

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

Check off which applies:

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Department of Health and Human Services (HHS) seeks approval for revision of the information collection for the National Substance Use and Mental Health Services Survey (N-SUMHSS) (OMB Number: 0930-0386, Expiration Date: 03/31/2024).

Under Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4), SAMHSA is required to conduct annual collection of data on substance use and mental health, including, at a minimum, data on the number and variety of public and private nonprofit treatment; the number of individuals seeking treatment through such programs; the number and demographic characteristics of individuals receiving treatment through such programs; and such other data as may be appropriate.

Selected information collected from the N-SUMHSS is also published on SAMHSA's [FindTreatment.gov](https://www.samhsa.gov/find-treatment) and their electronic (PDF and Excel) equivalents known as the *National Directory of Drug and Alcohol Use Treatment Facilities* and the *National Directory of Mental Health Treatment Facilities* (hereinafter referred to as the "National Directories") for persons seeking treatment for mental and substance use disorder in the United States. [FindTreatment.gov](https://www.samhsa.gov/find-treatment) is authorized by the 21st Century Cures Act (Public Law 114-255, Section 9006; 42 U.S.C. 290bb-36d).

N-SUMHSS, Mini N-SUMHSS, and N-SUMHSS Supplements

In 2021, SAMHSA combined the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS) into the N-SUMHSS, making it the most comprehensive source of data on treatment services provided by substance use and mental health facilities in the United States. The N-SUMHSS is a multimode survey,

leveraging three survey modes: 1) a secured web-based survey, 2) a postal paper survey, and 3) a computer-assisted telephone interview (CATI). The N-SUMHSS collects information, including (see Attachments A):

- Descriptive data on the location, scope, services provided, and characteristics of all known substance use and mental health treatment facilities nationwide;
- Information on the utilization of services by means of a single-day count of clients in treatment; and
- Client counts on individuals receiving services at substance use and mental health treatment facilities.

In addition to the annual N-SUMHSS, a “Between Cycle” N-SUMHSS (hereinafter referred to as the “Mini N-SUMHSS”) will be conducted periodically as new facilities are identified. The Mini N-SUMHSS is a subset of questions derived from the N-SUMHSS (see Attachment B).

Collaborating with federal agencies within and outside of HHS, SAMHSA proposes a Veterans Affairs (VA) Supplement and an Electronic Health Record (EHR) Supplement to enhance the understanding of substance use and mental health within specified domains:

- The N-SUMHSS VA Supplements collects in-depth information on suicide-related services, standardized suicide screening and evaluation tools, clients at high risk of suicide, referrals and follow-ups from VA substance use and mental health facilities. SAMSHA collaborates with the Department of Veterans Affairs and administers the VA supplements with the annual N-SUMHSS (see Attachments C and D).
- The N-SUMHSS EHR Supplement will provide an efficient manner to quantitatively assess the national baseline in health IT adoption, use, and interoperability among behavioral health treatment facilities. The EHR Supplement will be asked of facilities providing substance use and/or mental health treatment services. In addition, information collected will contribute to the development of strategic efforts to leverage health IT in behavioral health care settings to provide cost effective, high quality and patient-centered care. SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ), collaborating with the Center for Substance Abuse Treatment (CSAT), will administer the EHR supplement along with the regular N-SUMHSS on an ad hoc basis (see Attachment E).

I-TF and I-TF Augmentation

The Inventory of Substance Use and Mental Health Treatment Facilities (I-TF) (previously known as the Inventory of Behavioral Health Services [I-BHS]) serves as the universe population for the N-SUMHSS (see Section B1 for details). The I-TF is a master list of all known substance use and mental health treatment facilities in the United States. The I-TF includes facilities that have been approved by their state’s behavioral health agency as well as facilities that are not state approved.

Eligible substance use and mental health treatment facilities are included in the I-TF through the following process:

- Identification of state-approved substance use facilities by the Single State Agency (SSA), and mental health facilities identified by state mental health agencies (SMHA). SSAs and SMHAs can use the “I-TF Online State Add/Update Form” to add and update

facilities' information (see Attachment H).

- Identification of non-state-approved facilities through an augmentation process involves a periodic search of professional listings, business directories, other sources, and through individual facilities submitting "I-TF Facility Registration Application Form" on SAMHSA's [FindTreatment.gov](https://findtreatment.gov) (see Attachment F). All potential facilities discovered through augmentation activities will be contacted for screening to determine the eligibility for inclusion in the I-TF, using a facility Augmentation Screener Questionnaire (see Attachment G).

