

Drug and Alcohol Services Information System (DASIS)

SUPPORTING STATEMENT

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 January 31, 2010. 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.

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 an 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 A1, the I-SATS facility registration form is provided at Attachment A2, and the augmentation screener questionnaire is included at Attachment A3.)

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 2010 N-SSATS questionnaire is provided at Attachment B1.

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, available since 2002, has been increasingly positive, with about 40 percent of facilities choosing to respond by web in the 2008 survey. The web option utilizes the same survey questions as the paper N-SSATS form and imposes no additional burden for respondents. Attachment B2 includes a copy of the web screens for the 2010 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 2010 Mini-N-SSATS questionnaire is included at Attachment B9.

Approval is requested to conduct the 2010 N-SSATS and 2010 Mini-N-SSATS. No changes are planned for either the N-SSATS or Mini-N-SSATS questionnaires.

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 16 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 Arace@ include an Aother@ 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 48 States, with additional States expected to begin reporting discharges within the next year. The existing admission and discharge data elements are listed in Attachment C1.

The existing TEDS data elements in Attachment C1 include several National Outcome Measures (NOMS), developed in collaboration between SAMHSA and State substance abuse officials to assess the performance of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Those NOMS were approved by OMB in 2005 and implemented in TEDS in 2006. Subsequently, in collaboration with the State representatives, initially in a Technical Consultation Group (TCG) meeting on social connectedness and later in follow-up collaboration through the National Association of State Alcohol and Drug Abuse Directors (NASADAD), agreement was reached to collect two additional NOMS data elements in TEDS (see Attachment C2 for new TEDS data elements, Attachment D2 for list of participants in SAMHSA's TCG on social connectedness, and Attachment D3 for SAMHSA's letter to NASADAD regarding the new data elements.) States that routinely collect the additional NOMS data will submit the new NOMS data elements to SAMHSA in 2010.

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 two new NOMS data elements. The proposed NOMS data elements are described in A.2.

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.

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 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>).

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 addition of the NOMS data elements in TEDS in 2006 has allowed TEDS to analyze change in several outcomes measures.

The inclusion of the two new NOMS data elements in TEDS will allow SAMHSA to analyze an additional treatment performance measure and will relieve burden on States by calculating an additional SAPT Block Grant application table as follows:

Treatment performance measurement - Data on frequency of attendance at self-help groups during the 30 days prior to admission and the 30 days prior to discharge will be used to measure change between admission and discharge for self-help group participation, aggregated by State. Change in status or behavior in aggregate, as measured by the NOMS, 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 provides the data to pre-fill the SAPT Block Grant application performance measurement Forms T1 through T5 and Form T7 previously completed by States. The addition of the two new TEDS data elements will allow pre-population of an additional performance measurement table, Form T6, *Change in Social Support of Recovery*, defined as clients participating in self-help groups, support groups, (e.g., AA, NA, etc.) Attachment C4 provides the SAPT Block Grant application Forms T1 – T7.

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:

TEDS: Voluntary reporting of discharge data will continue to be added to the current reporting of admission data for essentially all States, as they become able to provide linked admission and discharge records. It is expected that 52 States and territories will be reporting discharge data during the three-year period for which approval is requested, up from the approximately 48 States currently reporting. The current discharge data elements include the following client-level data: Provider ID; Client ID; Co-dependent/Collateral flag; Services at discharge; Date of last contact; Date of discharge; Reason for discharge; Substance problem/Frequency of use at discharge; Living arrangements at discharge; Employment status at discharge; and Arrests at discharge (see Attachment C1).

