q19						
	FEESCALE	Num	8	119	Q19.Uses sliding fee scale	30
Q20						
	PAYASST	Num	8	120	Q20.Offers no charge or free tx	30
Q21						
	EARMARK	Num	8	121	Q21.Receive any Fed,State,C'nty,Local Funds	30
Q22						
1	REVCHK1	Num	8	122	Q22.Accepts cash or self-payment	30
2	REVCHK8	Num	8	123	Q22.Accepts Medicare payments	31
3	REVCHK5	Num	8	124	Q22.Accepts Medicaid payments	31
4	REVCHK10	Num	8	125	Q22.Accepts state financed health ins	31
5	REVCHK15	Num	8	126	Q22.Accepts Federal military insurance	31
6	REVCHK2	Num	8	127	Q22.Accepts Private Health insurance	32
7	REVCHK3	Num	8	128	Q22.Accepts Free Tx to all Clients	32
8	REVCHK16	Num	8	129	Q22.Accepts ATR Vouchers	32
9	REVCHK2A	Num	8	130	Q22.Accepts Other Payments	32
Q23						
	WRITARRA	Num	8	131	Q23.Agrmnts/contrs w/Mang'd Care Org	33

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Q24						
1	OTHFAC2	Num	8	132	Q24.Client counts-This Facility Only	33
2	OTHFAC1	Num	8	133	Q24.Client counts-Fac Combined w/Others	33
3	OTHFAC3	Num	8	134	Q24.Cannot Provide Any Client Counts	33
Q25	TYPE4	Num	8	135	Q25.Any patients rec'd Hosp Inpat'nt SA services, 3/31/06	33
Q25a						
1	T_CLI1	Num	8	136	Q25a.Hosp. Inpatient clients, detox	34
2	T_CLI2	Num	8	137	Q25a.Hosp. Inpatient clients, Tx	34
3	T_CLIHI	Num	8	138	Q25a.Total Number of Hospital Inpatients	34
Q25b	H_AGE1	Num	8	139	Q25b.Hosp Inp Clients Under 18 years old	35
Q25c						
1	HIMETNUM	Num	8	140	Q25c.Total Methadone Inpatients	35
2	HIBUPNUM	Num	8	141	Q25c.Total Buprenorphine Inpatients	35
Q25d	HOSPBED	Num	8	142	Q25d.Total Beds Designated-Hospital Inpatient	36
Q26	TYPE7	Num	8	143	Q26.Any clients rec'd Res Non-Hosp SA services, 3/31/06	36
Q26a						
1	T_CLI3	Num	8	144	Q26a.Residential Clients, Detox	36
2	T_CLI9	Num	8	145	Q26a.Residential Clients, Short-term Tx	37
3	T_CLI10	Num	8	146	Q26a.Residential Clients, Long-term Tx	37
4	T_CLIRC	Num	8	147	Q26a.Total Residential Clients	37
Q26b	R_AGE1	Num	8	148	Q26b.Residential Clients Under 18 years old	38
Q26c						
1	RCMETNUM	Num	8	149	Q26.Total Methadone Residential	38
2	RCBUPNUM	Num	8	150	Q26.Total Buprenorphine Residential	38
Q26d	RESBED	Num	8	151	Q26d.Total Beds-Residential Clients	39
Q27	TYPE1	Num	8	152	Q27.Any clients rec'd Outpat'nt SA services, 3/31/06	39
Q27a						
1	T_CLI7	Num	8	153	Q27a.Clients in Outpat'nt detox	39
2	T_CLIML	Num	8	154	Q27a.Clients in Outpat'nt meth Treat.	40
3	T_CLI8	Num	8	155	Q27a.Clients in Day Tx/Partial Hosp	40
4	T_CLI6	Num	8	156	Q27a.Clients in Intensive Outpat'nt	41
5	T_CLI5	Num	8	157	Q27a.Clients in regular Outpat'nt Care	41
6	T_CLIOP	Num	8	158	Q27a.Total Number of Outpat'nt Clients	42
Q27b	O_AGE1	Num	8	159	Q27a.Outpat'nt clients under 18 years old	42
Q27c						
1	OPMETNUM	Num	8	160	Q27a.Total Methadone Outpat'nts	43
2	OPBUPNUM	Num	8	161	Q27a.Total Buprenorphine Outpat'nts	43

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Q28						
1	B_PCT	Num	8	162	Q28.% of Clients Treated for Alc/Drug Abuse	44
2	A_PCT	Num	8	163	Q28.% of Clients Treated for Alc Abuse	44
3	D_PCT	Num	8	164	Q28.% of Clients Treated for Drug Abuse	45
Q29	TOTADMIS	Num	8	165	Q29.Total # of admissions for Sub Abuse Tx	45
Q30						45
1	FACCLI	Num	8	166	Q30.Other facilities included in client ct	46
2	FACNUM	Num	8	167	Q30.# of Facilities in Client Count Data	46
Q31						
1	ACTHI	Num	8	168	Q31.Actual or estimate hosp inpat'nt client ct	46
2	ACTRES	Num	8	169	Q31.Actual or estimate non-hosp res client ct	46
3	ACTOP	Num	8	170	Q31.Actual or estimate outpat'nt client ct	47
4	TOTADEST	Num	8	171	Q31.Actual or Estimate admis no.	47
Q32	LOC5	Num	8	172	Q32.Setting, Halfway House	47
Q33						
1	LICENSED	Num	8	173	Q33.Licns'd/certif'd by State SA Agency	47
2	LICENMH	Num	8	174	Q33.Licns'd/certif'd by Mental Health Dept.	48
3	LICENPH	Num	8	175	Q33.Licns'd/certif'd by Public Health Dept.	48
4	LICENHOS	Num	8	176	Q33.Licns'd/certif'd by Hospital authority	48
5	JCAHO	Num	8	177	Q33.Accred't'd by JCAHO	48
6	CARF	Num	8	178	Q33.Accred't'd by CARF	49
7	NCQA	Num	8	179	Q33.Accred't'd by NCQA	49
8	COA	Num	8	180	Q33.Accred't'd by COA	49
9	OTHSTATE	Num	8	181	Q33.Licns'd/certif'd by other State Agency	49
Q34	HASWEB	Num	8	182	Q34.Has Web site- y/n	49