

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

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) requests a revision of the Drug and Alcohol Services Information System (DASIS) data collection (OMB No. 0930-0106), which expires on December 31, 2012. The request includes a name change for this OMB No. from “DASIS” to the “National Survey of Substance Abuse Treatment Services (N-SSATS),” since N-SSATS is the main survey component from the prior collection included in this request. N-SSATS provides both national and state-level data on the numbers and types of patients treated and the characteristics of facilities providing substance abuse treatment services. It is conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) to meet the specific mandates for annual information about public and private substance abuse treatment providers and the clients they serve.

This request includes:

- N-SSATS, an annual census of substance abuse treatment facilities which collects data on the location, scope, services provided, and operational characteristics of all known substance abuse treatment facilities in the United States and its jurisdictions, and on utilization of services by means of a single-day count of clients in treatment;
- the data collection activities associated with updating the treatment facility universe, now named the Inventory of Behavioral Health Services (I-BHS) (previously the Inventory of Substance Abuse Treatment Services (I-SATS)). The inventory has been expanded to include mental health facilities in addition to substance abuse facilities, making it a “behavioral health” inventory.

Both I-BHS and N-SSATS are components of the Behavioral Health Services Information System (BHSIS) (previously DASIS), a system name change reflecting SAMHSA’s emphasis on a more integrated behavioral health treatment system.

Not included in this request, although considered part of the overall BHSIS system, is the National Mental Health Services Survey (N-MHSS). N-MHSS, which provides data on the number and characteristics of mental health treatment facilities in the United States, maintains a separate OMB approval (OMB No. 0930-0119). Also not included in this request is the Treatment Episode Data Set (TEDS). TEDS collects client-level data submitted by states on admissions to and discharges from state-funded substance abuse treatment facilities. The burden hours for TEDS, previously counted under the OMB No. for this request (OMB No. 0930-0106), have been subtracted from this collection and are being accounted for in a separate TEDS request (OMB No. 0930-0335).

The two data collection activities included in this request are described as follows:

I-BHS: The I-BHS is an expansion of the former I-SATS to include mental health facilities. It will be a master listing of all organized substance abuse and mental health treatment facilities known to SAMHSA and will serve as the universe for both the N-SSATS and the N-MHSS facility surveys.

Substance abuse facilities: I-BHS includes two substance abuse facility components: 1) a listing of facilities providing substance abuse treatment that are licensed, certified, or otherwise approved by a state substance abuse agency; and 2) a supplemental listing of other treatment facilities, referred to as non-state-approved facilities, that SAMHSA has identified through augmentation activities or through requests from individual facilities. Information on the state-approved facilities is provided by state substance abuse agency representatives, who update the information throughout the year using the web-based I-BHS Online system. The online system allows the addition of new facilities and revision of information on existing facilities in a password protected environment (<http://wwwdasis.samhsa.gov>). The state updates are continuous. Identification of non-state-approved facilities through an augmentation involves a periodic search of professional listings, business directories, and other sources for substance abuse treatment facilities not included in the I-BHS. Also, facilities not previously listed can request to be included in the inventory through an online facility application form.

Mental health facilities: Likewise, the I-BHS is being expanded to include two components for mental health facilities, i.e., 1) facilities identified by state mental health agencies, and 2) facilities identified through listings of various mental health organizations and through requests from individual facilities. The initial set of mental health facilities on the I-BHS are the facilities identified for the 2010 N-MHSS, which included 2010 N-MHSS listings from state agencies and mental health associations, plus subsequent facility requests through SAMHSA's online Mental Health Facility Locator (available at <http://findtreatment.samhsa.gov>.) That initial mental health facility universe will be updated through state agency input into I-BHS Online, through augmentation searches of various mental health organizations and other listings, and through applications from individual facilities.

Approval is requested for the state updates through I-BHS Online, for individual facility applications, and for screening calls to potential treatment facilities discovered through augmentation activities. The purpose of the screening calls is to determine eligibility for inclusion in the I-BHS. The specific I-BHS forms for which approval is requested are listed below:

- I-BHS Online Facility Add/Update Forms (state registration and update of facilities) (see Attachment A1);
- I-BHS Facility Application Form (individual facility online request) (see Attachment A2); and
- Facility Augmentation Screener (for screening facilities identified through augmentation sources) (see Attachment A3).

