

**ICPSR 3436**

**National Survey of Substance Abuse  
Treatment Services (N-SSATS), 2000**

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

Part 1  
**QUESTIONNAIRE**



## 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 facilities that were on the Inventory of Substance Abuse Treatment Services (I-SATS) as of approximately six weeks before the survey reference date of October 1, 2000.

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## **Data Type**

survey data

## **Data Source**

mail questionnaire, telephone interview, and Web-based survey

## **Additional Information for Study 3436**

<http://webapp.icpsr.umich.edu/cocoon/SAMHDA-STUDY/03436.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.

1. On October 1, 2000, did this facility offer at this location either substance abuse treatment or detoxification services?

• By treatment, we mean services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse. It does NOT include drug or alcohol education programs or self-help groups, such as AA or NA.

1  Yes → SKIP TO Q.2

0  No

1a. When did this facility stop providing substance abuse treatment or detoxification?

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Month

Year

-1  Don't know

0  Never provided substance abuse treatment or detoxification

→ SKIP TO Q.29  
(PAGE 8)

2. Is this facility owned or operated by . . .

MARK ONE ONLY

1  A private-for-profit organization → SKIP TO Q.3

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

2a. 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.4

3. Is this a private solo practice, that is, an office with a single practitioner or therapist?

1  Yes

0  No

\*4. What is the primary focus of this facility?

MARK ONE ONLY

1  Substance abuse treatment services

2  Mental health services

3  General health care

4  Mix of mental health and substance abuse treatment services (neither is primary)

5  Other (Specify: \_\_\_\_\_)

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

1  Yes

0  No → SKIP TO Q.6 (PAGE 2)

5a. What type of hospital?

MARK ONE ONLY

1  General hospital (including VA hospital)

2  Psychiatric hospital

3  Other specialty hospital, e.g., alcoholism, maternity, etc. (Specify: \_\_\_\_\_)

**6. Does this facility operate or participate in a substance abuse hotline?**

- *A hotline is a telephone service that provides information and referral and immediate counseling, frequently in a crisis situation.*
- *911 or the local police number is not considered a hotline.*

- 1  Yes  
0  No → **SKIP TO Q.7**



**\*6a. Please enter the hotline telephone number(s) below.**

HOTLINE TELEPHONE NUMBER(S)

a. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

b. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**\*7. What telephone number should a potential client call to schedule an intake appointment?**

- CHECK HERE IF POTENTIAL CLIENTS SHOULD CALL THE FACILITY NUMBER SHOWN ON THE FRONT COVER.

INTAKE TELEPHONE NUMBER(S)

a. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

b. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**8. Which of the following services are provided by this facility?**

**MARK ALL THAT APPLY**

**Assessment Services**

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

**Substance Abuse Therapy and Counseling**

- 3  Family counseling  
4  Group therapy, not including relapse prevention  
5  Individual therapy  
6  Pharmacotherapies/prescription medication  
7  Relapse prevention groups  
8  Aftercare counseling

**Testing** (Include testing service even if specimen is sent to outside source for chemical analysis.)

- 9  Blood alcohol testing (including breathalyzer)  
10  Drug/alcohol urine screening  
11  Hepatitis testing  
12  HIV testing  
13  STD testing  
14  TB screening

**Transitional Services**

- 15  Assistance with obtaining Social Services (e.g., Medicaid, WIC, SSI, SSDI)  
16  Discharge planning  
17  Employment counseling/training  
18  Housing assistance  
19  Referral to other transitional services

**Other Services**

- 20  Case management services  
21  Child care  
22  Domestic violence--family/partner violence services (physical, sexual and emotional abuse)  
23  HIV/AIDS education/counseling/support  
24  Outcome follow-up (post-discharge)  
25  Transportation assistance to treatment  
26  Acupuncture

**\*9. Does this facility offer a substance abuse treatment program or group specially designed for ...**

MARK "YES" OR "NO" FOR EACH

YES    NO

- a. Adolescents ..... 1     0
- b. Dually diagnosed clients (mental and substance abuse disorders) ..... 1     0
- c. Persons with HIV/AIDS ..... 1     0
- d. Gays and lesbians ..... 1     0
- e. Seniors/older adults ..... 1     0
- f. Pregnant/postpartum women ..... 1     0
- g. Other groups of women only ..... 1     0
- h. Groups of men only ..... 1     0
- i. Other (*Specify: \_\_\_\_\_*) ..... 1     0

