

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

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) requests a revision of the National Survey of Substance Abuse Treatment Services (N-SSATS) data collection (OMB No. 0930-0106), which expires on January 31, 2016. N-SSATS provides both national and state-level data on the numbers and types of patients treated and the characteristics of facilities providing substance abuse treatment services. It is conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) to meet the specific mandates for annual information about public and private substance abuse treatment providers and the clients they serve.

This request includes:

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

Both I-BHS and N-SSATS are components of the Behavioral Health Services Information System (BHSIS).

Not included in this request, although considered part of the overall BHSIS system, is the National Mental Health Services Survey (N-MHSS). N-MHSS, which provides data on the number and characteristics of mental health treatment facilities in the United States, maintains a separate OMB approval (OMB No. 0930-0119). Also not included in this request is the Treatment Episode Data Set (TEDS), which collects client-level data submitted by states on admissions to and discharges from state-funded substance abuse treatment facilities and maintains a separate OMB approval (OMB No. 0900-0335).

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

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

Substance abuse treatment facilities: All substance abuse treatment facilities or programs, public and private, are eligible to be in the universe frame. We do not include jails or prisons. We do not include solo practitioners unless the Single State Agency (SSA) specifically requests that they be included. That is the universe frame. I-BHS includes two substance abuse treatment facility components: 1) a listing of facilities providing substance abuse treatment that are licensed, certified, or otherwise approved by a state substance abuse agency; and 2) a supplemental listing of other treatment facilities, referred to as non-state-approved facilities that SAMHSA has identified through augmentation activities or through requests from individual facilities. Information on the state-approved facilities is provided by state substance abuse agency representatives, who update the information throughout the year using the web-based I-BHS Online system. The online system allows the addition of new facilities and revision of information on existing facilities in a password protected environment (<https://bhsresourcecenter.smdi.com>). The state updates are continuous. Identification of non-state-approved facilities through an augmentation involves a periodic search of professional listings, business directories, and other sources for substance abuse treatment facilities not included in the I-BHS. Also, facilities not previously listed can request to be included in the inventory through a link on SAMHSA's online Behavioral Treatment Services Locator (available at <https://findtreatment.samhsa.gov>).

In order to be listed on the locator, a substance abuse treatment facility MUST be "approved" by the SSA. This typically includes those facilities that the state licenses, certifies, or otherwise monitors. There are other facilities that the State does not monitor, but recognizes are legitimate substance abuse treatment facilities. The SSA may then indicate that they are "directory eligible" so that they may be listed on the locator. With the exception of federal facilities (Department of Veterans Affairs, Department of Defense, Indian Health Service) and SAMHSA-certified Opioid Treatment Programs, it is the SSA that determines if a facility can be included in the locator. If the state SSA does not indicate that the facility may be listed, it will not be listed. Additionally, if a facility chooses to not be listed, they will not be listed.

The state SSA has access to the I-BHS online and will go into this system to update contact information for their state's facilities. This includes indicating that a facility is no longer active (death, gone out of business, no longer treating substance abuse, etc.). If these facilities are removed before the file is "frozen" before each (N-SSATS) survey year, they are not in that year's survey. We also send out an "advance letter" notifying facilities of the upcoming survey. Another purpose of this letter is to determine those facilities that have closed, moved, or are no longer at that address. When the post office returns these letters, a "locating" team researches them and determines their status. If they are closed, they are reported as such. Other facilities notify us that they are no longer in service and they are then "closed." Updates with the I-BHS occur monthly and any "closed" or "not active" facilities are indicated as such (and removed from the locator if they were on the locator). As for response rates for the N-SSATS, every facility on the frozen file receives a status by the end of the survey. For the "universe response rate," closed facilities are considered as having "responded." We typically have

approximately a 10% “closed” response. When we look at “actual completes,” we consider only those that are active facilities.

