Comment Number	Date Received	Organization	Summary of Comment
1	10/17/18	Weber Human Services – Ogden, UT	Under estimated- 2 hours, not 47 minutes; duplication of TEDS; barrier to clients (they want services, not answer questions for a survey); absolutely zero practical utility
2	10/18/18	FCC Behavioral Health – Kennett, MO	Very labor intensive, duplication of GPRA
3	10/18/18	Tri-County Mental Health Services - Kanas City, MO	Very labor intensive of 3 months
4	10/19 & 10/22/18	2 comments- Turning Point, Hannibal - MO	Excessive burden, taking away from individualized consumer care
5	10/19/18	Burrell Center - MO	Cumbersome and time consuming; very long; duplicative to MO data collection
6	10/19/18	Southeast Missouri Behavioral Health - Farmington, MO	Time will add 3 months
7	10/19/18	Community Medicine, Department of Family and Community Medicine Board Addiction Medicine - St. Louis, MO	Questions are relevant; but onerous to staff and patients, that they would functional serve as a barrier to treatment
8	10/22/18	Preferred Family Healthcare - MO	Additional staff time that will need to be dedicated to locating or contacting dis-engaged clients

9	10/23/18	New Beginnings C-STAR Inc. - St. Louis, MO	Loss of consumer participation along with loss of billing due to a non- reimbursable additional questionnaire
10	10/25/18	Heartland Center for Behavioral Change - MO	Redundant data entry into multiple MO electronic systems is becoming overwhelming.
11	11/9/18	PA Dept. of Alcohol and Substance Abuse - PA	Multiple questions were received requesting technical assistance related to the use of the tools and the correct use of specific response options within the tools.
12	11/27/18	Swope Health Services - Imani House - Kansas City, MO	Reporting requirement of this magnitude and frequency put a huge strain on providers and support staff, information is duplicative MO.
13	11/27/18	CT Dept. of Mental Health & Addiction Services - Hartford, CT	SAMHSA doesn't allow adequate cost of administering the survey. SOR TOR will take longer to administer and is more confusing. What is not taken into account in the "burden estimate" is the amount of time expended trying to locate the individuals to conduct the follow-up interview(s), which in some cases is substantial. Consider separate "frameworks"/formats for States to use for reporting treatment, prevention, recovery support, training and TA, and naloxone purchases; minimal detail beyond #'s served.
14	11/28/18	VT Dept. of Health - VT	Vermont advocates that utilizing the tools they are currently using for the Recovery support related services would lead to the most effective and appropriate data collection for SOR reporting.

15	11/30/18	University of MA Medical School, Dept. of Psychiatry - MA	Collects data 4 points of time instead of 2, difficult to capture DSM 5 diagnoses/ICD 10 codes related to SUD
16	11/30/18	Minnesota Dakotas and Lower Sioux Indian Community - MN	Tool may cause harm and re-trigger many tribal members to increase use of opioid use, 4 tribes in the Lower Sioux request exemption from using the tool.
17	11/30/18	WA Dept. of Social and Health Services - WA	Unclear how these lengthy instruments are necessary for proper performance, little value on all measures, underestimate of the burden time for the follow-up and discharge surveys, administrative cost associated with the data collection poses a substantial burden
18	12/3/18	FL Dept. Of Children and Families - Tallahassee, FL	Multiple questions were received requesting technical assistance related to the use of the tools and the correct use of specific response options within the tools.
19	12/3/18	ME Dept. of HHS - Augusta, ME	ME will need to update EHR system to avoid unnecessary duplication and undue burden.
20	12/3/18	Dept. of Social Services - Sioux Falls, SD	Not useful nor necessary for performance nor have practical utility, does not appear to collect much information regarding actual opioid use, undoubtedly turn patients off from proceeding with treatment, (indicated that that 30 minutes is not an accurate burden time)
21	12/3/18	WI Dept. of Health Services - Madison, WI	Estimate 80 minutes, not 47 minutes, need time to implement the clinical process. Multiple questions were received requesting technical assistance related to the use of the tools and the correct use of specific response options within the tools.

