

**Substance Abuse Prevention and Treatment (SAPT) Block Grant
Regulations (45 C.F.R. Part 96) and FY 2011-2013 Uniform Application
(OMB No. 0930-0080)**

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting a revision from the Office of Management and Budget (OMB) for the consolidated approval of the information collection language and record keeping requirements in the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 C.F.R. Part 96) (Tab A) and for approval of the FY 2011-2013 Uniform Application for Substance Abuse Prevention and Treatment Block Grants. The current approval is under OMB No. 0930-0080, which expires on September 30, 2010. The authorizing legislation requires States and Jurisdictions to submit their respective applications on or before October 1 of the Federal fiscal year for which they are applying for a grant.

Funding agreements for alcohol and drug abuse programs require States and Jurisdictions to obligate and expend block grant funds in accordance with the set-asides as prescribed by Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended by the Children's Health Act of 2000 (P.L. 106-310) (Tab B).

The authorizing legislation for the SAPT Block Grant requires States and Jurisdictions to report annually on how the principal agency for authorized activities obligated and expended block grant funds and how it intends to use funds to be awarded. In the event that a State or Jurisdiction has materially failed to comply with the funding agreements or other conditions required for receipt of a grant under the program involved, the Secretary may: (a) in whole or in part suspend payments; (b) terminate the grant for cause; or (c) employ such other remedies as may be legally available and appropriate.

Respondents are the 50 States and Jurisdictions (the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands, Republic of Palau, and the Red Lake Band of Chippewa Indians of Minnesota).

Revisions for the FY 2011-2013 Uniform Application reflect a change to reorganize the application content into an alignment more consistent with the general organization of public health planning documents. The Uniform Application would now be organized in a manner where needs assessment, planning and monitoring precede annual report forms and narratives documenting accomplished program activities and compliance. An additional form requiring specification of States' and Jurisdictions' program priorities and removal of a projected

utilization form are proposed. Additionally, minor changes to Sections I-III to incorporate changes recommended by constituents to improve consistency of terminology and clarity of instructions. Section IV is maintained to reflect the December 2004 agreement reached between SAMHSA and the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

The proposed changes to the annual report and plan requirements do not include changes that may be necessary if the Surgeon General of the United States, VADM Regina Benjamin, attests that a demonstration needle exchange program would reduce drug abuse and reduce the public's risk of exposure to HIV.

Approval is requested for the following information collection requirements in 45 C.F.R. Part 96 summarized below:

State Plan

45 C.F.R. §96.122(g) - Reporting. This section requires States to submit a State plan in such form as prescribed by the granting agency. The rule requires States to provide information regarding the purposes and activities for which SAPT Block Grant funds will be obligated, and a description of how they will comply with the various assurances made as a condition of receiving block grant funds.

Annual Report

45 C.F.R. §96.122 (d) - Reporting. This section requires States to submit an application in substantial compliance with the statutory and regulatory provisions for the SAPTBG by no later than October 1 of the fiscal year for which the SAPTBG funding is being requested. However, the report required by 45 C.F.R. 96.130(e) is due not later than December 31 of the fiscal year for which the State is seeking a grant.

45 C.F.R. §96.122(f)(1)-(5)(iv) - Reporting. This section requires States to submit an annual report in such form as prescribed by the granting agency. The rule requires States to provide information regarding the purposes and the activities for which SAPTBG funds were obligated and expended and a description of the activities the State has undertaken to comply with 42 C.F.R. 54.

45 C.F.R. §96.134(d) - Reporting. This section requires States to submit the aggregate State dollar expenditures by the principal agency of a State for authorized activities for the three State fiscal years preceding the fiscal year for which the State is applying for the grant.

45 C.F.R. §96.124(c)(1) - Reporting. This section requires States to report the methods used for calculating the base for women's services together with the amount of that base.

45 C.F.R. §96.126(f) - Reporting. This section requires States to report the results of on-site monitoring of programs' compliance with §96.126.

