

# 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)

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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 Behavioral Health Treatment Services Locator, two widely used resources for referrals to treatment.

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



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Plain Language

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## Definitions for Terms Used in the N-SSATS Questionnaire

- 12-Step Facilitation
- Access To Recovery (ATR)
- Anger management
- ASAM Levels Of Care
- Brief Intervention
- Clinical Practices and Treatment Approaches
- Cognitive-behavioral therapy
- Community Reinforcement Plus Vouchers
- Computerized Substance Abuse Treatment/Telemedicine
- Contingency Management/Motivational Incentives
- Criminal Justice Clients
- Dialectical behavior therapy
- IHS/Tribal/Urban (ITU) funds
- Matrix Model
- Medicaid
- Medicare
- Motivational Interviewing
- OTP Certification
- Outpatient
- Rational Emotive Behavioral Therapy (REBT)
- Relapse Prevention
- Specifically Tailored Substance Abuse Treatment Program or Group
- Substance Abuse Counseling
- Transitional Housing or Halfway House
- Trauma-related Counseling

**Q12. 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. For more information, see: <http://www.dpt.samhsa.gov/regulations/certification.aspx>

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## **Clinical Practices and Treatment Approaches**

**Q14.1. 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.

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**Q14.2. 12-Step Facilitation:** Twelve-step facilitation therapy is an active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence. Three key ideas predominate: (1) acceptance, which includes the realization that drug addiction is a chronic, progressive disease over which one has no control, that life has become unmanageable because of drugs, that willpower alone is insufficient to overcome the problem, and that abstinence is the only alternative; (2) surrender, which involves giving oneself over to a higher power, accepting the fellowship and support structure of other recovering addicted individuals, and following the recovery activities laid out by the 12-step program; and (3) active involvement in 12-step meetings and related activities. 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. Effective for alcohol, stimulants, and opioids. For more information see <http://archives.drugabuse.gov/ADAC/ADAC10.html>.

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**Q14.3. Brief intervention:** A short-term intervention, usually one to five sessions, for substance abusers who are not yet dependent. Brief interventions are practices designed to

motivate individuals at risk of substance abuse and related health problems to change their behavior by helping them understand how their substance use puts them at risk and to reduce or give up their substance use. Brief interventions are not intended to treat people with serious substance dependence, but rather to treat problematic or risky substance use.

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**Q14.4. Cognitive-behavioral therapy:** Cognitive behavioral therapy (CBT) focuses on exploring relationships among a person's thoughts, feelings and behaviors. 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.

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**Q14.5. Dialectical behavior therapy:** (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT has five components: (1) capability enhancement (skills training); (2) motivational enhancement (individual behavioral treatment plans); (3) generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment); (4) structuring of the environment (programmatically emphasis on reinforcement of adaptive behaviors); and (5) capability and motivational enhancement of therapists (therapist team consultation group). DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance. [http://nrepp.samhsa.gov/pdfs/DBT\\_Booklet\\_Final.pdf](http://nrepp.samhsa.gov/pdfs/DBT_Booklet_Final.pdf)

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**Q14.6. 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. Used effectively for alcohol, stimulants, opioids, marijuana, and nicotine addictions. For more information, see

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**Q14.7. Motivational interviewing:** Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation and commitment for change. It 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. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. Four basic principles of MI include expressing empathy, developing discrepancy, rolling with resistance and avoiding argumentation, and supporting self-efficacy. Some strategies include open ended questions, affirming, reflective listening, summarizing, and eliciting change talk resulting in self motivational statements. MI uses four general processes to achieve its ends:

- 1.Engaging - used to involve the client in talking about issues, concerns and hopes, and to establish a trusting relationship with a counselor.
- 2.Focusing - used to narrow the conversation to habits or patterns that clients want to change.
- 3.Evoking - used to elicit client motivation for change by increasing clients' sense of the importance of change, their confidence about change, and their readiness to change.
- 4.Planning - used to develop the practical steps clients want to use to implement the changes they desire.

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**Q14.8. Trauma-related counseling:** Interventions that focus on reducing or eliminating symptoms, improving functioning, and reducing the long-term negative effects of trauma in persons who are suffering from Post Traumatic Stress Disorder (PTSD) and/or have experienced traumatic events such as physical abuse, sexual abuse, emotional abuse, family tragedy, violence, war, or natural disaster effects of abuse and trauma.

