

**National Treatment Improvement  
Evaluation Study (NTIES),  
1992-1997**

*United States Department of Health and  
Human Services. Substance Abuse and  
Mental Health Services Administration.  
Center for Substance Abuse Treatment*

NTIES Clinical Unit Data (NCLU) Codebook



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# NEDS

NATIONAL EVALUATION DATA SERVICES

## NATIONAL TREATMENT IMPROVEMENT EVALUATION STUDY:

DOCUMENTATION AND CODEBOOK FOR PUBLIC USE DATA FILE 5

NTIES CLINICAL UNITS

December 2000

**CSAT**  
Center for Substance  
Abuse Treatment  
SAMHSA

**CALIBER**  
ASSOCIATES

**NORC**  
OF THE  
UNIVERSITY OF CHICAGO





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EVALUATION STUDY:**

**DOCUMENTATION AND CODEBOOK FOR PUBLIC USE DATA FILE 5**

**NTIES CLINICAL UNITS**

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# TABLE OF CONTENTS

	<u>Page</u>
FOREWORD .....	i
ACKNOWLEDGMENTS .....	iii
OVERVIEW OF THE CLINICAL UNIT NTIES PUBLIC USE DATA FILE.....	iv
ABSTRACT .....	vi
DESCRIPTION OF THE NATIONAL TREATMENT IMPROVEMENT EVALUATION STUDY AND CENTER FOR SUBSTANCE ABUSE TREATMENT DEMONSTRATIONS (1990-1992).....	1
TREATMENT DEMONSTRATION PROGRAMS .....	1
Target Cities.....	1
Critical Populations.....	2
Incarcerated and Non-Incarcerated Criminal Justice Populations .....	2
DESCRIPTION OF THE NTIES DESIGN .....	2
The Administrative/Services Component.....	2
Clinical Treatment Outcomes Component.....	3
DESCRIPTION OF SDUS AND CLIENTS BY TREATMENT MODALITY AND PROGRAM TYPE .....	4
PROTECTION AGAINST DISCLOSURE OF CLIENT AND CLINICAL UNIT IDENTITIES IN PUBLIC USE FILES .....	7
USER RESPONSIBILITY.....	8
NTIES CLINICAL UNIT CODEBOOK .....	9



## FOREWORD

The Center for Substance Abuse Treatment (CSAT) works to improve the lives of those affected by alcohol and other substance abuse, and, through treatment, to reduce the ill effects of substance abuse on individuals, families, communities, and society at large. Thus, one important mission of CSAT is to expand the availability of effective substance abuse treatment and recovery services. To aid in accomplishing that mission, CSAT has invested and continues to invest significant resources in the development and acquisition of high quality data about substance abuse treatment services, clients, and outcomes. Sound scientific analysis of this data provides evidence upon which to base answers to questions about what kinds of treatment work best for what groups of clients, and about which treatment approaches are cost-effective methods for curbing addiction and addiction-related behaviors.

In support of these efforts, the Program Evaluation Branch of CSAT established the National Evaluation Data Services (NEDS) contract to provide a wide array of data management and scientific support services across various programmatic and evaluation activities. NEDS is a pioneering effort for CSAT in that the Center previously had no mechanisms established to pull together databases for broad analytic purposes or to house databases produced under an array of activities. One of the specific objectives of NEDS is to provide CSAT with flexible analytic capability to address policy-relevant questions about substance abuse treatment. This codebook and the cognate public use files have been produced in pursuit of this objective.

The codebook for Public Use Data File 5 covers clinical unit information collected by the National Treatment Improvement Evaluation Study (NTIES), a major CSAT evaluation project conducted by the National Opinion Research Center with assistance from Research Triangle Institute. A series of client-level PUDFs are also available for public access on the Substance Abuse and Mental Health Data Archive (SAMHDA) Web site. The data collection instruments covered by this codebook are the NTIES Baseline Administrative Report (NBAR) and the NTIES Clinician Form (NCF). Reports and forms for two waves of the NCF were completed by staff from 67 and 75 service delivery units, respectively. A total of 78 programs completed both the NBAR and at least one NCF form, and these are the clinical units contained in this PUDF. These clinical unit data can be linked to the 6,593 clients in the NTIES.

Readers who are interested in more detailed information about the NTIES project are invited to visit the NEDS Web site at: **<http://neds.calib.com>**. The NEDS Web site provides the NTIES Final Report (1997), additional NTIES reports and Fact Sheets, and copies of all data collection instruments employed in NTIES.

Sharon Bishop  
Project Director  
National Evaluation Data Services

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## ACKNOWLEDGMENTS

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We wish to thank the Center for Substance Abuse Treatment staff who provided overall guidance and direction to the NTIES project and its follow-through in NEDS, with particular thanks to Ron Smith, Ph.D., Program Evaluation Branch, CSAT.

Caliber Associates is the prime contractor for NEDS in partnership with Battelle Centers for Public Health Research and Evaluation (CPHRE); the Lewin Group; and the National Opinion Research Center (NORC). The NTIES Public Use Data Files were produced by NORC under the NEDS contract. We wish to thank Richard Finkbiner, Ph.D., at Caliber Associates for his assistance in preparing these PUDF files and documentation for release.

The Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS) has provided data archiving through the Substance Abuse and Mental Health Data Archive (SAMHDA) contract. The Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan, in its role as the SAMHDA contractor, provides ready access to substance abuse and mental health research data and promotes the sharing of these data among researchers, academics, policymakers, service providers, and others. We wish to thank Charlene S. Lewis, Ph.D., OAS, SAMHSA, for her assistance in this cooperative effort between NEDS and SAMHDA.

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## OVERVIEW OF THE CLINICAL UNIT NTIES PUBLIC USE DATA FILE

Three levels of the NTIES data have been released to the public through the Substance Abuse and Mental Health Data Archive (SAMHDA): Service Delivery Unit (SDU) level data (e.g., treatment program revenues and costs, services provided, treatment orientations and practices), clinician-level data (e.g., clinician background, training, demographics, etc), and client-level data (e.g., client background, pre- and post-treatment drug use, employment, criminal behaviors, etc).

