

ICPSR 4469

**National Survey of Substance Abuse
Treatment Services (N-SSATS), 2005**

*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, 2005. 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 4469

<http://webapp.icpsr.umich.edu/cocoon/SAMHDA-STUDY/04469.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, 2005

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

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|----------------------------|
| 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
<i>(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse).....1</i> | <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.31 (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?

- 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 Services

- 1 Comprehensive substance abuse assessment or diagnosis
- 2 Comprehensive mental health assessment or diagnosis (for example, psychological or psychiatric evaluation and testing)

Substance Abuse Therapy and Counseling

- 3 Family counseling
- 4 Group therapy, not including relapse prevention
- 5 Individual therapy
- 6 Relapse prevention groups
- 7 Aftercare counseling

Pharmacotherapies

- 8 Antabuse
- 9 Naltrexone
- 10 Campral
- 11 Buprenorphine - Subutex
- 12 Buprenorphine - Suboxone
- 13 Methadone

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

- 14 Breathalyzer or other blood alcohol testing
- 15 Drug or alcohol urine screening
- 16 Screening for Hepatitis B
- 17 Screening for Hepatitis C
- 18 HIV testing
- 19 STD testing
- 20 TB screening

Transitional Services

- 21 Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)
- 22 Discharge planning
- 23 Employment counseling or training for clients
- 24 Assistance in locating housing for clients

Other Services

- 25 Case management services
- 26 Child care for clients' children
- 27 Domestic violence—family or partner violence services (physical, sexual, and emotional abuse)
- 28 HIV or AIDS education, counseling, or support
- 29 Outcome follow-up after discharge
- 30 Transportation assistance to treatment
- 31 Acupuncture
- * 32 Residential beds for clients' children

*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 that speaks a language other than English
2 On-call interpreter brought in when needed → **SKIP TO Q.15 (TOP OF NEXT COLUMN)**
3 BOTH staff counselor and on-call interpreter

***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. Inpatient detoxification.....1 0
- 2. 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.19b (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

***19b. Does this facility offer treatment at no charge to clients who cannot afford to pay?**

- 1 Yes
- 0 No → SKIP TO Q.20 (PAGE 6)

19c. 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

***20. Which of the following types of payments are accepted by this facility for substance abuse treatment?**

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

- | | YES | NO | DON'T
KNOW |
|---|----------------------------|----------------------------|-----------------------------|
| 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. Other | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| (Specify: _____) | | | |

21. Does this facility receive any public funds such as federal, state, county, or local government funds for substance abuse treatment programs?

- Do not include Medicare, Medicaid, or federal military insurance.

- 1 Yes
 0 No
 -1 Don't Know

22. 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, 2005, and the 12-month period ending on March 31, 2005. 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.

23. Questions 24 through 28 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 24 through 28 will include client counts for this facility alone → **SKIP TO Q.24 (PAGE 7)**
- 2 Questions 24 through 28 will include client counts for this facility combined with other facilities → **SKIP TO Q.24 (PAGE 7)**
- 3 Client counts for this facility will be reported by another facility → **SKIP TO Q.31 (PAGE 10)**

HOSPITAL INPATIENT

24. On March 31, 2005, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

- 1 Yes
0 No → SKIP TO Q.25 (TOP OF NEXT COLUMN)

24a. On March 31, 2005, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

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

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

1. Inpatient detoxification _____
2. Inpatient treatment _____

HOSPITAL INPATIENT
TOTAL BOX

24b. 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 _____

24c. How many of the patients from the HOSPITAL INPATIENT 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 _____

24d. On March 31, 2005, 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)

25. On March 31, 2005, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

- 1 Yes
0 No → SKIP TO Q.26 (PAGE 8)

25a. On March 31, 2005, 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

25b. 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 _____

25c. 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 _____

25d. On March 31, 2005, 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

26. During the month of March 2005, did any clients receive **OUTPATIENT substance abuse services** at this facility?

- 1 Yes
- 0 No → **SKIP TO Q.27 (PAGE 9)**

26a. As of March 31, 2005, 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 2005

AND

(2) was still enrolled in treatment on March 31, 2005.

- **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

26b. 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 _____

26c. 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 _____

26d. Without adding to the staff or space available in March 2005, what is the maximum number of clients that could have been enrolled in outpatient substance abuse treatment on March 31, 2005? This is generally referred to as outpatient capacity.

OUTPATIENT CAPACITY ON MARCH 31, 2005

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

27. 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, 2005, 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.