45 C.F.R. §96.127(b) - Reporting. This section requires States to report the results of on-site monitoring of programs' compliance with §96.127(a).

45 C.F.R. §96.131(f) - Reporting. This section requires the State to report the results of on-site monitoring of programs' compliance with §96.131(a). The inspection reports are to be maintained for at least 3 years.

45 C.F.R. §96.133(a) - Reporting. This section specifies the contents of an assessment of need for treatment for authorized activities, both by locality and the State in general.

Waivers

45 C.F.R. §96.124(d) - Reporting. This section specifies the content for request of a waiver of all or part of the requirement established in §96.124(c) regarding the percentage increase in treatment services designed for pregnant women and women with dependent children. States must submit information sufficient for the Secretary to determine that the State is providing an adequate level of treatment services for such women. The State may submit data that is systematically collected.

45 C.F.R. §96.132(d) - Reporting. This section specifies content for request of a waiver of the requirements established in §96.132(a) -- the improvement of the referral process and the coordination of prevention activities and treatment services with other public and private nonprofit entities, §96.132(b) -- the provision of continuing education in treatment services and prevention activities for the employees of the facilities who provide the services or activities, and §96.132(c) -- the coordination of prevention activities and treatment services with the provision of other appropriate services. In evaluating whether to grant or deny a waiver, the Secretary will rely on information drawn from the independent peer review/quality assurance activities conducted by the State.

45 C.F.R. §96.134(b) - Reporting. This section specifies the content for request of a waiver of the requirement established in §96.134(a) regarding the maintenance of state expenditures for prevention activities and treatment services. The State involved must submit information sufficient for the Secretary to make the determination that extraordinary economic conditions in the State justify the waiver.

45 C.F.R. §96.135(d) - Reporting. This section specifies the content of a waiver of prohibition against the use of block grant funds for construction. States requesting a waiver are required to submit information sufficient for the Secretary to make a determination that adequate treatment cannot be provided through the use of existing facilities and that alternative facilities in existing buildings are not available.

Recordkeeping

45 C.F.R. §96.129(a)(13) - Recordkeeping. This section requires States to keep a written record of the number of loans and amount of loans provided, together with a record of the identities of the borrowers and their repayment history. This requirement was made optional pursuant to Title XIX, Part B, Subpart II of the PHS Act (42 USC 300x-25) as amended by the Children's Health Act of 2000 (P.L. 106-310).

Section 1926 of the PHS Act (42 U.S.C. §300x-26) stipulates that funding agreements for alcohol and drug abuse programs for fiscal year 1994 and subsequent fiscal years require States to have in effect a law providing that it is unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18. Section 1926 further requires that States conduct annually, random, unannounced inspections to ensure compliance with the law; that the State submit annually a report describing the results of the inspections, and the activities carried out by the State to enforce the required law, the success the State has achieved in reducing the availability of tobacco products to individuals under the age of 18, and the strategies to be utilized by the State for enforcing such law during the fiscal year for which the grant is sought. Before making an award to a State under the Block Grant, the Secretary must make a determination that the State has maintained compliance with the regulations. If a determination is made that the State is not in compliance, penalties shall be applied. Penalties range from 10 percent of the Block Grant in applicable year 1 to 40 percent in applicable year 4 and subsequent years.

Respondents for the Synar requirements include the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

Approval is also requested for the following Synar-related information collection language requirements in 45 C.F.R. Part 96:

Annual Report

45 C.F.R. §96.122(f)(6) - This section specifies the reporting requirements for the first applicable year of the regulation. The first applicable year has passed for all States; therefore, this section no longer applies.

45 C.F.R. §96.130(e)(1-5) - This section requires States to submit annual reports describing the States' activities to enforce the law required by Section 1926, a description of the overall success the State has achieved during the previous fiscal year in reducing availability of tobacco products to individuals under the age of 18. Information for §96.130(e)(1-3) is part of the Annual Report and information for §96.130(e)(4, 5) is part of the State Plan.