In addition to this Clinical Unit Public Use Data File (PUDF: File 5) which contains data from the first two levels, namely SDU- and clinician-level, interested users can also access four NTIES client-level PUDFs. Each of the 6,593 records in this file contains data from the clinical unit in which a specific NTIES client was admitted to treatment, and each includes a unique client identifier number that can be matched to one or all of the four companion client-level PUDFs. A thorough disclosure analysis was performed on all three levels of data to safeguard against the possible identification of individual clients, clinicians, or SDUs.

The material in this document provides a description of the NTIES study design, data collection procedures, and content for the Clinical Unit PUDF (File 5). Limitations of the public use data and user responsibilities are also described. To summarize, the contents of the five NTIES PUDFs are:

**File 1:** Client-level data: NTIES Research Intake Questionnaire (NRIQ). Administered during the client's first 3 weeks of treatment, the NRIQ file contains data for 6,593 persons admitted to substance abuse treatment in 1993-1994 in 71 SDUs.

**File 2:** Client-level data: NTIES Treatment Experience Questionnaire (NTEQ). Contains data for 5,294 clients collected at the time of discharge from treatment.

**File 3:** Client-level data: NTIES Post-discharge Assessment Questionnaire (NPAQ). Contains data for 5,388 clients collected approximately one year after discharge.

**File 4:** Client-level data: NTIES Patient Record Abstraction Form (NPRAF). Contains data on 6,412 clients, compiled by NTIES research staff on the treatment records of those clients.

**File 5:** Clinical-unit data: NTIES Baseline Administrative Report (NBAR) and the NTIES Clinician Form (NCF). Contains information about the clinical units in which NTIES clients received treatment.

The Public Use Data Files have been made available in three different formats to maximize access to the data by end users: (1) as a compiled SPSS data file (file extension: \*.sav); as a SAS transport file (file extension: \*.tsp); and as an ASCII text file (file extension: \*.dat). Further assistance regarding archive data in general, the use of specific data formats, documentation, downloading, or website technical issues can be found on the SAMHDA website at <http://www.icpsr.umich.edu/SAMHDA/> or by calling the SAMHDA project Helpline at 1-800-741-7242.

**ABSTRACT**

This volume contains one of five codebooks for the National Treatment Improvement Evaluation Study (NTIES), 1992-1997. The NTIES data cover the characteristics and behavior of 6,593 persons admitted to substance abuse treatment in 1993-1994 in 78 of the clinical service delivery units receiving demonstration program funding from the Center for Substance Abuse Treatment. There are also data on characteristics of the clinical units that provided the treatment services. Data were collected in computer-assisted personal interviews with clients at admission to treatment, discharge from treatment, and approximately one year after discharge from treatment; from clinical records, program administrators, and clinicians; and from arrest reports and results of urine assays at the one-year follow-up. The data have been edited to assure the confidentiality of clients and facilitate analysis by evaluation researchers.

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## **DESCRIPTION OF THE NATIONAL TREATMENT IMPROVEMENT EVALUATION STUDY AND CENTER FOR SUBSTANCE ABUSE TREATMENT DEMONSTRATIONS**

The National Treatment Improvement Evaluation Study (NTIES) was a national evaluation of the effectiveness of substance abuse treatment services delivered in comprehensive treatment demonstration programs supported by the Center for Substance Abuse Treatment (CSAT). The NTIES project (1992-1997) was designed and performed for CSAT by the National Opinion Research Center at the University of Chicago with assistance from Research Triangle Institute. The NTIES project collected longitudinal data between 1992 and 1995 on a purposive sample of clients in treatment programs receiving demonstration grant funding from CSAT. Client-level data were obtained at treatment intake, at treatment exit, and one year after treatment exit. Service delivery unit data from the administrator and from individual clinicians were obtained at two time points one year apart. For a fuller description of the study, see the NTIES Final Report, prepared by Dean R. Gerstein and associates, available from the following web address:

<http://neds.calib.com/products/abstract.cfm?ProductID=52>

### **TREATMENT DEMONSTRATION PROGRAMS**

CSAT initiated three major demonstration programs and made 157 multi-year treatment enhancement awards across 47 states and several territories during 1990 through 1992. One objective common to all demonstrations was CSAT's emphasis on the provision of "comprehensive treatment" services to targeted client populations. The recipients of these awards focused special attention on the substance abuse treatment service needs of minority and special populations located primarily within large metropolitan areas. The demonstration programs are briefly described below.

#### **Target Cities**

Under this demonstration, nine metropolitan areas were selected to receive awards, of which half were included in the NTIES purposive sample. The following treatment improvement activities were explicitly provided for in the awards:

- Establishment of a Central Intake Unit (CIU) with automated client tracking and referral systems in place
- Provision of comprehensive services, including vocational, educational, biological, psychological, informational, and lifestyle components
- Improved inter-agency coordination (e.g., mental health, criminal justice, and human service agencies)
- Services for special populations—adolescents, pregnant and postpartum women, racial and ethnic minorities, and public housing residents.

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## **Critical Populations**

Under this demonstration program, awardees were required to implement “model enhancements” to existing treatment services for one or more of the following critical populations: racial and ethnic minorities, residents of public housing, and/or adolescents. Special emphasis was given to services provided to the homeless, the dually diagnosed, or persons living in rural areas. A total of 130 grants was awarded, covering services such as vocational support/counseling, housing assistance, integrated mental health and/or medical services, coordinated social services, culturally directed services, and others.

## **Incarcerated and Non-Incarcerated Criminal Justice Populations**

Under this demonstration program, funds were directed toward improving the standard of comprehensive treatment services for criminally involved clients in correctional and other settings. Some program emphasis was placed on ethnic and/or racial minorities. Nine Correctional Setting demonstrations were funded: five in prisons, three in local jails, and one across a network of juvenile detention facilities. All projects included a screening component to identify substance-abusing inmates, a variety of targeted treatment interventions (e.g., therapeutic communities, intensive day treatment programs), and a substantial aftercare component.