28. In the 12 months beginning April 1, 2004, and ending March 31, 2005, 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

29. How many facilities are included in the client counts reported in questions 24 through 28?

- 1 Only this facility → **SKIP TO Q.30 (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 30 (BELOW)

30. 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, 2005.

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

	ACTUAL	ESTIMATE	N/A
1. Hospital inpatient clients (Q.24a, Pg. 7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	-4 <input type="checkbox"/>
2. Residential clients (Q.25a, Pg. 7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	-4 <input type="checkbox"/>
3. Outpatient clients (Q.26a, Pg. 8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	-4 <input type="checkbox"/>
4. 12-month admissions (Q.28)	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.

***31. 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

32. 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

		YES	NO	DON'T KNOW
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: _____)				

33. Does this facility have Internet access?

- 1 Yes
0 No

***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: (____) - _____ - _____

E-mail 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 Chokey 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.

N-SSATS 2005
Public use file
N2005_public_use_file
Variables by Questionnaire order

Question #	Variable	Type	Length	File position	Description	Freq table on page
Survey control data						
	MODE	Num		1	Control: Completes 1=phone 2=mail 9=web	1
Added variables						
	CTYFIPS	Char	3	4	Added: Location Addr: County FIPS Code	not shown
	REGION	Char	2	5	Added: Census Region	2
	DIVISION	Char	2	6	Added: Census Division	2
	RPTLVL	Num	169		Added: Reporting for Self, Self & Others, No Counts	47
	T_CLI11	Num	171		Added: Total Clients 3/31/05	48
	T_CLIMETH	Num	172		Added: Total Methadone/Buprenorphine Detox/Maint Clients	48
	T_CLIJUV	Num	173		Added: Total Clients Under Age 18	49
	T_METH	Num	174		Added: Total Methadone Clients	49
	T_BUPR	Num	175		Added: Total Buprenorphine Clients	50
Block A data						
	LST	Char	2	2	Blk A. Location Addr: State	2
	COUNTY	Char	25	3	Blk A. Location Addr: County	not shown
	MSA1990	Char	5	7	Blk A. Location Addr: MSA/PMSA Code (1990)	not shown
	MSA2000	Char	4	8	Blk A. Location Addr: MSA/PMSA Code (2000)	not shown
Q1						
1	OTHNONTX	Num		9	Q1. Offered Intake/Assessment/Referral	2
2	DETOX	Num		10	Q1. Offered Detox Svcs	4
3	TREATMT	Num		11	Q1. Offered Substance Abuse Tx Svcs	4
4	ADMIN	Num		12	Q1. Offered Other SA Services such as admin	4
Q2	FOCUS	Num		13	Q2. Primary Focus SA/MH/Genl Health/Mix	4
Q3	OWNERSHP	Num		14	Q3. Operated by	4
Q3a	FEDOWN	Num		15	Q3a. Federal Govt Agency	5
Q4	LOC15	Num		16	Q4. Private Solo Practice	5
Q5	RELIG	Num		17	Q5. Affiliated w/Religious Org	5
Q7	HOSPITAL	Num		18	Q7. Located In/Operated by Hospital	5
Q7a	LOCS	Num		19	Q7a. Hospital Type	6
Q8	HOTYN	Num		20	Q8. SA Hotline	6
Q10						
1	SRVC1	Num		21	Q10. Assessment: Substance Abuse	6
2	SRVC2	Num		22	Q10. Assessment: Mental Health	6
3	SRVC4	Num		23	Q10. Therapy: Family Counseling	7
4	SRVC5	Num		24	Q10. Therapy: Group	7
5	SRVC6	Num		25	Q10. Therapy: Individual	7
6	SRVC8	Num		26	Q10. Therapy: Relapse Prevention	7
7	SRVC27	Num		27	Q10. Therapy: Aftercare Counseling	8
8	SRVC70	Num		28	Q10. Pharmacotherapies: Antabuse	8
9	SRVC71	Num		29	Q10. Pharmacotherapies: Naltrexone	8
10	SRVC88	Num		30	Q10. Pharmacotherapies Campral	8
11	SRVC86	Num		31	Q10. Pharmacotherapies Buprenorphine - Subutex	9
12	SRVC87	Num		32	Q10. Pharmacotherapies Buprenorphine - Suboxone	9
13	SRVC85	Num		33	Q10. Pharmacotherapies: Methadone	9
14	SRVC10	Num		34	Q10. Testing: Breathalyzer or Blood Alcohol	9
15	SRVC11	Num		35	Q10. Testing: Drug/Alcohol Urine Screen	10
16	SRVC73	Num		36	Q10. Testing Hepatitis B	10
17	SRVC74	Num		37	Q10. Testing Hepatitis C	10
18	SRVC14	Num		38	Q10. Testing: HIV	10
19	SRVC15	Num		39	Q10. Testing: STD	11
20	SRVC16	Num		40	Q10. Testing: TB Screen	11
21	SRVC36	Num		41	Q10. Transitional: Assistance w/Social Svcs	11
22	SRVC37	Num		42	Q10. Transitional: Discharge Planning	11