In addition to an increase in the number of States reporting the discharge variables, two new NOMS data elements will be collected from States. The two new data elements will collect the following client-level information (also provided in Attachment C2):

New TEDS supplemental data set (SuDS) element:

\$ Frequency of attendance at self-help programs (e.g., AA, NA, etc.) in past 30 days at admission

New TEDS discharge data set (DDS) element:

\$ Frequency of attendance at self-help programs (e.g., AA, NA, etc.) in past 30 days at discharge

3. Use of Information Technology

While the use of technology reported here may 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 AI-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. An electronic facility registration form allows 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. An on-line submission system allows the States to run automated edit checks prior to final submission. TEDS processing results and data quality feedback reports are returned to the States electronically.

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 40 percent of facilities expected to respond by web. The web option is available to all respondents from the outset of the data collection period. In addition, an N-SSATS information website provides N-SSATS history and other material to respondents.

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 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. Facilities that are not listed contact the Locator to find out how they can be listed. (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, 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 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 May 26, 2009 (Volume 74, No. 99, page 24855) solicited comments on DASIS. In response to the notice, SAMHSA received the following comments (the full text of the comments is also included in Attachment D1):

Missouri comment:

SAMHSA received an e-mail from Christie Lundy, Ph.D., Research Coordinator, with the State of Missouri, Department of Mental Health, Division of Alcohol and Drug Abuse, 1706 E. Elm Street, P.O. Box 687, Jefferson City, MO 65102 (phone: 573-526-1636.) The e-mail commented on Missouri's support of SAMHSA in adopting a self-help measure for the recovery support NOM. The comment also indicated that the proposed self-help question is more succinct and less confusing than others that might have been adopted. The e-mail indicated that it would take at least a year to get the newly proposed self-help question added to Missouri's substance abuse treatment information system.

SAMHSA response:

States that are not already collecting the new NOMS data elements are not expected to submit them to TEDS immediately.

Children and Family Futures, Inc., comment:

SAMHSA received an e-mail from Nancy K. Young, Ph.D., Director, Children and Family Futures, Inc., 4940 Irvine Boulevard, Suite 202, Irvine, CA 92620 (phone: 714-505-3525.) The e-mail expressed an interest in having SAMHSA collect national data on parental status/number of children for clients in substance abuse treatment, and also on the custody status and changes in status of children removed from the treatment clients' custody.

SAMHSA response:

The DASIS data sets are not designed to collect data on parental status or child custody status of clients in treatment. N-SSATS collects data only on facilities, and TEDS, although client-based, is not designed to get in-depth information on clients' families, but rather concentrates on the traits and substance abuse status of the clients themselves. The addition of such data to DASIS is not feasible because of the burden and cost such detailed data collection would impose on States, who would need to capture the data in their State data systems. TEDS relies on data already collected in individual State systems, acquiring extracts of the States' data and crosswalking them to the TEDS data elements. Introducing a new area of data collection across 52 State data systems would be burdensome on States and take many years to implement. SAMHSA tries to impose the least possible burden on States in collecting the data required in TEDS. Although not feasible for addition to the DASIS systems, national data on the parental status of persons undergoing substance abuse treatment may be analyzed in another SAMHSA data set, the National Survey on Drug Use and Health (NSDUH). That population-based survey collects information on the treatment status of the survey respondents and on the household make up, including number of children in the household and their relationship to the respondent. Public-use data sets for NSDUH are available on the SAMHDA website at <http://www.icpsr.umich.edu/SAMHDA>.

As reported in previous DASIS clearance requests, SAMHSA also consults frequently with State representatives through periodic meetings. Over the past three years, SAMHSA held a series of Technical Consultation Group (TCG) meetings with State substance abuse agency representatives to collaborate on defining the substance abuse treatment NOMS that remained under development. Several of the new measures agreed to in these meetings can be supported through the DASIS data collections. One, the social connectedness NOM, was studied initially during an April 2006 TCG meeting and subsequently refined in collaboration with the National Association of State Alcohol and Drug Abuse Directors (NASADAD). That NOM will be implemented as the two new data elements being requested for TEDS. (The participants at the April 2006 TCG meeting are listed in Attachments D2, and SAMHSA's communication with NASADAD regarding the social connectedness NOM is included in Attachment D3.) The second measure, the evidence-based practices NOM, defined during SAMHSA's TCG meeting in August 2007, was determined to be available in N-SSATS, using the therapeutic approaches data elements previously approved and added to N-SSATS. In addition, in a December 2008 TCG meeting, SAMHSA consulted with the States on the potential use of N-SSATS and TEDS data for the access/capacity NOM. (The participants at the August 2007 and the December 2008 TCG meetings are listed in Attachments D4 and D5, respectively.)