It is anticipated that more than one agency within a state may be involved for mental health facility registration, since multiple agencies are often involved in providing mental health care.

N-SSATS: The N-SSATS is an annual census of drug and alcohol treatment facilities in the United States. The list frame for the N-SSATS is comprised of all active substance abuse treatment facilities on the I-BHS. The N-SSATS serves two main purposes:

(1) to describe the location, scope, organizational characteristics, services provided, and utilization of facilities for analytic reporting;

(2) to update facility information on SAMHSA's online Behavioral Health Treatment Services Locator, available at: <http://findtreatment.samhsa.gov>.

Included in this request are two versions of the N-SSATS survey, a full N-SSATS to be conducted in 2013 and 2015, and an abbreviated N-SSATS to be conducted in 2014. The 2013 full N-SSATS questionnaire and 2014 abbreviated N-SSATS questionnaire are provided at Attachment B1 and B2, respectively. Also included in this request is the Between-cycle N-SSATS (N-SSATS BC), to be conducted between the annual surveys to collect information on new facilities for inclusion in the Treatment Locator. The N-SSATS BC, which will use the abbreviated N-SSATS instrument, is described later in this section.

The alternating schedule of a full and abbreviated annual N-SSATS (rather than a full N-SSATS survey every year) is being implemented to reduce burden on facilities. SAMHSA plans to implement a similar schedule for the N-MHSS. (Currently N-MHSS is using an abbreviated survey instrument only for the purpose of updating the Mental Health Treatment Locator. However, the next OMB request for N-MHSS will include the alternating full/abbreviated schedule in which data on facility operational characteristics and utilization will be collected every other year.)

In any one year, a full N-SSATS or a full NMHSS and an abbreviated N-SSATS or an abbreviated N-MHSS will be fielded. Conducting two full-length surveys every year would not be practical and could be burdensome for the approximately 11 percent of behavioral health facilities that provide both substance abuse and mental health services. This submission requests approval to conduct a full N-SSATS in 2013 and 2015 and an abbreviated N-SSATS in 2014. Conversely, the next request for approval for the N-MHSS will include a full N-MHSS to be conducted in 2014 and 2016 and an abbreviated N-MHSS in 2015.

The 2014 abbreviated N-SSATS instrument will collect a subset of the items on the full N-SSATS questionnaire, mainly the information needed to update the Substance Abuse Treatment Locator, such as facility name and address, specific services offered, and special groups served. Data not needed for updating the Locator, such as client counts and facility operational characteristics, will not be collected in the abbreviated survey. A minimum of core facility information will be collected each year to allow compilation of a simplified analytic facility file and analytic report each year. Client counts, which show relatively little change year-to-year, but collection of which impose the most burden on facilities, will be collected and reported biennially, sufficient for most research and reporting uses of the data.

The 2013 full N-SSATS will be conducted through an online web survey, with a mail questionnaire option and telephone follow-up of non-respondents. The online version is the primary response mode, with about 66 percent of facilities responding online in 2011. Attachment B3 provides a copy of the web screens for the 2013 N-SSATS online response option. The online survey utilizes the same survey questions as the N-SSATS paper questionnaire and imposes no additional burden for respondents. The 2014 abbreviated N-SSATS will be conducted through an online web survey with telephone follow-up of non-respondents.

In addition to the alternating full/abbreviated annual N-SSATS, a Between-cycle N-SSATS will be conducted periodically as new facilities are identified. The N-SSATS BC is a procedure for collecting the abbreviated services data from newly identified facilities between main cycles of the N-SSATS, to keep the listing of treatment facilities in the online Substance Abuse Treatment Locator up to date. The between-survey data collection from newly identified facilities allows facilities to be added to the Locator in a more timely manner, without waiting a full year for the next regular N-SSATS survey. The N-SSATS BC will be conducted with an online instrument and by telephone.

Approval is requested to conduct the full N-SSATS, the abbreviated N-SSATS, and the N-SSATS BC, as follows:

- Full N-SSATS (the 2013 full N-SSATS questionnaire is provided at Attachment B1) (Changes in the questionnaire are summarized in Section A.2);
- Abbreviated N-SSATS (the 2014 abbreviated N-SSATS questionnaire is provided at Attachment B2); and
- Between-survey N-SSATS BC for new facilities (uses the same abbreviated questionnaire as the 2014 N-SSATS.)