Ten non-incarcerated projects were funded. Five programs targeted interventions at clients in diversionary programs, three focused services on probationers or parolees, and two programs targeted both populations. Almost all of the funded demonstration projects included the following components:

- Basic eligibility determination, followed by systematic screening and assessment
- Referral to treatment
- Graduated sanctions and incentives while in treatment
- Intensive supervision in treatment
- Community-based aftercare with supervision and service coordination.

In total, 19 criminal justice projects were funded as part of the CSAT 1990-1992 demonstrations, and as indicated below, these projects were purposively over-sampled in order to obtain a more robust evaluation of this program.

## **THE NTIES DESIGN**

### **The Administrative/Services Component**

The NTIES study design had two levels—an administrative/services component and a clinical treatment outcomes component. The administrative component was designed to assess how CSAT demonstration funds were used, what improvements in services were implemented at the program level, and what kind and how many programs and clients were affected by the demonstration awards. Four data collection instruments were used to gather administrative data on treatment services: the NTIES Baseline Administration Report (NBAR), the NTIES Continuing Administrative Report (NCAR), the NTIES Exit Log, and the NTIES Clinician Form (NCF).

The unit of analysis for the administrative component, the service delivery unit (SDU), was defined by CSAT as a single site offering a single level of care. The classification of *level of care* is based on three parameters: (1) facility type (e.g., hospital, etc.); (2) intensity of care (e.g., 24-hour, etc.); and (3) type of service (e.g., outpatient, etc.). An SDU could be a standalone treatment provider or it could be one component of a multi-tiered treatment organization. For example, a large county mental health agency may be the *organization* within which the SDU is located. The organization may have multiple substance abuse treatment components, such as a county hospital and a county (ambulatory) mental health center. The county hospital may have multiple SDUs, such as an inpatient detoxification service, an outpatient counseling service, and a hospital satellite center providing transitional care. In summary, the SDU provided NTIES evaluators with a stable, uniform platform of comparison for examining service delivery issues.

A range of key clinician-specific data elements (within the administrative component) was assessed using the NTIES Clinician Form (NCF). The NCF items were an important adjunct to the SDU level instruments; these items assessed clinician training, experience, client exposure, and service provision, and were completed by all counseling and clinical (medical and therapeutic) staff at the individual SDUs.

### **The Clinical Treatment Outcomes Component**

The unit of analysis for the clinical treatment outcomes component was individual client data. NTIES measured the clinical outcomes of treatment primarily through a *before/after* or *pre-to post-treatment* design. This method compares behaviors or other individual characteristics in the same participants, measured in similar ways, before and after an intervention.

Information about clients' lives for the *before-treatment* period was obtained from the NTIES Research Intake Questionnaire (NRIQ), which was administered within the first three weeks of treatment. The specific areas assessed included:

- Drug and alcohol use
- Employment
- Criminal justice involvement and criminal behaviors
- Living arrangements
- Mental and physical health.

Information about clients' lives for the *after-treatment* period was obtained from the NTIES Post-discharge Assessment Questionnaire (NPAQ), with the same areas assessed an average of 11 months post-treatment. Other client data sources included a treatment discharge interview (NTIES Treatment Experience Questionnaire, NTEQ), abstracted client records, urine drug screens collected at the time of the follow-up interview, and arrest reports from state databases.

Between August 1993 and October 1994, research staff successfully enrolled 78 SDUs in NTIES. These SDUs were chosen from the universe of 792 SDUs (see Exhibit 1) participating in the demonstration grants from CSAT. Some of the selected facilities were wholly supported by CSAT awards, while others received only indirect support or none.

Clients were interviewed in person using a computer-assisted interview protocol shortly after their first day of treatment. Fifteen percent of the eligible clients at the 78 NTIES SDUs refused or avoided participation at intake, a recruitment rate of 85 percent, yielding 6,593 intake interviews (NRIQ). Of those clients successfully recruited into NTIES, 80 percent (N=5,274) completed the NTEQ at or near the time when they left treatment, and 82 percent (N=5,388) completed the NPAQ, nominally about one year after the end of treatment, but in fact with a much wider range of post-treatment durations due to a variety of practical obstacles and constraints.

A number of exclusion criteria were implemented at the time the NTIES Final Report was developed, yielding an analytical sample of clients that comprised a subset of those completing the various questionnaires. These exclusions, which were also reflected in a number of published analyses since the Final Report, were as follows:

- All clients in 7 of the 78 SDUs were excluded from follow-up eligibility due to the very small numbers enrolled in these SDUs and their geographic isolation from other SDUs, a combination of circumstances that made these follow-up interviews very uneconomical to collect.
- All clients whose treatment exit dates were missing or undetermined were excluded from the outcome analyses.
- All clients with NPAQ follow-up intervals of less than 5 or more than 16 months were excluded from the outcome analyses.
- All clients incarcerated for most or all of the follow-up period were excluded from the outcome analyses. (Nearly all of these clients had been treated while incarcerated, and were not yet released into the community at the time of the NPAQ interview.)

There was some overlap in applicability across these exclusion criteria. About 50 clients were affected by each of the first two criteria, about 300 by the third criterion, and about 700 by the fourth criterion. These exclusions resulted in a net outcome analysis sample of 4,411 individuals (identified by variable IN\_4411 in the NPAQ data file), representing 71 of the 78 SDUs.

Note that all of the interview data collected from clients of 78 SDUs at treatment intake, exit, and follow-up are included in the NTIES public use file. Users of these files may therefore select different analytical samples—larger or smaller than the N of 4,411—for outcome analysis or other purposes, depending on their analytic interests. The data management variables QUEXSTAT, TFSCOMP, and DURAPDP provide further information for sample selection.

