

Attachment A

Previous clearance request

Drug and Alcohol Services Information System (DASIS) SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) requests a revision to the Drug and Alcohol Services Information System (DASIS) (OMB No. 0930-0106), which expires December 31, 2005. DASIS 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. A copy of the authorizing legislation is included in Attachment A.

The DASIS is comprised of three components, maintained in collaboration with State substance abuse agencies: (1) the Inventory of Substance Abuse Treatment Services (I-SATS), a listing of all known substance abuse treatment facilities in the United States; (2) the annual National Survey of Substance Abuse Treatment Services (N-SSATS), a survey of the facilities on the I-SATS; and (3) the client-level Treatment Episode Data Set (TEDS), that includes abstracts submitted by States on admissions to and discharges from substance abuse treatment facilities that receive State funds.

I-SATS: The I-SATS includes two components: 1) a listing of facilities providing substance abuse treatment services 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 facilities. Information on the State-approved facilities is provided by State agency representatives, who update the information throughout the year, using a web-based “I-SATS On-line” system on the Internet. The on-line system allows the addition of new facilities and revision of information on existing facilities in a password protected environment through the DASIS home page (<http://www.dasis.samhsa.gov>). The State updates are continuous. Identification of non-State-approved facilities through the augmentation involves a periodic search of professional listings, business directories, and other sources for substance abuse treatment facilities not included in the I-SATS. Also, facilities not previously listed can request to be included in the inventory through a new electronic facility registration form. Approval is requested for the State updates to the I-SATS, for facility registration via the electronic I-SATS facility registration form, and for screening calls to potential treatment facilities discovered through the augmentation activities. (The I-SATS On-line State update forms are included in Attachment B1, the I-SATS facility registration form is provided at Attachment B2, and the augmentation screener questionnaire is included at Attachment B3.)

N-SSATS: The N-SSATS survey 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 treatment facilities on the I-SATS. The primary purpose of the N-SSATS survey is to describe the location, scope,

and characteristics of these facilities. The 2006 N-SSATS questionnaire is provided at Attachment C2.

The N-SSATS survey is conducted through the mail with an on-line web survey option and with telephone follow-up of non-respondents. Experience with the on-line option, added in 2002, has been increasingly positive, with about 30 percent of facilities choosing to respond by web in the 2004 survey. The web option utilizes the same survey questions as the paper N-SSATS form and imposes no additional burden for respondents. Attachment C3 includes a copy of the web screens for the 2006 N-SSATS on-line response option.

In addition to the main N-SSATS, a Mini-N-SSATS is conducted periodically as new facilities are identified. The Mini-N-SSATS is a procedure for collecting services data from newly identified facilities between main cycles of the N-SSATS survey. Data from the Mini-N-SSATS are used to augment the listing of treatment facilities in the on-line Substance Abuse Treatment Facility Locator. The between-survey telephone calls to newly identified facilities allow facilities to be added to the Locator in a more timely manner. The questions that comprise the Mini-N-SSATS are a subset of the items on the main N-SSATS questionnaire. The 2006 Mini-N-SSATS questionnaire is included at Attachment C10.

Approval is requested to conduct the 2006 N-SSATS survey and the 2006 Mini-N-SSATS and to conduct a pretest of the 2007 N-SSATS questionnaire in 2006. Proposed revisions to the 2007 N-SSATS questionnaire are described in A.2. The planned N-SSATS 2007 pretest is described in A.12, B.1, and B.4. After the 2007 N-SSATS pretest, a separate OMB approval request will be submitted for the 2007 and 2008 N-SSATS and Mini-N-SSATS.

TEDS: The current TEDS evolved from the Client Oriented Data Acquisition Process (CODAP), originally approved by OMB in 1975 (OMB No. 0930-0004), which was in operation from 1975 through 1981. When the Alcohol, Drug Abuse, and Mental Health Services Block Grant Program was implemented in 1981, CODAP was discontinued. It was reestablished in the late 1980's as the Client Data System (CDS), which was renamed TEDS in 1995. TEDS is designed as a two-part, linkable system of admission and discharge records. The existing admissions portion of TEDS consists of a core of 19 demographic and substance abuse treatment variables and 15 supplemental items, and is based on information routinely collected by States from the facilities they fund. Under a contractual arrangement with SAMHSA that provides each State with an average of \$75,000 per year (the exact amount is determined by a formula that takes into account the population of each State), the States convert their admissions data to the TEDS format and send it to SAMHSA. (Data elements such as "race" include an "other" coding option to allow for differences in State variables that cannot be crosswalked into the TEDS response categories.) The discharge portion of TEDS has been implemented in about 30 States, with additional States expected to begin reporting discharges within the next few months. The existing admission and discharge data elements are listed in Attachment D1.

In addition, SAMHSA and the State substance abuse officials participating in SAMHSA's December 2004 meeting on National Outcome Measures (NOMS) agreed that several NOMS data elements to assess the performance of the Substance Abuse Prevention and Treatment (SAPT) Block Grant will be collected in TEDS (see Appendix E3 for list of participants.) Under

separate contractual arrangements that will provide States with payments of \$150,000 per year per State, States that routinely collect the NOMS data and meet other quality criteria will submit the new NOMS data elements to SAMHSA. The NOMS admission and discharge data elements are listed in Attachment D2.

Approval is requested to continue collection of the existing TEDS admissions data elements, to continue implementation and collection of existing TEDS discharge data elements, and to collect the new NOMS admission and discharge data elements. The proposed NOMS data elements are described in A.2.

Even though the current approval for the DASIS does not expire until December 31, 2005, approval is requested at this time in order to permit the collection of the new NOMS data elements as soon as possible.

2. Purpose and Use of Information

Major products and uses of the DASIS components are highlighted below:

I-SATS: The I-SATS provides a national file of all known treatment facilities in the United States and territories, which is used as the frame for the N-SSATS, and as a sampling frame for other surveys of substance abuse treatment facilities. It is also used to generate mailing labels for specialized mailings by SAMHSA and other agencies, such as the National Institute on Alcohol Abuse and Alcoholism.

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 and services provided. The N-SSATS has three primary purposes: to produce the annual National Directory of Drug and Alcohol Abuse Treatment Programs and its more recently implemented counterpart, the web-based on-line Treatment Locator (<http://findtreatment.samhsa.gov>); to provide facility characteristics to the I-SATS for use as stratification variables for those using the I-SATS as a sampling frame; and to prepare an annual report and public use data file describing the substance abuse treatment system in the United States. 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 will pretest new questions for inclusion in the 2007 N-SSATS questionnaire. These additions and revisions to N-SSATS will allow SAMHSA to better classify the major categories of treatment and capture more specific treatment practices used by facilities in the substance abuse treatment system.

TEDS: TEDS provides client-level data on drug use patterns, including primary drug of abuse, age at first use, mode of administration, and frequency of use, which is useful in tracking changing patterns of drug use and treatment need. The inclusion of client discharge data in TEDS has allowed the analysis of treatment length of stay and treatment completion, potentially important factors in treatment outcome studies.

The inclusion of the NOMS data elements in TEDS will allow SAMHSA to analyze selected treatment performance measures and will relieve burden on States by calculating some of the Substance Abuse Prevention and Treatment (SAPT) Block Grant application tables, as follows:

Treatment performance measurement - Data on (1) arrests during the 30 days prior to discharge, (2) primary, secondary, and tertiary substances being used at discharge, (3) employment at discharge, and (4) living arrangements at discharge will be used to measure change between admission and discharge for the selected characteristics, aggregated by State. Change in status or behavior in aggregate can be used to assess the State's progress in documenting the outcomes of substance abuse treatment interventions. The availability of consistent, State level, cross-year data will allow SAMHSA to assess the impact of programs and changes over time, allow States to assess the progress of local providers in improving quality, and develop benchmarks for planning purposes. This information will in turn, be used by State Project Officers to identify States where improvements are being made and States where assistance may be needed to show improvements in client outcomes between admission and discharge. Technical assistance resources can then be targeted to those areas where improvements are needed and States who have utilized effective intervention strategies can be tapped to share their processes and expertise with other States.

