

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

[HOME](#) | [QUESTIONNAIRE DEFINITIONS](#) | [FREQUENTLY ASKED QUESTIONS](#) | [CONTACT US](#)

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Sponsored by the U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)

HOME
LETTERS TO FACILITIES
Advance Letter Cover Letter
QUESTIONNAIRE
QUESTIONNAIRE DEFINITIONS
FREQUENTLY ASKED QUESTIONS
CONTACT US
PRESS RELEASES
December 1, 2011
CURRENT RESPONSE RATES
RELATED LINKS
DASIS (Drug & Alcohol Services Information System)
Substance Abuse Treatment Facility Locator
N-SSATS Profile—United States
Mathematica Policy Research



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.

The N-SSATS is conducted for SAMHSA by Mathematica Policy Research, Inc.

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Substance Abuse Treatment Facility Locator
N-SSATS Profile—United States
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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](#)
- [Community Reinforcement Plus Vouchers](#)
- [Computerized Substance Abuse Treatment](#)
- [Criminal Justice Clients](#)
- [IHS/638 Contract Care Funds](#)
- [Matrix Model](#)
- [Medicaid](#)
- [Medicare](#)
- [National Provider Identifier](#)
- [OTP Certification](#)
- [Outpatient](#)
- [Rational Emotive Behavioral Therapy \(REBT\)](#)
- [Specially Designed Substance Abuse Treatment Program or Group](#)
- [Transitional Housing or Halfway House](#)

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 provides vouchers to clients for the 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:

Alaska
Arizona

Circle of Recovery
Arizona Access to Recovery
California Access to

California	Recovery Effort (CARE)
California Rural Indian Health Board, Inc.	California American Indian Recovery (CAIR). (Targeting American Indian/Alaska Native people with substance abuse disorders.)
Colorado	Access Colorado
Connecticut	Access to Recovery Program (ATR)
District of Columbia	District of Columbia ATR
Florida	MyFlorida Access to Recovery
Hawaii	Hawaii Access to Recovery (HI-ATR)
Idaho	Access to Recovery–Idaho
Illinois	Illinois Access to Recovery (ATR) Program
Indiana	Indiana Access to Recovery
Iowa	Iowa ATR
Louisiana	Louisiana Access to Recovery
Michigan	Anishnabe Access to Recovery Program
Missouri	Building on a Foundation of Rock
Missouri	Access to Recovery II: Partnering for Excellence Program. (A broad spectrum of people will be served, but priority will be given to critical populations including methamphetamine users, offenders transitioning from prison to the community, and veterans returning from Iraq and Afghanistan.)
Montana-Wyoming Tribal Leaders Council	Rocky Mountain Tribal Access to Recovery Program (RMTAR.) (A collaboration of Montana and Wyoming Tribal and Urban Indian substance abuse treatment and recovery support services providers.)
New Jersey	New Jersey Access Initiative

	(NJAI)
New Mexico	New Mexico Partnerships for Recovery
Ohio	Ohio ATR
Oklahoma	Oklahoma ATR
Cherokee Nation Oklahoma	The Cherokee Nation Many Paths Project. (This award seeks to improve access to services for American Indian adolescents and adults, males and females, judged to be in need of substance abuse services.)
Rhode Island	Rhode Island ATR
Tennessee	Tennessee Access to Recovery (ATR) Program
Texas	Access to Recovery OR Texas Expanding Access to Recovery (TEATR). (TEATR will extend the current program from 13 to 18 counties, as well as enhance the faith-based, volunteer-based and community-based components of ATR. Will include treatment and recovery support to methamphetamine abusers without regard to drug court involvement in all 18 counties.)
Washington	State of Washington Access to Recovery (ATR) OR Washington State Access to Recovery II. (Will provide social service intervention over the three-year grant period to individuals in crisis because of drug or alcohol misuse.)
Wisconsin	Wisconsin Wiser Choice ATR Program
Wyoming	Wyoming Access to Recovery Program (ATR)
Montana-Wyoming Tribal Leaders Council	Rocky Mountain Tribal Access to Recovery Program (RMTAR). (A collaboration of Montana and Wyoming Tribal

and Urban Indian substance abuse treatment and recovery support services providers.)

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

[Back to top](#)

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.