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**Q14.9. Anger management:** The goal of anger management is to reduce both emotional feelings and the physiological arousal that anger causes. Uses strategies to address the anger cycle, conflict resolution, assertiveness skills, and anger-control plans.

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**Q14.10. Matrix Model:** The Matrix Model approach is a 16-week comprehensive behavioral treatment approach that combines behavioral therapy, family education, individual counseling, 12-Step support, drug testing, and encouragement for non-drug-related activities, and provides a framework for substance abuse (primarily methamphetamine and cocaine) 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. It is effective for methamphetamine and other stimulant addiction and may also be used for other drug and alcohol use.

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**Q14.11. 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. Voucher-Based Reinforcement (VBR) augments community-based treatments for adults who primarily abuse opioids (especially heroin) or stimulants (especially cocaine) or both. In VBR, the patient receives a voucher for every drug-free urine sample provided. The voucher has monetary value that can be exchanged for food items, movie passes, or other goods or services that are consistent with a drug-free lifestyle. The voucher values are low at first, but increase as the number of consecutive drug-free urine samples increases; positive urine samples reset the value of the vouchers to the initial low value. VBR has been shown to be effective in promoting abstinence from opioids and cocaine in patients undergoing methadone detoxification. It is an incentive program (vouchers whereby individuals can earn points exchangeable for retail items) that is used to encourage individuals to remain in treatment and be abstinent.

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**Q14.12. 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, and individuals are taught how to examine and challenge their unhelpful thinking which creates unhealthy emotions and self-defeating/self-sabotaging behaviors. This method of treatment includes an REBT practitioner that works closely with individuals and personalizes a set of techniques for helping those individuals examine their own thoughts, beliefs and actions and replace those that are self-defeating with more life-enhancing alternatives. REBT provides a variety of methods to help people reformulate their dysfunctional beliefs into more sensible, realistic and helpful ones by employing the powerful REBT technique called "disputing." Ultimately, REBT helps individuals to develop a philosophy and approach to living that can increase their effectiveness and satisfaction at work, in living successfully with others, in parenting and educational settings, in making our community and environment healthier, and in enhancing their own emotional health and personal welfare.

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**Q14.13. 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.

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**Q14.14. Computerized substance abuse treatment/telemedicine (including Internet, Web, mobile, and desktop programs):** Computer- or web-based interactive, structured, substance abuse treatment program to remotely support the assessment, intervention, treatment, or continuing care of clients.

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**Q19a. Specially Designed Program or Group:** a facility may offer a standard substance abuse program to all clients but, in addition, offer a specially designed program or group 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.

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**Q19a.11 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.

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**Q20a, Q21a, Q22a ASAM Levels of Care:** The American Society of Addiction Medicine (ASAM) has developed guidelines regarding levels of care and these 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

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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**Q22. Outpatient:** Outpatient substance abuse clients receive treatment services without an overnight stay at a treatment facility or hospital.

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**Q26.3 Medicare:** Medicare is the federal health insurance program for people age 65 and older and people with disabilities.



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**Q26.4 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.

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**Q26.8 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:

Alaska	<b>Circle of Recovery or South-Central Foundation Access to Recovery (ATR) III partnered with Cook Inlet Tribal Council</b>
Arizona	<b>Arizona Access to Recovery</b>
Arkansas	<b>AR Dept of Human Services, Div of BHS OR AR Access to Recovery</b>
California	<b>California Access to Recovery Effort (CARE) OR California Dept. of Health Care Services (DHCS)</b>
California Rural Indian Health Board, Inc.	<b>Access to American Indian Recovery (AAIR). (Targeting American Indian/Alaska Native people with substance abuse disorders.) administered by the California Rural Indian Health Board, Inc.</b>
Colorado	<b>Colorado Access to Recovery (ATR) or State of CO, Dept of Behavioral Health (OBH)</b>
Connecticut	<b>Connecticut Access to Recovery (ATR) III or Conn. Dept of Mental Health &amp; Addiction Services (DMHAS)</b>
District of Columbia	<b>District of Columbia Access to Recovery (ATR), District of Columbia Department of Health-Addiction Prevention and Recovery Administration</b>
Florida	