#### **SDUS AND CLIENTS BY TREATMENT MODALITY AND PROGRAM TYPE**

The 71 SDUs contributing clients to the previously published outcome analyses are characterized by modality and demonstration program type in Exhibit 1 below. Among the 698

SDUs in the NTIES universe after removal of 94 specialized service units that did not provide treatment per se, 52 percent (n=365) were in Target Cities programs, 39 percent (n=274) were in Critical Populations programs, and 9 percent (n=59) were in Criminal Justice programs. Of the 71 SDUs represented in the NTIES outcome analysis, 44 percent were Target Cities programs, 38 percent were Critical Populations programs, and 23 percent were Criminal Justice programs. Criminal Justice SDUs were purposely over-sampled as part of the NTIES evaluation design. Nearly half of the sampled SDUs were (non-methadone) outpatient programs, and about one-quarter were long-term residential programs.

As shown in Exhibit 2, 59 percent of the NTIES clients represented in the Final Report and other published outcome analysis sample were from Target Cities SDUs. Slightly more than 21 percent of the NTIES outcome sample clients were from Critical Populations SDUs and 20 percent were from Criminal Justice SDUs. Outpatient (non-methadone) SDUs treated over one-third (35%) of the clients in the outcomes analysis sample, and almost 80 percent of these were sampled from Target Cities programs.

<b>EXHIBIT 1</b>						
<b>SDUs IN THE OUTCOME ANALYSIS SAMPLE</b>						
<b>Program Title</b> Number of SDUs (% of NTIES Universe)*	<b>NTIES Sample</b>	<b>Methadone</b>	<b>Outpatient</b>	<b>Long-Term Residential</b>	<b>Short-Term Residential</b>	<b>Correc-tional</b>
<b>Target Cities</b> n=365 (52%)	31 (44%)	6	15	6	4	0
<b>Critical Populations</b> n=274 (39%)	27 (38%)	1	13	10	3	0
<b>Criminal Justice</b> n=59 (9%)	13 (23%)	0	5	0	0	8
<b>Totals</b> N=698 (100%)	71 (100%)	7	33	16	7	8

- The original NTIES universe of SDUs included a program type called *Specialized Services*. Because clients for the outcome analysis sample were not drawn from these SDUs (n=94), they are excluded from the Exhibit.

<b>EXHIBIT 2</b>					
<b>DISTRIBUTION OF CLIENTS IN THE OUTCOMES ANALYSIS SAMPLE</b>					
<b>Program Title</b> Number of Clients (% of Analysis Sample)	<b>Methadone</b>	<b>Outpatient</b>	<b>Long-Term Residential</b>	<b>Short-Term Residential</b>	<b>Correctional</b>
<b>Target Cities</b> n=2,600 (59%)	377 (89%)	1,214 (78%)	504 (60%)	505 (58%)	0
<b>Critical Populations</b> n=931 (21%)	45 (11%)	220 (14%)	298 (35%)	368 (42%)	0
<b>Criminal Justice</b> n=880 (20%)	0	132 (8%)	39 (5%)	0	709 (100%)
<b>Totals</b> n=4,411 (100%)	422	1,566	841	873	709

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## PROTECTION AGAINST DISCLOSURE OF CLIENT AND CLINICAL UNIT IDENTITIES IN PUBLIC USE FILES

It is the intention of CSAT to make much of the NTIES data available through public use data files (PUDFs). It is necessary, however, to maintain the confidentiality of individuals participating in research. This is especially critical due to the sensitive nature of the NTIES information about illicit drug use and other illegal activity, motivation for using substances and clinical treatment details. Participating individuals were given assurance of confidentiality. In order to protect confidentiality, a disclosure analysis of the data was conducted. This analysis resulted in protective modifications of the data.

In order to create PUDFs from the original restricted use files, all potential identifiers in the client questionnaires were documented and steps necessary to address disclosure risk were delineated. This analysis aimed to minimize the chance of client identification while preserving analytic utility. Procedures necessary to guard against direct or indirect disclosure of event or identity included eliminating obvious identifiers, such as names and publicly available identification numbers. The reasons for these eliminations are obvious and are consistent with those of most publicly available social science data sets, whether they are produced by the government or by other research institutions. Other potential identifiers were reviewed individually. Variables such as specific dates of admission and discharge were supplanted with measures of length-of-stay and post-discharge period duration. The data were also screened for the potential deductive disclosure risk of outlying continuous variables and very low frequency categorical values. In order to minimize the chance of client identification, it was necessary to truncate extreme values, categorize some continuous variables or recode some categorical variables. Fifty to one hundred responses per category was deemed adequate to protect against deductive disclosure even assuming decomposition of the sample into smaller subgroups. In some instances, responses were recoded with median values. As a final resort, it was necessary to remove some variables from the PUDF. This disclosure protection was only used for items that were impossible to mask through re-categorization or for which a median value substitution would be analytically inutile. Even those response values numerous in the data were inspected through three- and four- way cross-tabs to check for rare footprints. All variables revealing cell sizes of three or fewer respondents were recoded either according to the preferences discussed above or to other substantially similar values or to 'missing.' In the disclosure analysis, two rounds of data masking yielded a small cell rate of 1.69% (458 small cells out of 23137 cells total). Three rounds of data masking reduced the small cell rate to .4%, a proportion which is acceptable under standard confidentiality protocols.

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NTIES used a two-level design in which clients were clustered within SDUs. The identity of recipients and subrecipients of NTIES demonstration awards is a matter of public record, and the considerable variation among SDUs for a number of parameters render individual SDUs relatively easy to identify. This in itself does not imply unacceptable risk of disclosure; however if SDUs were identifiable and if they could be linked with clients, there would be disclosure risk to clients. Careful study of the NTIES data indicated that directly linking client data and unmodified SDU data, even with overt SDU identifiers removed, would compromise disclosure protection for clients. Therefore the data from SDUs represented in these files has been modified by three strategies: (a) removal of all identifying information about these units, (b) recoding and aggregation of administrative and clinical staff information into broad research-focused categories that preclude isolation of particular SDU “footprints”, and (c) limiting the number of items of information available about each unit. This public use file permits researchers to exploit the multi-level design in which clients are clustered within SDUs, without compromising client confidentiality.