Relief of burden on States - To the extent that the States submit the applicable data, TEDS will provide the data to produce several tables now completed by States in their SAPT Block Grant application, including admission counts in Tables 7A and 7B, and selected NOMS data in Forms T1 through T5, e.g., change in employment status and change in living arrangements between admission and discharge. Attachment D4 provides the SAPT Block Grant application Tables 7A and 7B and Forms T1-T5.

The TEDS annual report and public use data files are used by States to compare their experience with the rest of the country. The annual report and public use file are used by policy makers and researchers for analysis of drug use patterns and other trends in the treatment system. TEDS public use files are available for analysis on the interactive SAMHDA website (<http://www.icpsr.umich.edu/SAMHDA>).

Together, the three DASIS components provide information on the location, scope and characteristics of all known drug and alcohol treatment facilities in the United States, and the characteristics of clients receiving services. This information is needed to describe and assess the nature and extent of these resources, to identify gaps in services, and to provide a database for treatment referrals.

Users of DASIS data include Congress, Federal agencies and offices such as the Office of National Drug Control Policy (ONDCP), SAMHSA's Center for Substance Abuse Treatment (CSAT) Block Grant administrators; State legislatures and agencies, local communities, organizations, (e.g., the National Association of State Alcohol and Drug Abuse Directors (NASADAD)), researchers, treatment facilities (e.g., for referral of clients), and individuals seeking treatment.

Planned Changes:

OMB approval is requested for the following changes in the ongoing DASIS activities:

I-SATS: Individual facilities occasionally request to be included in I-SATS. To facilitate such requests, which had been handled manually, we are introducing an electronic facility registration form. Facilities that inquire about inclusion in the inventory will be sent the electronic form, which they can complete and return by e-mail. I-SATS staff will verify all facility requests to avoid duplication or the addition of inappropriate facilities to I-SATS. The information on new facilities will also be passed to the cognizant State agency for possible designation as State-approved. The I-SATS facility registration form is provided at Attachment B2.

N-SSATS: The 2006 N-SSATS questionnaire will include small changes, including the addition of nicotine replacement therapy and psychiatric medications to the pharmacotherapies list and the addition of several new services to the list of services provided. (Attachment C1 includes a copy of the 2005 questionnaire annotated to show the changes for 2006, and Attachment C2 includes the 2006 N-SSATS questionnaire with the changes incorporated.) The 2007 N-SSATS pretest questionnaire will include more substantial changes, including the modification of the treatment categories to better reflect the practices and terminology currently used in the treatment field; modification of the detoxification question, including the addition of a follow-up question on whether the facility uses drugs in detoxification and for which substances; the addition of questions on treatment approaches and behavioral interventions; the addition of a question on quality control procedures used by the facility; and, the addition of a question on whether the facility accepts ATR vouchers and how many annual admissions were funded by ATR vouchers. Other sections of the N-SSATS questionnaire will remain unchanged except for minor modifications to wording. The pretest of two versions of the revised 2007 questionnaire is planned in 2006, to be conducted concurrently with the 2006 N-SSATS. Attachments C11-a and C11-b include Version A and Version B, respectively, of the 2007 pretest questionnaire. Changes from the 2006 questionnaire are highlighted in the 2007 pretest questionnaires, and a list of the differences between pretest Version A and pretest Version B is included with Version B.

The N-SSATS data elements include all of the information needed to produce the National Directory and the on-line Treatment Facility Locator, to maintain the I-SATS as a useful, up-to-date sampling frame, and to track changes from year to year in key utilization measures, such as number of clients on methadone and number of clients in treatment at a single point in time (total and under age 18).

TEDS: Voluntary reporting of discharge data will continue to be added to the current reporting of admission data for those States that are able to provide linked admission and discharge records. It is expected that an average of 40 States will be reporting discharge data during the three-year period for which approval is requested, up from the approximately 30 States currently reporting. The current discharge data set includes the following client-level data: Provider ID; Client ID; Co-dependent/Collateral flag; Services at discharge; Date of last contact; Date of discharge; and Reason for discharge, transfer, or discontinuance of treatment (see Attachment D1).

In addition to an increase in the number of States reporting the current discharge variables, the new NOMS variables will be collected from States as they develop their systems to report them. Voluntary reporting of the NOMS data elements will be added under individual State subcontracts of \$150,000 per year to be awarded to States that can provide linked admission and discharge records and provide the NOMS admission and discharge variables and unique client identifiers. The State subcontracts will be called SOMMS (State Outcomes Measurement and Management System) subcontracts. It is expected that up to 32 States will be reporting the NOMS data elements during the first year of NOMS reporting, that up to 46 States will be reporting NOMS elements during the second year of NOMS reporting, and that up to 50 States will report NOMS elements during the third year of NOMS reporting, for an average of about 40 States during the three-year period of approval. The NOMS data elements include the following new client-level data (also provided in Attachment D2):

New admissions minimum data set (MDS) elements:

- Number of arrests in past 30 days (new variable)
- Unique client ID

Current TEDS supplemental data set (SuDS) elements that will become part of the NOMS (existing admissions fields/no added burden):

- Living arrangements (TEDS variable SuDS8)
- Detailed not in the labor force (TEDS variable SuDS12)

New TEDS discharge data set (DDS) elements:

- Primary substance at discharge (same as MDS14A)
- Secondary substance at discharge (same as MDS14B)
- Tertiary substance at discharge (same as MDS14C)
- Frequency of use of primary substance (same as MDS16A)
- Frequency of use of secondary substance (same as MDS16B)
- Frequency of use of tertiary substance (same as MDS16C)
- Living arrangements at discharge (same as SuDS8)
- Employment status at discharge (same as MDS13)
- Detailed not in the labor force at discharge (same as SuDS12)
- Number of arrests in past 30 days (new variable)

3. Use of Information Technology

While the use of technology reported here does not directly reduce burden, it has other benefits.

I-SATS: The forms used by States to update the information in the I-SATS on State-approved facilities are mounted on a website that can be accessed only by authorized State representatives and DASIS employees and contractors. State representatives use the “I-SATS On-line” system to enter new facilities or update information on existing facilities. All I-SATS updates (including additions, deletions, and changes) are transacted electronically via the I-SATS On-line. State representatives can also access the I-SATS Quick Retrieval Service (IQRS) on the website, to download lists of facilities and sort by key facility characteristics. A new electronic facility registration form is being made available to facilitate the submission of registration information by

facilities not currently on the I-SATS. Facilities request inclusion in the I-SATS so that they can ultimately be listed in the Directory/Locator.

TEDS: All TEDS data are submitted electronically and processing results are returned to the States either in hard copy or electronically, according to State preference.

N-SSATS: The primary mode of data collection for the main survey of treatment facilities has traditionally been by a mailed paper questionnaire. Nonresponding facilities have been followed up by telephone using Computer Assisted Telephone Interview (CATI) technology. In 2002 the N-SSATS initiated a third mode of data collection, a web-based survey option. The mail/CATI/web combination has been successful and will be continued in upcoming surveys, with over 30 percent of facilities expected to respond by web. The web option is available to all respondents from the outset of the data collection period.

The National Directory of Drug and Alcohol Abuse Treatment Programs is based on information collected in the N-SSATS. The on-line version of the National Directory is now available on the Internet with a mapping/locator capability (<http://findtreatment.samhsa.gov>). This 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 are calling to let us know when their status or services have changed. The Locator is then corrected immediately. Facilities that are not listed are contacting us to find out how they can be listed on the Locator. (This requires that they be licensed/approved by their State substance abuse agency, and that they respond to the N-SSATS or Mini-N-SSATS.) The use of this web technology is expected to help States maintain their I-SATS facility listings, improve the 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 TEDS confirms that the DASIS produces the only comprehensive inventory of all known drug abuse and alcoholism treatment facilities in the United States. No other Federal agency or private organization collects client admission or discharge data on a national level.