**\*10. Does this facility offer a special program for DUI/DWI or other drunk driver offenders?**

- 1  Yes
- 0  No → **SKIP TO Q.11**

**\*10a. Are all of the substance abuse treatment clients at this facility DUI/DWI or other drunk driver offenders?**

- 1  Yes
- 0  No

**\*11. Does this facility offer a specially designed substance abuse treatment program or group for criminal justice clients, other than DUI/DWI clients?**

- 1  Yes
- 0  No → **SKIP TO Q.12**

**11a. Are all of the substance abuse treatment clients at this facility currently incarcerated?**

- 1  Yes
- 0  No

**\*12. Does this facility dispense Methadone or LAAM at this location?**

- 1  Yes, this facility dispenses Methadone or LAAM
- 0  No, this facility does not dispense Methadone or LAAM → **SKIP TO Q.13 (PAGE 4)**

**\*12a. Are all of the substance abuse treatment clients at this facility currently receiving Methadone or LAAM?**

- 1  Yes
- 0  No

**12b. Does this facility operate a Narcotic Treatment Program regulated by the Food and Drug Administration (FDA)?**

- 1  Yes →

Please review the entry for FDA Number on the front cover and update if incorrect or missing.

- 0  No
- 1  Don't Know

13. Does this facility provide substance abuse treatment in a language other than English?

- 1  Yes
- 0  No → SKIP TO Q.14

\*13a. In what other language(s) is substance abuse treatment provided at this facility?

- 1  Spanish
- 2  Other (Specify: \_\_\_\_\_)

\*14. Which of the following substance abuse services are currently offered by this facility at this location?

MARK "YES" OR "NO" FOR EACH

YES    NO

**HOSPITAL INPATIENT**

- a. Detoxification ..... 1  0
- b. Rehabilitation ..... 1  0

**NON-HOSPITAL RESIDENTIAL**

- c. Detoxification ..... 1  0
- d. Rehabilitation ..... 1  0

**OUTPATIENT**

- e. Ambulatory detoxification ..... 1  0
- f. Regular outpatient treatment ..... 1  0
- g. Intensive outpatient treatment  
(defined as a minimum of 2 hours per day on 3 or more days per week) ..... 1  0
- h. Day treatment/partial hospitalization program ..... 1  0

15. Did you mark "yes" to any of the hospital inpatient or residential services in Q.14 (items a-d)?

- 1  Yes
- 0  No → SKIP TO Q.16

15a. Does this facility designate all, some or none of its beds specifically for substance abuse treatment clients?

- 0  None - No beds specifically designated for substance abuse treatment clients

- 1  All or Some → NUMBER OF SUBSTANCE ABUSE TREATMENT BEDS:

HOSPITAL INPATIENT

RESIDENTIAL

\*16. 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

- a. Cash or self-payment ..... 1  0  -1
- b. Medicare ..... 1  0  -1
- c. Medicaid ..... 1  0  -1
- d. A State-financed health insurance plan other than Medicaid (e.g., State children's health insurance plan (SCHIP) or high risk insurance pools) ..... 1  0  -1
- e. Federal military insurance such as TRICARE or Champ-VA ..... 1  0  -1
- f. Private health insurance .. 1  0  -1
- g. Other ..... 1  0  -1   
(Specify: \_\_\_\_\_)

17. 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

\*18. Does this facility use a sliding fee scale?

1  Yes →

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

CHECK HERE IF YOUR FACILITY DOES NOT WANT THE AVAILABILITY OF A SLIDING FEE SCALE TO BE INCLUDED IN THE DIRECTORY.

0  No

\*18a. Other than a sliding fee scale, does this facility offer any type of payment assistance for clients receiving substance abuse treatment?

1  Yes →

The Directory will explain that potential clients should call the facility for information on eligibility for payment assistance.

CHECK HERE IF YOUR FACILITY DOES NOT WANT THE AVAILABILITY OF PAYMENT ASSISTANCE TO BE INCLUDED IN THE DIRECTORY.

0  No

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

1  Yes

0  No

20. On October 1, 2000, was this facility owned by an organization with multiple facilities or sites that provide substance abuse treatment?

1  Yes

0  No → SKIP TO Q.21 (PAGE 6)

20a. The next questions ask about the number of clients in treatment at this facility on October 1, 2000. We would prefer to get this information separately for this facility, that is, the facility named on the front cover. However, we understand there are situations when this is not possible.

Please check the option that best describes how client counts will be reported for this facility.

- If you have any questions on how to proceed, please call the N-SSATS hotline at 1-888-324-8337.

1  I will report client counts for this facility alone

2  I will report client counts for this facility combined with other facilities in the organization

→ SKIP TO Q.21 (PAGE 6)

3  Client counts for this facility will be reported by another facility in the organization

20b. Whom should we contact for client count information?

