

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

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services (HHS)

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

March 29, 2019

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

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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2018 National Survey of Substance Abuse Treatment Services (N-SSATS)

Improving public well-being by conducting high-quality, objective research and data collection.

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Definitions for Terms Used in the N-SSATS Questionnaire

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Q9a, Q10a, Q11a. American Society of Addiction Medicine (ASAM) Levels of Care: ASAM has developed widely used guidelines regarding levels of care. The ASAM levels of care are:

- Level 0.5-Early Intervention
- Level 1-Outpatient Treatment
- Level 2-Intensive Outpatient/Partial Hospitalization
- Level 3-Residential/Inpatient Treatment
- Level 4-Medically-Managed Intensive Inpatient Treatment.

Within these broad levels of service is a range of specific levels of care. Some treatment facilities may be more familiar with the ASAM levels-of-care terminology than with the treatment categories used in the N-SSATS questionnaire. For that reason, each N-SSATS category described in the questionnaire is accompanied by a notation indicating the corresponding ASAM level of care.

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Q11. Outpatient: Describes patients who receive treatment services without an overnight stay at a treatment facility or hospital.

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Q12.18. Testing for Metabolic Syndrome: Metabolic syndrome measures these set of indicators to determine if the syndrome is present: Waist circumference, Triglycerides, HDL- cholesterol, Blood pressure, and Fasting glucose.

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Q13. Opioid Treatment Program (OTP) Certification: The process by which the SAMHSA Center for Substance Abuse Treatment, Division of Pharmacologic Therapies determines that an OTP is qualified to provide opioid treatment under 42 CFR Part 8. For additional information on the OTP certification process, see <http://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/>.

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Q15.1. Substance Abuse Counseling: 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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Q15.2. 12-Step Facilitation: A 12-step program is a support group made up of people who share the same addiction. The “12 steps” refer to the steps recovering addicts must take to overcome their addiction as part of this program. Attendees at group meetings share their experiences, challenges, successes and failures, and provide peer support for each other.

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Q15.3. Brief Intervention: A short-term intervention, usually one to five sessions, for substance abusers who are not yet dependent.

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Q15.4. Cognitive Behavioral Therapy (CBT): 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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Q15.5. Dialectical Behavior Therapy (DBT): 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 (programmatic 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.

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Q15.6. Contingency Management/Motivational Incentives: Often used in the treatment of drug and alcohol abuse, the approach employs a positive-reinforcement treatment method in which patients are given rewards for constructive actions taken toward their recovery.

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Q15.7. Motivational Interviewing: A counseling approach which acknowledges that many people experience ambivalence when deciding to make changes. Its aim is not to focus immediately on the action of changing, but to work to enhance motivation to change.

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Q15.8. Trauma-related Counseling: Cognitive behavior techniques adapted for clients suffering from post-traumatic stress disorder (PTSD) and other effects of abuse and trauma.

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Q15.9. Anger Management: Uses strategies to address the anger cycle, conflict resolution, assertiveness skills, and anger-control plans. The goal of anger management is to reduce both emotional feelings and the physiological arousal that anger causes.

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Q15.10. Matrix Model: 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 provided with direction and support from a trained therapist and are introduced to self-help programs.

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Q15.11. Community Reinforcement Plus Vouchers: An intensive outpatient therapy in which 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.

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Q15.12. Rational Emotive Behavioral Therapy (REBT): A therapeutic approach that places the focus on present issues, such as currently held attitudes, painful emotions, and maladaptive behaviors that can disrupt life. 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.

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Q15.13. 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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Q15.14. Telemedicine/Telehealth (*including Internet, Web, mobile, and desktop programs*): Computer or web-based interactive, structured, substance abuse treatment program to support the assessment, intervention, treatment, or continuing care of clients.

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Q19a. Specifically Tailored Substance Abuse Treatment 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. They include those who are awaiting trial, incarcerated, on probation, on parole, or mandated by the courts to receive treatment.

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Q23.3. Medicare: The federal health insurance program for people age 65 and older and people with disabilities.

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Q23.4. Medicaid: 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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Q23.8. IHS/Tribal/Urban (ITU) Funds: Direct funds from the Indian Health Service. They consist of tribal funds through "638 contracts" (named after the public law under which they were authorized) and/or urban funds through federal 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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Q32. Transitional Housing, Halfway House, or a Sober Home: 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. Such housing includes transitional living, sober houses, sober living, recovery houses, and 3/4 houses.

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