

**National Substance Use and Mental Health Services Survey (N-SUMHSS)
SUPPORTING STATEMENT**

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) requests an approval of the National Substance Use and Mental Health Services Survey (N-SUMHSS) data collection. The N-SUMHSS will provide both national and state-level data on the numbers and types of patients treated and the characteristics of facilities providing substance use and mental health treatment services. N-SUMHSS is a new survey that combines two existing surveys: National Mental Health Services Survey (N-MHSS) and National Survey of Substance Abuse Treatment Services (N-SSATS). SAMHSA also requests approval of the Inventory of Behavioral Health Services (I-BHS) which serves as the universe of facilities surveyed by the N-SUMHSS. 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 use/mental health treatment providers and the clients they serve.

This request includes:

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

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

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

I-BHS: The I-BHS is a master listing of all organized substance use treatment facilities and mental health treatment facilities known to SAMHSA and will serve as the target population for the N-SUMHSS universe for both the N-SSATS and the N-MHSS facility surveys. This is an existing data collection that is maintained within the N-SSATS collection (OMB No. 0930-0106).

Substance use treatment facilities: All substance use treatment facilities or programs, public and private, are eligible to be in the universe frame, excluding jails or prisons and solo practitioners, unless the Single State Agency (SSA) specifically requests that they

be included. I-BHS includes two substance use treatment facility components:

1. a listing of facilities providing substance use treatment that are licensed, certified, or otherwise approved by a state substance use 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.

Process for Including Facilities on the List: Information on the state-approved facilities is provided by state substance use agency representatives, who update the information throughout the year using the web-based I-BHS online system (<https://dasis3.samhsa.gov/brc>). The online system allows the addition of new facilities and revision of information on existing facilities in a password protected environment. 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 use 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 Behavioral Treatment Services Locator (<https://findtreatment.samhsa.gov>).

In order to be listed on the locator, a substance use 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 use 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 and 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 SSA does not indicate that the facility may be listed, it will not be listed. Additionally, if a facility chooses to not be listed, it will not be listed.

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.

Process for Including Facilities on the List: Facility requests come through SAMHSA's online Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>). The mental health treatment facility universe is updated through state mental health agency input into I-BHS Online, through augmentation searches of various mental health organizations and other listings, and through applications from individual facilities.

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.

Updating on the Facility List with Changes: For substance use facilities, the SSA has access to the I-BHS online, while for mental health facilities, the state mental health

agency also has access to the system. Once in I-BHS, they can update any contact information for their state's facilities. This includes indicating that a facility is no longer active (gone out of business, no longer treating substance use disorder, etc.). If these facilities are removed before the file is "frozen" prior to each survey year, they are not in that year's survey. SAMHSA also sends out an "advance letter" notifying facilities of the upcoming survey. This letter is also used to determine facilities that have closed, moved, or are no longer at that address. When the post office returns these letters, we research them and determine their status. If they are closed, they are reported as such.

Other facilities notify SAMHSA 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). Every facility on the frozen file status is determined by the end of the survey. For the overall population response rate, closed facilities are considered as having "responded." SAMHSA typically has approximately a 10% "closed" response. When SAMHSA looks at "actual completes," SAMHSA considers only those that are active facilities.

Facility Forms: Potential mental health and substance use treatment facilities discovered through augmentation activities will have to be contacted for screening. 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 which is scalable for any electronic device (i.e., computer, tablet, smart phone)) (see Attachment A2 for computer screen); and
- Facility Augmentation Screener (for screening facilities identified through augmentation sources) (see Attachment A3).

All of the forms remain the same from the prior collection (OMB No. 0930-0106). This request collect data to maintain a list of facilities is an extension of that collection activities but within a new ICR package. This submission requests approval to conduct the I-BHS in 2021, 2022, and 2023.

N-SUMHSS: Historically SAMHSA collected information on substance use and mental health treatment facilities through two (2) separate data collections: the National Survey of Substance Abuse Treatment Services (N-SSATS; OMB No. 0930-0106) and the National Mental Health Services Survey (N-MHSS; OMB No. 0930-0119). SAMHSA also maintains as part of the N-SSATS data collection approval, an inventory of treatment facilities, named the Inventory of Behavioral Health Services (I-BHS) (N-SSATS; OMB No. 0930-0106).