2. Purpose and Use of the Information

The N-SUMHSS is an annual survey of substance use and mental health treatment facilities in the United States. The N-SUMHSS serves three main purposes:

- (1) Describe the location, scope, organizational characteristics, services provided, and utilization of substance use and mental health treatment facilities for analytic reporting.
- (2) Update facility information on SAMHSA's FindTreatment.gov website (<https://findtreatment.gov/>), and the National Directories to benefit the public with information on where to seek treatment; 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,
 - forecasting substance use and mental health treatment resource requirements,
 - analyzing substance use and mental treatment services trends and conduct comparative analyses for the nation, regions, states, counties, and communities,
 - enabling policy makers and national and state personnel to monitor trends and access, in both services and utilization in large and small geographical areas (national, regional, state, county, community).

The N-SUMHSS is the only means for updating FindTreatment.gov and the National Directories. 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 the N-SUMHSS data include 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 (see Section A16 for a list of the N-SUMHSS reports, analytical products, and public use files).

Planned Changes

N-SUMHSS Questionnaire (Attachment A):

SAMHSA proposes the following non-substantive revisions to the existing survey questions:

- Q1a: added to clarify if facilities reported providing mental health treatment services in Q1 also provide substance use treatment services, to help respondents understand how to respond accurately and ensure appropriate survey module(s) are completed.

- A1a: add the word “health” to clarify and improve survey item accuracy.
- A8a. and QA9: add “for opioid use disorder” and “for alcohol use disorder” in the existing question to clarify clients using MAT for specific substance use disorder and to improve survey item accuracy.
- B7a: add the following new survey response options to the existing question to improve survey response option comprehensiveness:
 - Add “Prochlorperazine” to the existing list of first-generation antipsychotics.
 - Add “Inhalation” and “Don’t Know” to the existing route of administration options for first-generation antipsychotics.
 - Add new response options of “Sublingual,” “Transdermal,” and “Don’t Know” to the existing route of administration options for second-generation antipsychotics.
 - Add “Other first-generation antipsychotic #1 Specify, #2 Specify, and #3 Specify” and “Other second-generation antipsychotic #1 Specify, #2 Specify, and #3 Specify” to the existing list of first-generation and second-generation antipsychotics.
- B11: add the word “currently” to the question to improve survey item accuracy. Change the word “persons” to “clients” to increase survey item consistency between survey modules.
- B19: update the full title and add the acronyms “CSBG” and “MHBG” of the two existing federal grants to improve survey item accuracy. Add “other” to clarify and help respondents better comprehend what is being asked.
- C6a., C7a., C8., C8a: Update the locator reference from the “Behavioral Health Treatment Services Locator” to [FindTreatment.gov](https://www.findtreatment.gov) and the reference years associated with reporting client count data.

N-SUMHSS Between Cycle Questionnaire (Attachment B):

Since the Mini N-SUMHSS is a subset of the N-SUMHSS, all proposed changes to the N-SUMHSS (listed above) apply to the Mini N-SUMHSS.

N-SUMHSS VA Supplement (Attachment C and D):

SAMHSA proposes a new N-SUMHSS VA Supplement to collect information annually on suicide-related services, standardized suicide screening and evaluation tools, clients at high risk of suicide, referrals and follow-ups from VA substance use and mental health facilities. VA facilities providing only substance use treatment service will answer 7 questions (Attachment C). VA facilities providing only mental health treatment service will answer 12 questions (Attachment D). VA facilities providing both substance use and mental health treatment services will answer 19 questions.

N-SUMHSS EHR Supplement (Attachment E):

SAMHSA proposes a new N-SUMHSS EHR Supplement to collect information once from facilities providing substance use and/or mental health treatment services on health IT adoption, use, and interoperability. There are 15 questions in the proposed new N-SUMHSS EHR Supplement.

I-TF Facility Registration Application Form (Attachment F):

- Update the locator reference to “[FindTreatment.gov](https://www.findtreatment.gov),” and the reference years associated with reporting client count data.