45 C.F.R. §96.130(g) - Beginning with the fourth applicable fiscal year, the Secretary will negotiate with each State, the interim performance target, that a State will meet for that fiscal year and in subsequent years the State must provide evidence of progress toward achieving an inspection failure rate of no more than 20 percent. The information should be sufficient for the Secretary to make a determination as to whether or not compliance has been achieved and a penalty should or should not be imposed.

In response to the mandates of the Government Performance and Results Act (GPRA) and requirements added to the SAPT Block Grant Program under the Children's Health Act of 2000, SAMHSA added substance abuse treatment and prevention performance measures reporting in FY 2008. The ultimate goal of the SAPT Block Grant treatment performance measures is to measure the change in client behavior resulting from treatment interventions.

SAMHSA, in collaboration with NASADAD and the States, worked for several years to develop measures that were useful to the States as well as the Federal Government. SAMHSA was able to use set-aside funds from the SAPT Block Grant to develop measures and pilot their application. In September 2005, SAMHSA submitted its "Report to Congress on Performance Partnerships."

These performance measures build on ongoing efforts within SAMHSA's Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and the Office of Applied Studies (OAS) including OAS's State Outcomes Monitoring and Management Systems (SOMMS), CSAP's Minimum Data Set I and II, State Incentive Grant (SIG) Evaluation Framework, and Core Measures Initiative (OMB No. 0930-0230). The CSAT performance and outcome measures also build on previously established Treatment Episode Data Set (TEDS) and National Survey of Substance Abuse Treatment Services (N-SSATS) data definitions for intake and other areas. TEDS and N-SSATS are components of OAS's Drug and Alcohol Services Information System (DASIS) approved by OMB under control number 0930-0106. These initiatives were developed in consultation with State representatives and were consistent with the SAMHSA GPRA client outcome measures for its discretionary programs.

OMB approval of this submission will allow CSAT and CSAP to solicit the FY 2011 SAPT Block Grant Uniform Application from the States and Jurisdictions in a manner consistent with: (1) the statutory requirement of Section 1932 of the PHS Act (42 U.S.C. §300x-32) for the receipt of the annual application by the Secretary not later than October 1 of the fiscal year for which the State is seeking SAPT Block Grant funds; and (2) the requirements of the Cash Management Improvement Act of 1990 (P. L. 101-453) and its implementing regulations (31 C.F.R. §205), which impose requirements on Federal agencies for the timely transfer of funds to the States and, when transfers are not made in a timely fashion, for payments of interest to the States. To give the States time to meet the required October 1 receipt date, SAMHSA hopes to release a solicitation letter as soon as possible.

The FY 2011-2013 Uniform Application is submitted for approval with the understanding that SAMHSA reauthorization may be scheduled during the 112th Congress. As a part of the

reauthorization process, SAMHSA may be submitting a series of legislative proposals designed to reduce the States reporting burden.

2. Purpose and Use of Information

Information reported under 45 C.F.R. §96.46 and §§96.120-137 will be used by SAMHSA to ensure that Federal funds authorized and appropriated for authorized activities to prevent and treat substance abuse are obligated and expended by the States in accordance with the authorizing legislation and implementing regulations. Information reported under 45 C.F.R. §96.122(f) and (g) and §96.130(e) and (g) is used by SAMHSA to ensure that the provisions of Section 1926 and the Final Rule are met by States, including meeting the Synar performance targets over time. SAMHSA will also use certain portions of the Annual Reports to produce information for use in its annual progress report submitted to OMB and in preparing the annual budget proposal. Such information will also be used by SAMHSA to guide States toward full compliance, prepare and submit reports to Congress, and respond to individual members of Congress on behalf of their constituents.

Without the information obtained from the uniform application, SAMHSA could not respond to requests for information on how the States intend to obligate Block Grant funds, how the States expended funds made available in a previous fiscal year, the type of activities and services provided, demographics of those served, and assessments of the adequacy and effectiveness of these activities and services in meeting the needs of national and State-level priority populations. In addition, the SAPT Block Grant Uniform Application is used to assess the need for targeted technical assistance to the States in the development of comprehensive service delivery systems.