Some of the content and questions in the N-SSATS and N-MHSS data collection surveys are similar and represented an additional burden to approximately 14 percent of facilities that received both surveys. SAMHSA recognizes the need to have data collections that are less burdensome to these facilities that provide these services. To help reduce respondent burden, increase efficiency, and better manage resources, SAMHSA goal is to combine these two surveys into the National Substance Use and Mental Health Services Survey (N-SUMHSS).

The N-SUMHSS, will include the facility characteristics and services questions currently asked in the N-SSATS and the N-MHSS. The survey will also collect, on an annual basis, client counts on those individuals receiving services at these facilities. Historically, client count information was collected every other year; however there is an increasing need to collect and maintain data on current and accurate numbers of clients in treatment at the local level for community to assess capacity and estimate resource requirements. This information on substance use and mental health services has assisted communities to better respond to life changing events, (i.e. hurricane) and plan for service demands in the event of a natural disaster, (i.e. earthquakes).

This submission requests approval to conduct the N-SUMHSS in 2021, 2022, and 2023.

N-SUMHSS BC Collection: The N-SUMHSS instrument will collect information needed to update the Behavioral Health Treatment Services Locator, such as facility name and address, services offered, special groups served, and other information that describes the facility. The survey will also collect information on the patients and clients served on a specific day/month (point prevalence).

Collection Vehicle: The survey will be conducted through an online web survey instrument, with a mail questionnaire option and telephone follow-up of non-respondents. The online version is the primary response mode, with about 94 percent of facilities responding online in 2019. Attachment B3 provides a copy of the web screens for the 2021 N-SUMHSS online response option. The online survey utilizes the same survey questions as the N-SUMHSS paper questionnaire and imposes no additional burden for respondents. In actuality, burden for respondents is lessened because the skip patterns are programmed in, so respondents see only the questions that apply to them based on their responses and many questions can be eventually pre-filled, as services responses often remain consistent from year to year. The web version of the survey is scalable and should display well on smart phones and tablets.

N-SUMHSS BC Collection: As part of the annual N-SSUMHS, a Between Cycle N-SUMHSS will be conducted periodically as new facilities are identified. The N-SUMHSS BC is a procedure for collecting the services data from newly identified facilities between main cycles of the N-SUMHSS in an effort to keep the listing of treatment facilities in the online Behavioral Health Treatment Services Locator up-to-date. The Between Cycle 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-SUMHSS survey. The N-SUMHSS BC will be conducted with an online instrument and by

telephone.

Approval is requested to conduct the N-SUMHSS and the N-SUMHSS BC, as follows:

- 1) N-SUMHSS (the 2021-2023 N-SUMHSS questionnaire which includes detailed one-day client counts is provided at Attachment B1); and
- 2) Between cycle survey N-SUMHSS BC for new facilities (uses an abbreviated questionnaire and is provided at Attachment B2.)

2. Purpose and Use of Information

The N-SUMHSS is an annual census of behavioral health treatment facilities in the United States. The list frame for the N-SUMHSS is comprised of all active substance use and mental treatment facilities on the I-BHS. The N-SUMHSS serves three main purposes:

- (1) Describe the location, scope, organizational characteristics, services provided, and utilization of facilities for analytic reporting.
- (2) Update facility information on SAMHSA's Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>), and their electronic (PDF) equivalents known as the *National Directory of Drug and Alcohol Abuse Treatment Programs* and the *National Directory of Mental Health Treatment Facilities*, and
- (3) Provide the most up-to-date and accurate data to assist SAMHSA, state, and local governments in assessing the nature and extent of services provided in substance use and mental health treatment facilities and in forecasting substance use and mental health treatment resource requirements, as well as to analyze substance use and mental treatment services trends and conduct comparative analyses for the nation, regions, states, counties, and communities.
 - o The ability to monitor trends and access, in both services and utilization in large and small geographical areas (national, regional, state, county, community) so policy makers and national and state personnel can forecast and address potential deficits in treatment is critical.

I-BHS provides a national listing of all known substance use and mental health treatment facilities in the United States and territories. I-BHS will serve as the population for N-SUMHSS, as well as for other surveys of substance use and mental health treatment facilities.