[Back to top](#)

Clinical Practices and Treatment Approaches

12-Step Facilitation: Twelve-Step Facilitation (TSF) consists of a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction. It is intended to be implemented on an individual basis in 12 to 15 sessions and is based in behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). It is suitable for problem drinkers and other drug users and for those who are alcohol or other drug dependent. For more information see <http://archives.drugabuse.gov/ADAC/ADAC10.html>.

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

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/Motivational Incentives: 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.

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://archives.drugabuse.gov/BTDP/Effective/Carroll.html>.

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.

Trauma-related counseling: Counseling techniques adapted for clients suffering from trauma. For more information, see the following website for SAMHSA's National Center for Trauma-Informed Care <http://www.samhsa.gov/nctic/default.asp>.

[Back to top](#)

Community Reinforcement Plus Vouchers: Community

Reinforcement Plus Vouchers is an intensive outpatient therapy where individuals focus on improving family relations, receive vocational training, and learn a variety of skills to minimize drug dependency. An incentive program (vouchers whereby individuals can earn points exchangeable for retail items) is used to encourage individuals to remain in treatment and be abstinent.

[Back to top](#)

Computerized Substance Abuse Treatment: Computer- or web-based interactive, structured, substance abuse treatment program to support the assessment, intervention, treatment, or continuing care of clients.

[Back to top](#)

Criminal Justice Clients: Clients who are involved in the criminal justice system. This includes those who are awaiting trial, incarcerated, on probation, on parole or mandated by the courts to receive treatment.

[Back to top](#)

IHS/638 Contract Care Funds: Within the Department of Health and Human Services, IHS is the primary provider of health care to tribes. Through a contract, tribes can receive the money that IHS would have used to provide direct health services for tribal members. Tribes can use these funds to provide directly, or through another entity, a broad range of health services. This option was part of P.L. 93-638 and is commonly known as "638 contracting."

[Back to top](#)

Matrix Model: The Matrix Model approach provides a framework for substance abuse users to obtain the ability to cease drug use, stay in treatment, and participate in an educational program on addiction and relapse. Users are also provided with direction and support from a trained therapist and introduced to self-help programs.

[Back to top](#)

Medicaid: Medicaid is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state.

[Back to top](#)

Medicare: Medicare is the federal health insurance program for people age 65 and older and people with disabilities.

[Back to top](#)

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 were 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.

[Back to top](#)

OTP Certification: Certification is the process by which the SAMHSA/CSAT Division of Pharmacologic Therapies (DPT) determines that an OTP is qualified to provide Opioid treatment under 42 CFR Part 8.

[Back to top](#)

Outpatient: Outpatient substance abuse clients receive treatment services without an overnight stay at a treatment facility or hospital.

[Back to top](#)

Rational Emotive Behavioral Therapy (REBT): REBT is a therapeutic approach that places the focus on the present, such as, currently held attitudes, painful emotions, and maladaptive behaviors that can disrupt life. This method of treatment includes an REBT practitioner who personalizes a set of techniques for helping individuals examine their own thoughts, beliefs, and actions and replace those that are self-defeating with more life-enhancing alternatives.

[Back to top](#)

Specially Designed Substance Abuse Treatment Program or Group: A facility may offer a standard substance abuse program to all clients but, in addition, offer specially designed programs or groups for specific types of clients. Although the treatment methods could be the same, specially designed

programs or groups are exclusively for a specific type of client and discussions are particularly relevant to that type of client.

[Back to top](#)

Transitional Housing or Halfway House: Housing for individuals recovering from substance abuse that is designed to provide a drug- and alcohol-free living environment and appropriate support services to facilitate movement to independent living. This includes transitional living, sober houses, sober living, recovery houses, and 3/4 houses.

[Back to top](#)

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LETTERS TO FACILITIES
Advance Letter Cover Letter
QUESTIONNAIRE
QUESTIONNAIRE DEFINITIONS
FREQUENTLY ASKED QUESTIONS
CONTACT US
PRESS RELEASES
December 1, 2011
CURRENT RESPONSE RATES
RELATED LINKS
DASIS (Drug & Alcohol Services Information System)
Substance Abuse Treatment Facility Locator
N-SSATS Profile—United States
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