- Please record the name and phone number of the contact person and the name, city and state of the facility where he or she is located.

\_\_\_\_\_  
NAME OF CONTACT PERSON

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FACILITY NAME

\_\_\_\_\_  
CITY/STATE

→ SKIP TO Q.28 (PAGE 8)

**HOSPITAL INPATIENT SUBSTANCE  
ABUSE SERVICES**

21. On October 1, 2000, were any clients receiving hospital inpatient substance abuse treatment or detoxification at this facility?

- 1  Yes  
0  No → **SKIP TO Q.22**

21a. On October 1, 2000, how many hospital inpatients were receiving the following substance abuse services at this facility?

- Count a client in one service category only, even if the client was receiving both services.
- DO NOT count codependents, parents, other relatives, friends (i.e., "collaterals"), or other non-treatment clients.

PROVIDE A NUMBER OR MARK "NONE"

- |                                       | NUMBER |    | NONE                     |
|---------------------------------------|--------|----|--------------------------|
| a. Inpatient detoxification . . . . . | _____  | or | <input type="checkbox"/> |
| b. Inpatient rehabilitation . . . . . | _____  | or | <input type="checkbox"/> |

TOTAL

21b. On October 1, 2000, how many of the hospital inpatients from the total box above were under 18 years of age?

PROVIDE A NUMBER OR MARK "NONE"

- |                           | NUMBER |    | NONE                     |
|---------------------------|--------|----|--------------------------|
| Number under 18 . . . . . | _____  | or | <input type="checkbox"/> |

21c. On October 1, 2000, how many of the hospital inpatients from the total box above were receiving Methadone or LAAM dispensed at this facility?

PROVIDE A NUMBER OR MARK "NONE"

- |                        | NUMBER |    | NONE                     |
|------------------------|--------|----|--------------------------|
| a. Methadone . . . . . | _____  | or | <input type="checkbox"/> |
| b. LAAM . . . . .      | _____  | or | <input type="checkbox"/> |

**NON-HOSPITAL RESIDENTIAL SUBSTANCE  
ABUSE SERVICES**

22. On October 1, 2000, were any clients receiving non-hospital residential substance abuse treatment or detoxification at this facility?

- 1  Yes  
0  No → **SKIP TO Q.23 (PAGE 7)**

22a. On October 1, 2000, how many non-hospital residential clients were receiving the following substance abuse services at this facility?

- Count a client in one service category only, even if the client was receiving both services.
- DO NOT count codependents, parents, other relatives, friends (i.e., "collaterals"), or other non-treatment clients.

PROVIDE A NUMBER OR MARK "NONE"

- |   | NUMBER |    | NONE                     |
|---|--------|----|--------------------------|
| a. Residential detoxification . . . . . | _____  | or | <input type="checkbox"/> |
| b. Residential rehabilitation . . . . . | _____  | or | <input type="checkbox"/> |

TOTAL

22b. On October 1, 2000, how many of the non-hospital residential clients from the total box above were under 18 years of age?

PROVIDE A NUMBER OR MARK "NONE"

- |                           | NUMBER |    | NONE                     |
|---------------------------|--------|----|--------------------------|
| Number under 18 . . . . . | _____  | or | <input type="checkbox"/> |

22c. On October 1, 2000, how many of the non-hospital residential clients from the total box above were receiving Methadone or LAAM dispensed at this facility?

PROVIDE A NUMBER OR MARK "NONE"

- |                        | NUMBER |    | NONE                     |
|------------------------|--------|----|--------------------------|
| a. Methadone . . . . . | _____  | or | <input type="checkbox"/> |
| b. LAAM . . . . .      | _____  | or | <input type="checkbox"/> |

**OUTPATIENT SUBSTANCE ABUSE SERVICES**

23. On October 1, 2000, were any clients enrolled in an outpatient substance abuse program at this facility?

- Enrolled clients are those who received services in the 30 days up to and including October 1, and were not discharged during that time.

- 1  Yes  
 0  No → **SKIP TO Q.24**

23a. On October 1, 2000, how many outpatients were enrolled in the following substance abuse services at this facility?

- Count a client in one category only, even if the client was receiving multiple services.
- DO NOT count codependents, parents, other relatives, friends (i.e., "collaterals"), or other non-treatment clients.