Under the provisions of the authorizing legislation, States may receive allotments only after an application is submitted and approved by the Secretary, DHHS. SAMHSA will provide States and Jurisdictions with revised application guidance and instructions. Following is an overview of changes being made effective with the FY 2011 Uniform Application:

Section I

Form 2, "Table of Contents," was revised to appropriately enumerate the specific items within each section.

Section II

Contents of what had been formerly components of Section III are reorganized into Section II: State Plan (narrative requirement altered to require a Three Year Plan to be submitted in the first year and updates, if necessary in the two years following). This change revised the maximum page limit for this plan narrative from "up to three pages" to "up to five pages" for this narrative. Specific prevention components of the plan are detailed to assist States in addressing prevention appropriately.

Needs Assessment Forms 4 and 5 (formerly Forms 8 and 9) and their narrative discussions *
Annual Intended Use Budget Form 6 (formerly Form 11) and checklists 6a, 6b, and 6c (formerly checklists 11a, 11b and 11c)

Purchasing and Monitoring Services Checklists

State Priorities Form 7 (new form) *
Form 12, "Treatment Capacity Matrix, deleted.

Section III

Most components of the section that had been formerly components of Section II are reorganized into Section III:

Form 8, "Substance Abuse State Agency Spending Report," formerly labeled as Form 4, and checklists 8a, 8b, and 8c (formerly checklists 4a, 4b and 4c)

Form 9, "Substance Abuse Entity Inventory," formerly labeled as Form 6.

Form 9a, "Prevention Strategy Report" formerly labeled as Form 6a.

Form 10a, "Treatment Utilization Matrix," formerly labeled as Form 7a

Form 10b, "Number Of Persons Served (Unduplicated Count) For Alcohol And Other Drug Use In State Funded Services," formerly labeled as Form 7b. An additional, separate cell has been added for reporting persons provided treatment services not meeting levels of care described in Table I, "Single State Agency (SSA) Expenditures for Substance Abuse (Maintenance) was amended to reflect the appropriate State fiscal year and the corresponding instructions were amended.

Table II, "Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in Treatment (Maintenance)," was amended to reflect the appropriate State fiscal year and the corresponding instructions were amended.

Table III, "Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (Maintenance)," was amended to allow States to enter the appropriate State fiscal year and the corresponding instructions were amended.

Table IV, "SSA Expenditures for Women's Services (Maintenance)," was amended to reflect the appropriate fiscal year and the corresponding instructions were amended.

Section IV

IVa, "Treatment Performance Measures," T1-T7, no changes.

IVb, "Prevention Performance Measures," P12a-P15, additional instructions to clarify reporting periods have been inserted.

3. Use of Information Technology

States are provided with a user identification and password to access the Web-Block Grant Application System (Web-BGAS) uniform application for their respective State. All States can communicate by electronic mail via the Center for Substance Abuse Treatment (CSAT) Treatment Improvement Exchange Director's Roundtable, or through the Internet to the CSAT internal network e-mail. The Web-BGAS provides the States with a standardized format for reporting data and many States have revised their data collection efforts to correspond with the standard forms in the uniform application to facilitate ease of data import from other State-specific management information systems. States may receive preparatory technical assistance from the CSAT's WEB-BGAS telephone help desk, 1-888-301-BGAS (2427). States frequently praise this help desk for their assistance in streamlining this process. All States utilized Web-BGAS to prepare and submit the FY 2010 Uniform Application.

SAMHSA's Office of Program Services, Division of Grants Management participates in a Department-wide work group that is developing E-gov policies for formula and block grants, which will be in a separate section of www.grants.gov. It is still unclear whether this and many other mandatory grants will be accommodated by the grants.gov selected system in the near future. The grants.gov mandatory grants specifications are yet to be announced. When the new system is fully functional, SAMHSA will be ready to participate in the electronic grant submission. SAMHSA's mandatory grants are prepared to migrate to a new grants system beginning as early as next fiscal year.

