Agency Information Collection Activities: Proposed Collection; Comments Request 85 Fed. Rge. 14952 (March 16, 2020)

N-SSATS Summary of Comments and SAMHSA's Responses as of 5/15/2020

Comment Number	Date Received	Organizations	Summary of Comments	Revised Summary of Comments	SAMHSA's Response
1	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Improving the census. BHRD recommends improving the census (the Inventory of Behavioral Health Services (I-BHS) on which the N-SSATS is based. Keeping an accurate census of substance use disorder (SUD) facilities in the United States is challenging. States use different SUD provider licensing standards and SUD service definitions. Also, SUD providers differ widely, frequently enter and exit the market, and privately funded facilities may not be as motivated or as well informed as public facilities about how to use the Facility Application Form. According to the I-BHS guidelines, state agencies are a major source of information and updates to the census. BHRD has found, however, in working with states, that states themselves do not believe that the I-BHS list is accurate. Moreover, some states do not have the resources to maintain the database. We have also learned across many business and agency frame development efforts that routinized, scheduled outreach to information providers (e.g., SUD state agencies or large multisite private providers) is critical to obtaining timely, comprehensive updates. Thus, one suggestion for improving the database is to provide states with more direct guidance, accountability, incentives, and resources to maintain the accuracy of the SUD provider lists. Additionally, if not already being done, the I-BHS may benefit from adopting a more proactive approach to obtaining updates (e.g., annually) from all requisite state agencies and privately funded providers.	The commenter recommends improving N-SSATS through changes to the Inventory of Behavioral Health Services (I-BHS). The recommended changes are the provision of more direct guidance, accountability, incentives, and resources to states on the collection of data along with increased frequency in updating data.	Identifying substance use treatment facilities requires collaboration with the states. There has been some ongoing concern about the differing SUD service definitions and licensing standards among states. SAMHSA is exploring options to address these concerns by getting more input from the Single State Agencies (SSAs) in each state or jurisdiction.
2	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Leveraging ASAM data to allow more consistent distinctions between types of facilities. States vary widely in how they define residential service. BHRD recommends asking providers to indicate their American Society of Addiction Medicine (ASAM) level of care on N-SSATS. As part of the CMS 1115 SUD Demonstration, states are aligning their SUD specialty providers with the ASAM levels of care criteria. To date, over 31 states have sought Medicaid SUD demonstration waivers. Describing providers by ASAM-level will help to distinguish residential providers from sober homes, and among residential providers, those that offer medically monitored services versus those that do not, as well as other important distinctions.	The commenter recommends the collection of additional provider data to make more consistent distinctions between types of facilities. The additional data would include providers' American Society of Addiction Medicine (ASAM) level of care distinction. The commenter recommends changing the N-SSATS provider description to one based on the provider's determined ASAM level of care.	The N-SSATS currently collects data on residential services such as: residential detoxification, residential short-term treatment, and residential long-term treatment. In the questionnaire, these services are defined as similar to specific ASAM levels.
3	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Sharing more information collected from the NSSATS. The value of the NSSATS data could be enhanced if more researchers had access to it. BHRD recommends providing researchers more of the information that is collected through NSSATS rather than only making a subset available. For example, the information collected on staffing is not currently available for research but is critical for understanding the strengths and limitations of the current specialty SUD providers system.	The commenter recommends increasing the amount of N-SSATS data that is accessible to researchers through the inclusion of more provider data in distributed N-SSATS datasets.	Initial analysis of the substance use workforce data collected in the 2016 N-SSATS showed some data quality issues, therefore it was decided not to make this information public. It is important to emphasize that as part of the data collection of the N-SSATS, SAMHSA makes a pledge to respondents not to publish or make public any information that can provide a direct link to the facilities, with the exception of the questions that have already been identified on the questionnaire as the information is needed for the Behavioral Health Treatment Locator. Raw data on client counts is considered confidential and it is not part the N-SSATS public use file (PUF), however it is publicly-available as frequencies.
4	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Linking more information with the NSSATS. BHRD recommends allowing the data to be linked-more readily to other information, such as to the Treatment Episode Data Set (TEDS) which is also collected by SAMHSA. By linking data, research can be conducted to understand the association between the structure of SUD programs and client outcomes.	The commenter recommends changing the linkage of N-SSATS data with other SAMHSA data collections for the purpose of researching associations such as those between the structure of SUD programs and client outcomes.	Data linkage has been a concern that SAMHSA has been researching in the last few years. Based on our research, N-SSATS and TEDS data cannot be linked due facility identification number differences between the two data sources. For example, on TEDS-A some recorded facilities have a unique ID, while others do not have this unique ID or there is no basic information facility (e.g., name, address, etc.) that can facilitate the matching. As part of the research, SAMHSA is looking for alternative data linking options.
5	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Identifying facilities in NSSATS data. Because the NSSATS data do not identify the facilities, the data cannot be easily linked with other information. BHRD recommends making the facilities identifiable in a research identifiable file (similar to the data on providers made available by CMS). Identifying information on each facility and their characteristics is already publicly available by downloading the information in the SAMHSA treatment locator. Providing access to data that identify facilities would permit analyses of the relationship between the supply of services and regional outcomes.	The commenter recommends the addition of an N-SSATS research identifiable file to provide researchers with access to identifiable information on facilities included in N-SSATS data for the purpose analyzing relationships such as those between the supply of services and regional outcomes.	It is important to emphasize that as part of the data collection of the N-SSATS, SAMHSA makes a pledge to respondents not to publish or make public any information that can provide a direct link to the facilities, with the exception of the questions that have already been identified on the questionnaire as the information is needed for the Behavioral Health Treatment Locator.
6	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Making client counts more accurate. As the questions are currently written, respondents are to assign their patients to one service only and then sum up the services to get a total. It could be preferable to ask for a total first and then to allow double-counting for specific services.	The commenter recommends changing the format of N-SSATS client count questions to ask for a total first and then to allow double-counting for specific services.	The client count section on the N-SSATS was designed to avoid double-counting services. SAMHSA will investigate further to determine the effects of double counting on the final client counts.
7	5/8/2020	RTI International 3040 Cornwallis Rd. Research Triangle Park, NC 27709 (919) 541-6000	Developing approaches to validate facility responses. External reviewers of our reports and publications that use the NSSATs have questioned the accuracy of the facility self-reported services. The accuracy of their reports can be cross-checked with other data sources (e.g., data on accreditation from CARF and JACHO, on services delivered from billing records). Facilities could also be asked to provide more detail to ensure the services they report offering are being offered in a meaningful manner and volume.	The commenter recommends requesting additional data on N-SSATS from respondent facilities about provided services to validate facility responses. The recommendation is based on external reviewer feedback to the commenter about the accuracy of its reports and publications.	SAMHSA will explore the benefits of reaching out to accreditation organizations to compare their data with data currently collected on the N-SSATS a means for identifying potential validation issues. SAMHSA has not previously done such comparisons and appreciates the recommendation to potentially improve N-SSATS data.