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.

The TEDS component of the DASIS imposes no extra burden on small businesses. States, for their own administrative purposes, require reporting of client treatment information from treatment facilities. States extract the TEDS data from these existing State data systems and forward them to SAMHSA.

6. Consequences if Information Collected Less Frequently

Legislation requires that information provided by DASIS be collected each year. 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 DASIS 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 April 22, 2005 (Volume 70, No. 77, page 20922) solicited comments on DASIS. A copy of the notice is included in Attachment E1. In response to the notice, SAMHSA received the following comments (the full text of each comment is also included in Attachment E1):

Wisconsin comment:

SAMHSA received an e-mail from Michael Quirke of the State of Wisconsin, Department of Health and Family Services, Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson Street #437, P.O. Box 7851, Madison, WI 53707 (phone: 608-266-7584.) The e-mail commented on the additional response burden for Wisconsin as a result of the addition of the new NOMS data elements. It indicated that Wisconsin's estimated annual new TEDS reporting burden for the new data elements, including gathering, keying, programming, and transmitting the data, would be about 2,120 hours.

SAMHSA response:

The TEDS data collection is intended to extract records from data the States are already collecting for their own purposes and therefore imposes no additional burden on the States other than the time to create an extract file and send it to SAMHSA. The new NOMS data elements fit into the voluntary reporting of data already part of the States' routine data collection; therefore, the estimated burden for the addition of the new data elements is small. States that are not already collecting the new NOMS data elements are not expected to submit them to TEDS immediately. These States will be invited by CSAT to request technical assistance that will enable them to upgrade their data systems to facilitate more automated, less burdensome reporting. As States improve their data systems, SAMHSA expects these States to submit proposals for the \$150,000 per year SOMMS subcontracts.

Pennsylvania comment:

SAMHSA received an e-mail from Gene R. Boyle, Director, Bureau of Drug and Alcohol Programs, Department of Health, State of Pennsylvania (phone: 717-783-8200.) The e-mail included the following comments:

- Pennsylvania plans to replace their current DOS-based data system, which cannot be enhanced to collect the new NOMS data elements, with a web-based system more

appropriate to reporting NOMS. They are concerned that Federal funding will not be adequate to cover development of the new data system to report NOMS.

- Pennsylvania is concerned that they will not be able to develop their new system and make the regulatory and administrative changes necessary to report the NOMS within a three-year period, as has been stated as the goal for full NOMS reporting.
- Pennsylvania is concerned that the annual reporting burden for the new TEDS discharge data elements, as presented in the April 22, 2005 Federal Register Notice, is unrealistic.
- Pennsylvania is concerned about SAMHSA's use of the TEDS discharge data to assess treatment outcomes. They stressed that such assessment will require extensive State-specific analysis and that interpretation of the data will need to be made with attention to each State's patient mix and administrative circumstances, given the different patient populations and the lack of standardization of service systems and units of service across States.

SAMHSA response:

SAMHSA recognizes that many States are developing data systems that will allow better reporting of discharge data. The funding available for technical assistance under a CSAT contract (separate from DASIS) is intended to assist the States with the implementation of NOMS. SAMHSA also recognizes that the three-year time frame for full implementation of NOMS may be difficult for some States. However, that time frame is necessary in order for SAMHSA to meet its commitment to Congress to report meaningful data on the performance of the SAPT Block Grant and discretionary grants by the end of FY 2007. Regarding the annual reporting burden, the burden estimate for the TEDS discharge data includes only the time for the States to create the discharge record extract files and send them to SAMHSA. For more information on the NOMS burden estimate, see the response to Wisconsin above. Finally, regarding the need for State-specific adjustments in the outcomes analysis, SAMHSA intends to use a benchmarking approach in the analysis.

New York comment:

SAMHSA received an e-mail from Reba Architzel, Director, Grants Management and Policy Analysis, Office of Alcoholism and Substance Abuse Services, State of New York, 1450 Western Avenue, Albany, New York (phone: 518-457-5989.) The e-mail included the following comments:

- New York indicated that SAMHSA's plan to use the TEDS data to complete portions of the annual SAPT Block Grant application will relieve some of the current burden on the States, New York in particular, given their large 1200-program reporting burden.
- New York will likely need to reprogram their information systems to implement the NOMS data elements. However, information on the NOMS data elements was not sufficiently detailed in the initial Federal Register Notice to allow them to begin making

revisions. They will need clearly defined and agreed upon data elements to initiate the redesign.

SAMHSA response:

A letter cosigned by the directors of SAMHSA's Center for Substance Abuse Treatment and Center for Substance Abuse Prevention was sent to each State on May 2, 2005, informing them of SAMHSA's meeting with the substance abuse agency directors of 10 States and of the agreement among attendees on the upcoming NOMS data collection. The participants at the SAMHSA meeting are listed in Attachment E3, and the letter to New York and its NOMS attachment are include in Attachment E5. The agreed upon NOMS data elements are included in section A.2 of this supporting statement and will be specified in the SOMMS State subcontracts and TEDS data manuals. SAMHSA intends to continue to work with State representatives to share information and receive feedback on the NOMS reporting. It is expected that the specific response categories within each NOMS measure will be refined over time as consensus among states and SAMHSA is achieved.

NASADAD comment:

SAMHSA received an e-mail from Lewis E. Gallant, Ph.D., Executive Director, National Association of State Alcohol and Drug Abuse Directors (NASADAD), 808 17th Street, NW, Suite 410, Washington, DC 20006 (phone: 202- 293-0090.) The e-mail included the following comments:

- NASADAD summarized the intent of SAMHSA to incorporate the NOMS data elements into the TEDS data collection and indicated that they would like to continue to work with SAMHSA on the refinement of the new variables. They stressed discussions they had had with SAMHSA on the details of collecting information on a client's drug or alcohol use at discharge and on collecting change in employment status since admission for clients with very short treatment stays such as detoxification clients.
- NASADAD indicated that SAMHSA's planned technical assistance to the States (separate from DASIS) is critical to the reporting of the NOMS data within the agreed upon time frame.

SAMHSA response:

SAMHSA intends to continue discussions with State representatives to share information and receive feedback on the NOMS reporting.

As reported in previous DASIS clearance requests, we also consult frequently with State representatives through periodic regional meetings. Three to four regional meetings are held each year, with 6-8 States and Territories in attendance at each one. The meetings are held to present information on new developments and to solicit ideas and suggestions for improving the three DASIS components. Participants have responded with enthusiasm to new developments and have provided a number of useful suggestions which have been incorporated into DASIS. The DASIS meeting participants attending since July 2002 are listed in Attachment E2.

In addition, SAMHSA held a NOMS State meeting in December 2004, to reach consensus on the NOMS data elements. The participants at the SAMHSA meeting are listed in Attachment E3. Also, CSAT provided information on NOMS to selected State representatives at a CSAT Division of State and Community Assistance (DSCA) workshop in May 2005. The participants at the CSAT meeting are listed in Attachment E4.