4. Efforts to identify duplication

There has been and continues to be ongoing consultation with NASADAD and representatives of the principal agency of the States responsible for planning, carrying out, and evaluating activities to prevent and treat substance abuse, and no duplication of information collection has been identified. The reporting requirements are narrative and statistical in nature and describe each State's progress in achieving the goals of a previous fiscal year's intended use (State) plan and the proposed activities to prevent and treat substance abuse for the fiscal year for which the State is applying for a Block Grant. NASADAD and States were provided an opportunity to work with SAMHSA through their Application Redesign Workgroup, to preview the FY 2011 Uniform Application and to provide recommendations for improvement.

5. Involvement of Small Entities

The regulation and the annual uniform application do not directly affect small entities. Entities receiving amounts from the grant to conduct prevention and treatment activities record information as directed by the State, and the cumulative prevention and treatment data are incorporated by States into the uniform application.

6. Consequences if Information Collected Less Frequently

The authorizing legislation and implementing regulation requires States and Jurisdictions to apply annually for SAPT Block Grant funds and to report annually on SAPT Block Grant activities and services and the purposes for which the SAPT Block Grant funds were expended. Less frequent reporting would be in violation of the authorizing legislation and would also result in difficulty linking activities with fiscal year funding. Internal control processes and program management requirements are addressed through the collection, database management, and analysis of information collected in this application. Federal reporting requirements for reports to Congress, as well as intervening requirements for legislative testimony before Congress covering specific issues regarding the prevention of substance abuse and the treatment of substance use disorders, require the availability of up-to-date information. Without submission of an annual report and intended use (State) plan in accordance with regulations published by the Secretary, SAPT Block Grant awards cannot be made available to the States and Jurisdictions.

7. Consistency With the Guidelines in 5 C.F.R. 1320.5(d)(2)

This information collection fully complies with 5 C.F.R. §1320.5(d)(2).

8. Consultation Outside the Agency

A notice was published in the Federal Register on November 17, 2009 (74 FR 59191) soliciting comments on SAMHSA's proposal to request an OMB approval. Comments were received from 10 States (CA, FL, HI, IL, LA, MI, NE, NY, PA and WI). See Attachment C.

SAMHSA's Center for Substance Abuse Treatment, Division of State and Community Assistance, and SAMHSA's Center for Substance Abuse Prevention, Division of State Programs (formerly the Division of State and Community Systems Development), actively sought comments and consultation regarding the information collection and reporting requirements from Single State Agency directors and staff during FY 2008-2010. Recommendation made from the field that could be adopted to facilitate the process of completing the application or improve the clarity of instructions was undertaken as long as the statutory and regulatory information requirements were not affected. Additionally, SAMHSA through its grant to the States National Association of State Alcohol and Drug Abuse Directors (NASADAD) funds quality assurance and stakeholder input processes to improve the application for clarity and comprehension and to minimize burden where possible. NASADAD convened an application Re-design Workgroup to process through how the uniform application could be improved given the existing statute and regulation. Although some ARWG States and others advocate no change whatsoever, almost no burden reduction could be provided without new legislation or regulation. SAMHSA, NASADAD and the remaining States opted to reorganize the uniform application along the lines of a plan and implemented a three-year plan requirement to attempt to relieve response burden. A three-year plan is intended to reduce States preparation burden during years two and three of a 3-year State plan. Recommendations for change to the existing regulations were forwarded to the SAMHSA legislative liaison.

SAMHSA/CSAP has had regular and on-going discussions with the States regarding the compliance and reporting requirements of the Annual Synar Report (www.prevention.samhsa.gov/tobacco/) components of the regulation. It has sponsored national technical assistance workshops and numerous multi-State and State-specific TA sessions on issues relevant to the States over the past several years. SAMHSA has additionally developed numerous products and guidance materials on strategies for meeting the compliance regulations and the intent of the Federal regulation. Throughout these discussions, the States have provided feedback to SAMHSA on the reporting requirements including, the types of information synthesis that they require in order to support the State youth tobacco control programs required by the regulation.