The products developed from N-SUMHSS will be primarily used by all stakeholders in the Behavioral Health system in the following ways:

- The Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>) and the annual *National Directory of Drug and Alcohol Abuse Treatment Programs*

(<https://www.samhsa.gov/data/report/national-directory-drug-and-alcohol-abuse-treatment-facilities-2020>) and *National Directory of Mental Health Treatment Facilities* (<https://www.samhsa.gov/data/report/2020-national-directory-mental-health-treatment-facilities>) are facilitated by the I-BHS and in close coordination of the N-SUMHSS. The Locator permits searches for substance use and mental health treatment facilities (or facilities offering both types of treatment) through a single website.

- Annual reports that describe the substance use and mental health 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
- 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. These data have been used to illustrate treatment “deserts” so that states and communities can better justify placement of resources, not only with services but number of persons treated within those deserts. For example, with the current “opioid crisis,” policy makers need numbers of clients within small areas to better allocate their limited resources.

This information is also 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 data for researchers. Not only is the N-SUMHSS the only means for updating the Locator and the Directory, it is also the only source of national, state, and local data on the characteristics and utilization of the specialty substance use and mental health treatment system. Users of N-SUMHSS data will include the Congress, federal agencies and offices, 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.

Planned Changes

- **N-SUMHSS:** The N-SUMHSS merged the N-SSATS and the N-MHSS into one survey. All questions from N-SSATS and the N-MHSS were incorporated in the N-SUMHSS. Here is a summary of the major changes made:
 - Questions from the N-SSATS are now part of Module A of the N-SUMHSS (Substance Use Facilities).
 - Questions from the N-MHSS are now part of Module B of the N-SUMHSS (Mental Health Facilities)
 - Questions from the N-SSATS/N-MHSS that were duplicate in both surveys and apply to both type of facilities, are now in Module C (All Facilities).
 - Client count questions for substance use and mental health facilities are now in Module D of the N-SUMHSS. The only change to these questions is the reference date for the data collection year (March 31, 2021; March 31, 2022; March 31, 2023).

The following is a detailed list of the changes to the N-SUMHSS questionnaire:

- Question 1: Added the word “primarily” to the first two categories and removed the parenthetical phrase “(neither is primary)” from the third category, in order to avoid possible misunderstanding from respondents. This change was requested by SAMHSA’s Chief Medical Officer.
- Question A1: Added the phrase “(medical withdrawal)” to the term “detoxification” as requested by SAMHSA’s Office of the Assistant Secretary (OAS). Other instances in the questionnaire that made reference to “detoxification” were also modified to add the phrase.
- Question A1: Added the phrase “(such as 12 step meeting facilitation, naloxone prescriptions, etc.)” to the last category to provide specific examples of other types of substance use treatment services.
- Question A4a: The word “hospital” was removed, as the description also implies medically-monitored residential inpatient care.
- Question A7: The following changes were implemented:
 - Adding examples for “Testing for metabolic syndrome”
 - Adding “integrated primary care services” and “suicide prevention services” under Ancillary Services
 - Deleting “Treatment for Internet use disorder,” as it is not a DSM-V diagnosis
 - Deleting references to drug brand names, and only keeping the generic names
 - Adding the categories: “Complete medical history and physical exam completed by a healthcare practitioner,” “Medications for pre-exposure prophylaxis,” and “Medications for other medical conditions.” These categories were added to get a better idea of other non-substance use services that are provided to clients at these facilities.
- Question A8: The first two categories on facilities not providing medication assisted treatment (MAT) or not being a certified opioid treatment program (OTP) were moved be among the response categories listed on the bottom.
- Question A8c: Added the phrase “for example, overdose risk reduction with naloxone” to the “Other” category as an example of other medication services to treat opioid use disorders.
- Question A9: The category “This facility administers/prescribes at least one of disulfiram, naltrexone, and/or acamprosate for alcohol use disorder” was split into three categories, so respondents can check which specific medication(s) are used for alcohol use disorder: disulfiram, naltrexone, or acamprosate, as opposed to have them all lumped together in one category. Splitting this category into three will give a sense on the frequency each one of these medications are used. Also, the first category on facilities not providing medication-assistance treatment (MAT) for alcohol use disorder was moved as one response categories on the bottom.
- Question A10: Eliminated the categories “dialectical behavior therapy” and “rational emotive behavioral therapy (REBT),” as they are not considered

evidence-based practices. As requested by OAS, the question now also collects information as to which one of the approaches are provided to treat opioid use disorder. For this purpose, the question was redesigned to a matrix format.