In addition, DASIS staff routinely participates in the quarterly NASADAD Performance Data Workgroup meetings where a variety of data issues regarding TEDS and N-SSATS are discussed. The States provide considerable feedback to SAMHSA. Also, in the day-to-day operations of the contract, the DASIS contractor is in frequent communication with the States,

receiving considerable feedback on the details of the State data systems and how potential changes in DASIS, especially TEDS, would impact their systems. SAMHSA makes efforts to accommodate State suggestions, taking into account the multiple State data systems that must crosswalk their data elements into TEDS.

Also outside the agency, in 2008 SAMHSA asked users of its *National Directory of Drug and Alcohol Abuse Treatment Programs* for feedback on the usefulness of the publication (customer satisfaction survey, OMB No. 0930-0197.) Over 2,000 members of the public responded, giving overwhelming 99 percent positive support among respondents on the value of the *Directory*.

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.

The DASIS contractor also obtained input from a number of facility respondents to the N-SSATS survey. The 2009 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 took part in the debriefing:

- Allison Paul, Finger Lakes Alcohol & Counseling, Referral Alcohol/Outpatient Clinic, 28 East Main Street, Clifton Springs, NY 11432 (phone: 315-462-9466 x.106)
- Brent Phipps, L and P Services Inc., 207D Colegate Drive, Marietta, OH 45750 (phone: 740-376-0930)
- Don Wicklman, New Beginnings Detox, 500 Royal Palm Beach Boulevard, West Palm Beach, FL 33411 (phone: 561-790-4177)
- Harry B. Anderson, Midwest Counseling Associates Inc., 2511 East 46th Street, Suite H, Indianapolis, IN 46205 (phone: 317-568-0683)
- Martina Moore, Moore Counseling & Meditation Services Inc., 22639 Euclid Avenue, Euclid, OH 44117 (phone: 216-404-1900)
- Patrice Ray, Addiction Solutions Inc., 3121 Wrightsville Avenue, Wilmington, NC, 28403 (phone: 910-343-3353)
- Phil Gamber, Beacon Counseling Services LLC, 4990 Northwind Avenue, Suite 240, East Lansing, MI 48823 (phone: 517-853-2992)
- Tom Commerford, Central Florida Treatment Center, Fort Pierce, 1302 North Lawnwood Circle, Suite B, Fort Pierce, FL 34950 (phone: 772-468-6800)
- Victor Gonzalez, Lower Eastside Service Center, Methadone Treatment Program, 62 East Broadway, Ground Floor, New York, NY 10002 (phone: 212-343-3591)

9. Payment to Respondents

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

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.

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 the Public Health Service Act, 42 USC Sec 501(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-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 **Apending@** 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	6.25	1,300	\$34	\$44,200
TEDS Discharge Data	52	4	208	8.25	1,716	\$34	\$58,344
TEDS Discharge Crosswalks	5	1	5	10	50	\$34	\$1,700
I-SATS Update ¹	56	70	3,920	.08	314	\$20	\$6,280
State Subtotal	56		4,341		3,380		\$110,524
FACILITIES							
I-SATS Update ²	200	1	200	.08	16	\$15	\$240
N-SSATS questionnaire	17,000	1	17,000	.67	11,390	\$34	\$387,260
Augmentation screener	1,000	1	1,000	.08	80	\$15	\$1,200
Mini-N-SSATS	2,000	1	2,000	.42	840	\$34	\$28,560
Facility Subtotal	20,200		20,200		12,326		\$417,260
TOTAL	20,256		24,541		15,706		\$527,784

¹ States forward to SAMHSA information on newly licensed/approved facilities and on changes in facility name, address, status, etc. This is submitted electronically by nearly all States.