SAMHSA/CSAP also continues to have extensive consultation and interaction with the following U.S. Department of Health and Human Services' (DHHS) Centers for Disease Control and Prevention (CDC), Office for Smoking and Health (OSH), the National Institutes of Health, National Cancer Institute (NCI), and with senior DHHS officials to ensure that the reporting

burden on States is minimized, that these requirements are not duplicated across agencies, and that the reporting requirements are reasonable in terms of the authorizing legislation and States' data collection and reporting capabilities. SAMHSA is a member of the Interagency Committee on Smoking and Health chaired by the Surgeon General of the United States.

9. Payment to Respondents

The respondents do not receive payments.

10. Assurance of Confidentiality

No assurance of confidentiality will be provided to respondents. The authorizing legislation requires that the State provide the public with the opportunity to comment on the application and State plan prior to its submission and copies of the annual report be made available upon request to any interested person (including any public agency).

11. Questions of a Sensitive Nature

The SAPT Block Grant reporting requirements do not solicit information of a sensitive nature.

2. Estimates of Annualized Hour Burden

The following reporting burden is based on discussions with selected State substance abuse authorities responsible for these activities and represents the average total hours to assemble, format, and produce the block grant application in accordance with the requirements of 45 C.F.R. Part 96. The reporting burden hours are included in the total burden for the annual SAPT Block Grant Application Format (OMB No. 0930-0080) and the SAPT Block Grant Annual Synar Report Format (OMB No. 0930-0222); these two information collections were broken apart by OMB in 2001 when the due date for the Synar report was changed by statute.

TOTAL SAPT BLOCK GRANT BURDEN ESTIMATE				
REPORTING BURDEN				
Section	No. of Respondents	Responses per Year	No. Hours per Response	Total hours
ANNUAL REPORT				
96.122(d) ¹	60	1	0	0
96.122(f)(1)-(5)(iv); 96.126(f)	60	1	152	9,120
96.122(f)(5)(v) ²	60	1	2	120
96.122(f)(6) ³	0	0	0	0
96.130(e)(1-3) ⁵	59	1	15	(885)
96.134(d)	60	1	16	960
STATE PLAN				
96.122(g)	60	1	146.7	8,920
96.124(c)(1)	60	1	40	2,400
96.127(b)	60	1	8	480
96.130(e)(4,5) ⁵	59	1	1	(59)
96.130(g) ⁵	59	1	2	(118)
96.131(f)	60	1	8	480
96.133(a)	60	1	80	4,800
WAIVERS⁴:				
96.124(d)	0	1	40	0
96.132(d)	0	1	16	0
96.134(b)	3	1	40	120
96.135(d)	0	1	8	0
Reporting Subtotal	60	1		27,400
RECORDKEEPING BURDEN - 45 C.F.R. Part 96				
96.129(a)(13)	60		16	960
TOTAL SAPTBG BURDEN - 45 C.F.R. Part 96				28,360

¹ A 1-hour burden was counted in connection with the FY 2001 application because of the regulatory change in due date. This burden is no longer applicable.

² This is a requirement to report on activities to implement SAMHSA's charitable choice regulations promulgated in September 2003 at 42 C.F.R. Part 54. Information collection language for this requirement is approved under OMB control number 0930-0242.

³ This section describes requirements for the first applicable year, which has passed for all States. Therefore, no burden is associated with this section.

⁴ The number of respondents per year for the waiver requests is based on actual experience over the past several years.

⁵ Synar reporting requirements do not pertain to the Red Lake Band of the Chippewa Indians of Minnesota. Burden is approved under OMB Control No. 0930-0222.

⁶ Transforming annual plan to three year plan under §96.122(g) is estimated to produce a burden reduction of 13.3 hours per State on average over three year cycle.

The estimated annual reporting burden of 539.45 hours per State is comprised of 456.7 hours for Sections I-III plus 40 hours for treatment measures and 42.75 hours for prevention measures in Section IV.