2. Purpose and Use of Information

Major products and uses of the I-BHS and N-SSATS are highlighted below:

I-BHS: The I-BHS will provide a national listing of all known substance abuse and mental health treatment facilities in the United States and territories. I-BHS will serve as the universe for N-SSATS and N-MHSS, as well as for other surveys of substance abuse and mental health treatment facilities.

N-SSATS: For two decades, N-SSATS has provided national data on the nature and distribution of the drug and alcohol treatment resources in the United States and territories, and on the number of the clients treated, services provided, and operational characteristics of treatment facilities. The N-SSATS has two primary purposes:

- to collect the information needed to update the annual *National Directory of Drug and Alcohol Abuse Treatment Programs* and its counterpart, the web-based online Behavioral Health Treatment Services Locator (<http://findtreatment.samhsa.gov>). Facilitated by the I-BHS and the close coordination of the N-SSATS and N-MHSS, SAMHSA has transformed

the former Substance Abuse Treatment Facility Locator into the integrated Behavioral Health Treatment Services Locator, which will allow searches for substance abuse and mental health treatment facilities (or facilities offering both types of treatment) through a single website;

- to prepare an annual report and public-use data file describing the substance abuse treatment system in the United States, including information on facility location, services provided, operational characteristics, and number of persons in treatment on the survey reference date. The N-SSATS public-use files are available for analysis on an interactive website called SAMHDA (Substance Abuse and Mental Health Data Archive) (<http://www.icpsr.umich.edu/SAMHDA>).

N-SSATS provides information on the location, scope, and characteristics of all known substance abuse treatment facilities in the United States and on the number of clients receiving services. This information is used to describe and assess the nature and extent of these resources, to identify gaps in services, to provide a public listing for treatment referrals, and to provide a sampling universe for researchers. Not only is the N-SSATS the only means for updating the Directory and the Locator, it is also the only source of national data on the characteristics and utilization of the specialty substance abuse treatment system. Users of N-SSATS data include the Congress, Federal agencies and offices such as the Office of National Drug Control Policy (ONDCP), state legislatures and agencies, local communities, organizations (e.g., the National Association of State Alcohol and Drug Abuse Directors), researchers, treatment facilities (e.g., for referral of clients), and individuals seeking treatment.

Planned Changes:

OMB approval is requested for the following changes:

I-BHS: As described above, the I-BHS database has been expanded to include mental health treatment facilities. The I-BHS Online forms, the I-BHS facility application form, and the augmentation screener questionnaire include a new question to determine if the facility provides mental health treatment services.

N-SSATS: The full N-SSATS will be conducted in alternate years, rather than every year as in the past, with an abbreviated N-SSATS questionnaire to update the Treatment Locator conducted in the interim years. Approval is requested for the following changes from 2012 to 2013 in the N-SSATS questionnaire:

2013 Q1a. A new question has been added to determine if the facility provides mental health treatment services. This question will help identify facilities that provide both substance abuse and mental health treatment services.

2012 Q4. This old question on primary focus was dropped because it was found to be too subjective and less useful than asking directly about the services the facility provides. New Q1a in 2013 will identify facilities that provide mental health treatment services.

2013 Q 10 (Q11 in 2012). New items have been added to determine if the facility offers treatment for gambling disorders, internet use disorders or other non-substance abuse disorders.

2013 Q18 (Q19 in 2012). This question was reformatted to reduce burden. The question previously had two parts, one to determine if particular kinds of clients were accepted at the facility and another to determine if the facility had special groups or programs for particular kinds of clients. The first part has been dropped. Adolescents, adult women and adult men have been broken out of the list of kinds of clients in order to ask if the facility services only clients in these groups. Two new categories have been added to determine if the facility has special programs for persons who have experienced intimate partner violence/physical abuse and persons who have experienced sexual abuse.

2013 Q 26. This new question has been added to ascertain the extent to which the facility has adopted health information technology in its operations.

