CHILDREN AFFECTED BY METHAMPHETAMINE
WITH PARENTS IN FAMILY TREATMENT DRUG COURT

Supporting Statement

JUSTIFICATION

A1. Circumstances of Information Collection

In 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), provided funding to 12 existing Family Treatment Drug Courts (FTDCs) for enhancement and/or expansion of their FTDC's capabilities to provide psycho-social, emotional and mental health services to children (0-17 years) and their families who have methamphetamine use disorders and involvement in child protective services. This program was authorized in House Report 111-220 accompanying HR 3293 in 2010. The Committee language stated that "these grants will support a collaborative approach, including treatment providers, child welfare specialists, and judges, to provide community-based social services for the children of methamphetamine-addicted parents," and were to be awarded to Family Dependency Treatment Drug Courts.

The proposed data collection and analysis for the grantees, referred to as the Children Affected by Methamphetamine in Family Treatment Drug Court (CAM-FTDC) project, will provide knowledge about the services needed and provided to these and similar families. This data collection by the CAM-FTDC program is SAMHSA's first Federal data collection effort focused specifically on the needs of children whose parents have a substance use disorder and are participating in an FTDC, and on effective strategies to address their needs. The information collected through the CAM-FTDC program will benefit SAMHSA by providing an in-depth understanding of the needs of the children and families served by CAM-FTDC. Findings from this program will provide SAMHSA with valuable information regarding appropriate service interventions for this population and, ultimately, inform SAMHSA on how the agency can best meet the needs of future drug endangered children. The results from this data collection will serve to inform future decisions regarding funding by SAMHSA as well as establish an evidence base for the practices undertaken for other localities and programs implementing Family Treatment Drug Courts. The CAM-FTDC project will extract and analyze data on children, parents/caregivers and family functioning. The domains specified in the Request for Applications (RFA) are: 1) Child Outcomes; 2) Parent/Caregiver Outcomes; and, 3) Family Functioning.

CAM-FTDC is one of SAMHSA's services grant programs and is authorized under 509 of the Public Health Service Act of the Public Health Service Act, as amended, and addresses Healthy People 2010 focus area 26 (Substance Abuse). SAMHSA's legislative mandate is to increase access to high quality prevention and treatment services and to improve outcomes. Its mission is to improve the quality and availability of treatment and prevention services for substance abuse and mental illness. To support this mission, the Agency's overarching goals are:

1) Accountability—Establish systems to ensure program monitoring and accountability
2) Capacity—Build, maintain, and enhance mental health and substance abuse infrastructure and capacity
3) Effectiveness—Enable all communities and providers to deliver effective services

All of SAMHSA's programs and activities are geared toward the achievement of these goals and program monitoring is a collaborative and cooperative aspect of this process. SAMHSA is striving to coordinate the development of these goals with other ongoing program development activities. The information collection for the CAM-FTDC is needed to provide objective data to demonstrate SAMHSA's monitoring and achievement of its mission and goals.

A2. Purpose and Use of Information

The data elements to be collected will be used by individuals at three different levels:

SAMHSA Level—The information is used to inform the administration of the functioning of the programs funded through the Agency.

Center Level—The information is used to monitor and manage individual grant projects within each program. The information informs the government project officers of the projects staff's abilities to meet their individual goals and to make funding continuation decisions.

Grantee Level—The grantee staff uses the information to improve the quality of treatment and prevention services that are provided to clients within their projects. This information is also used to provide information about program cost effectiveness and efficiency, and to assist grantees in sustainability planning.

In order for data from instruments such as the core child, parent/caregiver and family functioning outcomes to be combined across CAM-FTDC grantees, the data collection needs to be standardized. SAMHSA is requesting approval from the Office of Management and Budget (OMB) for the collection/extraction of data elements to assess the attainment of the objectives as specified above.

Background and Overall Approach

This section will specify four components of the overall data collection and analysis strategies:

- Data Elements
- Data Sources
- Data Extraction Methods
- Data Collection Time Periods

Data elements

The domains as specified in the Request for Applications: 1) Child Outcomes; 2) Parent/Caregiver Outcomes; and, 3) Family Functioning, have been operationalized by 18 data elements (see Attachments A and B). To the greatest extent possible, the data elements are operationally defined using standard definitions in child welfare and substance abuse treatment. The use of standard data definitions will reduce the data collection burden on grantees as these variables are collected through data collection procedures that currently exist through all publically funded child welfare and substance abuse treatment systems.

