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Summer King
SAMHSA Reports Clearance Officer
Room 7-1044
1 Choke Cherry Road
Rockville, MD 20850
summer.king@samhsa.hhs.gov

Re: SAMHSA Agency Information Collection Activities: Proposed Collection;
Comment Request (Dated: September 28, 2009)

Dear Ms. King:

Thank you for inviting comments on the proposed revisions to the Center for Mental Health Services' Transformation Accountability (TRAC) Reporting System. In October of 2008, Milwaukee's *Centro de la Comunidad Unida* (United Community Center (UCC)) received a CMHS Older Adults Targeted Capacity Expansion (TCE) grant to implement *Un Nuevo Amanecer* (A New Dawn), a program that provides services to Latino older adults experiencing symptoms of depression. The population served through *Un Nuevo Amanecer* is older adults age 60 and over who are almost entirely Latino, monolingual Spanish-speaking, and first generation immigrants. Since February of 2009, *Un Nuevo Amanecer* has been implementing the 2nd revision of the CMHS-TRAC NOMs tool for adult programs with this population (primarily using the Spanish translation). We welcome the opportunity to provide the following comments, in response to SAMHSA's request for public comment on the proposed changes to the CMHS TRAC reporting system.

With respect to the accuracy of the estimate of the burden on the proposed collection of information:

The OMB estimate for completion of the current CMHS-TRAC NOMs tool is 20 minutes. In their experience, *Un Nuevo Amanecer's* clinical staff have found that the length of time needed to administer the current TRAC interview with its target population has been substantially longer. Specifically, the TRAC administration has averaged 60 minutes for baseline interviews and 50 minutes for reassessment interviews, with some interviews taking as long as 90 minutes. For our population of Latino older adults with both physical and mental health symptoms, these lengthy interviews can sometimes be experienced as a significant burden.

The estimate for completion of the proposed revision of the CMHS-TRAC NOMs tool is 30 minutes. The addition of new items will inevitably add to our already lengthy interview time, especially for questions that require complex concepts, different rating scales, or estimates of the frequency of past events. In addition, it is generally accepted that Spanish translations require more and longer words than English to communicate the same concepts. Thus the time needed to complete the revised Spanish version

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can be expected to be longer than what is needed for the revised English version.

With respect to the quality, utility, and clarity of the information to be collected:

Despite the existence of an approved Spanish translation of the CMHS-TRAC NOMs tool, some concepts covered in the interview are difficult to understand among *Un Nuevo Amanecer's* target population of Latino older adults. This is because there are no equivalent concepts in participants' countries of origin or because they are not considered to be relevant in their culture. For example, program participants often are confused when they are asked to specify their race because they generally think about their heritage in terms of their ethnicity and country of origin. It is anticipated that some of the proposed questions will create similar confusion with respect to language and culture. For example, proposed item B2h ("My symptoms are not bothering me.") is likely to pose comprehension challenges for our population because of the need for reverse scoring. Further, most of the substance use items (Section B4) are likely to be unfamiliar to the Latino older adults we serve. Because many of the proposed items are anticipated to be unfamiliar to the population we serve, they will have limited utility for local program evaluation and management purposes.

With respect to minimizing the burden of the collection of information on respondents:

The shift to requiring reassessment interviews at 6-month intervals rather than the current requirement of 3-month intervals will be much less burdensome on *Un Nuevo Amanecer* participants. The program's target population of Latino older adults often have difficulty sitting through long interviews and therefore are reluctant to schedule reassessment appointments. In addition, it is common among our participants to travel to their countries of origin for extended periods of time, posing a challenge for reassessment windows that are just a few months apart. Therefore, we appreciate the proposed change to requiring that reassessment interviews be conducted at less frequent intervals.

In summary, we are concerned that the proposed additions to the CMHS-TRAC NOMs tool will pose a significant burden for the population of Latino older adults served by our *Un Nuevo Amanecer* program. Extending the already lengthy interview time and adding items that are likely to be unfamiliar and confusing to our population will be clinically and physically challenging for our participants. In addition, we are concerned that as participants become weary and frustrated, the quality of both the TRAC data and our local evaluation data may be negatively impacted. As a result, it is our hope that careful consideration be given to limiting the number of items to be added and to insuring that any additional items be reviewed for sensitivity to both age and cultural diversity.

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Thank you again for the opportunity to provide input into the proposed CMHS-TRAC revisions. Please feel free to contact us if you have any questions or would like additional information.

Sincerely,

United Community Center:

René Farias, Associate Director

Cindy Suszek, M.S., CTS, SAP, CEAP, Clinical Director

Angélica Delgado Rendón, M.S., Community Research Supervisor

Planning Council for Health and Human Services, Inc. (External Evaluator)

Lisa Larson, Ph.D., Director of Research and Evaluation

Erin Malcolm, MAPS, Associate Researcher

cc: Marian Scheinholtz, Project Officer, SAMHSA



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