Mental health treatment facilities: Likewise, the I-BHS includes two components for mental health treatment facilities: 1) treatment facilities identified by state mental health agencies and 2) facilities identified through listings of various mental health organizations and through requests from individual facilities. Facility requests come through SAMHSA’s online Behavioral Health Treatment Services Locator (available at <https://findtreatment.samhsa.gov>). The mental health treatment facility universe is updated through state agency input into I-BHS Online, through augmentation searches of various mental health organizations and other listings, and through applications from individual facilities.

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

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

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

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

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

(2) to update facility information on SAMHSA’s online Behavioral Health Treatment Services Locator, available at: <https://findtreatment.samhsa.gov>, and a hard copy equivalent known as the *National Directory of Drug and Alcohol Abuse Treatment Programs* (Directory) available in electronic format (PDF and HTML).

Included in this request are two versions of the N-SSATS survey, an N-SSATS (Version A) which includes one-day client counts to be conducted in 2017, and an N-SSATS (Version B) which includes workforce characteristics to be conducted in 2016 and 2018. The 2017 N-SSATS (Version A) questionnaire and 2016 N-SSATS (Version B) questionnaire are provided

at Attachment B1 and B2, respectively. Also included in this request is the Between-cycle N-SSATS (N-SSATS BC), to be conducted between the annual surveys to collect information on new facilities for inclusion in the Treatment Locator. The N-SSATS BC, which contains questions used primarily to populate the Locator, is described later in this section and is provided at Attachment B3.

The alternating schedule of a Version A and Version B annual N-SSATS (rather than all N-SSATS survey questions every year) was implemented to reduce burden on facilities. A similar schedule was implemented for the N-MHSS. The current N-MHSS OMB clearance includes this alternating schedule in which data on facility operational characteristics and utilization are collected every other year.

In any one year, an N-SSATS (with client counts) or an N-MHSS (with client counts) and an N-SSATS (no client counts and with workforce questions) or an N-MHSS (no client counts) will be fielded. Conducting two full-length/all question surveys every year would not be practical and could be burdensome for the approximately 11 percent of behavioral health facilities that provide both substance abuse and mental health treatment services. This submission requests approval to conduct an N-SSATS (Version A) in 2017 and an N-SSATS (Version B) in 2016 and 2018. Conversely, the current approval for N-MHSS includes an N-MHSS with client counts to be conducted in 2016. The next request for approval for the N-MHSS will include N-MHSS (no client counts) in 2017 and 2019 and an N-MHSS (with client counts) to be conducted in 2018.

The 2016 and 2018 N-SSATS (Version B) instrument will collect information needed to update the Behavioral Health Treatment Services Locator, such as facility name and address, services offered, and special groups served, as well as basic workforce questions such as type of staff working at the facility and number of hours worked. Additionally, a minimum of core facility information will be collected each year to allow compilation of a simplified analytic facility file and analytic report each year. Detailed client counts, which show relatively little change year-to-year, and workforce questions whose collection impose the most burden on facilities, will be collected and reported biennially, sufficient for most research and reporting uses of the data.

The 2017 N-SSATS (Version A) will be conducted through an online web survey, with a mail questionnaire option and telephone follow-up of non-respondents. The online version is the primary response mode, with about 75 percent of facilities responding online in 2014. Attachment B4 provides a copy of the web screens for the 2017 N-SSATS online response option. The online survey utilizes the same survey questions as the N-SSATS paper questionnaire and imposes no additional burden for respondents. The 2016 and 2018 N-SSATS (Version B) will also be conducted through an online web survey with a mail questionnaire option and telephone follow-up of non-respondents.

In addition to the alternating Version A/Version B annual N-SSATS, a Between-cycle N-SSATS will be conducted periodically as new facilities are identified. The N-SSATS BC is a procedure for collecting the abbreviated services data from newly identified facilities between main cycles of the N-SSATS, to keep the listing of treatment facilities in the online Behavioral Health Treatment Services Locator up-to-date. The between-survey data collection from newly identified facilities allows facilities to be added to the Locator in a timelier manner, without waiting a full year for the next regular N-SSATS survey. The N-SSATS BC will be conducted

with an online instrument and by telephone.