The CAM-FTDC data elements currently collected by programs are collected as part of their normal operations (e.g., placement status in child welfare services, substance abuse treatment entry dates). Thus, no new primary data collection from clients will be required as the grantees will be abstracting existing data. The information utilized for the NCFAS rating is obtained during the intake interview that sites engage in when determining program eligibility and suitability. If needed, the CAM FTDC staff member may supplement this information by obtaining information from a survey of staff who interact with the client (i.e., the social worker familiar with the family) or during a home visit (if this is part of their program activities).

For this project, grantees are to indicate if the adult is the index child(ren)'s primary caregiver. In general, a primary caregiver is defined as the person who has consistently assumed responsibility for the housing, health and safety of the child(ren) and who carries out and/or oversees the tasks related to the daily lives of the child(ren), which includes caring for their physical, educational, social, emotional and other needs. However, the definition should be considered flexible enough to take into account the diversity of people's lives and family structures. There can be more than one primary caregiver in a family. If there are multiple index children and the adult's primary caregiver role differs by child, the adult's primary caregiver status for the youngest child is to be used. As there is no universal definition of primary caregiver in existing Federal child welfare or substance abuse treatment data systems, the definition of primary caregiver being utilized by this study is the same definition being utilized by the ACF Regional Partnership Grant Program (OMB No.: 0970-0353).

It should be re-emphasized that the CAM-FTDC projects are expansions or enhancements of FTDC partnerships that currently have existing relationships (and information sharing/ confidentiality agreements) in place. It is through this existing information sharing forum that the CAM grantees will be able to obtain the requisite child welfare and substance abuse treatment data elements.

Data Sources

The grantees will use electronic abstraction and secondary data collection for the data elements that are already being collected by counties and States in their reporting requirements of Federally-mandated data. There are five data sources that will be used to collect and report the data elements: two Federal child welfare data sets, a Federal substance abuse treatment data set

and the North Carolina Family Assessment Scale. The following is a description of the data sources.

Child Welfare Data Sources

The child welfare data elements included in CAM-FTDC involve secondary data collection and abstraction from the grantee's State automated child welfare case management system, which is often a Federally-funded Statewide Automated Child Welfare Information System (SACWIS). These automated child welfare case management systems, administered by the Administration for Children and Families (ACF), track the foster care and maltreatment status of children in the United States. These are submitted semi-annually to ACF through two primary reporting functions: 1) The Adoption and Foster Care Analysis and Reporting System (AFCARS), which provides information on all children in foster care; and, 2) The National Child Abuse and Neglect Data System (NCANDS), which contains information on all child maltreatment reports and dispositions. All CAM-FTDC States have operational SACWIS data systems.

Substance Abuse Treatment Data Sources

The substance abuse treatment data elements data included in CAM-FTDC involve secondary data collection and abstraction from the grantee's State automated substance abuse treatment data system. The Treatment Episode Data Set (TEDS) is an administrative data system providing descriptive information about admissions and discharges to publically funded substance abuse treatment in the United States. All States currently report the minimum required TEDS admission data to SAMHSA and admission and discharge data are collected by State substance abuse agencies according to their own information systems for monitoring substance abuse treatment admissions. The data are typically collected during the treatment intake interview with the client using State-specific administrative forms to record the information. The data are transformed to the TEDS data elements according to an approved protocol. The data are then transmitted monthly or quarterly to a SAMHSA contractor for processing, editing, updating, and producing final files.

Staff Administration of Instruments

The North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R) (Attachment B) is a staff assessment instrument regarding various domains of family functioning. It is completed by staff after they have conducted assessments as part of their normal operations. The NCFAS G+ R will provide data for the following data elements: child well-being, parental capacity to care for children's needs, family functioning/relationships and risk/protective factors. The NCFAS G+ R will also provide the project staff with data on child behaviors, developmental milestones and socio-emotional characteristics that they will use in planning family and child interventions. The information utilized for the NCFAS rating is obtained during the intake interview that sites engage in when determining program eligibility and suitability. If needed, the rater may supplement this information by obtaining information from other staff that interact with the client (i.e., the social worker) or during a home visit (if this is part of their program activities).