² Facilities forward to SAMHSA information on new facilities and on changes to existing facilities. This is submitted by e-mail by nearly all facilities.

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 6.25 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 1,300 hours. Similarly, the States are expected to spend 8.25 hours compiling and checking the discharge data and submitting it to SAMHSA an average of four times per year; and 50 States, the District of Columbia, and Puerto Rico are expected to submit discharge data, for a total burden of 1,716 hours per year.

TEDS Discharge Crosswalks: Prior to submitting the first discharge data file, States 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 or revise their data system, for a total burden of 50 hours per year.

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 3,920 new facilities or updates to 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. This level of activity is expected to remain fairly constant, resulting in a total annual burden of about 314 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 200 facilities inquired about being included in the I-SATS last year. This level of activity is expected to remain fairly constant, resulting in a total annual burden of about 16 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.

N-SSATS Survey: Approval is requested for the 2010, 2011, and 2012 N-SSATS. There is little change in the N-SSATS survey for 2010. The burden for conducting N-SSATS is estimated to remain at about 40 minutes, or .67 hours per respondent. This is based on recent experience in the annual N-SSATS survey. There will be about 17,000 facilities included in the annual N-SSATS, for a total annual burden of 11,390 hours. The 2010 N-SSATS questionnaire is included at Attachment B1.

I-SATS Augmentation: An augmentation to identify new facilities will be conducted in preparation for the 2010, 2011, and 2012 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, SAMHSA expects to screen an average of 1,000 facilities each year, for a total annual burden of 80 hours. The prescreening questionnaire (called the augmentation screener) is included in Attachment A3.

Mini-N-SSATS: Approval is also requested for the 2010, 2011, and 2012 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 2,000 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 (.42 hours) to complete, for a total annual burden of 840 hours. The 2010 Mini-N-SSATS questionnaire is included at Attachment B9.

Basis for Hour Costs:

a. States: 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-SATS updates will average \$20 per hour. More senior staff (average salary of \$34 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 and Mini-N-SSATS) are generally mid- to senior-level staff, often the director him/herself. Based on a recent salary survey conducted by the National Association of Addiction Treatment Providers, it is estimated that an average salary for this level is \$34 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. It is estimated that an average salary for this level is \$15 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 DASIS contract, excluding payments made to the States under the State agreements (see A14.b), is estimated to be \$8.0 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 security.
- preparation of annual data reports, analytic files, public use files, NOMS performance management files, and web-only data tables.

b. **State agreements:** For 2010, 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. **Monitoring:** The cost for monitoring the contract and carrying out related work includes salaries and travel to regional meetings for four FTEs, for a total of approximately \$560,000.

Total annualized cost to the government is \$12.5 million.

15. Changes in Burden

Currently there are 14,640 burden hours in the OMB inventory. When preparing this submission it has come to SAMHSA's attention that the hours were incorrectly recorded on the 2007 Notice of Action. The burden should have been recorded as 14,650 hours, as the 2007 supporting statement and 30-day Federal Register notice reported. SAMHSA is now requesting 15,706 hours. The increase of 1,066 hours is due to a 10 hour adjustment for the recording error, plus

568 hours in other DASIS adjustments and 488 hours due to program changes, as follows:

Adjustments: (Total increase of 568 hours)