Approval is requested to conduct the N-SSATS (Version A), the N-SSATS (Version B), and the N-SSATS BC, as follows:

- N-SSATS (Version A) (the 2017 N-SSATS questionnaire which includes detailed one-day client counts is provided at Attachment B1) (Changes in the questionnaire from the 2015 N-SSATS are summarized in Section A.2);
- N-SSATS (Version B) (the 2016 N-SSATS questionnaire which includes workforce questions is provided at Attachment B2) (Changes in the questionnaire from the 2015 N-SSATS are summarized in Section A.2); and
- Between-survey N-SSATS BC for new facilities (uses an abbreviated questionnaire and is provided at Attachment B3.) There are no changes from the currently approved questionnaire.

2. Purpose and Use of Information

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

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

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

- to collect the information needed to update the web-based online Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>) and the annual publication *National Directory of Drug and Alcohol Abuse Treatment Programs*. Facilitated by the I-BHS and the close coordination of the N-SSATS and N-MHSS, the Locator is an integrated Behavioral Health Treatment Services Locator, which permits searches for substance abuse and mental health treatment facilities (or facilities offering both types of treatment) through a single website; and
- to prepare an annual report describing the substance abuse treatment system in the United States, including information on facility location, services provided, operational characteristics, and number of persons in treatment on the survey reference date and workforce characteristics; and
- to prepare public-use analytic data files that can be used by researchers or other members of the public to perform research on treatment services provided in the United States.

N-SSATS provides information on the location, scope, and characteristics of all known substance abuse treatment facilities in the United States and on the number of clients receiving services. This information is used to describe and assess the nature and extent of these resources, to identify gaps in services, to provide a public listing for treatment referrals, and to provide a sampling universe and data for researchers. Not only is the N-SSATS the only means for updating the Locator and the Directory, it is also the only source of national data on

the characteristics and utilization of the specialty substance abuse treatment system. Users of N-SSATS data include the Congress, Federal agencies and offices such as the Office of National Drug Control Policy (ONDCP), state legislatures and agencies, local communities, organizations (e.g., the National Association of State Alcohol and Drug Abuse Directors), researchers, treatment facilities (e.g., for referral of clients), and individuals seeking treatment.

Changes

OMB approval is requested for the following changes:

N-SSATS: The N-SSATS (Version B) with workforce questions will be conducted in even years in place of the “locator” version of N-SSATS that was completed in even years previously. Approval is requested for the following changes from the 2015 N-SSATS to the 2016 N-SSATS (Version B) questionnaire:

2015 Q8. The religious affiliation question has been deleted. This is not used to update the Locator.

2015 Q15. The question asking about the facility’s standard operating procedures has been deleted. This is not used to update the Locator.

2015 Q27. The question asking how (paper/electronic/both) a facility performs selected activities has been deleted. This is not used to update the Locator.

2015 All of Section B (Reporting Client Counts), Q28-34 has been deleted. This includes: how the facility will complete client counts; number of facilities in client counts; names and addresses of additional facilities reported for; number of hospital inpatient client counts by category, by number under age 18, number receiving methadone, buprenorphine, or Vivitrol[®], and number of dedicated beds; number of residential client counts by category, by number under age 18, and number receiving methadone, buprenorphine, or Vivitrol[®], and number of dedicated beds; number of outpatient client counts by category, by number under age 18, and number receiving methadone, buprenorphine, or Vivitrol[®], and capacity indicator; type of substance abuse problem, percent of co-occurring clients; and 12-month admissions. These client counts are collected every other year to lessen burden on the facilities.

2015 Q38 and Q38a. The National Provider Identifier (NPI) number question has been deleted. This question was originally added in 2007 when the NPI number was first being introduced with the expectation that it would provide information that would help identify individual facilities within the I-BHS. This information was not as useful as hoped, and therefore is being deleted.