3. Use of Information Technology

I-BHS: The I-BHS Online forms used by states to update the information on state-approved or state-funded facilities are mounted on a website that can be accessed only by authorized state behavioral health representatives and SAMHSA/BHSIS employees and contractors. State representatives use the AI-BHS Online@ system to enter new facilities or update information on existing facilities. All I-BHS updates (including additions, deletions, and changes) are made electronically via the I-BHS Online. State representatives can also access the I-BHS Quick Retrieval Service (IQRS) on the website, to download lists of facilities and sort by key facility characteristics. An online facility application form available on the Behavioral Health Treatment Services Locator will allow the submission of registration application requests by facilities not currently on the Locator.

N-SSATS: The primary mode of data collection for the main survey of treatment facilities had traditionally been by a mailed paper questionnaire until the online web survey, introduced in 2002, gradually became the primary response mode (about 66 percent of facilities responded online in 2011.) In 2013, N-SSATS will be an online web survey, with a mail questionnaire option. Non-responding facilities will be followed by telephone using Computer Assisted Telephone Interview (CATI) technology. The web/mail/CATI combination has been successful and will be continued in upcoming full surveys, with around 70 percent of facilities expected to respond by web in 2013. The web and CATI version incorporate range limits and consistency checks, prompting the user to resolve inconsistencies before permitting movement to the next question. This has greatly reduced the number of post-survey edit callbacks required.

The *National Directory of Drug and Alcohol Abuse Treatment Programs* is based on information collected in the N-SSATS. The *online Locator version of the National Directory* is available on the Internet with a mapping/locator capability (<http://findtreatment.samhsa.gov>). The Treatment Locator has attracted the attention of people in search of treatment for themselves or someone else, and of treatment facilities. Facilities that are listed in the Locator frequently contact the Locator's Webmaster when their status or services have changed. The Locator is then corrected immediately. An online facility application form will be available for facilities seeking to be

listed on the Locator. (This requires that substance abuse facilities be licensed/approved by their state substance abuse agency, and that they respond to the N-SSATS or N-SSATS BC.)

The use of this web technology is expected to help states maintain their I-BHS facility listings, retain the high N-SSATS response rate, and improve the accuracy of the Treatment Locator.

4. Efforts to Identify Duplication

Consultation with states and other federal agencies involved in the development of N-SSATS and I-BHS confirms that I-BHS is the only comprehensive inventory of all known substance abuse and mental health treatment facilities and their characteristics in the United States and that N-SSATS is the only regularly conducted census of all known substance abuse treatment facilities.

5. Involvement of Small Entities

Many treatment facilities participating in N-SSATS are small businesses. Since the survey collects only necessary information, it has no significant impact on small entities.

6. Consequences if Information Collected Less Frequently

Legislation requires that information provided by N-SSATS be collected each year. Specifically, 42 USC 290aa(c)(1)(C)-(D) requires that:

“The Secretary, acting through the Administrator, shall collect data each year on –
(C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;
(D) the number of individuals seeking treatment through such Programs”.

The need for up-to-date information is demonstrated by the large number of facilities that open, close, relocate, or change services each year. If collection of data were discontinued or conducted less frequently, valuable information on new facilities and up-to-date information on existing facilities and the clients they serve would not be available on a timely basis for the range of N-SSATS users.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

These data systems fully comply with the guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

A Federal Register Notice published on August 20, 2012 (Volume 77, page 50142) solicited comments on N-SSATS. No comments were received.

SAMHSA also consults outside the agency through periodic meetings with state substance abuse data representatives and others. Most recent was a November 2011 expert panel meeting held by

SAMHSA on the N-SSATS and N-MHSS facility surveys. The panel included representatives from academia and federal agencies familiar with behavioral health treatment. Among the topics of consideration were the coordination of the two surveys and the identification of survey questions and expanded categories that would provide useful information for analysis. Suggested items included questions on treatment for persons with gambling addiction and for veterans and active duty military personnel and military families, and information on computerized therapy and other computerized functions within the facilities. Most of the suggested items have been added to the 2013 full N-SSATS questionnaire.