N-SSATS 2005
Public use file
N2005_public_use_file
Variables by Questionnaire order

<i>Question #</i>	<i>Variable</i>	<i>Type</i>	<i>Length</i>	<i>File position</i>	<i>Description</i>	<i>Freq table on page</i>
23	SRVC38	Num		42	Q10. Transitional: Employment Counseling or Training	12
24	SRVC39	Num		44	Q10. Transitional: Housing	12
25	SRVC49	Num		45	Q10. Other Svcs: Case Management	12
16	SRVC50	Num		46	Q10. Other Svcs: Child Care	12
27	SRVC52	Num		47	Q10. Other Svcs: Domestic Violence	13
28	SRVC24	Num		48	Q10. Other Svcs: HIV/AIDS Education	13
29	SRVC55	Num		19	Q10. Other Svcs: Outcome Follow-Up	13
30	SRVC59	Num		50	Q10. Other Svcs: Transportation Assistance	13
31	SRVC48	Num		51	Q10. Other Svcs: Acupuncture	14
32	SRVC75	Num		52	Q10. Other: Residential Beds for Clients' Children	14
Q11	OTP	Num		53	Q11. Operates Opioid Treatment Program	14
Q11a	OTPTYPE	Num		54	Q11a. OTP is Maint/Detox/Both	14
Q11b	OTPALL	Num		55	Q11b. Are All SA Clients in OTP?	15
Q12	DUI_DWI	Num		56	Q12. Pgm for DUI/DWI Offenders	15
Q12a	ONLYDUI	Num		57	Q12a. Are All SA Tx Clients DUI/DWI?	15
Q13	SIGNLANG	Num		58	Q13. SA Tx in Sign Language	15
Q14	LANG	Num		59	Q14. SA Tx in Language Other Than English	16
Q14a	LANGPROV	Num		60	Q14a. TX Language provided by staff counselor/interpreter	16
Q14b						
1	LANG1	Num		61	Q14b. SA Tx in Hopi	16
2	LANG2	Num		62	Q14b. SA Tx in Lakota	16
3	LANG3	Num		63	Q14b. SA Tx in Navajo	17
4	LANG4	Num		64	Q14b. SA Tx in Yupik	17
5	LANG5	Num		65	Q14b. SA Tx in Other Amer Indian/Alaska Native Language	17
6	LANG6	Num		66	Q14b. SA Tx in Arabic	17
7	LANG7	Num		67	Q14b. SA Tx in Chinese	18
8	LANG8	Num		68	Q14b. SA Tx in Creole	18
9	LANG9	Num		69	Q14b. SA Tx in French	18
10	LANG10	Num		70	Q14b. SA Tx in German	18
11	LANG11	Num		71	Q14b. SA Tx in Hmong	19
12	LANG12	Num		72	Q14b. SA Tx in Korean	19
13	LANG13	Num		73	Q14b. SA Tx in Polish	19
14	LANG14	Num		74	Q14b. SA Tx in Portuguese	19
15	LANG15	Num		75	Q14b. SA Tx in Russian	20
16	LANG16	Num		76	Q14b. SA Tx in Spanish	20
17	LANG17	Num		77	Q14b. SA Tx in Vietnamese	20
18	LANG18	Num		78	Q14b. SA Tx in Other Language	20
Q15a						
1	SRVC76	Num		79	Q15a. Accepts Adolescents	21
7	SRVC83	Num		86	Q15a. Accepts Women	22
9	SRVC84	Num		89	Q15a. Accepts Men	23
Q15b						
1	SRVC30	Num		80	Q15b. Pgm/Grp for Adolescents	21
2	SRVC31	Num		81	Q15b. Pgm/Grp for Clients with Co-Occurring Disorders	21
3	SRVC61	Num		82	Q15b. Pgm/Grp for Non-DUI/DWI Criminal Justice Clients	21
4	SRVC32	Num		83	Q15b. Pgm/Grp for Persons with HIV/AIDS	22
5	SRVC62	Num		84	Q15b. Pgm/Grp for Gays/Lesbians	22
6	SRVC63	Num		85	Q15b. Pgm/Grp for Seniors/Older Adults	22
7	SRVC34	Num		87	Q15b. Pgm/Grp for Women	23
8	SRVC33	Num		88	Q15b. Pgm/Grp for Pregnant/Postpartum Women	23
9	SRVC64	Num		90	Q15b. Pgm/Grp for Men	23
10	SRVC35	Num		91	Q15b. Pgm/Grp for Other Groups	24
Q16	CTYPE4	Num		92	Q16. Hospital Inpatient SA Svcs Offered	24