Also outside of the agency, Janie Dargan, Policy Analyst, Office of National Drug Control Policy (phone: 202-395-6714), had input into the DASIS data collection, requesting a count in N-SSATS of clients whose treatment was funded through ATR vouchers. In addition, we received approval from Joanne Gartenmann, Consultant, American Society of Addiction Medicine (ASAM), (phone: 703-533-0876), for our use of the ASAM treatment service levels and definitions in N-SSATS. Within the Department of Health and Human Services, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) reviewed this OMB request and had no comments. We also obtained input from a number of facility respondents to the N-SSATS survey. The 2004 questionnaire was tested on 9 facilities who received a follow-up debriefing about the clarity of the questions and were asked for their comments and suggestions on the survey. The following respondents were part of the debriefing:

- Debbie Miranda, ARH Recovery Homes Inc. House on the Hill, 9505 Malech Road, San Jose, CA 95138 (phone: 408-281-6570)
- Dawn Estes, Aegis Medical Systems Inc. Inglewood Clinic, 614 West Manchester Blvd, Suite 104, Inglewood, CA 90301 (phone: 310-412-0879)
- Mark Reisman, Napa County Health and Human Services Alcohol and Drug Program, 2344 Old Sonoma Road, Napa, CA 94559 (phone: 707-253-4754)
- Arthur Meyer MD, Central State Hospital Dual Diagnosis Service, 10510 LaGrange Road, Louisville, KY 40223 (phone: 502-253-7154)
- Catherine Green, Parkview Company, 18609 W. Seven Mile Road, Detroit, MI 48219 (phone: 313-532-8015, Ext. 154)
- Monique Frazier, Family Counseling Ctr of Missouri Inc., Daybreak Treatment Center, 303 North 10th Street, Columbia, MO 65201 (phone: 573-875-8088)
- Debbie Hase, Lake Superior Treatment Center of Minnesota, 14 East Central, Entrance Suite B, Duluth, MN 55811 (phone: 218-786-0223)
- Alan Wilmarth, United Health Services Hospitals Inc., New Horizons Detox Program, 10-42 Mitchell Ave, Binghamton General Hospital, Binghamton, NY 13903, (phone: 607-762-2175)
- Michael Lambrou, 820 River Street Inc., Alcoholism Supportive Living Facility 108-30 Sutphin Blvd, Jamaica, NY 11435 (phone: 718-526-3803)

The focus for DASIS during the next three years will be on refining the N-SSATS questionnaire, improving the submission of TEDS discharge data, including the new NOMS data elements, and continuing the improvements made in the integrated computer systems that manage the I-SATS inventory, the On-line Locator, and the TEDS data collection/editing process.

9. Payment to Respondents

Respondents to N-SSATS do not receive payment. States receive monetary support through ongoing DASIS State agreements, and States able to report NOMS will receive additional monetary support.

10. Assurance of Confidentiality

Client-level data: Client-level data are submitted to TEDS by the States. The responsibility for assigning client identifiers resides with the individual States and consists of unique numbers within facilities, and, increasingly, unique numbers within States. Records are stored in secured computer facilities. Computer data access is limited through the use of key words known only to authorized personnel. In preparing TEDS public use files, a contractor conducts a disclosure analysis of the data. Client and facility identifiers are removed, certain variables are recoded, and cells are collapsed or otherwise masked as needed to ensure that individuals cannot be identified.

Facility-level data: I-SATS 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.

The I-SATS, N-SSATS, and TEDS 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.

The I-SATS On-line is password protected. Passwords are provided only to those State agency staff who are approved by the State staff person who serves as the State DASIS Manager. Each State has access only to the facilities in that State. When changes are entered into the on-line system, they are given “pending” status until the SAMHSA contractor confirms with the facility that the change is correct.

[Note: The confidentiality of individually identifiable information contained in patient records at specialized substance abuse facilities receiving any form of Federal assistance is protected by 42 CFR Part 2 (OMB No. 0930-0092). The term “Federal assistance” is broadly defined to include Federal tax exempt status, Medicare certification and Federal financial assistance in any form, ensuring applicability to virtually all State-supported facilities reporting TEDS data to their State

agency. The regulations stipulate the conditions under which records may be disclosed for research purposes and the security procedures that must be followed to protect the records.]

11. Questions of a Sensitive Nature

None of the DASIS components involves asking questions directly of clients. Information on a client's substance abuse and mental health history, which is of a sensitive and personal nature, is collected in the normal course of admission to a treatment facility. Patient level information is then sent to the State. Information about individual client admissions is periodically extracted from these State facility records and sent to SAMHSA for addition to the TEDS files.

12. Estimates of Annualized Hour Burden

The estimated annual burden for the DASIS 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							
TEDS Admission Data	52	4	208	6	1,248	\$27	\$33,696
TEDS Discharge Data	40	4	160	8	1,280	\$27	\$34,560
TEDS Discharge Crosswalks	5	1	5	10	50	\$27	\$1,350
I-SATS Update	56	67	3,752	.08	300	\$13	\$3,900
State Subtotal	56		4,125		2,878		\$73,506
FACILITIES							
I-SATS Update	100	1	100	.08	8	\$11	\$88
Pretest of N-SSATS revisions	200	1	200	.17	34	\$27	\$918
N-SSATS questionnaire	17,000	1	17,000	.2	3,400	\$27	\$91,800
Augmentation screener	1,000	1	1,000	.08	80	\$11	\$880
Mini-N-SSATS	700	1	700	.13	91	\$27	\$2,457
Facility Subtotal	19,000		19,000		3,613		\$96,143
TOTAL	19,056		23,125		6,491		\$169,649

Basis for Burden Hour Estimates:

STATES:

TEDS admission and discharge data: TEDS does not impose any burden on facilities because the information that facilities provide to States is sought by States for their own administrative purposes. The minimum data set merely serves to standardize items, categories and definitions across States. The States are estimated to spend 6 hours compiling and checking the admissions data and submitting it to SAMHSA an average of four times per year (on a schedule determined by each State). Fifty States, the District of Columbia, and Puerto Rico are expected to submit TEDS admissions data, for a total burden of 1,248 hours. Similarly, the States are expected to spend 8 hours compiling and checking the discharge data and submitting it to SAMHSA an average of four times per year. Over the next three years, an average of 40 States are expected to submit discharge data, for a total burden of 1,280 hours per year.

TEDS Discharge Crosswalks: Prior to submitting the first discharge data file, States must provide a crosswalk documenting State data definitions and their translations into the appropriate TEDS data items. Updates are submitted only when there is a change to report. The crosswalk is expected to take about 10 hours to prepare and submit to SAMHSA. An average of 5 States are expected to submit crosswalks each year, as they prepare to participate in the discharge data system.

I-SATS Update: States can update the I-SATS on a continuous basis using the I-SATS On-line 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 I-SATS experience in recent years, States submit an average of about 3,800 new facilities or updates on existing facilities per year. Based on the experience over the past year, it is expected to take about 5 minutes (.08 hours) to enter a new facility or update information on an old facility. We expect this level of activity to remain fairly constant, resulting in a total annual burden of about 300 hours for I-SATS updates by States. Based on the experience with the on-line system during the past year, all updates are being made electronically.

FACILITIES

I-SATS Update: Individual facilities can request to be included in I-SATS through an electronic facility registration form. Facilities that inquire about inclusion in the inventory will be sent the electronic form, which they can complete and return by e-mail. Based on the experience of States adding new facilities and on our registration of new facilities prior to the electronic form, it is expected to take about 5 minutes (.08 hours) to complete the electronic facility registration form. About 100 facilities inquired about being included in the I-SATS last year. We expect this level of activity to remain fairly constant, resulting in a total annual burden of about 8 hours for I-SATS registration by facilities. Based on the past year's experience with facilities submitting questions by e-mail, it is expected that most facilities will submit the facility registration form by e-mail.

Pretest of N-SSATS revisions: The anticipated changes in the N-SSATS questionnaire for 2007 will be sufficient to require a pretest of the new questions. Because of the difficulty experienced in the past with writing questions that are unambiguous and answerable for the wide variety of treatment facilities, we request approval to conduct a pretest of the 2007 questionnaire with 200 facilities, to run concurrently with the 2006 N-SSATS survey. The additional burden per facility for the pretest instrument and debriefing of pretest participants is expected to average about 31 minutes (.52 hours) per response, or an annual average of .17 hours per response and 34 hours total burden over the three years. We do not plan a formal pretest for the 2006 N-SSATS, since only small changes are planned for the 2006 questionnaire. Following the pretest of the 2007 N-SSATS, a separate request for OMB approval will be submitted for the 2007 and 2008 surveys.