The burden estimate for the uniform application (Sections I-III) is based, in part, on discussions with select Single State Agency (SSA) program staff responsible for these activities and represents the total hours to assemble, format, and produce the uniform application in accordance with the requirements of the statute (42 USC §300x-32) and regulation (45 C.F.R. Part 96). The Web-BGAS has been designed with many functions that reduce time it takes to enter data on the required SAPT Block Grant forms and narratives. First, the application pre-populates the data on Form 1, the sub-State planning area(s), Provider and the Provider Address Tables. Second, standardized data import files have been made available to the States for the past 5 years. These allow States to write a report, export it in the most common data format (CSV), and then e-mail the report to the Web-BGAS administrators to be uploaded. These reports can be re-used each year, so once a State writes a report, the State can complete or update the forms with relative ease. Lastly, most narratives can be completed by merely updating the previous year's response (available via email from the help desk) and adding a paragraph or two on the current year's progress. These functions either allow pre-population or automation of approximately 70 percent of the data required by the uniform application.

The burden estimates for the performance measures are based on the fact that some States are reporting data that they already have in their respective databases. Thus, the burden for providing these performance measures is the additional time associated with extracting such information from State databases and providing tabulations in the requested format. In FY 2007, the seventh application that included the voluntary outcome measures, 37 States responded to Section IV-A, "Voluntary Treatment Performance Measures." Of these, 17 States completed all finalized forms (P-1 through P-5) and the remaining 20 States completed some portion of the forms T1-T7. SAMHSA assumes that over the 3-year period for which approval is being sought, all the States will develop the capacity to report on the treatment and prevention performance measures.

SAMHSA/CSAP estimates the burden to States to report core outcome measures at approximately 42.75 hours. This estimate was derived based on discussions with CSAP staff experienced in estimating time burdens for similar data reporting activities. The estimated 42.75 hours is based on an aggregate of time estimates from three measures: 13 hours for calculating number of persons served; 11 hours for calculating number of evidence-based programs, policies and strategies; and 18 hours for calculating the percent of programs within specified cost bands. This includes preparation and completion of the narrative information and the Prevention reporting forms in the FY 2011 uniform application. The additional estimated 0.75 hours is based on 15 hours for data analysis of the three measures by CSAP staff and contractors across all States/Territories.

State burden = 13 hours (measure 1) + 11 hours (measure 2) + 18 hours (measure 3) = 42 hours
CSAP burden = 15 hours/60 States and Territories = 0.75 hours

Total burden = 42 hours + 0.75 hours = 42.75 hours

SAMHSA/CSAT’s estimate of annualized hour burden is based on consultation among knowledgeable CSAT staff and Single State Agency (SSA) staff who are experienced in the alcohol and other drugs field. SAMHSA/CSAT’s projection is based on a revised estimate of burden to complete the uniform application and the best estimate of time required by the Single State Agencies (SSA) to import data and develop narrative responses. SAMHSA/CSAT’s estimate would require 40 hours (5 hours per form x 7 forms plus 5 hours to address the narrative requirement) of time for cross-tabulating data, transferring aggregate data from existing State data formats, and calculating the percent change. This assumes that States collect such data and the States’ management information systems are programmed to aggregate and generate such reports.

Annual Reporting Burden--FY 2011-2013						
	Number of Respondents	Responses per Respondent	Hours per Response	Total Burden	Cost per Hour ¹	Total Cost
Sections I-III – States and Territories	60	1	456.7	27,400	\$35.00	\$959,000
Section IV-A – States and Territories	60	1	40	2,400	\$35.00	\$84,000
Section IV-B – States and Territories	60	1	42.75	2,565	\$35.00	\$89,775
Recordkeeping	60	1	16	960	\$35.00	\$33,600
TOTAL	60			33,325		\$1,166,375

13. Estimates of Annualized Cost Burden to Respondents

There is no capital or start up costs associated with the regulations or the uniform application. . The voluntary reporting of the performance measures imposes minimal start-up costs since the States reporting these data already have the data available and thus can readily report by simply providing cross-tabulations from existing data files.