- Question A12: New question to capture treatment of other substance use disorders.
 - Question A17: Added “SAMHSA funding/block grant” as one of the response categories.
 - Question A19: New question to collect information on skilled nursing facilities.
 - Question A21: Added “Drug Enforcement Administration (DEA)” and “SAMHSA certification for opioid treatment program (OTP)” as response categories.
 - Question B3: Added “state hospital” as a response category.
 - Question B6: Deleted “behavior modification” and “trauma therapy” as they are not considered evidence-based practices. Added the phrase “(for example, art therapy)” as an example for “activity therapy.” Added “Abnormal Involuntary Movement Scale (AIMS) test” as a response category.
 - Question B7a: Removed brand names for the medications listed in the question.
 - Question B8: Added “Laboratory tests” and “Metabolic syndrome monitoring” as response categories.
 - Question B9: Added the category “Other (Specify)” to capture information on the type of services provided for clients with co-occurring mental health and substance use disorders.
 - Question B18: Reformatted the question to ask about facilities that use seclusion, restraint, or both, and also the mode of which they are administered (chemical or physical).
 - Question B19: Added an instruction to specify the type of federal grant in case this option is selected.
 - Question C5: Added a new question on facility’s vaping policies, using the previous question (facility’s smoking policies) as a model for the question. Data on vaping is a major interest for SAMHSA.
 - Section D (Client Counts Section): As requested by OAS, the following changes were implemented: add the word “disorder” when referencing to “substance use treatment,” delete any brand names for medications, and change mental health treatment for “mental disorders treatment” or “treatment of mental disorders.”
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- **I-BHS:** No changes are requested for the I-BHS.
 - **N-SUMHSS BC:** Since the N-SUMHSS BC is a subset of the N-SUMHSS, all

requested changes on the N-SUMHSS apply to the N-SUMHSS 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, 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 form. 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. Updates to the system are done based on software upgrades.

N-SUMHSS: The primary mode of data collection for the main survey of treatment facilities will be the online web survey. Based on information from the N-SSATS and the N-MHSS, in 2019 about 94 percent of facilities responded online. In 2021, N-SUMHSS 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, which links into the web survey. Based on the experience from N-SSATS and N-MHSS, the web/mail/CATI combination will result in 95 percent of facilities expected to respond by web in 2021. The web and CATI versions incorporate range limits and consistency checks, prompting the user to resolve inconsistencies before permitting movement to the next question. This will greatly reduce the number of post-survey edit callbacks required.

The *Behavioral Health Treatment Services Locator* is available on the Internet with a mapping/locator capability (<https://findtreatment.samhsa.gov>), and is based on information that will be collected in the N-SUMHSS. Currently this information is collected in N-SSATS and N-MHSS. The Treatment Locator is mostly used by people in search of treatment for themselves or someone else. 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.

4. Efforts to Identify Duplication

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

5. Involvement of Small Entities

Many treatment facilities participating in N-SUMHSS 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-SUMHSS be collected each year. Specifically, 42 USC 290aa-4 requires that:

Each year, the Director shall ensure the collection of data 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-SUMHSS users. Without frequent collection of client count data from all facilities, the ability to use the N-SUMHSS and I-BHS as a sampling frame for other surveys would be diminished with no ability to determine size of new facilities. State, county, and community numbers would not be available.

The Locator is authorized by the 21st Century Cures Act (Public Law 114-255, Section 9006; 42 U.S.C. 290bb-36d). SAMHSA endeavors to keep the Locator current. All information in the Locator will be updated monthly from facility responses to SAMHSA’s National Substance Use and Mental Health Services Survey (N-SUMHSS). New facilities that have completed an abbreviated survey and met all the qualifications will be added monthly. Updates to facility names, addresses, telephone numbers, and services will be made weekly for facilities informing SAMHSA of changes.

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 June 15, 2020 (85FRN, page 36224) to solicit comments on N-SUMHSS. No comments were received.

9. Payment to Respondents

Respondents to N-SUMHSS will not receive any payments. State substance use agencies receive monetary support through on-going BHSIS state agreements.

10. Assurance of Confidentiality

I-BHS and N-SUMHSS collect only facility-level information. For N-SUMHSS data reports, facility data will be aggregated by state or by facility type and will not identify

specific facilities. The public-use data file for the N-SUMHSS masks the identity of individual facilities.