Because of the disclosure alterations to the restricted-use files that have been available only to the NTIES and NEDS contract research team, estimates derived from the PUF will not always match exactly the detailed results published in SAMHSA reports. There may be slight bias in either direction, if present, owing to the suppression of a sparse number of cases by setting some values to missing.

It is important to note that the data from NTIES were collected from SDUs receiving CSAT support. Individuals served by CSAT grants were generally from vulnerable and underserved populations (minorities, pregnant women, youth, public housing residents, welfare recipients, and those in the criminal justice system). Results from NTIES may not generalize to all clients in substance abuse treatment or to all kinds of service delivery units. Nonetheless, the NTIES data are a rich source of information about CSAT-supported substance abuse treatment and clinical outcomes among vulnerable and underserved populations. The data will allow researchers to study the efficacy of substance abuse treatment and factors that influence course and outcome.

## **USER RESPONSIBILITY**

Users are reminded that these data are intended to be used solely for statistical analysis, reporting, and evaluation of aggregated information and not for investigation of specific individuals or organizations.

## **FREQUENCIES**



**IDENTIFICATION****CASEID                      CASE IDENTIFICATION NUMBER**

Patient record number in SDU files

6,593 cases (Range of valid codes: 113-9993897)

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 1-7

**NUSDUID                      LINKED NEW SDU ID NUMBER**

UNIQUE SIX-DIGIT IDENTIFIER ASSIGNED TO EACH NTIES SERVICE DELIVERY UNIT (SDU). AN SDU IS DEFINED AS A SINGLE TREATMENT MODALITY OFFERED AT A SINGLE SETTING.

6,593 cases (Range of valid codes: 1-78)

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 8-9

<b>SERVICE DELIVERY UNIT DIRECTOR</b>
---------------------------------------

<b>DIRCOLL</b>	<b>SDU DIRECTOR COLLEGE GRAD</b>
----------------	----------------------------------

RESPONDENT HAS BA/BS Do you have a bachelor's degree?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
45.6	41.3	2,725	1	Yes
54.4	49.4	3,256	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 10-11

<b>DIRGRAD</b>	<b>SDU DIRECTOR POSTGRAD DEGREE</b>
----------------	-------------------------------------

Have you received any degrees beyond a bachelor's?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
49.2	44.6	2,942	1	Yes
50.8	46.1	3,039	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 12-13

<b>DIRCRED</b>	<b>SDU DIRECTOR OTHER CREDENTIAL</b>
----------------	--------------------------------------

Have you received any other credentials?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
52.4	47.5	3,132	1	Yes
47.6	43.2	2,849	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 14-15

<b>DIRYEARS</b>	<b>SDU DIRECTOR YEARS AT SDU</b>
-----------------	----------------------------------

How many years have you been with your current organization?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
46.2	41.9	2,763	1	0-4
53.8	48.8	3,218	2	5 or more
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 16-17

<b>DIRSEX</b>	<b>SDU DIRECTOR SEX</b>
---------------	-------------------------

What is your gender?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
46.3	42.0	2,771	1	Male
53.7	48.7	3,210	2	Female
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 18-19

<b>DIRETHNI</b>	<b>SDU DIRECTOR ETHNIC MINORITY</b>
-----------------	-------------------------------------

Are you of racial/ethnic minority background?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
39.4	35.7	2,355	1	Yes
60.6	55.0	3,626	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 20-21

**SDU STAFF**

**YRSKEYP1                      KEY PERSONNEL 1 YRS AT SDU**

Number of Years Associated with this Organization in Any Position

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
28.8	25.6	1,690	1	0-2 years
41.9	37.3	2,458	2	3-6 years
29.3	26.0	1,715	3	7+ years
	9.3	612	-9	NO DATA
	1.8	118	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 22-23

**YRSKEYP2                      KEY PERSONNEL 2 YRS AT SDU**

Number of Years Associated with this Organization in Any Position

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
49.6	45.0	2,968	1	0-2 years
38.0	34.5	2,274	2	3-6 years
12.4	11.2	739	3	7+ years
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 24-25

<b>PMALESTF</b>	<b>PERCENT MALE STAFF</b>
-----------------	---------------------------

Approximately what percentage of the individuals on staff during the reference year were male?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
30.6	27.3	1,802	1	0-33%
38.1	34.0	2,240	2	34-50%
31.3	28.0	1,844	3	51-100%
	9.3	612	-9	NO DATA
	1.4	95	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 26-27

<b>PMINOSTF</b>	<b>PERCENT MINORITY STAFF</b>
-----------------	-------------------------------

Approximately what percentage of the individuals on staff during the reference year were minority staff?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
27.8	24.9	1,644	1	0-33%
26.7	23.9	1,577	2	34-66%
45.5	40.7	2,685	3	67-100%
	9.3	612	-9	NO DATA
	1.1	75	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 28-29

<b>ANYCASE</b>	<b>ANY CASE MANAGERS</b>
----------------	--------------------------

Are any of the staff in TABLE B-2: STAFFING specifically designated as case managers ? (Do not include counselors or other staff who make occasional referrals to outside services during the course of their primary responsibilities.)

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
30.6	27.8	1,833	1	Yes
69.4	62.9	4,148	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 30-31

**FTEMED****MEDICAL STAFF FTES**

How many Full-Time Equivalent (FTE) medical staff are currently employed by this service delivery unit or its parent organization to provide services to this service delivery unit? #:

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
23.2	21.0	1,382	0	
22.3	20.2	1,332	1	
20.8	18.8	1,241	2	
11.7	10.6	700	3	
6.5	5.9	386	4	
0.8	0.7	47	7	
1.3	1.2	77	8	
6.4	5.8	382	9	
3.7	3.4	221	11	
2.2	2.0	130	18	
1.1	1.0	63	23	
	9.3	612	-9	NO DATA
	0.3	20	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 32-33

<b>FTECOUNS</b>	<b>COUNSELING STAFF FTES</b>
-----------------	------------------------------

How many Full-Time Equivalent (FTE) counseling staff are currently employed by this service delivery unit or its parent organization to provide services to this service delivery unit? #:

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
0.1	0.1	7	0	
0.1	0.1	8	1	
3.2	2.9	189	2	
9.2	8.3	549	3	
13.6	12.3	810	4	
11.6	10.5	690	5	
3.4	3.1	205	6	
8.7	7.9	520	7	
9.3	8.4	554	8	
2.1	1.9	127	9	
18.9	17.1	1,129	10	
5.6	5.0	332	11	
2.5	2.3	150	12	
1.8	1.6	105	17	
4.5	4.1	271	23	
0.8	0.7	49	24	
0.9	0.8	56	36	
3.5	3.2	210	43	
	9.3	612	-9	NO DATA
	0.3	20	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 34-35

**FTEADMIN****ADMINISTRATIVE STAFF FTES**

How many full-time equivalent (FTE) administrative staff are currently employed by this service delivery unit or its parent organization to provide services to this service delivery unit? #:

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
4.3	3.9	254	0	
6.4	5.8	380	1	
8.8	7.9	524	2	
7.7	7.0	461	3	
9.5	8.6	564	4	
7.3	6.6	433	5	
2.0	1.8	117	6	
12.7	11.5	755	7	
7.7	6.9	457	8	
7.5	6.8	450	9	
2.2	2.0	134	10	
0.7	0.6	41	11	
5.2	4.7	307	12	
0.1	0.1	5	13	
4.5	4.1	271	14	
3.6	3.2	214	15	
4.0	3.6	237	20	
1.3	1.2	76	22	
4.7	4.3	281	23	
	9.3	612	-9	NO DATA
	0.3	20	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 36-37

<b>CTENURE</b>	<b>SDU: % CLINICIANS SAYING WKED W. PGM FOR</b>
----------------	---

How many years have you been associated as a clinician with this program or its parent organization? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED "3 OR MORE YEARS" RATHER THAN A LOWER NUMBER]

Min	=	.0	Mean	=	44.839
Max	=	100.0	Std Dev	=	22.016
Median	=	40.6	Variance	=	484.715

(Based on 6,463 valid cases)

Data type: numeric  
 Decimals: 1  
 Missing-data codes: lowest thru -1.0  
 Columns: 38-42

<b>CADCASES</b>	<b>SDU: % CLINICIANS SAYING ALL THEIR WORK</b>
-----------------	--

How much of your clinical work is now with alcohol or drug dependent patients? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED "ALL WORK WITH ADD" RATHER THAN A LOWER PROPORTION]

Min	=	.0	Mean	=	76.081
Max	=	100.0	Std Dev	=	19.341
Median	=	76.2	Variance	=	374.092

(Based on 6,463 valid cases)

Data type: numeric  
 Decimals: 1  
 Missing-data codes: lowest thru -1.0  
 Columns: 43-47

**COLGRAD** **SDU: % CLINICIANS HAVING BACHELOR OR HIG**

What is the highest level of school that you have completed? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED "BACHELOR'S DEGREE OR HIGHER" RATHER THAN LESS EDUCATION]

Min	=	.0	Mean	=	55.190
Max	=	100.0	Std Dev	=	27.679
Median	=	55.6	Variance	=	766.127

(Based on 6,463 valid cases)

Data type: numeric  
Decimals: 1  
Missing-data codes: lowest thru -1.0  
Columns: 48-52

**CGENDER** **SDU: % CLINICIANS WHO WERE MALE**

What is your gender? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED THEY WERE "MALE" RATHER THAN "FEMALE"]

Min	=	.0	Mean	=	44.181
Max	=	83.3	Std Dev	=	17.549
Median	=	44.4	Variance	=	307.977

(Based on 6,463 valid cases)

Data type: numeric  
Decimals: 1  
Missing-data codes: lowest thru -1.0  
Columns: 53-56

**CGENMTCH****SDU: % CLINICIANS SAYING >= 50% PATIENTS**

How many of the patients you serve directly are the same gender (same sex) as you? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED "HALF OR MORE" OF PATIENTS WERE SAME GENDER AS THEY, RATHER THAN A LOWER PROPORTION]

Min	=	.0	Mean	=	61.568
Max	=	100.0	Std Dev	=	18.751
Median	=	64.7	Variance	=	351.586

(Based on 6,463 valid cases)

Data type: numeric  
 Decimals: 1  
 Missing-data codes: lowest thru -1.0  
 Columns: 57-61

**CRACE****SDU: % CLINICIANS SAYING WHO WERE BLACK**

What is your main racial identity? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED THEY WERE "AFRICAN-AMERICAN" RATHER THAN ANOTHER RACE]

Min	=	.0	Mean	=	40.166
Max	=	100.0	Std Dev	=	28.748
Median	=	38.6	Variance	=	826.470

(Based on 6,463 valid cases)

Data type: numeric  
 Decimals: 1  
 Missing-data codes: lowest thru -1.0  
 Columns: 62-66

<b>CRACMTCH</b>	<b>SDU: % CLINICIANS SAYING &gt;=50% PATIENTS</b>
-----------------	---

How many of the patients you serve directly are the same racial identity as you? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED "HALF OR MORE" OF PATIENTS WERE SAME RACE AS THEY, RATHER THAN A LOWER PROPORTION]

Min	=	.0	Mean	=	52.618
Max	=	100.0	Std Dev	=	22.537
Median	=	57.6	Variance	=	507.895

(Based on 6,463 valid cases)

Data type: numeric  
 Decimals: 1  
 Missing-data codes: lowest thru -1.0  
 Columns: 67-71

<b>CADTRAIN</b>	<b>SDU: % CLINICIANS HAVING &gt;=261 HRS LIFET</b>
-----------------	--

In your career, how many hours of formal training or supervised training have you had which were focused directly on alcohol or drug issues? [PERCENTAGE OF CLINICIANS IN SDU WHO RESPONDED THEY RECEIVED "261 OR MORE" HOURS OF TRAINING IN ADD, RATHER THAN FEWER HOURS]

Min	=	.0	Mean	=	51.032
Max	=	100.0	Std Dev	=	25.560
Median	=	50.0	Variance	=	653.324