Most States have received funds from SAMHSA to conduct assessments of need for treatment as required under 45 C.F.R. §96.133(a).

¹ ?The estimated hourly cost is based on a composite estimate of professional and support per hour cost. There is wide variation from State to State.

14. Estimates of Annualized Cost to the Government

(a) SAPTBG staff for regulations development², technical assistance and inquiries:

OGC (1) GS-14/6 (\$119,844) x .15 time =	\$17,977
CSAT (2) GS-13/6 (\$ 101,416) x .50 time =	<u>\$101,416</u>
Subtotal	\$119,393

(b) SAPTBG staff³ for application review, compliance monitoring, technical assistance, and inquiries:

CSAT (1) GS-15/5 (\$136,941) x .15 =	\$ 20,541
(3) GS 14/5 (\$116,419) x .75 =	\$261,943
(8) GS 13/5 (\$98,518) x .50 =	<u>\$394,072</u>
Subtotal	\$676,556

CSAP (1) GS 15/5 (\$136,941) x .15 =	\$ 20,541
(2) GS 14/5 (\$116,419) x .75 =	\$174,629
(8) GS 13/5 (\$98,518) x .50 =	<u>\$394,072</u>
Subtotal	\$589,242

Total	<u>\$1,385,191</u>
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The total averaged annual cost to the Federal Government of the SAPT Block Grant Uniform Application is estimated to be \$1,385,191.

15. Changes in Burden

Currently, there are 34,125 hours in the OMB inventory. The Program is requesting 33,325 hours. The decrease of 800 hours is due to the program's change from an annual State plan to a three-year State plan for substance abuse prevention and treatment with updates if necessary. Since FY 2008, SAMHSA has pre-populated the performance measures for substance abuse prevention and treatment utilizing data from SAMHSA's National Survey on Drug Use and Health (NSDUH) and Treatment Episode Data Set (TEDS); therefore, the estimated Annual Reporting Burden may be significantly less for some States as a result.

² Regulation development completed during FY 1992-FY 1994. Current cost estimate reflects percentage of time devoted to regulation interpretation and enforcement.

³ Current cost estimate reflect percentage of time by managers, team leaders, and program staff devoted to monitoring States' compliance with the authorizing legislation and regulation, negotiating corrective action plans, and providing targeted technical assistance.

16. Time Schedule, Publication and Analysis Plans

The authorizing legislation requires States and Jurisdictions to submit an application not later than October 1 of the fiscal year for which the State or Jurisdiction is applying for a grant. Following is a typical schedule of activities following receipt of the uniform application:

<u>Activity</u>	<u>Timeframe</u>
Review for completeness	2 weeks
Review for fiscal compliance	4 weeks
Review for programmatic compliance	6 weeks
Processing of Notice of Grant Award	1 week

Data from the States’ and Jurisdictions’ uniform applications will be accessed by the Federal Government to generate routine and ad hoc administrative reports to describe State, regional, and national efforts to prevent and treat substance abuse. Further, States’ and Jurisdictions’ data will also be used for a wide variety of other oversight, administrative, and statistical purposes of the Federal Government, e.g., budget preparation, performance analysis, State governments, and Congress. Data will be tabulated and analyzed using standard descriptive and statistical analytic techniques and will be published through the report noted above, as well as through the publication of special analytic studies.

17. Display of Expiration Date

The uniform application will display the expiration date of the OMB approval.

18. Exceptions to the Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act submissions.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

Statistical methods are not employed in the SAPT Block Grant reporting requirements. The regulations implementing the Synar requirements require States to conduct random, unannounced inspections of a probability sample of outlets and to report on the results of the inspections; however, States are not directed to employ a particular sample design.

LIST OF ATTACHMENTS

Tab A

SAPT Block Grant Regulations: Substance Abuse Prevention and Treatment Block Grant;
Interim Final Rule (45 C.F.R. Part 96)

Tab B

Substance Abuse Prevention and Treatment Block Grant FY 2011-2013 Uniform Application

Tab C

Consolidated Analysis and Response to Comments State Comments