Memorandum

To:	John Kraemer SAMHSA OMB Desk Officer
From:	Summer King SAMHSA Clearance Officer
Subject:	Addendum to OMB No. 0930-0276
Date:	August 29, 2007

Summary of Request for OMB Review

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Mental Health Services (CMHS) is requesting approval for additional instrumentation associated with the cross-site evaluation of the National Child Traumatic Stress Initiative (NCTSI). The cross-site evaluation has been funded through CMHS since 2004 and has received OMB clearance for the majority of proposed data collection efforts (OMB No.: 0930-0276, Approval Date: 04/26/06, Expiration Date: 04/30/2009). As indicated in the original Supporting Statement for the cross-site evaluation submitted to OMB, additional instrumentation for the Knowledge and Use of Trauma-informed Services Study component, and the Adoption of Methods and Practices Study component, would be submitted by memorandum during the initial 3-year clearance period. Consistent with the original submission, a memorandum for each study component is attached. These memoranda include: 1) references from the original submission for each study component, which refer to instrumentation not yet developed at the time of the original submission; and 2) the additional instrumentation and proposed methodology for administration. The additional instrumentation (named below) constitutes the remainder of the instrumentation for the NCTSI cross-site evaluation:

- Trauma-informed Services Provider Survey (TIS Survey)
- Adoption Implementation Factors Interview (AIFI Interview)

Knowledge and Use of Trauma-informed Services: Study Purpose and Design

Increased awareness and use of trauma-specific services among child service providers is critical to the NCTSI mission to increase the quality and access of care for trauma-exposed children and adolescents. To that end, this study component evaluates the extent to which NCTSI-funded centers have enhanced the knowledge base and use of trauma-informed services (TIS) among child service providers affiliated with NCTSI-funded centers through training and outreach activities. This study component includes a multistage process of inquiry using both qualitative and quantitative data collection activities to develop a consensus definition and conceptual model for TIS that leads to the development and administration of the TIS provider survey. Consistent with the original submission, two stages of qualitative data collection, including key informant interviews and discussion groups, have informed the development of the TIS provider survey. The TIS provider survey is the new instrumentation being submitted for OMB review and approval.

Adoption of Methods and Practices: Study Purpose and Design

This study component is designed to evaluate the extent to which trauma-related, evidence-based practices developed or disseminated by the NCTSI-funded centers are being adopted and implemented by such centers. The information obtained through this study is designed to enhance understanding of the pathways through which adoption and implementation occur, common barriers, and best practices leading to successful adoption and implementation. This study involves two stages of data collection including an annual Webbased survey of all NCTSI-funded centers to determine identify specific products in process of being adopted. Based on the first phase of data collection, a subset of NCTSI-funded centers will be identified to

participate in telephone interviews to provide additional in-depth qualitative data about the factors that hinder or support adoption and implementation. The Adoption Implementation Factors Interview (AIFI), a telephone interview protocol, is the new instrumentation being submitted for OMB review and approval.

Burden Estimates

The burden estimate for the TIS survey is included in Table 1, and the burden estimate for the AIFI telephone interview is included in Table 2. In addition to the burden hours estimated in the original OMB submission (11,322), the burden hours for these phases of data collection total 5,900 additional hours (TIS = 5,850 hrs; AIFI = 50 hrs).

TABLE 1 Annualized Estimate of Respondent Burden

Note: Total b	urden is annualiz	ed over the 3-	-year clearance	period	

Type of respondent	Instrument	Number of respondents	Number of responses per respondent	Hours per response per respondent	Total Burden hours	Hourly wage rate (\$)	Total Cost (\$)
Providers	Trauma-informed Services (TIS) Provider Survey	19,500	1	0.3	5,850	18.51 ¹	108,283.50

TABLE 2 Annualized Estimate of Respondent Burden Note: Total burden is annualized over the 3-year clearance period

Adoption Implementation Factors Interview (AIFI)	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours	Hourly wage rate (\$)	Total cost per year (\$)		
		Administra						
Adoption and Implementation Factors Interview (AIFI) - Clinical Interventions	5	1	0.75	3.75	19.25 ²	72.19		
Adoption and Implementation Factors Interview (AIFI) - Assessment Instruments	5	1	0.75	3.75	19.25 ²	72.19		
Adoption and Implementation Factors Interview (AIFI) – Training and Technical Assistance Resources	5	1	0.5	2.5	19.25 ²	48.13		
	Service Providers							
Adoption and Implementation Factors Interview (AIFI) - Clinical Interventions	20	1	0.75	15	18.51 ¹	277.65		
Adoption and Implementation Factors Interview (AIFI) - Assessment Instruments	20	1	0.75	15	18.51 ¹	277.65		
Adoption and Implementation Factors Interview (AIFI) – Training and Technical Assistance Resources	20	1	0.5	10	18.51 ¹	185.10		
TOTAL	75			50		932.91		

¹ The hourly wage rate is based on the National Compensation Survey, Bureau of Labor Statistics (BLS), United States Department of Labor, Social Worker, July 2004.

² Assuming the average annual income for administrators is \$40,000, the wage rate was estimated using the following formula: 40,000 (annual income)/2080 (hours worked per year) = \$19.25 (dollars per hour).