Also, over the past several years, SAMHSA has held a series of regional meetings with state agency representatives to seek their advice on a number of data-related issues. Information sought included input from states on their move toward more integrated behavioral-health administrative and data structures. One of the regional meetings of interest was the March 2011 meeting with states in DHHS Regions 4 and 6, which asked for advice on the coordination of the N-SSATS and N-MHSS universes and surveys. Useful information was provided by states on reorganizations and consolidations of behavioral health administrative functions in a number of states. (Participants at the November 2011 expert panel and the March 2011 regional meeting are listed in Attachments C1 and C2, respectively.)

In addition, the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this OMB request.

9. Payment to Respondents

Respondents to N-SSATS do not receive payment. State substance abuse agencies receive monetary support through on-going DASIS/BHSIS state agreements.

10. Assurance of Confidentiality

I-BHS and N-SSATS collect only facility-level information. For N-SSATS data reports, facility data are aggregated by state or by facility type and do not identify specific facilities. The public-use data file for the N-SSATS masks the identity of individual facilities.

On the N-SSATS questionnaire SAMHSA includes the following pledge that describes the level of protections provided to the respondents:

The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa(n)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs* and the Substance Abuse Treatment Facility Locator. Responses to non-asterisked questions will be published only in statistical summaries so that individual treatment facilities cannot be identified.

The I-BHS and N-SSATS contain a unique identifier assigned to each facility. This number is used to facilitate tracking, monitor response rates, ensure adequate quality control, assess analytic consistency from survey to survey, and produce the *National Directory of Drug and Alcohol Abuse Treatment Programs/Locator* and a mailing label file, both of which are available to the public. Information reported in the *National Directory/Locator* and on the mailing label file is limited to generally available information such as facility name, address, and telephone number; type of care (hospital inpatient, residential, outpatient); and similar information about the facility and its services. Facilities are asked in the N-SSATS questionnaire if they want to be listed in the Directory/Locator. Of the 13,722 substance abuse treatment facilities that completed the N-SSATS in 2011, a total of 12,897 (or 93.99%) indicated that they wanted to be listed in the Directory/Locator if eligible. A total of 806 facilities (5.87%) indicated that they did not want to be listed. Nineteen facilities (0.14%) did not respond to the question (or were otherwise missing). Examples of facilities that do not want to appear in the Directory or Locator are those that specialize in serving abused women and do not want to advertise their location and facilities with very specific eligibility requirements that do not want to receive inquiries from the general public.

The I-BHS Online is password protected. Passwords are provided only to those state agency staff that are approved by the state staff person who serves as the State BHSIS Manager. Each state has access only to the facilities in that state.

The contractor-maintained DASIS/BHSIS data systems underwent Security and Authorization procedures conducted by SAMHSA's Office of Management, Technology and Operations/Division of Technology Management (OMTO/DTM) in July 2011. The SAMHSA IT Clearance Officer stated:

"After a careful review of the document submitted by Synectics I found that the Submission of the *IT Security Plan Document*: [a] is reasonable, [b] responds to SAMHSA/CBHSQ's IT Requirements, [c] adequately meets all SAMHSA and Federal Security Plan Requirements of the Project [i.e. The plan accurately addresses the security requirements for an overall Low Level Rated System], and [d] it is acceptable to the Division of Technology Management (DTM)."

11. Questions of a Sensitive Nature

The N-SSATS survey does not include questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The estimated annual burden for the I-BHS and N-SSATS activities is as follows:

Type of Respondent and Activity	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Hour Cost
STATES							
I-BHS Online ¹	56	140	7,840	.08	627	\$22	\$13,794
State Subtotal	56		7,840		627		\$13,794
FACILITIES							
I-BHS application ²	600	1	600	.08	48	\$16	\$768
Augmentation screener	2,000	1	2,000	.08	160	\$16	\$2,560
N-SSATS questionnaire	17,000	1	17,000	.58	9,860	\$37	\$364,820
N-SSATS BC	2,000	1	2,000	.42	840	\$37	\$31,080
Facility Subtotal	21,600		21,600		10,908		\$399,228
TOTAL	21,656		29,440		11,535		\$413,022

¹ States use the I-BHS Online system to submit information on newly licensed/approved facilities and on changes in facility name, address, status, etc.

² New facilities complete and submit the online I-BHS application form in order to get listed on the Inventory.