N-SSATS Survey: There is little change in the N-SSATS survey for 2006, with the survey expected to take about 35 minutes (.6 hours), for an annual average burden of .2 hours per respondent. There will be about 17,000 facilities included in the 2006 N-SSATS, for an total annual burden of 3,400 hours over the three years.

I-SATS Augmentation: An augmentation to identify new facilities will be conducted in preparation for the 2006, 2007, and 2008 N-SSATS. This will involve searching business and organization directories for potential new treatment facilities, matching the new facilities against the current I-SATS, and calling all facilities that don't match with the I-SATS to confirm that they provide substance abuse treatment services. Based on prior experience with the CATI prescreening survey, the calls are expected to take an average of about 5 minutes (0.08 hours). Based on the most recent augmentation process, we expect to screen an average of 1,000 facilities each year, for a total three-year burden of about 240 hours, or an average annual burden of 80 hours over the next three years. The prescreening questionnaire (called the augmentation screener) is included in Attachment B3.

Mini-N-SSATS: Approval is also requested for the 2006 Mini-N-SSATS component of N-SSATS. The Mini-N-SSATS is a procedure for collecting services data from newly identified facilities between main cycles of the survey and will be used to augment the listing of treatment facilities in the on-line treatment facility Locator. The between-survey telephone calls to about 700 newly identified facilities per year will allow facilities to be added to the Locator in a more timely manner. The calls are expected to take an average of about 25 minutes (.4 hours) to complete, for an annual average burden of .13 hours per respondent, and a total annual burden of 91 hours over the three years. The 2006 Mini-N-SSATS questionnaire is included at Attachment C10. Following the pretest of the 2007 N-SSATS, a separate request for OMB approval will be submitted for the 2007 and 2008 N-SSATS, including the Mini-N-SSATS for those years.

Basis for Hour Costs:

- a. States: Based on phone calls to three State DASIS contacts and adjustments for inflation, we estimate that salaries for State staff responsible for the I-SATS updates will average \$13 per hour. More senior staff (average salary of \$27 per hour) are expected to

handle the submission of TEDS admission and discharge data and the provision of TEDS discharge crosswalks.

b. Facilities: The facility staff who complete the N-SSATS questionnaires (regular N-SSATS, Mini-N-SSATS, and pretest) are generally mid- to senior-level staff, often the director him/herself. We estimate that an average salary for this level is \$27 per hour, taking into consideration the wide variety of facility types and sizes. The augmentation prescreening interview is often conducted with a receptionist or other junior staff, because only very basic questions are asked. The I-SATS facility updates are also generally made by junior staff. We estimate that an average salary for this level is \$11 per hour.

13. Estimates of Annualized Cost Burden to Respondents

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

14. Estimates of Annualized Cost Burden to the Government

a. DASIS Contract: The annualized cost to the Government for the current DASIS contract, excluding payments made to the States under the State agreements and the SOMMS subcontracts (see A14.b and A14.c), is \$5.2 million, which includes:

- ~ 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 all aspects of TEDS, from working with States to develop crosswalks to receipt and checking of TEDS data, compilation of the data into a master file, and analysis and report preparation; and
- ~ management of the I-SATS, including accepting and verifying changes to the I-SATS, 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 DASIS components, including: the I-SATS inventory, the I-SATS On-line update site, and the on-line Treatment Locator; the TEDS data collection and editing process; and other data administrative functions, such as data warehousing and data security.
- ~ preparation of annual data reports, analytic files, public use files, and web-only data tables.

b. State agreements: For 2005, the costs for contracts with States for their preparation and submission of the TEDS data to SAMHSA was approximately \$3.9 million. Each State receives \$27,000 plus an additional amount based on the State population. This is expected to remain fairly constant for the next three years.

- c. State SOMMS subcontracts: The costs for subcontracts with States for the preparation and submission of the new NOMS data elements to SAMHSA under TEDS will be \$150,000 per State per year, with an expected 32 States participating in NOMS during the first year (\$4.8 million), 46 States participating during the second year (\$6.9 million), and 52 States and territories participating during the third year (\$7.8 million), for an annual average of approximately \$6.5 million during the next three years.
- d. Monitoring: The cost for monitoring the contract and carrying out related work includes salaries and travel to regional meetings for three FTEs, for a total of approximately \$340,000.

Total annualized cost to the government is \$15.9 million.

15. Changes in Burden

The OMB Inventory currently contains 14,208 hours for DASIS activities. The estimated annual burden for DASIS for the next three years is 6,491 hours, for a net decrease of 7,717 hours. The decrease is due to adjustments and program changes, including:

Adjustments: (Total decrease of 1,200 hours)

- ~ N-SSATS questionnaire (Facilities): The number of facilities in the I-SATS inventory decreased gradually from about 19,000 to 17,000 facilities over the course of several years, and the number of facilities in the N-SSATS survey has declined accordingly. The decrease in facilities has resulted from improved I-SATS procedures that resulted in the elimination of prevention facilities, which are not surveyed in N-SSATS, the elimination of duplicate facilities, and the elimination of non-State-approved solo practitioners and jail-only programs not appropriate for N-SSATS. Therefore, our previous estimates for the N-SSATS survey have been somewhat high for several years, as we had not accounted for adjustments to the facility inventory as they occurred. Therefore, the N-SSATS burden will decrease from 11,400 hours to 10,200 hours, for an decrease of 1,200 hours per year because of the smaller facility inventory. (A program change accounts for additional N-SSATS decrease.)

Program Changes: (Total decrease of 6,517 hours)

- ~ TEDS discharge data (States): The reporting of TEDS discharge data will increase from an average of 35 States submitting discharge records in the last request to an average of 40 States submitting discharge records, increasing the number of responses (at 4 responses per year) from 140 to 160 per year. This first change will increase the burden by 120 hours (20 responses at the original 6 hours per response.) In addition, because of the addition of the NOMS data elements to the State submission records, the hours per response will increase from 6 hours to 8 hours per response. This change will increase the burden hours by 320 hours (160 responses at 2 additional hours per response.) The total burden hours for this activity will increase from 840 hours to 1,280 hours, for an increase of 440 hours.