- Replace existing “substance abuse” term with a clinically accurate, non-stigmatizing language for “substance use,” throughout the form, to help reduce stigma and support treatment for substance use disorders. This revision aligns with the current edition of *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed., American Psychiatric Association, 2013), where “abuse” has been replaced by “use.” This revision also aligns with the White House Office of National Drug Control Policy 2017 Memo on “[Changing Federal Terminology regarding Substance Use and Substance Use Disorders](#).”

Augmentation Screener Questionnaire (Attachment G):

- Replace existing “substance abuse” term with ‘substance use.’
- Update the locator reference to “[FindTreatment.gov](#).”
- Update the reference of “Mental Health Survey” and “Substance Abuse Survey” to “N-SUMHSS” to improve accuracy.
- Revise the statute citation to be more specific on the level of protection of the information collected from the Augmentation Screener Questionnaire.
- Update the OMB number.

I-TF Online State Add/Update Form (Attachment H):

- Update the reference of I-BHS to I-TF throughout the form.
- Update the new SAMHSA logo design throughout the form.
- Replace existing “substance abuse” term with “substance use.”
- Add “Intake 1a and Intake 2a” fields to the “Facility Information” section and add “Director’s Email” field to the “Director Information” section, to capture more comprehensive information about the new facilities and facility directors.
- Move existing data fields “State Approved,” “State Reviewed,” “National Directory Eligible,” and “Facility Surveys” to create a new section “Directory/Locator Eligibility” and add a new “Date Reviewed” field to improve response efficiency and accuracy.
- Move existing “Old-ITF ID” and add “Parent I-TF ID” to the “Other Facilities Details” section to improve response efficiency.

3. Use of Improved Information Technology

N-SUMHSS: The primary survey mode is the online web survey. Non-responding facilities will be followed up by telephone using CATI technology, which links to the web survey. Paper surveys received via the mail room are transcribed onto a Microsoft Excel spreadsheet for validations, using the same data validation procedures applied to data collected through web survey and CATI. Paper surveys are then entered into an online survey software, bundled into a SAS data file and merged with the full dataset. Based on the 2022 N-SUMHSS, about 98% percent of facilities responded online and 2% percent by telephone or paper questionnaire. The web and CATI program incorporates range limits and consistency checks, prompting the user to resolve inconsistencies before moving to the next question. This greatly reduces the number of post-survey edit callbacks required and improves data quality.

I-TF: The online I-TF forms are used by states to update the information on state-approved or state-funded facilities that can be accessed only by authorized state substance use and/or mental

health representatives, SAMHSA/Behavioral Health Services Information System (BHSIS) employees, and contractors. State representatives use the online I-TF system to enter new facilities or update information on existing facilities. All I-TF updates (including additions, deletions, and changes) are made electronically via the online I-TF form. An online facility application form is available on FindTreatment.gov and allows the submission of registration application requests by facilities not currently listed on FindTreatment.gov. CATI is the sole mode of data collection for augmentation activities to identify potential and mental health services facilities.

FindTreatment.gov is available on the Internet with a mapping/locator capability and is based on information collected in the N-SUMHSS. FindTreatment.gov is mostly used by people in search of treatment for themselves or someone else. Facilities that are listed on FindTreatment.gov frequently contact the FindTreatment.gov Helpdesk when their status or services have changed. FindTreatment.gov is then corrected immediately.

4. Efforts to Avoid Duplication

The I-TF and the N-SUMHSS are the only comprehensive inventories of all known substance use and mental health treatment facilities and their characteristics in the United States. The N-SUMHSS is the only regularly conducted survey of all known substance use and mental health treatment facilities nationwide. SAMHSA collaborates with agencies within and outside of HHS (for example, CBHSQ, CSAT and VA), using the N-SUMHSS as the main survey vehicle and conducting supplemental surveys to decrease respondent burden and to avoid duplication (see Section A1 for details on the N-SUMHSS supplements).

5. Involvement of Small Entities

As a survey of all known treatment facilities, the N-SUMHSS does include small businesses. Since the survey collects only necessary information, it has no significant impact on small entities. If the facility participated in the N-SUMHSS in the prior year, most survey responses will be automatically pre-filled for the facilities. Facilities only need to confirm or change answers wherever are needed. This automated process is used to minimize burden to small entities.