(Based on 6,463 valid cases)

Data type: numeric  
 Decimals: 1  
 Missing-data codes: lowest thru -1.0  
 Columns: 72-76

**FINANCIAL INFORMATION**

**SVCELSW                      PTS GET CSAT\$ SERVICES ELSEWHERE**

Do the staff or patients in this service delivery unit benefit from CSAT supported services or facilities that are provided by another agency or service delivery unit?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
63.6	57.7	3,803	1	Yes
36.4	33.0	2,178	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 77-78

**REVENUE                      TOTAL REVENUES OF SDU**

During the reference year, what were the total external revenues generated by this service delivery unit, including patient fees, reimbursements, grants, and contract payments?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
57.9	43.3	2,854	1	
42.1	31.4	2,072	2	
	9.3	612	-9	NO DATA
	16.0	1,055	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 79-80

<b>PCTNOPAY</b>	<b>PERCENT OF PATIENTS UNABLE TO PAY HALF O</b>
-----------------	---

During the reference year, what percentage of patients in this service delivery unit were unable to pay as much as half the full cost of planned services from their own resources, including private insurance coverage?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
26.8	22.3	1,472	1	0-50%
21.7	18.1	1,192	2	51-99%
51.5	42.9	2,829	3	100%
	9.3	612	-9	NO DATA
	7.4	488	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 81-82

**ADMISSIONS**

**TOTADMIT                      TOTAL NEW ADMITS IN REF YEAR**

How many patients were admitted to this service delivery unit in the reference year, in total, broken down by major ethnic group, and according to gender and age? Please include patients admitted to this service delivery unit for the first time, readmissions, and transfers.

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
17.5	15.8	1,044	1	0-100
37.2	33.7	2,223	2	101-250
45.4	41.2	2,714	3	251+
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 83-84

**AFRADMIT                      AFR-AMER ADMITS IN REF YEAR**

How many of the patients who were admitted to this service delivery unit in the reference year were African American? Please include patients admitted to this service delivery unit for the first time, readmissions, and transfers.

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
15.8	14.1	931	1	0-10
37.3	33.3	2,194	2	11-100
46.9	41.9	2,761	3	More than 100
	9.3	612	-9	NO DATA
	1.4	95	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 85-86

<b>HSPADMIT</b>	<b>HISPANIC ADMITS IN REF YEAR</b>
-----------------	------------------------------------

How many of the patients who were admitted to this service delivery unit in the reference year were Hispanic? Please include patients admitted to this service delivery unit for the first time, readmissions, and transfers.

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
46.6	42.3	2,786	1	0-5
34.9	31.6	2,085	2	6-50
18.6	16.8	1,110	3	More than 50
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 87-88

<b>FEMADMIT</b>	<b>FEMALE ADMITS IN REF YEAR</b>
-----------------	----------------------------------

How many of the patients who were admitted to this service delivery unit in the reference year were female? Please include patients admitted to this service delivery unit for the first time, readmissions, and transfers.

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
40.0	36.1	2,378	1	0
29.1	26.3	1,732	2	1-50
30.9	27.8	1,835	3	More than 50
	9.3	612	-9	NO DATA
	0.5	36	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 89-90

<b>O21ADM</b>	<b>ADULT (OVER 21) ADMITS IN REF YEAR</b>
---------------	---

How many patients were admitted to this service delivery unit in the reference year? Please include patients admitted to this service delivery unit for the first time, readmissions, and transfers.

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
33.7	30.4	2,002	1	0-30
20.3	18.3	1,207	2	31-100
46.0	41.4	2,729	3	More than 100
	9.3	612	-9	NO DATA
	0.7	43	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 91-92

<b>ACTCASE</b>	<b>CURRENT ACTIVE CASELOAD</b>
----------------	--------------------------------

What is the active caseload of this service delivery unit, as measured by cases considered active at present?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
23.9	21.7	1,432	1	1-25
38.9	35.3	2,326	2	26-100
37.2	33.7	2,223	3	More than 100
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 93-94

<b>TREATMENT INFORMATION</b>
------------------------------

<b>INPHASE</b>	<b>TREATMENT PHASED IN THE SDU</b>
----------------	------------------------------------

Is treatment within this service delivery unit divided into phases or stages of treatment? (For example, is treatment segmented into categories such as Intake, Detox, Rehabilitation, Relapse Prevention, Post-Discharge?)

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
57.8	52.4	3,456	1	Yes
42.2	38.3	2,525	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 95-96

<b>EXPBASE</b>	<b>TREATMENT PHASED WITH OTHER SDUS</b>
----------------	---

Is this service delivery unit considered one phase of treatment in a sequence of closely affiliated service delivery units?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
66.6	60.4	3,985	1	Yes
33.4	30.3	1,996	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 97-98

<b>PTMATCH</b>	<b>SDU MATCHES MOST OR ALL PATIENTS WITH CA</b>
----------------	---

Does this service delivery unit try to match most or all patients with specific counselors?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
52.1	47.3	3,119	1	Yes
47.9	43.4	2,862	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 99-100

<b>FREQCOUN</b>	<b>HOW OFTEN PTS ATTEND INDIV COUNSELING SE</b>
-----------------	---

How frequently is the typical patient scheduled to receive individual counseling or individual therapy sessions?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
22.3	20.2	1,332	1	Less than once per week
60.5	54.9	3,617	2	Once per week
17.3	15.7	1,032	3	More than once per week
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 101-102

<b>ENVCHANG</b>	<b>STRESSES CHANGE OF ENVIRONMENT</b>
-----------------	---------------------------------------

Does this service delivery unit stress a change of environment as an important treatment goal?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
41.6	37.8	2,489	1	Yes
58.4	53.0	3,492	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 103-104

<b>FAMPAR</b>	<b>STRESSES FAMILY/PARENTING SKILLS</b>
---------------	---

Does this service delivery unit stress family/parenting skills as an important treatment goal?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
26.3	23.8	1,571	1	Yes
73.7	66.9	4,410	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 105-106