- ~ I-SATS Update (Facilities): The addition of an electronic I-SATS facility registration form, which will be submitted by an average of 100 facilities per year with an average response time of .08 hours, will increase the burden by 8 hours.
- ~ N-SSATS pretest (Facilities): The previous request included a pretest of an average of 50 facilities per year with an average burden of 50 hours per year. This request includes a pretest of 200 facilities in 2006 (pretesting the 2007 questionnaire), with an average annual burden of .17 hours per response over the three years, for an average of 34 hours per year. The burden will decrease from 50 hours to 34 hours, for a decrease of 16 hours per year.
- ~ N-SSATS questionnaire (Facilities): The previous request included an N-SSATS survey in each year of the three year approval period. However in this request, approval is being requested for N-SSATS for only one year, in 2006. Although there is no significant change in the survey for 2006, with the survey expected to take about 35 minutes (.6 hours), the burden is spread over the three years of this full DASIS request, for an annual average burden per respondent of .2 hours per year. Therefore, given the adjusted universe of 17,000 facilities, the annual burden will decrease from 10,200 hours to 3,400 hours, for a decrease of 6,800 hours per year. Following the pretest of the 2007 N-SSATS, a separate request for OMB approval will be submitted for the 2007 and 2008 surveys.
- ~ Augmentation screener (Facilities): The number of facilities screened through the augmentation process will increase from an average of 500 per year to 1,000 per year. In the prior request, the calculation for average respondents per year was based on 750 facilities per year for two rounds of augmentation (2004 and 2005), for an annual average of 500 facilities. In this request, the average for respondents is based on 1,000 facilities per year for all three years of the request period, for an annual average of 1,000 facilities. The additional round of augmentation is included because we expect to receive OMB approval in time to conduct an augmentation prior to the 2006 N-SSATS; and the larger number of facilities to be screened is included because of an increase in the number of new facilities being identified through directory searches and other sources. Overall, the average burden will increase from 40 hours to 80 hours, for an increase of 40 hours per year.
- ~ Mini-N-SSATS (Facilities): The previous request included the Mini-N-SSATS for each year of the three year approval period, with an average burden of 280 hours per year. This request includes only the 2006 Mini-N-SSATS. Although there is essentially no change in the Mini-N-SSATS for 2006, with the survey expected to take about 25 minutes (.4 hours), the burden is spread over the three years of this full DASIS request, for an annual average burden per respondent of .13 hours per year. Therefore, with 700 facilities expected to take part in the Mini-N-SATS, the annual burden will decrease from 280 hours to 91 hours, for a decrease of 189 hours per year. Following the pretest of the 2007 N-SSATS, a separate request for OMB approval will be submitted for the 2007 and 2008 N-SSATS, including the Mini-N-SSATS for those years.

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>
2006 N-SSATS:	
Development of questionnaire	October 2005
Annual N-SSATS survey (Reference date March 31)	September 2006
Publication of the National Directory	December 2006
Annual data report	May 2007
Public use data file	May 2007
Augmentation activities	October-December 2005
TEDS:	
Compilation of TEDS data	Ongoing
Publication of admission report for 2004 data year*	September 2006
Publication of discharge report for 2004 data year*	November 2006
Public use data files for 2004 data year*	September 2006

*Reports and data files for subsequent years of TEDS data will be on a similar schedule.

I-SATS:

Processing of changes to the I-SATS	Ongoing
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b. Analyses and Publications

The DASIS data will be disseminated in the following manner:

- ~ ***National Directory of Drug and Alcohol Abuse Treatment Programs*** -- This publication includes information on thousands of public and private substance abuse treatment facilities in the States, territories, and District of Columbia that are approved for inclusion by the State alcohol and drug abuse agencies. The facilities are presented alphabetically by State; within each State they are alphabetized by city and then by facility name within the city. Information about each facility includes facility name, address, telephone number, types of services, and type of payment, with the last items in coded entries.
- ~ **Treatment Locator** – This searchable web-based system on the Internet links the National Directory facilities to an on-line mapping function (<http://findtreatment.samhsa.gov>). Updates are made on a monthly basis.

- ~ **N-SSATS Report** –This publication presents the main findings from the survey, consisting of crosstabulations and descriptive analyses on facility counts, client counts, and methadone counts. 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.
- ~ **TEDS Admission Report** -- TEDS admissions data are compiled into an annual report that highlights treatment statistics for each of the major drug categories by age, race and sex, and includes detailed crosstabulations on persons in treatment. The report is available in hard copy and on the SAMHSA website.
- ~ **TEDS Discharge Report** -- TEDS data for linked admissions and discharges are compiled into an annual report that highlights treatment statistics on length of stay in treatment and completion of treatment for each major type of care and for the major client demographic categories within each type of care. The report is available in hard copy and on the SAMHSA website.
- ~ **TEDS State Summary Tables** – State Summary Tables for each State, including one for each year since 1992 through the most recent complete year, are available on the SAMHSA website.
- ~ **State N-SSATS Feedback Reports** -- Each State that requests it receives a report containing N-SSATS data tables for that State, along with technical notes that explain the data.
- ~ **State TEDS Quarterly Feedback Reports** -- Each State receives a report containing TEDS data tables for that State, along with technical notes about the data.
- ~ **Public Release Data Files** -- Public release data files of N-SSATS and TEDS data are available for downloading and on-line 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 and TEDS are included in other statistical compilations, including, for example, Health United States, Statistical Abstract of the United States, and the 2004 National Drug Control Strategy. In addition, analytic reports presenting DASIS data are included in a SAMHSA weekly short-report statistical publication series. About 60 of these reports have been published since January, 2003. They are available in hard copy and on the SAMHSA website.

17. Display of Expiration Date

All DASIS 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.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

Respondent Universe and Response Rates

N-SSATS: The universe for the N-SSATS includes all known drug abuse and alcoholism treatment facilities in the United States, District of Columbia and territories. The universe, derived from the I-SATS inventory of facilities, is shown in the table below as of April 30, 2005. The universe is subdivided into two categories: 1) facilities which have State-agency licensing or other approval as substance abuse treatment facilities, and 2) non-State approved treatment facilities.

The N-SSATS survey now excludes prisons, jails, and detention centers. The decision to exclude these facilities was based on the fact that only four States included such facilities in the system in a comprehensive fashion (the four States had accounted for almost half of the jails, prisons, and detention centers on the I-SATS), and the N-SSATS questionnaire is not designed for programs treating incarcerated clients.

The overall response rate for the 2003 and 2004 N-SSATS was 96 percent, and the response rate for the 2005 N-SSATS is expected to reach that level as well.

SUBSTANCE ABUSE FACILITIES	TOTAL TREATMENT FACILITIES ON THE I-SATS (as of April, 30, 2005)	STATE-APPROVED	NON-STATE-APPROVED
I-SATS Treatment Facilities	16,952	13,494	3,458

TEDS: The universe for the TEDS includes all drug abuse and alcoholism treatment facilities in the United States, the District of Columbia, and Puerto Rico that receive public funds through the State substance abuse agencies.

TEDS, while comprising a significant proportion of all admissions to substance abuse treatment, does not include all such admissions. TEDS is a compilation of facility data from State administrative systems. The scope of facilities included in TEDS is affected by

differences in State licensure, certification, accreditation, and disbursement of public funds. For example, some State substance abuse agencies regulate private facilities and individual practitioners, while others do not. In some States, hospital-based substance abuse treatment facilities are not licensed through the State substance abuse agency. In general, facilities reporting TEDS data receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. Thus TEDS does not include all admissions to substance abuse treatment. Most States are able to report all admissions to all eligible facilities, although some report only admissions financed by public funds. States may report data from facilities that do not receive public funds, but generally do not because of the difficulty in obtaining data from these facilities. TEDS generally does not include data on facilities operated by Federal agencies, including the Bureau of Prisons, the Department of Defense, and the Veterans Administration. However, some facilities operated by the Indian Health Service are included.

Admissions: Because this is a secondary data system compiled from data collected by States for their own purposes, there are a number of reporting differences among States. The State definitions of reporting eligibility and State data system reporting characteristics for the current TEDS data elements are shown in the table included in Attachment D3. Reporting levels are expected to remain the same for the next three years.

The new NOMS admission data elements will be reported under State SOMMS subcontracts. It is anticipated that 30-32 States will submit proposals for SOMMS subcontracts in FY2006. An additional 14-16 States are expected to be awarded SOMMS subcontracts in FY2007.

Discharges: The number of States submitting discharge data is expected to increase, from the approximately 30 States currently reporting consistent data, to an annual average of 40 States expected to submit discharge data within the next three years. The new NOMS discharge data elements will likewise be reported under the State SOMMS subcontracts.

Sampling:

There is currently no sampling in N-SSATS or TEDS. A complete census is needed for N-SSATS because it is the source of information for the National Directory and on-line Locator. Sampling is not used in TEDS because TEDS is comprised of secondary data obtained from State data systems. It would be more burdensome for the States to generate a sample than to simply transmit the existing file.