6. Consequences of Collecting the Information Less Frequently

Legislation requires that information provided by the N-SUMHSS to be collected annually (see Section A1 for legislative requirement). All information in FindTreatment.gov will be updated monthly from facility responses to the N-SUMHSS. New facilities identified through augmentation activities that have completed the Screener Questionnaire and Mini N-SUMHSS, meeting all the qualification criteria, will also be added to FindTreatment.gov. Updates to facility names, addresses, telephone numbers, and services is made daily for facilities informing SAMHSA of the changes.

Collecting the information less frequently will jeopardize the N-SUMHSS' goal to provide behavioral health services providers; researchers; and federal, state, and local governments with information about the number and characteristics of public and private substance use and mental health treatment facilities nationwide. More importantly, persons seeking treatment for mental and substance use disorders will be unable to find valuable information on new facilities and up-to-date information on existing facilities in a timely and accurately manner.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5(d)(2)

There are no special circumstances.

8. Consultation Outside the Agency

In accordance with 5 CFR 1320.8(d), on September 15, 2023, a 60-day notice for public comment was published in the Federal Register (88 FR 63591). No comments were received.

The survey design process involved consultation with stakeholders (such as federal agencies from within and outside of HHS). Outside experts also provided inputs on survey and survey supplement questionnaire, response rate maximization and effective survey outreach strategy. For example, SAMHSA worked with the Office of the National Coordinator for Health IT (ONC) to cognitively test questions in the EHR Supplement in the fall of 2019 (OMB #: 0930-0382). A sample of forty facilities that completed either or both the 2019 N-MHSS or N-SSATS were recruited to participate in the cognitive testing. The testing included pretesting of survey instruments by participants as well as debriefing interviews along with consultation with SAMHSA and ONC staff. As a result of the testing, wording changes were made to EHR Supplement Questionnaire #5, 6, 7, and 13.

Persons consulted outside the agency:

- Vaishali Patel PhD MPH, Deputy Director, Technical Analysis and Strategy, ONC
- Wesley Barker, MS, Branch Chief, ONC
- Stephen Tracy, Program Evaluation and Resource Center, Department of Veterans Affairs

9. Explanation of Any Payment or Gift to Respondents

Substance use and mental health facilities do not receive payments or gifts. State substance use and mental health agencies receive monetary support through ongoing BHSIS state agreements.

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law. The N-SUMHSS and I-TF collect only facility-level information. For the 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 questionnaires,

SAMHSA includes “Pledge to Respondents” that describes the level of protections provided to the respondents and the basis for the assurance in statute (see Attachment A).

The I-TF and N-SUMHSS contain a unique identifier assigned to each facility. This identifier is used to facilitate tracking, monitor response rates, ensure adequate quality control, assess analytic consistency from survey to survey, and maintain SAMHSA’s [FindTreatment.gov](https://www.findtreatment.gov) and the National Directories, which are available to the public. With the explicit consent of treatment facilities, limited information provided in response to survey questions will be reported on [FindTreatment.gov](https://www.findtreatment.gov) and in the National Directories. Published information is limited to facility name, address, and telephone number; type of care; and website. Based on information from the 2022 N-SUMHSS, 66% of facilities reported that, if eligible, they agreed to be listed on [FindTreatment.gov](https://www.findtreatment.gov)/National Directories. Examples of facilities that chose not to be included on [FindTreatment.gov](https://www.findtreatment.gov) or in the National Directories are those that specialize in serving persons who have experienced domestic abuse and do not want to advertise their location. Another example is a facility with very specific eligibility requirements that does not want to receive inquiries from the public.

The online I-TF is password protected with two-factor authentication for login. Passwords are provided only to those staff persons approved by the state agency to serve as the State I-TF representatives. Each state has access only to the facilities in that state.

The N-SUMHSS undergoes 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 N-SUMHSS was approved on 3/29/2021 and reassessment was approved on 4/1/2022 by SAMHSA’s Information Security Office, without any significant restrictions or limitations. Adequate security controls have been implemented in the information system and 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

Estimated annualized burden for the N-SUMHSS and I-TF activities 2024 - 2026:

Information Collection Title	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response (in hours)	Total Burden Hours	Average Hourly Wage ¹	Total Annual Cost
N-SUMHSS Questionnaire	32,000	1	32,000	0.83	26,560	\$48.72	\$1,294,003

¹ Average hourly wage is based on Bureau of Labor Statistic’s latest data on national median wages of medical/health managers and health information technicians. Further information on hourly rate calculations is summarized under “Basis for Hour Costs Estimates” below.