N-SSATS 2005
Public use file
N2005_public_use_file
Variables by Questionnaire order

<i>Question #</i>	<i>Variable</i>	<i>Type</i>	<i>Length</i>	<i>File position</i>	<i>Description</i>	<i>Freq table on page</i>
Q16a						
1	CTYPEHI1	Num		93	Q16a. Hospital Inpatient Svcs - Detox	24
2	CTYPEHI2	Num		94	Q16a. Hospital Inpatient Svcs - Rehab	24
Q17	CTYPE7	Num		95	Q17. Residential SA Svcs Offered	24
Q17a						
1	CTYPERC1	Num		96	Q17a. Residential Svcs - Detox	24
2	CTYPERC3	Num		97	Q17a. Residential Svcs - Short-Term	25
3	CTYPERC4	Num		98	Q17a. Residential Svcs - Long-Term	25
Q18	CTYPE1	Num		99	Q18. Outpatient SA Svcs Offered	25
Q18a						
1	CTYPE6	Num		100	Q18a. Outpatient Svcs - Detox	25
2	CTYPEML	Num		101	Q18a. Outpatient Svcs - Methadone/LAAM Maint	25
3	CTYPEOP	Num		102	Q18a. Outpatient Svcs - Day Tx/Partial Hosp	26
4	CTYPE2	Num		103	Q18a. Outpatient- Intensive	26
5	CTYPE3	Num		104	Q18a. Outpatient Svcs - Regular	26
Q19	FEESCALE	Num		105	Q19. Uses Sliding Fee Scale	26
Q19b	PAYASST	Num		106	Q19b. Offers Treatment at No Charge	27
Q20						
1	REVCHK1	Num		107	Q20. Cash or Self-Payment for SA Tx	27
2	REVCHK8	Num		108	Q20. Medicare Payments for SA Tx	27
3	REVCHK5	Num		109	Q20. Medicaid Payments for SA Tx	27
4	REVCHK10	Num		110	Q20. State-Financed Health Ins	28
5	REVCHK15	Num		111	Q20. Federal Military Ins for SA Tx	28
6	REVCHK2	Num		112	Q20. Private Health Ins for SA Tx	28
7	REVCHK3	Num		113	Q20. Free Treatment for All Clients	28
8	REVCHK2A	Num		114	Q20. Other Payments for SA Tx	29
Q21	EARMARK	Num		115	Q21. Rcvs Fed, State, County, Local Funds for SA Tx	29
Q22	WRITARRA	Num		116	Q22. Agreements/Contracts w/Managed Care Orgs	29
Q23						
1	OTHFAC2	Num		117	Q23. Client Counts for This Facility Only	29
2	OTHFAC1	Num		118	Q23. Client Counts for This Facility & Others in Org	29
3	OTHFAC3	Num		119	Q23. Client Counts Reported by Another Facility	30
Q24	TYPE4	Num		120	Q24. Hospital Inpatient SA Clients 3/31/04	30
Q24a						
1	T_CLI1	Num		121	Q24a. Hospital Inpatient Clients - Detox	30
2	T_CLI2	Num		122	Q24a. Hospital Inpatient Clients - Rehab	31
Total	T_CLIHI	Num		123	Q24a. Hospital Inpatient Clients - Total	31
Q24b	H_AGE1	Num		124	Q24b. Hospital Inpatient Clients Under Age 18	32
Q24c						
1	HIMETNUM	Num		125	Q24c. Hospital Inpatient Clients - Methadone Detox/Maint	32
2	HIBUPNUM	Num		126	Q24c. Hospital Inpatient Clients - Buprenorphine Detox/Maint	32
Q24d	HOSPBED	Num		127	Q24d. Beds Designated for SA Tx - Hospital Inpatient	33
Q25	TYPE7	Num		128	Q25. Residential SA Clients 3/31/04	33
Q25a						
1	T_CLI3	Num		129	Q25a. Residential Clients - Detox	33
2	T_CLI9	Num		130	Q25a. Residential Clients - Short-Term	34
3	T_CLI10	Num		131	Q25a. Residential Clients - Long-Term	34
Total	T_CLIRC	Num		132	Q25a. Residential Clients - Total	35
Q25b	R_AGE1	Num		133	Q25b. Residential Clients Under Age 18	35
Q25c						