Basis for Burden Hour Estimates:

STATES:

- **I-BHS Online:** States can update the I-BHS on a continuous basis using the I-BHS Online system. The system can be used to enter information for a new facility or to make changes to the information recorded for a previously-entered facility. Based on experience in recent years, states submit an average of about 3,920 new substance abuse facilities or updates to existing substance abuse facilities per year. Also based on this experience, it is expected to take about 5 minutes (.08 hours) to enter a new facility or update information on an old facility. This level of activity is expected to remain fairly constant, resulting in a total annual burden of about 314 hours for I-BHS updates for substance abuse facilities by states. In addition, beginning in 2013, states will be able to register mental health facilities in I-BHS Online. Based on the similar size of the mental health facility universe, it is anticipated that approximately the same number of mental health facilities as substance abuse facilities will be entered into I-BHS by states, or an additional 3,920 new mental health facilities, for a total of 7,840 facilities (an average of 140 per state and territory) and 627 burden hours for state I-BHS updates annually. The I-BHS Online forms are included at Attachment A1.

FACILITIES:

I-BHS Application: Individual facilities can request to be included in I-BHS through an online facility application form. Based on prior registration of new facilities, it is expected to take about 5 minutes (.08 hours) to complete the online facility application form. About 300 substance abuse facilities inquired about being included in the I-BHS last year. That is 100 additional substance abuse facilities above the average of 200 substance abuse facilities requesting registration for the prior burden estimate. This higher level of activity is expected to remain fairly constant, resulting in a total annual burden of about 24 burden hours for I-BHS application by substance abuse facilities. In addition, beginning in 2013, mental health facilities will be able to apply for registration in I-BHS. Based on the similar size of the mental health facility universe, it is anticipated that approximately the same number of mental health facilities as substance abuse facilities will request entry into I-BHS, or an additional 300 mental health facilities completing the online facility application form, for a total of 600 facilities and 48 burden hours for facility applications annually. The I-BHS facility application form is included at Attachment A2.

- **I-BHS Augmentation:** An augmentation to identify new substance abuse facilities will be conducted in preparation for the 2013, 2014, and 2015 N-SSATS. This will involve searching business and organization directories for potential new substance abuse treatment facilities, matching the new facilities against the current I-BHS, and calling all facilities that don't match with the I-BHS to confirm that they provide substance abuse treatment services. Based on prior experience with the CATI screening instrument, the calls are expected to take an average of about 5 minutes (0.08 hours). Based on the most recent augmentation process, SAMHSA expects to screen an average of 1,000 substance abuse facilities annually, for a total substance abuse annual burden of 80 hours. In addition, as part of the maintenance of the I-BHS and in preparation for the annual N-MHSS survey of mental health facilities, an augmentation will be conducted annually to identify new mental health facilities. Based on the similar size of the mental health facility universe, it is anticipated that approximately the

same number of mental health facilities as substance abuse facilities will be identified and called in the augmentation, or an additional 1,000 mental health facilities annually, for a total of 2,000 facilities and 160 burden hours for augmentation screening annually. The augmentation screener to be used for all facilities is included in Attachment A3.

- **N-SSATS:** Approval is requested for the 2013, 2014, and 2015 N-SSATS. There are only modest changes in the full N-SSATS survey for 2013 and 2015, and therefore the burden for administering the full N-SSATS questionnaire is estimated to remain at about 40 minutes, or .67 hours per respondent. However, an abbreviated N-SSATS to collect Locator update information will be conducted in 2014, with a burden estimated to be about 25 minutes, or .42 hours per respondent. This is based on recent experience in the annual N-SSATS full survey and in the ongoing between-survey N-SSATS BC, which uses the abbreviated questionnaire. The overall annual average burden per response for the three years is 35 minutes, or .58 hours per respondent. There will be about 17,000 facilities included in the N-SSATS each year (for the full and abbreviated surveys), for a total annual average burden of 9,860 hours. The 2013 full N-SSATS questionnaire is included at Attachment B1 and the 2014 abbreviated N-SSATS questionnaire is included at Attachment B2.
- **Between Cycle N-SSATS:** Approval is also requested for the 2013, 2014, and 2015 Between Cycle N-SSATS component of N-SSATS, a procedure for collecting services data from newly identified facilities between main cycles of the survey that will be used to update the listing of treatment facilities in the online treatment facility Locator. About 2,000 newly identified facilities per year will be invited to complete the N-SSATS BC instrument which is expected to take an average of about 25 minutes (.42 hours) to complete, for a total annual burden of 840 hours. The instrument will be the same as the 2014 abbreviated N-SSATS questionnaire, which is included at Attachment B2.