	<b>Florida Access to Recovery (ATR) Client Choice Program or Florida Dept. of Children &amp; Families</b>
Hawaii	<b>Hawaii Access to Recovery (HI-ATR), Office of the Governor, State of Hawaii OR Hawaii Dept of Health Alcohol and Drug Abuse Division</b>
Idaho	<b>Access to Recovery III (ATR-III)– through the Idaho Dept of Health and Welfare (grantee)</b>
Illinois	<b>Illinois Access to Recovery III (ATR-II) Program OR IL Dept of Human Service, Div of Alcoholism &amp; Substance Abuse</b>
Indiana	<b>Indiana Access to Recovery (INATR) OR Div. of Mental Health and Addiction, Family &amp; Social Services Administration</b>
Iowa	<b>Iowa ATR or Iowa Dept of Public Health</b>
Louisiana	<b>Louisiana Access to Recovery (ATR), Louisiana Office of Behavioral Health</b>
Massachusetts	<b>MA Access to Recovery (MA-ATR) OR Massachusetts Depart of Public Health</b>
Maryland	<b>Maryland Recovery Net (MD's Access to Recovery Program, Maryland Alcohol &amp; Drug Abuse Admin(ADAA), the Dept. of Health and Mental Hygiene (DHMH)</b>
Michigan	<b>Anishnaabek Healing Circle Access to Recovery Program administered by the Inter-Tribal Council of Michigan, Inc. (in partnership with 12 federally recognized tribes and one urban Indian Center)</b>
Missouri	<b>Building on a Foundation of Rock or Access to Recovery III Recovery Systems (ATR III) The new grant will target priority groups for clinical treatment as well as supports such as housing, employment and transportation. The priority groups are: Veterans, including National Guard service members returning from Iraq and Afghanistan, Offenders reentering the community from any Missouri Department of Corrections institution, Treatment courts (drug courts, DWI courts) and Other disadvantaged populations (as identified</b>

	and defined in each local area) or Missouri State Dept of Mental Health, Division of Behavioral Health (DBH)
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 Hampshire	NH Access to Recovery (NH-ATR), New Hampshire Dept of Health and Human Services, Bureau of Drug and Alcohol Services (NHB DAS)
New Jersey	New Jersey Access Initiative (NJAI)
New Mexico	New Mexico's Door to Recovery , State of New Mexico OR Human Services Dept Behavioral Health Services Division
New York	Access to Recovery (NY SOARS), Research Foundation for Mental Hygiene, Inc (RFMH) at in partnership with the NY State Office of Alcoholism and Substance Abuse Services (OASAS)
Ohio	Ohio Access to Recovery (OATR) or Ohio Dept of Alcohol & Drug Addiction Services
Oklahoma	Oklahoma ATR, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
Oklahoma Cherokee Nation	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.)
Oregon	Oregon Access to Recovery (OR-ATR), State of Oregon Dept of Human Services OR Oregon Health Authority Addiction and Mental Health Division
Pennsylvania	Access to Recovery Program, Pennsylvania Department of Drugs and Alcohol Programs (DDAP)
Rhode Island	Rhode Island Access to Recovery 3 (ATR), State of RI and Providence Plantations OR RI Dept of Behavioral Healthcare, Developmental Disabilities and Hospitals
South Dakota	Aberdeen Area Tribal Chairmen's Health Board (AATCHB),

	<b>Oglala Sioux Tribe (OST) Access to Recovery OR Great Plains Access to Recovery (GPATR), Great Plains Tribal Chairmen's Association (GPTCA)</b>
Tennessee	<b>Tennessee Access to Recovery (ATR) Program</b>
Texas	<b>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.)</b>
Utah	<b>Utah Dept of Human Services Div of Substance Abuse and Mental Health</b>
Washington	<b>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.) or Dept. of Social &amp; Health Services Division of Behavioral Health and Recovery</b>
Wisconsin	<b>Wisconsin WISER Choice ATR Program, Wisconsin Department of Health Services OR Milwaukee County Behavioral Health Division</b>
Wyoming	<b>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.)</b>

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**Q26.9 IHS/Tribal/Urban (ITU)** funds are direct funds from the Indian Health Service (IHS); tribal funds through 638 contracts; and/or urban funds through congressional Title 5 grants. These funds are considered part of the Indian Health

Care System, and can be used for programs that provide behavioral health services, as well as for programs that provide other health-related services.

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**Q35 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 or 3/4 recovery houses.

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