2016 Q18b, Q19b, Q20b. An overall number of active clients on the survey reference date for each of the major types of treatment (hospital inpatient (Q18b), residential (Q19b), and outpatient (Q20b)) has been added for an indication of size of facility for analysis of the added workforce questions.

2016 Q21. A question asking overall numbers of active clients in the facility that received methadone, buprenorphine, or Vivitrol[®] for detoxification or maintenance

purposes has been added to aid in the analysis of the added workforce question.

2016 Q22. A question, requested by ASPE, has been added to determine basic workforce characteristics during a specific week of the facility including the numbers of paid staff, total hours worked, and numbers of addiction certified staff at each facility. The types of staff include: Medical staff (physician, nurses [registered, licensed practical], mid-level medical staff such as nurse practitioner, pharmacist), Counseling staff (counselors at doctoral, masters, bachelors, associate or non-degreed), and Support staff (pharmacy assistant, peer support, care manager, administrative, other).

2016 Q23. A question, similar to Q22 and requested by ASPE, has been added to determine the numbers of unpaid staff, total hours worked, and numbers of addiction certified staff at each facility during the same specific week. The types of unpaid staff include: Medical staff (physician, nurses (registered, licensed practical), mid-level medical staff such as nurse practitioner, pharmacist), Counseling staff (counselors at doctoral, masters, bachelors, associate or non-degreed), and Support staff (pharmacy assistant, peer support, care manager, administrative, other).

The N-SSATS (Version A) with client counts will be conducted in odd years. Approval is requested for the following change from the 2015 N-SSATS to the 2017 N-SSATS (Version A) questionnaire:

2015 Q38 and Q38a. The National Provider Identifier (NPI) number question has been deleted. This question was originally added in 2007 when the NPI number was first being introduced with the expectation that it would provide information that would help identify individual facilities within the I-BHS. This information was not as useful as hoped, and therefore is being deleted.

There are no changes to the I-BHS and the N-SSATS BC.

3. Use of Information Technology

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

N-SSATS: The primary mode of data collection for the main survey of treatment facilities had traditionally been by a mailed paper questionnaire until the online web survey, introduced in 2002, gradually became the primary response mode (about 75 percent of facilities responded online in 2014.) In 2016, N-SSATS will be an online web survey, with a mail questionnaire option. Non-responding facilities will be followed up by telephone using Computer Assisted

Telephone Interview (CATI) technology. The web/mail/CATI combination has been successful with around 80 percent of facilities expected to respond by web in 2016. The web and CATI version incorporate range limits and consistency checks, prompting the user to resolve inconsistencies before permitting movement to the next question. This has greatly reduced the number of post-survey edit callbacks required.

The *online Behavioral Health Treatment Services Locator* is available on the Internet with a mapping/locator capability (<https://findtreatment.samhsa.gov>), and is based on information collected in the N-SSATS. The Treatment Locator has attracted the attention of people in search of treatment for themselves or someone else, and of treatment facilities. Facilities that are listed in the Locator frequently contact the Locator's Webmaster when their status or services have changed. The Locator is then corrected immediately. An online facility application form is available for facilities seeking to be listed on the Locator. (Two requirements for a substance abuse treatment facility to be listed are that the facility is licensed or approved by their state substance abuse agency, and that the facility responds to the N-SSATS or N-SSATS BC.)

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

4. Efforts to Identify Duplication

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

5. Involvement of Small Entities

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

6. Consequences if Information Collected Less Frequently

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

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

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

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

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

8. Consultation Outside the Agency

A Federal Register Notice was published on July 22, 2015 (80 FRN page 43449) to solicit comments on N-SSATS.

SAMHSA has been in consultation with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and their need to collect workforce data in substance abuse treatment facilities. It was determined that, rather than conduct a separate survey that would duplicate some basic, identifying information and other information needed for proper analysis and understanding of the data, it would reduce overall burden and increase likelihood of responses to add a couple questions to the N-SSATS. Therefore, workforce questions and overall client counts have been added in place of fully delineated client counts.