A pretest of the 2007 N-SSATS questionnaire is planned, with a point-prevalence date of March 31, 2006, to be conducted concurrently with the regular 2006 N-SSATS survey. We do not plan a formal pretest for the 2006 N-SSATS, since only small changes are planned for the 2006 questionnaire. For the 2007 N-SSATS pretest, a purposive sample of approximately 200 facilities will participate in the pretest, including an adequate number within selected categories important to the survey or relevant to the changes.] The pretest sample will be selected according to the following criteria:

- ~ Type of setting (general hospital, mental hospital, residential with and without half-way house, outpatient)
- ~ Ownership (private for-profit, non-profit, government, tribal)
- ~ Network affiliation and size of network (from stand-alone to more than 10 networked facilities)
- ~ Whether the facility is an Opioid Treatment Program (OTP)
- ~ Whether the facility reported client counts for multiple facilities in the 2004 survey
- ~ Whether the facility has completed the N-SSATS in prior years
- ~ Whether the facility's state substance abuse agency has adopted ASAM definitions for reporting levels of care
- ~ Whether the facility is located in a state that was awarded an ATR grant
- ~ Mode of survey completion in 2004 (mail, web, telephone)

The sample size was not determined based on power calculations, because estimates will not be produced from the pretest results. The sample size is based on previous experience with pretesting of questionnaires and on experience with collecting quantitative data from various types of facilities. The sample size should be sufficient to provide qualitative results on the ease of administration, respondent understanding, and data collection effort associated with the expected changes in N-SSATS.

Two versions of the pretest questionnaire will be tested, Version A and Version B. Both versions include all of the proposed N-SSATS changes and are the same except for two areas, the format of Question 21 on special programs and the terminology for the treatment services categories in Questions 22-24 and 31-33.

Question 21 format: Pretest Version A uses the original two-column format for Question 21 that is used in the 2006 and earlier questionnaires, while Version B breaks special programs into a two-part question;

Questions 22-24 and 31-33: Pretest Version A contains the original type of care categories from the 2006 survey, plus a crosswalk notation from each category to the appropriate ASAM level of care, e.g., "Similar to ASAM levels IV-D and III.7-D ...", while pretest Version B uses only the ASAM level of care categories and definitions.

The two questionnaire versions will be used primarily to test whether the new ASAM level of care terminology alone is understood adequately by respondents, or whether a crosswalk of the original N-SSATS wording to the new terminology is necessary. One-

half of the facilities in States that are using the ASAM levels of care will receive pretest Version A and one-half will receive pretest Version B. Likewise, facilities in States not using the ASAM categories will be divided equally between the two versions of the questionnaire. Pretest Version A is provided at Attachment C11-a and pretest Version B is included at Attachment C11-b. Version B also includes a note delineating the differences between Version A and Version B.

Full pretest debriefing calls, expected to average about 45 minutes, will be made to a subset of 75 pretest respondents to determine how they interpreted the new sections of the questionnaire and to clarify any problems in the questionnaire responses. A copy of the pretest debriefing guide is included in Attachment C14. The subset of facilities to be debriefed will be selected proportionately within the same facility criteria used for the total pretest sample selection. Shorter debriefing calls, expected to average about 30 minutes per respondent, will be made to an additional subset of about 62 pretest facilities, to clarify any evident problems with the new survey questions.

Estimation Procedures:

Selected N-SSATS data items are imputed for missing values using generally accepted methodologies. TEDS data are not imputed for missing values.

2. Information Collection Procedures

a. I-SATS Update and Augmentation

I-SATS Update: The I-SATS is designed to be continuously updated by States as they license or certify facilities, decertify or cancel licenses for facilities, and learn of facilities that have gone out of business or moved. The update process is on-line, so States can easily update information on the facilities in their States. The on-line update forms used by State representatives to enter or change facility registration are included as Attachment B1.

I-SATS Facility Requests: New facilities can request to be included in I-SATS through an electronic facility registration form. Facilities that inquire about inclusion in the inventory will be sent the electronic form which they can complete and return to the I-SATS contractor by e-mail. I-SATS staff will verify all facility requests to avoid duplication or the addition of inappropriate facilities to I-SATS. The information on new facilities will also be passed to the cognizant State agency for possible designation as State-approved. The I-SATS facility registration form is provided at Attachment B2.

I-SATS Augmentation: The information provided by States is augmented by SAMHSA through searches of directories and other data bases. In 2005, the data bases searched included the ABI (American Business Information) file and the American Hospital Association (AHA) directory. All potential treatment facilities identified from these sources are matched to the I-SATS to identify duplicates. In addition, a processing step matches the potential new facilities against augmentation runs from prior years, to eliminate facilities that had been identified and screened out in earlier augmentation efforts

. The remaining unmatched facilities are then screened by phone to identify those that provide substance abuse treatment services. These screening phone calls often generate reports of additional facilities, because respondents will volunteer that their parent organization has treatment facilities at several sites. The facilities identified in this way are also matched against the I-SATS, and the questionable matches and nonmatches are screened by phone. There will be an augmentation each year, several months prior to the start of the N-SSATS survey. The augmentation screener questionnaire used to screen the questionable matches and nonmatches is included as Attachment B3.

b. N-SSATS Survey

The N-SSATS data collection will be carried out by mail, with an on-line response option, and with follow-up of nonrespondents by CATI telephone calls. An advance letter will be mailed or faxed to the facility director six weeks before the March 31 reference date, notifying/reminding them of the survey. (Many Directors have participated in the N-SSATS for years.) The questionnaire, with an accompanying cover letter, a set of on-line access instructions, and a list of frequently asked questions (FAQs), will be mailed on or about March 31. (See Attachment C5 for a copy of the advance letter, Attachment C6 for a copy of the cover letter, on-line questionnaire instructions, and FAQs, Attachment C2 for a copy of the 2006 questionnaire, and Attachment C3 for a copy of the screens for the on-line response option.) Approximately four weeks after the initial mailing, a thank you/reminder letter will be faxed or mailed to all facilities (see Attachment C7 for a copy of the thank you letter). Facilities that have not responded by the last week in May will be sent a second questionnaire packet (see Attachment C8 for a copy of the second mailing cover letter.) Reminder calls will begin in mid-June. During the initial reminder call, respondents will be encouraged to respond by mail or web, but may also respond by phone. After every facility has received one reminder call, all telephone efforts will be directed toward completing the interview by phone through a CATI interview. (See Attachment C4 for a copy of the N-SSATS CATI questionnaire.) The telephone followup will continue through the end of September. These procedures resulted in a response rate of 96 percent in 2003 and 2004.

So that State-approved facilities identified after the N-SSATS survey do not have to wait a full year to be added to the on-line Locator, the Mini-N-SSATS survey will be conducted during the year, using a subset of the N-SSATS questions. An advance letter will be sent to the new facility describing the National Directory/Locator and inviting the facility to call a toll-free number to schedule a brief interview. (See Attachment C9 for a copy of the Mini-N-SSATS advance letter and Attachment C10 for a copy of the Mini-N-SSATS CATI questionnaire.) If the facility does not call, the N-SSATS survey contractor will make one attempt to contact the facility by telephone. Facilities that complete the Mini-N-SSATS and those that do not will be included in the next full N-SSATS survey.

c. TEDS

Admissions: The States will continue to submit copies of their files of admission records. SAMHSA will continue to review the files to ensure that the format and content are correct, and to provide feedback reports to the States on the status of their submissions.

Discharges: As States begin to participate in the discharge data system, they will work with SAMHSA as needed to establish the data crosswalks from their State formats to the uniform TEDS discharge format. Once the crosswalk is established, the States will submit discharge files in essentially the same manner that they submit admission files. SAMHSA will provide feedback reports to the States after every submission, and will work with the States to resolve any errors and to try to reconcile any discharge records that do not match to a previous admission record.