(either SU or MH)							
N-SUMHSS Questionnaire (both SU and MH)	5,000	1	5,000	1.28	6,400	\$48.72	\$311,808
N-SUMHSS Between Cycle Questionnaire	1,500	1	1,500	0.75	1,125	\$48.72	\$54,810
N-SUMHSS VA Supplement	800	1	800	0.05	40	\$48.72	\$1,949
N-SUMHSS EHR Supplement*	37,000	1	37,000	0.12	4,440	\$48.72	\$216,317
I-TF Facility Registration Application Form	1,500	1	1,500	0.08	120	\$26.71	\$3,205
Augmentation Screener Questionnaire	1,300	1	1,300	0.08	104	\$26.71	\$2,778
I-TF Online State Add Update Form	61	50	3,050	0.08	244	\$26.71	\$6,517
Totals			82,150		39,033		\$1,891,387

* The N-SUMHSS EHR Supplement will only be administered one time during the three-year period.

Basis for Burden Hour Estimates:

- N-SUMHSS Questionnaire:** Based on the latest information from the 2022 N-SUMHSS, it is estimated that the administration burden to complete the survey is approximately 50 minutes (0.83 hours) for facilities that provide either substance use or mental health treatment services, and approximately 77 minutes (1.28 hours) for facilities that provide both substance use and mental health services. SAMHSA estimates that 32,000 facilities are eligible to complete either survey and 5,000 facilities are eligible to complete both.
- N-SUMHSS Between Cycle Questionnaire:** Mini N-SUMHSS serves as a mechanism of collecting services data from newly identified facilities between main cycles of the survey that will be used to update the listing of treatment facilities on <https://findtreatment.gov/>. About 1,500 newly identified facilities per year are estimated to be invited to complete the Mini N-SUMHSS. The Mini N-SUMHSS survey is expected to take an average of about 45 minutes (0.75 hours) to complete.
- N-SUMHSS VA Supplement:** The VA supplement is administered annually to VA substance use treatment facilities and mental health treatment facilities. There are about 800 VA treatment facilities in the I-TF as of May 2023. VA facilities providing only substance use treatment service will answer 7 questions. VA facilities providing only mental health treatment service will answer 12 questions. VA facilities providing both substance use and mental health treatment services will answer 19 questions. Based on experience implementing the N-SUMHSS data collections, it is estimated that the burden for administering the N-SUMHSS VA Supplement is 0.003 hours per question and the average burden per response is about 3 minutes (0.05 hours).

- **N-SUMHSS EHR Supplement:** The EHR Supplement will be administered once between 2024 and 2026. Facilities providing substance use and/or mental health treatment services will be asked to complete the EHR Supplement. Based on the latest estimates from the 2022 N-SUMHSS, approximately 37,000 substance use and/or mental health treatment facilities will be eligible to complete the EHR Supplement. It is estimated that the burden for administering the N-SUMHSS EHR supplement is about 7 minutes (0.12 hours).
- **I-TF Facility Application Form:** Individual facilities can request to be included in the I-TF through an online facility application form on FindTreatment.gov. Based on prior registration of new facilities, it is expected to take about 5 minutes (0.08 hours) to complete the online facility application form. In 2022, approximately 1,500 substance use and mental health treatment facilities inquired about being included in the I-TF.
- **I-TF Augmentation:** An augmentation to identify new substance use and mental health treatment facilities will be conducted in preparation for the 2024, 2025, and 2026 N-SUMHSS. This will involve calling newly facilities 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.
- **I-TF Online State Add Update Form:** States can update the I-TF on a continuous basis using the online I-TF 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 (2022), states submitted approximately a total of 3,000 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 (0.08 hours) to enter a new facility or update information on an old facility.