- I-SATS Update (States): Based on I-SATS experience in the past year, States are expected to submit a slightly increased number of responses, an average of 70 responses per year compared with 67 in the past. The increase will raise the total responses by 168, from 3,752 to 3,920 total responses per year. At .08 hours per response, the total burden for this activity will increase from 300 to 314 hours, for an increase of 14 hours.
- I-SATS Update (Facilities): Based on I-SATS experience in the past year, the number of facilities expected to submit facility registration forms will increase by 100, from 100 to 200 facilities per year. With one response per facility, and an average response time of .08 hours per response, the total burden for this activity will increase from 8 to 16 hours, for an increase of 8 hours.
- Mini-N-SSATS (Facilities): Based on the Mini-N-SSATS experience in the past year, the number of facilities expected to be included will increase by 1,300, from 700 to 2,000 facilities per year. With one response per facility, and an average response time of .42 hours per response, the total burden for this activity will increase from 294 to 840 hours, for an increase of 546 hours.

Program Changes: (Total increase of 488 hours)

- TEDS admission data (States): With the addition of a new NOMS admission data element to the State submission records, the hours per response will increase from 6 hours to 6.25 hours per response. This change will increase the burden hours by 52 hours (208 responses at .25 additional hours per response.) The total burden hours for this activity will increase from 1,248 hours to 1,300 hours, for an increase of 52 hours.
- TEDS discharge data (States): The reporting of TEDS discharge data will increase from an average of 40 States submitting discharge records in the last request to an average of 52 States and jurisdictions submitting discharge records, increasing the number of responses (at 4 responses per year) from 160 to 208 per year. This first change will increase the burden by 384 hours (48 responses at the original 8 hours per response.) In addition, because of the addition of a new NOMS discharge data element to the State submission records, the hours per response will increase from 8 hours to 8.25 hours per response. This change will increase the burden hours by 52 hours (208 responses at .25 additional hours per response.) The total burden hours for this activity will increase from 1,280 hours to 1,716 hours, for an increase of 436 hours.

16. Time Schedule, Publication and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

TASK**COMPLETION**
DATE**2010 N-SSATS*:**

Development of questionnaire

October 2009

Annual N-SSATS survey (Reference date March 31)

September

2010

Augmentation activities

Oct.-

Dec. 2010

Publication of the *National Directory*

December

2010

Annual data report

May 2011

Public use data file

May 2011

TEDS*:

Compilation of TEDS data

Ongoing

Publication of admission report for 2008 data year

September

2009

Publication of discharge report for 2008 data year

November

2009

Public use data files for 2008 data year

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

I-SATS:

Processing of changes to the I-SATS

Ongoing

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 to add eligible new facilities are made on a monthly basis; updates and corrections are made as needed.
- **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 Highlights Report** -- TEDS admissions data are included in an annual report that provides summary information on persons in substance abuse treatment. The report is available in hard copy and on the SAMHSA website.
- **TEDS Admission Report** -- TEDS admissions data are compiled into an annual report that provides 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.
- **SAPTBG Application Tables and NOMS Website** -- NOMS data from TEDS are pre-populated in the SAPT Block Grant application performance measurement Forms T1-T7 and also provided to the SAMHSA NOMS website.
- **State N-SSATS Feedback Reports** -- Each State that requests it receives a report or file containing N-SSATS data for that State.
- **State TEDS Quarterly Feedback Reports** -- Each State receives a quarterly 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 *2009 National Drug Control Strategy*. In addition, analytic reports presenting DASIS data are included in a SAMHSA weekly short-report statistical publication series. About 25 of these reports have been published since January, 2007. 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, 2009. 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.

SUBSTANCE ABUSE FACILITIES	TOTAL TREATMENT FACILITIES ON THE I-SATS (as of April 30, 2009)	STATE-APPROVED	NON-STATE-APPROVED
I-SATS Treatment Facilities	18,260	13,961	4,299

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 2007 and 2008 N-SSATS was 95 percent, and the response rate for the 2010 N-SSATS is expected to reach that level as well.

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 licenser, 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 C3. Reporting levels are expected to remain the same for the next three years.