States submit admission and discharge records in the media of their choosing. Most States make their submissions through the mail via disk or compact disk. The others make their submissions via e-mail or through a file download using file transfer protocol (FTP.) TEDS is developing the capacity to receive web-based submissions.

SAMHSA and the State substance abuse officials participating in SAMHSA's December 2004 meeting on National Outcome Measures (NOMS) agreed that several new NOMS data elements will be collected in TEDS (see Appendix E3 for list of participants.) Under separate contractual arrangements that will provide States with payments of \$150,000 per year per State, States that routinely collect the NOMS data and meet other quality criteria related to timeliness and completeness of submissions will submit the NOMS data elements to SAMHSA as part of their TEDS submissions. To be eligible for the \$150,000 SOMMS subcontracts, States will need to demonstrate that they can meet NOMS reporting criteria for quality and timeliness and that they either have or are moving toward use of a unique client identifier. The NOMS reporting criteria will be laid out in a request for proposals to be issued by SAMHSA. The new NOMS admission and discharge data elements are listed in Attachment D2.

3. Methods to Maximize Response Rates

The following methods will be used to maximize response rates for the N-SSATS and TEDS components of the DASIS:

N-SSATS:

The methods to maximize response rates will be those that proved successful in the 2003 and 2004 N-SSATS. They include:

- ~ Advance letters to alert facility directors to the upcoming N-SSATS mailing;
- ~ State letters of support mailed with the N-SSATS questionnaires;
- ~ An on-line response option which allows respondents to complete the survey on the Internet;

- ~ Reminder phone calls and mailings as needed;
- ~ An N-SSATS toll-free hotline for facilities to call with questions about the survey;
- ~ Tracing and locating efforts to determine whether a facility is still in business, closed, or merged with another facility;
- ~ Telephone interviews to collect the information from those not responding by mail or web.

TEDS:

- ~ For the few States that are currently unable to participate at all in TEDS or are behind schedule in their submissions (usually because of resource problems), we will continue to call them at least monthly for an update or to provide assistance with file submission problems. For the States that are participating in TEDS, quarterly feedback reports are sent to States showing the level of reporting for each data element and pointing out any problems in reporting.
- ~ The State SOMMS subcontracts will include criteria for the timeliness and quality in reporting the NOMS data elements.

I-SATS:

There are no response rate issues with the I-SATS, since it is updated on a continuous basis by State agencies and the DASIS contractor.

4. Tests of Procedures

We do not plan a formal pretest for the 2006 N-SSATS, since the 2006 questionnaire changes are limited to the addition of new items in the pharmacotherapies list and in the list of services provided. That questionnaire will be tested on a small number of facilities (nine or fewer facilities), and the respondents will be debriefed by phone to verify that they were interpreting the items as intended and to get suggestions for improvements. However, the 2007 N-SSATS questionnaire, which contains more substantial changes, will be formally pretested in the spring of 2006, concurrent with the regular 2006 N-SSATS. Facility sampling for the 2007 N-SSATS pretest is described in B1. Two versions of the pretest questionnaire will be tested, Version A and Version B, with an equal number of facilities receiving each version. Both versions include all of the proposed N-SSATS changes and are the same except for two areas, the format of Question 21 on special programs and the terminology for the treatment services categories in Questions 22-24, 31-33.

Question 21 format: Pretest Version A uses the original two-column format for Question 21 that is used in the 2006 and earlier questionnaires, while Version B breaks special programs into a two-part question;

Questions 22-24 and 31-33: Pretest Version A contains the original type of care categories from the 2006 survey, plus a crosswalk notation from each category to the appropriate ASAM level of care, e.g., “Similar to ASAM levels IV-D and III.7-D ...”, while pretest Version B uses only the ASAM level of care categories and definitions.

Prior to the survey, the N-SSATS team will call the facilities sampled for the pretest to recruit them into the study. The facilities will then be sent a pretest advance letter (Attachment C12) confirming their participation and describing the pretest procedures. At the time of the survey, pretest facilities will be sent the pretest material, including a pretest cover letter (Attachment C13) and the appropriate version of the pretest questionnaire (Attachment C11-a or C11-b). The pretest facilities will not be offered the web response option.

The pretest questionnaire will be completed by approximately 200 facilities, with debriefings on a subset of respondents. A copy of the pretest debriefing guide is include in Attachment C14. In all, about 137 facilities will be debriefed by phone to verify that they interpreted the questions as intended and to obtain suggestions for improvements. About 75 facilities will receive a full debriefing on their completed questionnaire, and about 62 facilities will receive shorter debriefings focused on errors or inconsistencies in responses to the new questions. All 200 completed pretest questionnaires will be reviewed for consistency with their prior year N-SSATS responses, if available. Comparisons with prior year responses will be particularly important in assessing how the new ASAM level of care terminology is interpreted by respondents. After the pretest, the final 2007 questionnaire will be submitted through the OMB approval process in time for OMB approval by December 2006, questionnaire printing in January 2007, and survey implementation on March 31, 2007.

5. Statistical Consultants

The data are collected under a contract with Synectics for Management Decisions, Inc., which has a subcontract with Mathematica Policy Research (MPR), Inc., for the N-SSATS forms design, field work, and data entry and cleaning. The project directors for the two contractors are:

Synectics
Leigh Henderson, Ph.D.
703-807-2328

Mathematica Policy Research
Geraldine Mooney, Ph.D.
609-275-2359

Synectics, Inc. is also responsible for the management of the TEDS and I-SATS systems, the statistical aspects of the N-SSATS (primarily imputation for missing data), and preparation of the National Directory/Locator and the annual N-SSATS and TEDS reports.

The SAMHSA Project Officer and Co-Project Officer are:

Deborah Trunzo
DASIS Team Leader

Anita Gadzuk
Public Health Analyst

240-276-1267

240-276-1266

LIST OF ATTACHMENTS

Attachment A	Authorizing legislation
Attachment B1	I-SATS On-line State update forms and instructions
Attachment B2	I-SATS facility registration form
Attachment B3	Augmentation screener questionnaire
Attachment C1	Mark-up of 2005 N-SSATS questionnaire, to show changes for 2006
Attachment C2	N-SSATS 2006 questionnaire
Attachment C3	N-SSATS 2006 screens for on-line questionnaire
Attachment C4	N-SSATS 2006 CATI questionnaire
Attachment C5	N-SSATS 2006 advance letter
Attachment C6	N-SSATS 2006 cover letter; on-line questionnaire access instructions; and frequently asked questions sheet
Attachment C7	N-SSATS 2006 thank you/reminder letter
Attachment C8	N-SSATS 2006 second mailing cover letter
Attachment C9	Mini-N-SSATS advance letter
Attachment C10	Mini-N-SSATS CATI questionnaire
Attachment C11-a	N-SSATS 2007 pretest questionnaire Version A
Attachment C11-b	N-SSATS 2007 pretest questionnaire Version B (w/ note delineating the differences between Version A and Version B)
Attachment C12	N-SSATS 2007 pretest advance letter
Attachment C13	N-SSATS 2007 pretest cover letter
Attachment C14	N-SSATS 2007 pretest debriefing guide
Attachment D1	TEDS admission and discharge data elements (existing)

Attachment D2	TEDS national outcome measures (NOMS) data elements (new)
Attachment D3	Table of TEDS reporting practices by State
Attachment D4	SAPT Block Grant Application tables 7A and 7B and forms T1-T5
Attachment E1	<u>Federal Register</u> notice (April 22, 2005), with comments received
Attachment E2	Participant list - DASIS regional meetings, February 2003 - March 2005
Attachment E3	Participant list - SAMHSA NOMS State meeting, December 2004, Washington D.C.
Attachment E4	Participant list - CSAT DSCA regional workshop, May 2005, Bloomington, MN
Attachment E5	SAMHSA CSAT/CSAP letter to States (NY version) and accompanying NOMS attachment, May 2, 2005