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

9. Payment to Respondents

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

10. Assurance of Confidentiality

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

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

The information you provide will be protected to the fullest extent allowable under Section 501(n) of the Public Health Service Act (42 USC 290aa (n)). This law permits the public release of identifiable information about an establishment only with the consent of that establishment and limits the use of the information to the purposes for which it was supplied. With the explicit consent of eligible treatment facilities, information provided in response to survey questions marked with an asterisk will be published in SAMHSA's Online Behavioral Health Treatment Services Locator, the *National Directory of Drug and Alcohol Abuse Treatment Programs*, and other publically available listings. Responses to non-asterisked questions will be published with no direct link to individual treatment facilities.

The I-BHS and N-SSATS contain a unique identifier assigned to each facility. This number is used to facilitate tracking, monitor response rates, ensure adequate quality control, assess analytic consistency from survey to survey, and produce SAMHSA's online Behavioral Health

Treatment Services Locator/*National Directory of Drug and Alcohol Abuse Treatment Programs*/ and a mailing label file, both of which are available to the public. Information reported in the Locator/*National Directory* 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 Locator/Directory. Of the 14,365 substance abuse treatment facilities that completed the N- SSATS in 2014, a total 13,589 (or 94.6%) indicated that they wanted to be listed in the Directory/Locator if eligible. A total of 764 facilities (5.3%) indicated that they did not want to be listed. Twelve facilities (0.08%) did not respond to the question (or were otherwise missing). Examples of facilities that do not want to appear in the Locator or Directory are those that specialize in serving abused women and do not want to advertise their location and facilities with very specific eligibility requirements that do not want to receive inquiries from the general public.

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

The contractor-maintained BHSIS data systems undergo Security and Authorization procedures conducted by SAMHSA’s Office of Management, Technology and Operations/Division of Technology Management (OMTO/DTM) periodically. The review is currently in progress. The most recently completed review was in July 2011. The SAMHSA IT Clearance Officer stated:

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

11. Questions of a Sensitive Nature

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

12. Estimates of Annualized Hour Burden

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

Type of Respondent and Activity	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Hour Cost
STATES							

I-BHS Online ¹	56	75	4,200	0.08	336	\$23	\$7,728
State Subtotal	56		4,200		336		\$7,728
FACILITIES							
I-BHS application ²	600	1	600	0.08	48	\$17	\$816
Augmentation screener	2,000	1	2,000	0.08	160	\$17	\$2,720
N-SSATS questionnaire	17,000	1	17,000	0.61	10,370	\$40	\$414,800
N-SSATS BC	2,000	1	2,000	0.42	840	\$40	\$33,600
Facility Subtotal	21,600		21,600		11,418		\$451,936
TOTAL	21,656		25,800		11,754		\$459,664

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

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

Basis for Burden Hour Estimates:

STATES:

- **I-BHS Online:** States can update the I-BHS on a continuous basis using the I-BHS Online system. The system can be used to enter information for a new facility or to make changes to the information recorded for a previously-entered facility. Based on the most recent year (2014), states submitted an approximately 4,200 new substance abuse or mental health treatment facilities or updates to existing substance abuse or mental health treatment facilities. Also based on this experience, it is expected to take about 5 minutes (.08 hours) to enter a new facility or update information on an old facility. This level of activity is expected to remain fairly constant, resulting in a total annual burden of about 336 hours for I-BHS updates for substance abuse facilities by states. The I-BHS Online forms are included at Attachment A1.

FACILITIES:

I-BHS Application: Individual facilities can request to be included in I-BHS through an online facility application form. Based on prior registration of new facilities, it is expected to take about 5 minutes (.08 hours) to complete the online facility application form. About 400 substance abuse treatment facilities and 200 mental health treatment facilities inquired about being included in the I-BHS this past year. This level of activity is expected to remain fairly constant, resulting in a total annual burden of about 48 burden hours for I-BHS application by substance abuse and mental health treatment facilities. The I-BHS facility application form is included at Attachment A2.