Basis for Hour Costs Estimates:

State Agencies: Based on information gained in discussions with the states and using adjustments for inflation, it is estimated that salaries for state staff responsible for the I-BHS updates will average \$22 per hour.

Facilities: The facility staff who complete the N-SSATS questionnaires (regular N-SSATS and N-SSATS BC) are generally mid- to senior-level staff, often the director him/herself. Based on a salary survey conducted by the National Association of Addiction Treatment Providers and adjustments for inflation, it is estimated that an average salary for this level is \$37 per hour, taking into consideration the wide variety of facility types and sizes. The augmentation screening interview is often conducted with a receptionist or other junior staff, because only very basic questions are asked. I-BHS applications are also generally made by junior staff. It is estimated that an average salary for this level is \$16 per hour.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up costs associated with BHSIS and maintenance and operational costs imposed by BHSIS are minimal.

14. Estimates of Annualized Cost Burden to the Government

(a) DASIS Contract: The annualized cost to the Government for the I-BHS and N-SSATS components of the DASIS contract is estimated to be \$5.8 million including:

- management of all aspects of N-SSATS, from preparation of forms and mailing lists to carrying out field work, data cleaning and entry, and data analysis;
- management of the I-BHS, including accepting and verifying changes to the I-BHS, producing a master list for N-SSATS and other one-time surveys, and conducting the frame augmentation activities;
- management of the integrated computer systems that maintain the BHSIS components, including: the I-BHS inventory, the I-BHS Online update site, and the online Treatment Locator; and other data administrative functions, such as data security; and
- preparation of reports, analytic files, and public-use files.

(b) Monitoring: The cost for monitoring the contract and carrying out related work includes salaries for four FTEs, for a total of approximately \$580,000.

Total annualized cost to the government is \$6.4 million.

15. Changes in Burden

Currently there are 15,706 burden hours in the OMB inventory. SAMHSA is now requesting 11,535 hours. The net decrease of 4,171 hours is due to an 8 hour addition for DASIS adjustments and a 4,179 hour decrease due to program changes, as follows:

Adjustments (Total increase of 8 hours)

- **I-BHS application:** Individual facilities can request to be included in I-BHS through an online facility application form. About 300 substance abuse facilities inquired about being included in the I-BHS last year. That is 100 additional substance abuse facilities above the average of 200 substance abuse facilities requesting registration for the prior burden period. With one response per facility, and an average response time of .08 hours per response, the total burden for this activity will increase from 16 hours to 24 hours, for an increase of 8 hours. (Also see the program change increase for this activity below.)

Program Changes (Total decrease of 4,179 hours)

- **TEDS admission data (states):** Approval for the TEDS client-level data collection from states has been removed from this OMB request and included in a separate request specifically for TEDS (OMB No. not yet assigned.) Therefore, the burden previously approved for TEDS admission data collection has been omitted from this request and included in the separate TEDS request, for a decrease of 1,300 burden hours.
- **TEDS discharge data (states):** Due to the separate TEDS request, the burden previously approved for TEDS discharge data collection has been omitted from this request and included in the separate TEDS request, for a decrease of 1,716 burden hours.

