

Attachment B11

Web pages for the 2007 N-SSATS information website

NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N-SSATS)

Sponsored by the U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Survey Conducted by Mathematica Policy Research, Inc.

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WELCOME TO THE N-SSATS WEBSITE— This site should help you find answers to many of your questions about completing the N-SSATS questionnaire, plus provide you with other useful links and information.

The **National Survey of Substance Abuse Treatment Services (N-SSATS)** is an annual census of all substance abuse treatment facilities in the United States and its territories. Each year, about 17,000 facilities are surveyed and information is collected on their location, organizational structure, services, and utilization. The data are used by policymakers when decisions are being made about substance abuse treatment programs. Information from the survey is also used to compile and update the *National Directory of Drug and Alcohol Abuse Treatment Programs* and the online Substance Abuse Treatment Facility Locator, two widely used resources for referrals to treatment.

Mathematica Policy Research, Inc., has conducted the N-SSATS for SAMHSA since 1997.



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Definitions for Terms Used in the N-SSATS Questionnaire

- [Access To Recovery \(ATR\)](#)
- [ASAM Levels Of Care](#)
- [Clinical Practices and Treatment Approaches](#)
- [National Provider Identifier](#)

Access to Recovery (ATR): ATR is a competitive discretionary grant program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, which will provide vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. Grants are awarded to States and Tribal Organizations. The participating states and program names are:

California	California Access to Recovery Effort (CARE)
California	California American Indian Recovery (CAIR)
Connecticut	Access to Recovery Program (ATR)
Florida	MyFlorida Access to Recovery
Idaho	Access to Recovery—Idaho
Illinois	Illinois Access to Recovery (ATR) Program
Louisiana	Louisiana Access to Recovery
Missouri	Building on a Foundation of Rock
New Jersey	New Jersey Access Initiative (NJAI)
New Mexico	New Mexico Partnerships for Recovery
Tennessee	Tennessee Access to Recovery (ATR) Program
Texas	Access to Recovery
Washington	State of Washington Access to Recovery (ATR)
Wisconsin	Wisconsin Wiser Choice ATR Program
Wyoming	Wyoming Access to Recovery Voucher Program



Get more information about [Access to Recovery](#) and [grantee websites](#).

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ASAM Levels of Care: The American Society of Addiction Medicine (ASAM) has developed guidelines regarding levels of care that are now widely used. The ASAM levels of care are: Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial Hospitalization; Level III, Residential/Inpatient Treatment; and Level IV, Medically-Managed Intensive Inpatient Treatment. Within these broad levels of service is a range of specific levels of care. Since some treatment facilities may be more familiar with the ASAM level-of-care terminology than with the treatment categories used in the N-SSATS questionnaire, we have added a notation indicating the corresponding ASAM level of care below each N-SSATS category in the questionnaire. We hope that this added information will make responding to the N-SSATS questionnaire easier for facilities that use the ASAM classifications.

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Clinical Practices and Treatment Approaches

Substance abuse counseling: A short-term treatment that has been generalized for a variety of disorders, including opiate drug dependence and cocaine abuse. The therapy includes supportive techniques, which encourage the patient to discuss personal experiences, and expressive techniques, which enable the patient to work through interpersonal relationship issues and gain greater self understanding.

12-Step Approach: A twelve-step program is a support group made up of people who share the same addiction. The “twelve-steps” refer to the steps a recovering addict must take to overcome his addiction as part of this program. Attendees at group meetings share their experiences, challenges, successes and failures, and provide peer support for each other. For more information, see <http://www.drugabuse.gov/ADAC/ADAC10.html>.

Brief intervention: A short-term intervention, usually one to five sessions, for substance abusers who are not yet dependent.

Cognitive-behavioral therapy: Cognitive-behavioral therapy involves recognizing unhelpful patterns of thinking and reacting, and then modifying or replacing these with more realistic or helpful ones. The therapy can be conducted with individuals, families, or groups, and clients are generally expected to be active participants in their own therapy.

Contingency management: Often used in the treatment of drug and alcohol abuse, contingency management employs a positive-reinforcement treatment method in which patients are given rewards for constructive actions taken towards their recovery.

Motivational interviewing: Motivational interviewing is a counseling approach which acknowledges that many people experience ambivalence when deciding to make changes. Its aim is not to immediately focus on the action of changing, but work to enhance motivation to change.

Trauma-related counseling: Cognitive-behavior techniques adapted for clients suffering from Post Traumatic Stress Disorder (PTSD) and other effects of abuse and trauma.

Anger management: An intervention strategy appropriate for the stage of substance abuse treatment aimed at maintaining abstinence after it has been achieved.

Relapse prevention: A cognitive-behavioral therapy developed for the treatment of problem drinking and adapted later for cocaine addicts. Cognitive-behavioral strategies are based on the theory that learning processes play a critical role in the development of maladaptive behavioral patterns. Individuals learn to identify and correct problematic behaviors. Relapse prevention encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse. For more information about Relapse Prevention, see <http://www.drugabuse.gov/PODAT/PODAT10.html> and <http://www.drugabuse.gov/BTDP/Effective/Carroll.html>.

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National Provider Identifier (NPI): The NPI is a standard identification number for health care providers that was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is a unique, ten-digit number issued by the National Provider System (NPS) and is used in the administrative and financial transactions specified by HIPAA. All covered entities under HIPAA are required to apply for and use an NPI by May 2007, or May 2008, depending on the size of the organization.

For more information about the National Provider Identifier, see the [NPI Fact Sheet](#) on the Centers for Medicare & Medicaid Services (CMS) website.

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Contact Us

If you have any questions about the survey

Call the N-SSATS Help Desk toll-free at **1-888-324-8337**

Email the N-SSATS Help Desk at HelpDesk@NSSATS.com

Fax the N-SSATS Help Desk at 609-799-0005, ATTN: N-SSATS

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