- **I-BHS Augmentation:** An augmentation to identify new substance abuse treatment facilities and mental health treatment facilities will be conducted in preparation for the 2016, 2017, and 2018 N-SSATS. This will involve searching business and organization

directories for potential new substance abuse treatment and mental health treatment facilities, matching the new facilities against the current I-BHS, and calling all facilities that do not match with the I-BHS to confirm that they provide substance abuse treatment or mental health treatment services. Based on prior experience with the CATI screening instrument, the calls are expected to take an average of about 5 minutes (0.08 hours). Based on the most recent augmentation process, SAMHSA expects to screen an average of 800 substance abuse treatment facilities annually and an average of 1,200 mental health treatment facilities annually, for a total annual burden of 160 burden hours for augmentation screening annually. The augmentation screener to be used for all facilities is included in Attachment A3.

- **N-SSATS:** Approval is requested for the 2016, 2017, and 2018 N-SSATS. There are only modest changes (dropping a question) in the N-SSATS (Version A) survey for 2017, and therefore the burden for administering the N-SSATS (Version A) questionnaire is estimated to remain at about 40 minutes, or .67 hours per respondent. However, the N-SSATS (Version B) to collect Locator update and workforce information will be conducted in 2016 and 2018, with a burden estimated to be about 35 minutes, or .58 hours per respondent. This is based on recent experience in the annual N-SSATS (Version A) survey, in the ongoing between-survey N-SSATS BC, which uses questions needed to update the Locator, and a similar workforce question used in the 2011 OTP Survey (OMB No. 0930-0319). The overall annual average burden per response for the three years is 37 minutes, or .61 hours per respondent. There will be about 17,000 facilities included in the N-SSATS each year (for the Version A and Version B surveys), for a total annual average burden of 10,388 hours. The 2017 N-SSATS (Version A) questionnaire is included at Attachment B1 and the 2016 N-SSATS (Version B) questionnaire is included at Attachment B2.
- **Between Cycle N-SSATS:** Approval is also requested for the 2016, 2017, and 2018 Between Cycle N-SSATS component of N-SSATS, a procedure for collecting services data from newly identified facilities between main cycles of the survey that will be used to update the listing of treatment facilities in the online treatment facility Locator. About 2,000 newly identified facilities per year will be invited to complete the N-SSATS BC instrument which is expected to take an average of about 25 minutes (.42 hours) to complete, for a total annual burden of 840 hours. The instrument will be the same as is currently used, which is included at Attachment B3.

Basis for Hour Costs Estimates:

State Agencies: Based on information gained in discussions with the states and using adjustments for inflation, it is estimated that salaries for state staff responsible for the I-BHS updates will average \$23 per hour.

Facilities: The facility staff that completes the N-SSATS questionnaires (regular N-SSATS and N-SSATS BC) is generally mid- to senior-level staff, often the director him/herself. Based on a salary survey conducted by the National Association of Addiction Treatment Providers and adjustments for inflation, it is estimated that an average salary for this level is \$40 per hour, taking into consideration the wide variety of facility types and sizes. The augmentation screening interview is often conducted with a receptionist or other junior staff, because only very basic questions are asked. I-BHS applications are also generally made by junior staff. It is

estimated that an average salary for this level is \$17 per hour.

13. Estimates of Annualized Cost Burden to Respondents

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

14. Estimates of Annualized Cost Burden to the Government are as follows.

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

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

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

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

15. Changes in Burden

Currently there are 11,535 burden hours in the OMB inventory. SAMHSA is now requesting 11,754 hours. The net increase of 219 hours is due to a 291 hour decrease for DASIS adjustments and a 510 hour increase due to program changes, as follows:

Adjustments (Total decrease of 291hours)

- **I-BHS Online:** States can update the I-BHS on a continuous basis using the I-BHS Online system. The system can be used to enter information for a new facility or to make changes to the information recorded for a previously-entered facility. Based on the most recent year (2014), states submitted an approximately 4,200 new substance abuse or mental health treatment facilities or updates to existing substance abuse or mental health treatment facilities. Also based on this experience, it is expected to take about 5 minutes (.08 hours) to enter a new facility or update information on an old facility. This level of activity is expected to remain fairly constant, resulting in a total annual burden of about 336 hours for I-BHS updates for substance abuse facilities by states. This represents a decrease of 291 hours from the previous

approval.

