Attachment 8: Public Comment on 60-day Federal Register Notice

One comment was received in response to the 60-day Federal Register Notice:

**From:** Conley, E.Kevin K (OMH) [mailto:E.Kevin.Conley@omh.ny.gov]
**Sent:** Wednesday, September 30, 2015 11:18 AM
**To:** King, Summer (SAMHSA/OPPI)
**Cc:** Engel, Gerald M (OMH); Fernandez, Henry A (OMH); Radigan, Marleen S (OMH); Frimpong, Eric Y (OMH); Morris, Laura (OMH); Rademacher, Leesa J (OMH)
**Subject:** SAMHSA PPRA Notice: Treatment Episode Data Set (TEDS) (OMB No. 0930–0335) — Revision

*In the Paperwork Reduction Notice published at* [*https://www.federalregister.gov/articles/2015/08/11/2015-19651/agency-information-collection-activities-proposed-collection-comment-request*](https://www.federalregister.gov/articles/2015/08/11/2015-19651/agency-information-collection-activities-proposed-collection-comment-request)*, SAMHSA estimates that it would take each state and territory 30 hours to prepare the client level data (CLD) Basic Client Information (BCI) file and 5 hours to complete the State Hospital Readmission (SHR) file.* ***The New York State Office of Mental Health estimates that it requires 240 hours to complete the MH-CLD-BCI file and 40 hours for the MH-CLD-SHR file.***

SAMHSA Response:

SAMHSA estimates that it would take each state and territory 30 hours to prepare the client level data (CLD) Basic Client Information (BCI) file and 5 hours to complete the State Hospital Readmission (SHR) file, as stated in the Federal Register 60-day notice. Because these estimates are based on state averages, it would be expected that some states would require more time, and others less time. Since New York is considered a large state in terms of population, it is understandable that the state’s time estimates would be greater than the average. This data collection (i.e., client level data and state hospital readmission data reporting) was previously approved as part of the Community Mental Health Services Block Grant (MHBG) and Substance Abuse and Prevention Treatment Block Grant (SABG) Application Guidance and Instructions (OMB No. 0930-0168). SAMHSA extracted the burden hours from that application and compared them with the burden hours estimated for the similar substance abuse client level TEDS data collection (part of the current package). The burden between the two data collections are similar overall, taking into consideration that the MH-CLD data collection occurs once per year while the TEDS data collection occurs 4 times per year. It was expected that the burden hours would be comparable because the data collections are very similar, one for mental health client level data and the other for substance abuse client level data.