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER	NONE
a. Ambulatory detoxification . . . _____	or	<input type="checkbox"/>
b. Regular outpatient treatment. _____	or	<input type="checkbox"/>
c. Intensive outpatient treatment (defined as a minimum of 2 hours per day on 3 or more days per week) . . . . . _____	or	<input type="checkbox"/>
d. Day treatment or partial hospitalization . . . . . _____	or	<input type="checkbox"/>
TOTAL	<input style="width: 100px; height: 20px;" type="text"/>	

23b. On October 1, 2000, how many of the outpatients from the total box above were under 18 years of age?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER	NONE
Number under 18 . . . . . _____	or	<input type="checkbox"/>

23c. On October 1, 2000, how many of the outpatients from the total box above were receiving Methadone or LAAM dispensed at this facility?

PROVIDE A NUMBER OR MARK "NONE"

	NUMBER	NONE
a. Methadone. . . . . _____	or	<input type="checkbox"/>
b. LAAM . . . . . _____	or	<input type="checkbox"/>

24. Approximately what percent of all substance abuse treatment clients enrolled at this facility on October 1, 2000, were being treated for . . .

- a. Abuse of both alcohol and drugs . . . . . \_\_\_\_\_%
- b. Alcohol abuse only . . . . . \_\_\_\_\_%
- c. Drug abuse only . . . . . \_\_\_\_\_%

TOTAL  %

This should total 100%.  
If not, please reconcile.

25. During the 12 months between October 1, 1999 and September 30, 2000, how many admissions for substance abuse treatment did this facility have?

- If data for that specified time period are not readily available, use the most recent 12-month period for which you have data.
- Count every admission and re-admission. If a person is admitted 3 times, count this as 3 admissions.
- For outpatients, an admission is the initiation of a treatment episode.

NUMBER OF SUBSTANCE ABUSE ADMISSIONS IN 12 MONTH PERIOD

**26. How many facilities are included in the client counts reported in Q.21-Q.23c?**

- ONLY THIS FACILITY → **SKIP TO Q.27**
- THIS FACILITY PLUS OTHERS → **ENTER TOTAL NUMBER OF FACILITIES BELOW:**

NUMBER OF FACILITIES:

(INCLUDE THIS FACILITY IN YOUR NUMBER)

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 27.**

**27. 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 offered by this facility on October 1, 2000.

MARK "ACTUAL," "ESTIMATE" OR "NA" FOR EACH

- |  | <u>ACTUAL</u>              | <u>ESTIMATE</u>            | <u>N/A</u>                 |
|--|----------------------------|----------------------------|----------------------------|
| a. Hospital inpatient client counts (Q.21a, Pg. 6) . . . . .       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Non-hospital residential client counts (Q.22a, Pg. 6) . . . . . | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Outpatient client counts (Q.23a, Pg. 7) . . . . .               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. 12-Month admissions (Q.25, Pg. 7) . . . . .                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**28. Is this facility or program accredited by any of the following organizations?**

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

- |  | <u>YES</u>                 | <u>NO</u>                  | <u>DON'T KNOW</u>           |
|--|----------------------------|----------------------------|-----------------------------|
| a. JCAHO (Joint Commission on Accreditation of Healthcare Organizations) . . . . . | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| b. CARF (The Rehabilitation Accreditation Commission) . . . . .                    | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |
| c. NCQA (National Committee for Quality Assurance) . . . . .                       | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | -1 <input type="checkbox"/> |

**28a. Is this facility licensed or certified by the State substance abuse agency?**

- 1  Yes → **SKIP TO Q.29**
- 0  No
- 1  Don't know
- 4  Not applicable - State substance abuse agency does not license or certify facilities

**28b. Is this facility licensed or certified by another State agency?**

- 1  Yes (*Specify:* \_\_\_\_\_)
- 0  No
- 1  Don't know

**\*29. Does this facility operate a halfway house for substance abuse clients?**

MARK ALL THAT APPLY

- 1  Yes, at this location
- 2  Yes, at another location
- 0  No, does not operate a halfway house

**30. Please provide the following information about the person primarily responsible for completing this form.**

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

FAX Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**OR**  No FAX Number

E-mail Address: \_\_\_\_\_

**OR**  No E-mail Address

**31. Does this facility have a Web Site with information about your facility's substance abuse treatment programs?**

Yes →

Please review the address of your Web Site on the front cover and update if incorrect or missing.

No

**32. 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?**

Yes

No

**CHECK HERE IF YOUR FACILITY DOES NOT WANT TO BE LISTED IN THE NEXT NATIONAL DIRECTORY.**

**COMMENTS**

**If you would like to provide comments about the 2000 National Survey of Substance Abuse Treatment Services or suggestions for next year's survey, please write them below.**

**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 8437  
P.O. Box 2393  
Princeton, NJ 08543-2393