N-SSATS 2005
Public use file
N2005_public_use_file
Variables by Questionnaire order

<i>Question #</i>	<i>Variable</i>	<i>Type</i>	<i>Length</i>	<i>File position</i>	<i>Description</i>	<i>Freq table on page</i>
1	RCMETNUM	Num		134	Q25c. Residential Clients - Methadone Detox/Maint	36
2	RCBUPNUM	Num		135	Q25c. Residential - Buprenorphine Detox/Maint	36
Q25d	RESBED	Num		136	Q25d. Beds Designated for SA Tx - Residential	37
Q26	TYPE1	Num		137	Q26. Outpatient SA Clients 3/31/04	37
Q26a						
1	T_CLI7	Num		138	Q26a. Outpatient Clients - Detox	37
2	T_CLIML	Num		139	Q26a. Outpatient Clients - Methadone Maint	38
3	T_CLI8	Num		140	Q26a. Outpatient Clients - Day Tx/Partial Hosp	38
4	T_CLI6	Num		141	Q26a. Outpatient Clients - Intensive Outpatient	39
5	T_CLI5	Num		142	Q26a. Outpatient Clients - Regular Outpatient	39
Total	T_CLIOP	Num		143	Q26a. Outpatient Clients - Total	40
Q26b	O_AGE1	Num		144	Q26b. Outpatient Clients Under Age 18	40
Q26c						
1	OPMETNUM	Num		145	Q26c. Outpatient Clients - Methadone Detox/Maint	41
2	OPBUPNUM	Num		146	Q26c. Outpatient Clients - Buprenorphine Detox/Maint	41
Q27						
1	B_PCT	Num		147	Q27. Percent Treated for Alcohol & Drug Abuse	42
2	A_PCT	Num		148	Q27. Percent Treated for Alcohol Abuse Only	42
3	D_PCT	Num		149	Q27. Percent Treated for Drug Abuse Only	43
Q28	TOTADMIS	Num		150	Q28. Total Annual Admissions for SA Tx	43
Q29	FACCLI	Num		151	Q29. Other Facilities Included in Client Counts	43
	FACNUM	Num		152	Q29. Number of Other Facilities in Client Counts	44
Q30						
1	ACTHI	Num		153	Q30. Actual/Est Hospital Inpatient Client Count	44
2	ACTRES	Num		154	Q30. Actual/Est Residential Client Count	44
3	ACTOP	Num		155	Q30. Actual/Est Outpatient Client Count	45
4	TOTADEST	Num		156	Q30. Actual/Est Annual Admissions	45
Q31	LOC5	Num		157	Q31. Offered Halfway House	45
Q32						
1	LICENSED	Num		158	Q32. Licen/Cert by State SA Agency	45
2	LICENMH	Num		159	Q32. Licen/Cert by State Mental Health Dept	46
3	LICENPH	Num		160	Q32. Licen/Cert by State Public Health Dept	46
4	LICENHOS	Num		161	Q32. Licen/Cert by Hospital Licensing Authority	46
5	JCAHO	Num		162	Q32. Accred by JCAHO	46
6	CARF	Num		163	Q32. Accred by CARF	46
7	NCQA	Num		164	Q32. Accred by NCQA	46
8	COA	Num		165	Q32. Accred by COA	47
9	OTHSTATE	Num		166	Q32. Licen/Cert by Other State Agency	47
Q33	INTERNET	Num		167	Q33. Has Internet Access	47
Q34	HASWEB	Num		168	Q34. Has Web Site	47
Imputation/Change flags						
	CTYPE1_ERR	Num		175	Flag for Outpatient Services	50
	CTYPE4_ERR	Num		176	Flag for Hospital Inpatient Services	50
	CTYPE7_ERR	Num		177	Flag for Residential Services	50