Basis for Hour Costs Estimates:

- **Facilities:** The facility staff that completes the N-SUMHSS questionnaires (regular N-SUMHSS, Mini N-SUMHSS, EHR Supplement, and VA Supplement) is generally mid-to senior-level staff, often the director him/herself. Based on latest data from the Bureau of Labor Statistics' *Occupational Outlook Handbook (2021)*, the median wage for this level (medical and health managers) is \$48.72 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-TF applications are also generally made by junior staff (health information technician), who earns a median hourly wage of \$26.71 per hour.
- **State Agencies:** Based on information gained in discussions with the states and latest data from the Bureau of Labor Statistics, it is estimated that median hourly wage for state staff responsible for the I-TF updates is \$26.71 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 to the Government

Contract Cost: The annualized cost to the Government for the N-SUMHSS and I-TF components of the BHSIS contract is estimated to be \$6,600,000 including:

- management of the N-SUMHSS, from programming web instrument to carrying out field work, data cleaning and entry, and data analysis;
- management of the I-TF, including accepting and verifying changes to the I-TF, producing a master list for the N-SUMHSS, and conducting the frame augmentation activities;
- management of the integrated computer systems that maintain the BHSIS components, including: the I-TF inventory, the I-TF Online update site, and the online FindTreatment.gov; and other data administrative functions, such as data security; and
- preparation of reports, analytic files, and public-use files.

SAMHSA Staff: The cost for multiple federal staff's time spent on monitoring the contract, overseeing N-SUMHSS data collection and I-TF operation, reviewing and drafting analytic reports, conducting quality control of all data files and reports, designing and implementing ad hoc analysis and assessment is estimated to be approximately \$600,000 annually. The cost estimate is based on proportionate annual rates of two GS 12 staff, one GS 13 staff, two GS 14 staff (each spending 85% of their time), and one GS 15 staff (spending 25% of their time). The 2023 mid-point grade level annual rates for GS 12 to GS 15 (Step 5) are \$106,759, \$126,949, \$150,016, and \$176,458 for SAMHSA headquarter federal staff in Maryland.

Total annualized cost to the government is \$7,200,000.

15. Change in Burden

SAMHSA proposes a new annualized burden hours of 39,033, an increase of 10,783 hours from the prior estimate of 28,250 annualized burden hours. Proposed change in the burden hours is due to the following:

- SAMHSA increases and provides a more accurate estimate on the average burden hours per response for the N-SUMHSS Questionnaire, based on the experience from prior N-SUMHSS data collections.
- SAMHSA increases and provides a more accurate estimate on the total number of respondents and the average burden hours per response for the Mini N-SUMHSS Questionnaire, based on the experience from prior data collections.
- The N-SUMHSS VA Supplement and N-SUMHSS EHR Supplement lead to an additional annualized burden hours.
- SAMHSA increases number of facilities submitting responses to the I-TF Facility Registration Application Form from <https://findtreatment.gov/> based on the most recent information collected in 2022.

- SAMHSA slightly increases the number of respondents to the I-TF Online State Add Update Form and decreases the number of responses per state, based on the I-TF administrative records in recent years.

16. Plans for Analysis and Timetable of Key Activities

a. Time Schedule

The annual cycle of activities is as follows, using 2024 for illustration purpose. Schedules will be similar in all subsequent years:

<u>KEY ACTIVITIES (2024 N-SUMHSS and I-TF)</u>	<u>TIME SCHEDULE</u>
• Annual N-SUMHSS survey (reference data March 29)	March 2024 to December 2024
• Publication of online National Directory	September 2024
• Annual data report and analytic files/reports	September 2024
• Public-use data file	September 2024
• Augmentation activities for 2025	November 2024 to January 2025
• Processing of changes to the I-TF	Ongoing

b. Analyses and Publications

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

- *N-SUMHSS Annual 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/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey>).
- *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/quick-statistics>).
- *Public Use Files.* Public use files (PUFs) of the N-SUMHSS can be used by researchers or other members of the public to perform research on treatment services provided in the United States. These data files 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. PUFs of the N-SUMHSS data will be available for downloading on the SAMHSA’s Data Archive website (<https://www.datafiles.samhsa.gov/dataset/national-substance-use-and-mental-health-services-survey-2021-n-sumhss-2021-ds0001>).
- *FindTreatment.gov.* SAMHSA’s public [FindTreatment.gov](https://www.findtreatment.gov) 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. Data collected through the N-SUMHSS will be used to create and update listings for the substance use and mental health treatment facilities in [FindTreatment.gov](https://www.findtreatment.gov). 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 Use Treatment Programs* and *National Directory of Mental Health Treatment Facilities*. These electronic (PDF and Excel) 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 and Excel format (<https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey>).

17. Exemption for Display of Expiration Date

All forms will display the OMB expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.