Discharges: The number of States submitting discharge data is expected to increase, from the approximately 48 States currently reporting consistent data, to an annual average of 52 States and territories expected to submit discharge data within the next three years.

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.

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 A1.

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 A2.

I-SATS Augmentation: The information provided by States is augmented by SAMHSA through searches of directories and other data bases. In 2008, 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 and the N-SSATS survey 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 A3.

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 B4 for a copy of the advance letter, Attachment B5 for a copy of the cover letter, on-line questionnaire instructions, and FAQs, Attachment B1 for a copy of the 2010 questionnaire, Attachment B2 for a copy of the screens for the on-line response option, and Attachment B10 for a copy of the web pages for the N-SSATS information website.) Approximately four weeks after the initial mailing, a thank you/reminder letter will be faxed or mailed to all facilities (see Attachment B6 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 B7 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 B3 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 95 percent in 2007 and 2008.

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 B8 for a copy of the Mini-N-SSATS advance letter and Attachment B9 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 the remaining 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. The States may mail the files on CD or other electronic medium, submit electronically using e-mail or file transfer protocol (FTP), or upload the files on-line on a protected internet website.

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 2008 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;
- Pre-filled responses in the on-line survey for selected questions that have little year-to-year change, e.g., public versus private ownership, hospital type, etc. The pre-filled responses help to reduce burden and improve survey response without impairing the integrity of the data.
- Reminder phone calls and remailings as needed;

- An N-SSATS toll-free hotline for facilities to call with questions about the survey;
- An N-SSATS information website that provides N-SSATS history and other material to respondents;
- 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), the DASIS contractor 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.
- Several options are provided for submission of TEDS data. The States may mail the files on CD or other electronic medium, submit electronically using e-mail or file transfer protocol (FTP), or upload the files on-line on a protected internet website. Assistance is provided to States to facilitate file submissions.

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

No large-scale pretests (more than 9 respondents) of N-SSATS are proposed for the next three years. A formal pretest of substantial questionnaire revisions was conducted in 2006 and no additional changes are anticipated at this time. If rewording or small changes in questions are required during the period of approval, the N-SSATS questionnaire would be tested on a small number of facilities (nine or fewer facilities), and the respondents would be debriefed by phone to verify that they were interpreting the items as intended.

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

Policy Research

Mathematica

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

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
240-276-1267

Anita Gadzuk
Public Health Analyst
240-276-1266

LIST OF ATTACHMENTS

Attachment A1	I-SATS On-line State update forms and instructions
Attachment A2	I-SATS facility registration form
Attachment A3	Augmentation screener questionnaire
Attachment B1	N-SSATS 2010 questionnaire
Attachment B2	N-SSATS 2010 screens for on-line questionnaire
Attachment B3	N-SSATS 2010 CATI questionnaire
Attachment B4	N-SSATS 2010 advance letter
Attachment B5	N-SSATS 2010 cover letter; on-line questionnaire access instructions; and frequently asked questions sheet
Attachment B6	N-SSATS 2010 thank you/reminder letter
Attachment B7	N-SSATS 2010 second mailing cover letter
Attachment B8	Mini-N-SSATS advance letter
Attachment B9	Mini-N-SSATS CATI questionnaire
Attachment B10	Web pages for the 2010 N-SSATS information website
Attachment C1	TEDS admission and discharge data elements (existing)
Attachment C2	TEDS national outcome measures (NOMS) data elements (new)
Attachment C3	Table of TEDS reporting practices by State
Attachment C4	SAPT Block Grant application Forms T1 – T7
Attachment D1	Comments to Federal Register notice (May 26, 2009)
Attachment D2	Participant list – SAMHSA TCG meeting, April 2006
Attachment D3	SAMHSA letter to NASADAD, October 2008
Attachment D4	Participant list – SAMHSA TCG meeting, August 2007
Attachment D5	Participant list – SAMHSA TCG meeting, December 2008