On the N-SUMHSS questionnaire, SAMHSA will include 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 the Public Health Service Act (42 USC 290aa (p)). 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 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*, the *National Directory of Mental Health Treatment Facilities*, 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-SUMHSS 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 and *National Directories*, which are available to the public. Information reported in the Locator/*National Directories* 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 and other information indicated by an asterisk on the survey. Based on information from the 2019 N-SSATS and the 2019 N-MHSS, facilities were asked if they wanted to be listed in the Locator/Directory, of which 93.9% of substance use facilities and 86.7% of mental health treatment facilities indicated that they wanted to be listed in the Directory/Locator if eligible. 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. Another example are facilities with very specific eligibility requirements that do not want to receive inquiries from the general public.

The I-BHS Online is password protected with two-factor authentication for login. Passwords are provided only to those staff person approved by the state agency to serve 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 most recently completed Security Authorization (Authorization to Operate [ATO]) for the BHSIS program was approved and reauthorized at the moderate level by SAMHSA's Information Security on July 26, 2019. The SAMHSA IT Clearance Officer stated:

“The information system is reauthorized without any significant restrictions or limitations. This security reauthorization is my formal declaration that adequate

security controls have been implemented in the information system and that a satisfactory level of security is present."

11. Questions of a Sensitive Nature

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

12. Estimates of Annualized Hour Burden

The estimated annual burden for the I-BHS and BHSIS 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	800	1	800	0.08	64	\$19.40	\$1,242
Augmentation screener	1,300	1	1,300	0.08	104	\$19.40	\$2,018
N-SUMHSS questionnaire (either SU or MH)	32,000	1	32,000	0.67	21,440	\$47.95	\$1,022,917
N-SUMHSS (both SU and MH)	5,000	1	5,000	1.17	5,585	\$47.95	\$279,692
N-SUMHSS BC	1,000	1	1,000	0.58	580	\$47.95	\$27,811
Facility Subtotal	40,100		40,100		27,773		\$1,333,680
TOTAL	40,156		44,300		28,109		\$1,341,408

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 (2019), states submitted an approximately 4,200 new substance use or mental health treatment facilities or updates to existing substance use 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 use 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 600 substance use 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 64 burden hours for I-BHS application by substance use and mental health treatment facilities. I-BHS facility application form is included in Attachment A2.

- **I-BHS Augmentation:** An augmentation to identify new substance use and mental health treatment facilities will be conducted in preparation for the 2021, 2022, and 2023 N-SUMHSS. This will involve searching business and organization directories for potential new substance use 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 use 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 700 substance use treatment facilities annually and an average of 600 mental health treatment facilities annually, for a total annual burden of 104 burden hours for augmentation screening annually. The augmentation screener to be used for all facilities is included in Attachment A3.
- **N-SUMHSS:** Approval is requested for the 2021, 2022, and 2023 N-SUMHSS. Based on estimated completion time from the N-SSATS and the N-MHSS, it is estimated that the burden for administering the N-SUMHSS to facilities providing either substance use or mental health treatment services is 40 minutes, or to .67 hours. Facilities that provide both substance use and mental health services will take approximately 70 minutes to complete the survey, which is about 1.17 hours. Based on the latest estimates from N-SSATS and N-MHSS, approximately 32,000 facilities are eligible to complete either survey, while about 5,000 facilities are eligible to complete both. Taking this into consideration, the annual average burden hours for facilities responding to only substance use or mental health-related questions is 21,333 hours. For facilities that provide both types of treatment services, the annual

average burden is 5,833 hours. The total annual average burden hours to complete the N-SUMHSS is 27,166 hours. The 2021 N-SUMHSS questionnaire is included at Attachment B1.

- **Between Cycle N-SUMHSS:** Approval is also requested for the 2021, 2022, and 2023 Between Cycle N-SUMHSS component of N-SUMHSS, 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 Behavioral Health Treatment Locator. About 1,000 newly identified facilities per year will be invited to complete the N-SUMHSS BC instrument which is expected to take an average of about 35 minutes (.58 hours) to complete, for a total annual burden of 580 hours. The instrument is included in Attachment B2.