22	12/3/18	LA Dept. of Health - Baton Rouge, LA	4 data collection periods is excessive (3 is recommended), lacks utility, burden is under estimate (recommend 87 min.)
23	12/3/18	Northwest Portland Area Indian Health Board - Portland, OR	Opt out of reporting Naloxone distribution if not in work plan, this data collection will take 4 hours (not 47 minutes), deter tribes from providing MAT treatment services or applying for future grants if they haven't already developed one, administrative burden and cost
24	12/3/18	NE Dept. of HHS - NE	Systems will need to be updated so substantial delays in ability to conduct data entry
25	12/4/18	MO Dept. of Mental Health - Jefferson City, MO	Providers would need reimburse for the added work and time, the additional 3 month follow-up adds time for the support staff (spent considerable resources just for the 6-month follow-up), lengthy questionnaire (reduce the number of questions and remove the 3 month collection point), duplicative to MO
26	12/4/18	CA Dept. of Health Care Services - CA	Exceptionally complicated and lengthy, immense burden on providers, just collect a sample of programs and sites
27	12/4/18	TN Dept. of MH SA Services - Nashville, TN	Multiple questions were received requesting technical assistance related to the use of the tools and the correct use of specific response options within the tools.
28	12/4/18	WV Bureau for Behavioral Health - Charleston, WV	Increase burden decreases accuracy of the data, way too long. Multiple questions were received requesting technical assistance related to the use of the tools and the correct use of specific response options within the tools.

nents and SAMHSA’s Responses as of 12/10/18

SAMHSA’s Response
The ASI is a validated instrument for assessing and monitoring individuals with substance use disorders that is widely used in the substance abuse field. The proposed data collection is needed to assess the impact of the grant programs. SAMHSA's proposed burden estimate for this instrument includes an offset for data elements routinely collected by substance abuse treatment facilities as part of clinical practice. States are encouraged to report on all of the SUD Treatment episodes for which they are able, in an accurate manner. This may exceed the Block Grant and State funded services in some, but not all jurisdictions. States are not required to report SOR admissions and discharges to TEDS, by SAMHSA, but state law may mandate them to do so.
The instruments described in the SOR/TOR FRN will be the required GPRA tools for the SOR/TOR grant programs. Grantees will not be required to complete both the current CSAT GPRA tool and the new proposed instruments.
Data collection requirements are clearly noted in Section 2.2 of the SOR and TOR FOAs. Client-level data is required to be collected/reported at four time points: intake/baseline; 3-months; 6-months; and discharge.
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Data collection requirements are clearly noted in Section 2.2 of the SOR and TOR FOAs. Client-level data is required to be collected/reported at four time points: intake/baseline; 3-months; 6-months; and discharge.
Section 2.2 of the SOR/TOR FOAs indicates grantees may use a percentage of their grant award to support data collection and reporting activities.
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This data collection is a requirement of a Federal grant award, and SAMSHA does not control data collection activities required by other entities or individual states.
SAMHSA Government Project Officers (GPOs) will assist grantees in accessing appropriate technical assistance in the use of these tools.
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Data collection requirements are clearly noted in Section 2.2 of the SOR and TOR FOAs. CSAT is currently working with this grantee to address data collection concerns.
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The Addiction Severity Index (ASI) Lite is a validated instrument for assessing and monitoring individuals with substance use disorders widely used in the substance abuse field. The proposed data collection is needed to assess the impact of the grant programs. SAMHSA's proposed burden estimate for this instrument includes an offset for data elements routinely collected by substance abuse treatment facilities as part of clinical practice. SAMHSA's proposed burden estimate for this instrument includes an offset for data elements routinely collected by substance abuse treatment facilities as part of clinical practice.
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Grantees that are not using SOR/TOR funds to support naloxone may simply enter a response of "zero" or "no" for each of these three questions on a quarterly basis. SAMHSA's proposed burden estimate for this instrument includes an offset for data elements routinely collected by substance abuse treatment facilities as part of clinical practice.
Grantees may collect data in paper and pencil form until data systems are developed or modified to support this data collection.
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