<b>SELFIMAG</b>	<b>STRESSES SELF-IMAGE/SELF-ESTEEM</b>
-----------------	--

Does this service delivery unit stress  
self-image/self-esteem as an important treatment goal?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
54.3	49.3	3,249	1	Yes
45.7	41.4	2,732	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
Missing-data codes: lowest thru -1  
Columns: 107-108

<b>TREATMENT FACILITY SERVICES</b>
------------------------------------

<b>URINFREQ</b>	<b>HOW MANY URINALYSES TYPICALLY DONE</b>
-----------------	---

How many urine test specimens are typically collected from a patient?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
63.7	55.5	3,661	1	Two or fewer
36.3	31.6	2,084	2	Three or more
	9.3	612	-9	NO DATA
	3.6	236	-3	MISSING
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 109-110

<b>ACADEMIC</b>	<b>ACADEMIC TRAINING PROVIDED ON SITE</b>
-----------------	---

Is academic training provided on site?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
47.1	42.7	2,818	1	Yes
52.9	48.0	3,163	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 111-112

<b>VOCTRAIN</b>	<b>VOCATIONAL TRAINING PROVIDED ON SITE</b>
-----------------	---

Is vocational training provided on site?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
27.9	25.3	1,669	1	Yes
72.1	65.4	4,312	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 113-114

<b>MEDICAL</b>	<b>MEDICAL SERVICES PROVIDED ON SITE</b>
----------------	--

H1a Is this service provided on site?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
55.4	50.2	3,312	1	Yes
44.6	40.5	2,669	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593	cases	

Data type: numeric  
 Missing-data codes: lowest thru -1  
 Columns: 115-116

<b>PSYCHIAT</b>	<b>PSYCHIATRIC SERVICES PROVIDED ON SITE</b>
-----------------	--

Are psychiatric services provided on site?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
60.6	54.9	3,622	1	Yes
39.4	35.8	2,359	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 117-118

<b>PREGNAN</b>	<b>PREGNANCY SERVICES PROVIDED</b>
----------------	------------------------------------

Are pregnancy services provided on or off site?

PCT	PCT	N	VALUE	LABEL
VALID	ALL			
41.2	37.4	2,463	1	Yes
58.8	53.4	3,518	2	No
	9.3	612	-9	NO DATA
-----	-----	-----		
100.0	100.0	6,593		cases

Data type: numeric

Missing-data codes: lowest thru -1

Columns: 119-120

**RANKINGS--CLINICAL IMPORTANCE OF SERVICES****CRSLFEST****C.RANK: COUNSEL TO IMPROVE SELF-ESTEEM**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there may not be much difference between them. COUNSELING AND ACTIVITIES TO IMPROVE SELF-ESTEEM [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 2.5000-9.0000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 121-127

**CRENVCHG****C.RANK: ASSIST SOCIAL ENVIRONS CHANGE**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there many not be much difference between them. COUNSELING OR ASSISTANCE TO HELP CHANGE THE IMMEDIATE SOCIAL ENVIRONMENT [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 1.0000-11.2500)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 128-134

**CRCONBEH****C.RANK: COUNSEL TO CONTROL BEHAVIOR**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there many not be much difference between them. COUNSELING ON HOW TO GAIN CONTROL OF SELF- DAMAGING BEHAVIOR [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 1.1667-5.7500)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 135-141

**CRSOCSKL****C.RANK: HELP LEARN SOCIAL/PRACTICAL SKIL**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there many not be much difference between them. HELP IN LEARNING EVERYDAY SOCIAL AND PRACTICAL SKILLS [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 1.1667-5.7500)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 142-148

**CRINFO****C.RANK: INFO ON DRUG EFFECTS & RELEVANT**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there many not be much difference between them. INFORMATION ABOUT THE EFFECTS OF ALCOHOL OR DRUGS, INCLUDING RELEVANT LAWS [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 1.3333-9.1429)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 149-155

**CRJOBED****C.RANK: JOB TRAINING/CONTINUING EDUCATIO**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there many not be much difference between them. JOB TRAINING OR CONTINUING EDUCATION [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 5.4167-10.5000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 156-162

**CRMEDIC****C.RANK: MED EXAM, TREATING COND/ILLNESS**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there many not be much difference between them. MEDICAL EXAMINATION AND TREATMENT FOR PHYSICAL CONDITION OR ILLNESS [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 2.0000-10.5000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 163-169

**CR12STEP****C.RANK: PARTICIPATION IN 12-STEP MEETING**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there may not be much difference between them. PARTICIPATION IN 12-STEP MEETINGS [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 2.6667-11.8333)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 170-176

**CRPSYCH****C.RANK: PSYCHIATRIC WORK-UP/MENTAL HEALTH**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there may not be much difference between them. PSYCHIATRIC WORK-UP AND MENTAL HEALTH SERVICES [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 1.0000-10.5000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 177-183

**CRPUNISH****C.RANK: GOOD & BAD BEHAVIOR REWARDS/PUNI**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there may not be much difference between them. REWARDS AND PUNISHMENTS FOR GOOD AND BAD BEHAVIOR [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 5.6000-12.0000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 184-190

**CRSPIRIT****C.RANK: SPIRITUAL COUNSELING**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there may not be much difference between them. SPIRITUAL COUNSELING [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 4.6667-11.0000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 191-197

**CRTSTING****C.RANK: URINALYSIS, DRUG/ALCOHOL TESTING**

Using your best professional judgement, please estimate the clinical importance of the following services by assigning them in a rank order from 1 (most important) to (least important). Please consider the importance of the services for the patients you are now treating, whether or not the services are actually available at the present time. Please do NOT assign the same rank to any 2 categories. If services are ranked closely to each other, it is understood that there may not be much difference between them. URINALYSIS OR COMPARABLE TESTING FOR DRUGS OR ALCOHOL [MEAN RANK GIVEN BY CLINICIANS IN SDU]:

6,593 cases (Range of valid codes: 3.0000-12.0000)

Data type: numeric

Decimals: 4

Missing-data codes: lowest thru -1.0000

Columns: 198-204