Basis for Hour Costs Estimates:

State Agencies: Based on information gained in discussions with the states and data from the Bureau of Labor Statistics, 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-SUMHSS questionnaires (regular N-SUMHSS and N-SUMHSS BC) is generally mid- to senior-level staff, often the director him/herself. Based on data from the Bureau of Labor Statistics' *Occupational Outlook Handbook*, it is estimated that in 2019 the average salary for this level (medical and health managers) is \$47.95 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 (health information technician). It is estimated that an average salary for this level is \$19.40 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) Behavioral Health Services Information System (BHSIS) Contract: The annualized cost to the Government for the I-BHS and N-SUMHSS components of the BHSIS contract is estimated to be \$6.6 million including:

- management of all aspects of N-SUMHSS, from programming web instrument 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-SUMHSS, 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 Behavioral Health Treatment Locator; and other data administrative functions, such as data security; and
- preparation of reports, analytic files, and public-use files.

SAMHSA Activities: The cost for monitoring the contract and carrying out data collection tasks, such as questionnaire design, development of outreach materials, and survey monitoring includes salaries for four FTEs, for a total of approximately \$600,000.

Total annualized cost to the government is \$7.2 million.

15. Changes in Burden

Currently there are 12,417 burden hours in the OMB inventory for the N-SSATS and 11,118 burden hours for the N-MHSS, for a combined total of 23,535 burden hours. SAMHSA is now requesting 28,109 hours.

The increase of 4,574 burden hours is due to:

1. The inclusion of a shift from of annual client counts in the survey. In N-SSATS and N-MHSS, the client counts alternated between years, however the increasing need for more recent data made imperative to ask facilities for client counts on an annual basis in order to show patterns or trends or to identify treatment service needs in specific areas.
2. The increased number of facilities eligible to complete the survey. In prior years, the estimated burden was based on 17,000 facilities for each survey (34,000 total). Current data from the I-BHS shows that about 37,000 total facilities will be eligible for the survey, of which 32,000 will respond to either the substance use or the mental health module, and about 5,000 will respond to both modules of the survey.

Although there is an increase in burden hours, the table below shows a comparison between collecting the data via two surveys versus one combined survey. It is estimated that completing the N-SSATS or the N-MHSS will take about 40 minutes (0.67 hours) each, which translates into an average of 80 minutes (1.33 hours) for those facilities that provide both substance use and mental health treatment services. For these facilities that would have responded to both surveys, the combined survey is estimated to take 70 minutes (1.17 hours). Therefore, the N-SUMHSS combined reduces the total number of burden hours by 834 hours to due facilities that provide both mental health and substance use completing only one survey annually.

	N-SSATS/N-MHSS		N-SUMHSS	
	Estimated	Total Burden	Estimated	Total Burden

Number of Facilities	Response Time per Facility	Hours	Response Time per Facility	Hours
32,000 (either substance use or mental health)	0.67 hours	21,333	0.67 hours	21,333
5,000 (both substance use and mental health)	1.33 hours	6,667	1.17 hours	5,833
Total Burden Hours		28,000		27,166

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>
2021 N-SUMHSS*:	
• Development of questionnaire	September 2020
• Annual N-SUMHSS survey (reference data March 31)	November 2021
• Augmentation activities	October – December 2021
• Publication of online <i>National Directory</i>	May 2022
• Annual data report and analytic files/reports	May 2022
• Public-use data file	May 2022

*N-SUMHSS 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-SUMHSS 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 use 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-SUMHSS will be used to create and update listings for the substance use and mental health treatment facilities in the Locator. Updates to add eligible new facilities will be made on a monthly basis; other updates and corrections are made as needed.

- ***National Directory of Drug and Alcohol Abuse Treatment and National Directory of Mental Health Treatment Facilities***– These electronic (PDF) publications include information on thousands of public and private substance use and mental health treatment facilities in the states and jurisdictions that would have responded to the most recent N-SUMHSS. 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-SUMHSS Report** - This annual publication presents the main findings from the survey using tabulations and descriptive analyses of facility counts and characteristics, including information on clients served by treatment setting. The report will be available on the SAMHSA website (<https://www.samhsa.gov/data/>).
- **N-SUMHSS State Profiles** – State profiles for each state, based on data from the most recent complete year, will be available on the SAMHSA website (<https://www.samhsa.gov/data/>).
- **State N-SUMHSS Feedback Reports** – Upon request, a state can receive a report or file containing N-SUMHSS data for that state. These reports or files contain data for local analysis.
- **Public Release Data Files** - Public release data files of N-SUMHSS data will be available for downloading at <https://www.samhsa.gov/data/>.

17. **Display of Expiration Date**

All I-BHS and N-SUMHSS 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.