- **TEDS discharge crosswalks (states):** Due to the separate TEDS request, the burden previously approved for collecting TEDS discharge crosswalks has been omitted from this request and included in the separate TEDS request, for a decrease of 50 burden hours.
- **I-BHS Update (states):** Beginning in 2013, states will be able to register mental health facilities in addition to substance abuse facilities in I-BHS Online. Based on the similar size of the mental health facility universe, it is anticipated that state will enter approximately the same number of mental health facilities as substance abuse facilities into I-BHS, or an additional 3,920 new mental health facilities (an average of 70 per state and territory). At .08 hours per response, the total burden for this activity will increase from 314 hours to 627 hours, for an increase of 313 burden hours.
- **I-BHS application (facilities):** Beginning in 2013, mental health facilities in addition to substance abuse facilities will be able to apply for registration in I-BHS through an online application. The change will result in an additional 300 facilities completing the online facility application form. With one response per facility, and an average response time of .08 hours per response, the total burden for this activity will increase from 24 hours (after adjustment in “I-BHS Update (Facilities)” above) to 48 hours, for an increase of 24 hours.
- **Augmentation screener:** Beginning in 2013, SAMHSA will augment the I-BHS facility inventory with mental health facilities in addition to substance abuse facilities. The change will result in an additional 1,000 facilities being including in the augmentation screening. With one response per facility, and an average response time of .08 hours per response, the total burden for this activity will increase from 80 hours to 160 hours, for an increase of 80 hours.
- **N-SSATS questionnaire:** Beginning in 2013, SAMHSA will implement an alternating full and abbreviated annual N-SSATS, rather than a full N-SSATS survey every year. This submission requests approval to conduct a full N-SSATS in 2013 and 2015 and the abbreviated N-SSATS in 2014. Therefore the average burden has decreased from .67 hours to .58 hours per response over the three years for the 17,000 facilities included in N-SSATS each year. With one response per facility, and an average response time of .58 hours per response, the total burden for this activity will decrease from 11,390 hours to 9,860 hours, for a decrease of 1,530 hours.

16. Time Schedule, Publication, and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

<u>TASK</u>	<u>COMPLETION DATE</u>
2013 N-SSATS*:	
• Development of questionnaire	October 2012
• Annual N-SSATS survey (reference date March 29)	September 2013
• Augmentation activities	October – December 2013
• Publication of <i>National Directory</i>	December 2013
• Annual data report and analytic files/reports	May 2014
• Public-use data file	May 2014

*N-SSATS activities for subsequent years will be on a similar schedule.

I-BHS

- Processing of changes to the I-BHS Ongoing

b. Analyses and Publications

The N-SSATS data will be disseminated in the following manner:

- **National Directory of Drug and Alcohol Abuse Treatment** – This publication includes information on thousands of public and private substance abuse treatment facilities in the states, territories, and District of Columbia that have responded to the most recent N-SSATS and are approved for inclusion by the state alcohol and drug abuse agencies. Listings are alphabetic by state, city, and facility name within city. Information about each facility includes facility name, address, telephone number, types of services, and type of payment. Specific characteristics are indicated by a code. The Directories are distributed in both hard copy and on CD-ROM.
- **Behavioral Health Treatment Services Locator** – SAMHSA’s public Behavioral Health Treatment Services Locator is a searchable online system of substance abuse and mental health treatment facilities that includes information on services offered and an on-line mapping function (<http://findtreatment.samhsa.gov>). Data collected through the N-SSATS are used to create and update listings for the substance abuse treatment facilities in the Locator. Updates to add eligible new facilities are made on a monthly basis; other updates and corrections are made as needed.
- **N-SSATS Report** -- This annual publication presents the main findings from the survey using tabulations and descriptive analyses of facility counts and characteristics, including information on methadone treatment. The report is available in hard copy and on the SAMHSA website (<http://www.samhsa.gov>).
- **N-SSATS State Profiles** – State profiles for each state, including one for each year since 2002 through the most recent complete year, are available on the SAMHSA website (<http://www.dasis.samhsa.gov/webt/NewMapv1.htm>).
- **State N-SSATS Feedback Reports** – Upon request, a state can receive a report or file containing N-SSATS data for that state.
- **Public Release Data Files** -- Public release data files of N-SSATS data are available for downloading and online analysis at the Substance Abuse and Mental Health Data Archive (SAMHDA) website, established and run by the University of Michigan under contract to SAMHSA (<http://www.icpsr.umich.edu/SAMHDA>).
- **Other reports** -- Selected data from N-SSATS are included in other statistical compilations, including, for example, *Health United States*, the *2012 Statistical Abstract of the United States*, and the *2012 National Drug Control Strategy*. In addition, analytic reports presenting N-SSATS data are included in a SAMHSA weekly short-report statistical publication series and brief data spotlights. About 27 of these reports have been published since January, 2009. They are available on the SAMHSA website.

17. Display of Expiration Date

All I-BHS and N-SSATS forms will display the OMB expiration date.

18. Exceptions to Certification Statement

There are no exceptions to the certification statement. The certifications are included in this submission.