Program Changes (Total increase of 510 hours)

- **N-SSATS questionnaire:** In 2016, SAMHSA will continue to implement alternating (every other year) N-SSATS questionnaires. In even years, SAMHSA will field a Version B (with workforce questions) annual N-SSATS and in odd years a Version A (with client counts), rather than an alternating full and abbreviated N-SSATS as in the previous approval. This submission requests approval to conduct an N-SSATS (Version B) in 2016 and 2018 and an N-SSATS (Version A) in 2017. Therefore the average burden has increased from .58 hours to .61 hours per response over the three years for the 17,000 facilities included in N-SSATS each year. With one response per facility, and an average response time of .61 hours per response, the total burden for this activity will increase from 9,860 hours to 10,370 hours, for an increase of 510 hours. However, this increase is 1,020 hours less than the approved 11,390 hours when the full N-SSATS with client counts was conducted each year (the OMB approval expiring December 31, 2012).

16. Time Schedule, Publication, and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

<u>TASK</u>	<u>COMPLETION DATE</u>
2016 N-SSATS*:	
• Development of questionnaire	October 2015
• Annual N-SSATS survey (reference data March 31)	September 2016
• Augmentation activities	October – December 2015
• Publication of online <i>National Directory</i>	May 2017
• Annual data report and analytic files/reports	May 2017
• Public-use data file	May 2017

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

I-BHS

- Processing of changes to the I-BHS Ongoing

b. Analyses and Publications

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

- **Behavioral Health Treatment Services Locator** – SAMHSA’s public Behavioral Health Treatment Services Locator is a searchable online system of substance abuse and mental health treatment facilities that include information on services offered and an on-line mapping function (<https://findtreatment.samhsa.gov>). Data collected through the N-SSATS are used to create and update listings for the substance abuse treatment facilities in the

Locator. Updates to add eligible new facilities are made on a monthly basis; other updates and corrections are made as needed.

- **National Directory of Drug and Alcohol Abuse Treatment** – This electronic (PDF) publication includes information on thousands of public and private substance abuse treatment facilities in the states, territories, and District of Columbia that have responded to the most recent N-SSATS and are approved for inclusion by the state alcohol and drug abuse agencies. Listings are alphabetic by state, city, and facility name within city. Information about each facility includes facility name, address, telephone number, types of services, and type of payment. Specific characteristics are indicated by a code. The Directories are online in PDF format.
- **N-SSATS Report** - This annual publication presents the main findings from the survey using tabulations and descriptive analyses of facility counts and characteristics, including information on methadone treatment. The report is available on the SAMHSA website (<http://www.samhsa.gov>).
- **N-SSATS State Profiles** – State profiles for each state, including one for each year since 2002 through the most recent complete year, are available on the SAMHSA website (<http://www.dasis.samhsa.gov/webt/NewMapv1.htm>).
- **State N-SSATS Feedback Reports** – Upon request, a state can receive a report or file containing N-SSATS data for that state.
- **Public Release Data Files** - Public release data files of N-SSATS data are available for downloading and online analysis at the Substance Abuse and Mental Health Data Archive (SAMHDA) website located at <http://datafiles.samhsa.gov>.
- **Other reports** - Selected data from N-SSATS are included in other statistical compilations, including, for example, *Health United States*, and the *2013 National Drug Control Strategy*. In addition, analytic reports presenting N-SSATS data are included in a SAMHSA weekly short-report statistical publication series and brief data spotlights. About 10 of these reports were published since in 2014. They are available on the SAMHSA website.

17. Display of Expiration Date

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

18. Exceptions to Certification Statement

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