Table 1 presents the data elements, the data sources, data collection methods and data collection time periods.

Table 1. Data elements, Data Source, Collection Method and Time Periods			
Performance Measure	**Data Source**	**Data Collection Method**	**Data Collection Time Periods**
1. Child Outcomes			
Children Remain at Home	NCANDS	Secondary abstraction	Baseline, every 6-months up to 24 months
Occurrence of Child Maltreatment	NCANDS	Secondary abstraction	Baseline, every 6-months up to 24 months
Length of Stay in Foster Care	AFCARS	Secondary abstraction	Baseline, every 6-months up to 24 months
Re-entries to Foster Care	AFCARS	Secondary abstraction	Baseline, every 6-months up to 24 months
Timeliness to Reunification	AFCARS	Secondary abstraction	Baseline, every 6-months up to 24 months
Timeliness to Permanency	AFCARS	Secondary abstraction	Baseline, every 6-months up to 24 months
Prevention of Substance-Exposed Newborns	Program Records	Secondary abstraction	Baseline, every 6-months up to 24 months
Children Connected to Supportive Services	Program Records or Child Welfare Data System	Secondary abstraction	Baseline, every 6-months up to 24 months
Child Well-Being	North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R)	Survey data collection from program staff	Baseline and discharge from the CAM-FTDC program
2. Parent/Caregiver Outcomes			
Access to Substance Abuse Treatment	TEDS	Secondary abstraction	Baseline, every 6-months up to 24 months
Retention in Substance Abuse Treatment	TEDS	Secondary abstraction	Baseline, every 6-months up to 24 months
Reduction in Substance Use	TEDS	Secondary abstraction	Baseline, every 6-months up to 24 months
Parents or Caregivers Connected to Supportive Services	Program Records	Secondary abstraction	Baseline, every 6-months up to 24 months
Employment / Education	TEDS	Secondary abstraction	Baseline, every 6-months up to 24

			months
Criminal Behavior	TEDS	Secondary abstraction	Baseline, every 6-months up to 24 months
3. Family Functioning Outcomes			
Parental Capacity to Care for Children's Needs	North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R)	Survey data collection from program staff	Baseline and discharge from the CAM-FTDC program
Family Functioning/Relationships	North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R)	Survey data collection from program staff	Baseline and discharge from the CAM-FTDC program
Risk/Protective Factors	North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R)	Survey data collection from program staff	Baseline and discharge from the CAM-FTDC program

Data Collection Methods

There are three data collection methods being utilized for the CAM-FTDC project: 1) electronic abstraction from existing data systems; and, 2) family assessment conducted and entered by program staff.

Electronic Data Abstraction From Existing Data Systems

Data elements will be abstracted and submitted electronically to SAMHSA through a web-based Data System adapted by the contractor for this program. The system will store grantees' data and will provide a standardized format to report all data elements. It is important to note that the data elements being collected and extracted are unique in that the data must link children and adults together as a family unit across two service systems which traditionally have viewed children and adults individually – not as a family unit. As a result, the data elements must be reported to a relational database where multiple records can be linked with individual children and adults clustered into a family unit. An XML Schema to standardize the data being uploaded to a CSAT Data System will be developed to enable grantees to assemble their data across children and parents. The XML Schema will allow data to be validated prior to submission. Technical assistance will be provided to grantees as needed and in various forms (e.g., step-by-step instructions, online demonstrations with Q & A, tutorials, telephone and email assistance) to help grantees prepare for data submission. These methods have been successfully implemented in an OMB-approved program conducted by the Administration on Children, Youth and Families (ACYF).

Family Assessments Conducted by Program Staff

The North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R) (Attachment B) will be collected by CAM-FTDC grantee staff members at two points in time: baseline and discharge from the CAM-FTDC program (e.g., after successful completion or dismissal from the program). The baseline information from this staff administered survey will be used by grantees to identify client's needs for services and are important clinical tools used by the CAM-FTDC programs to serve this unique target population. Discharge data will provide valuable information on the impact of the CAM programs on serving the needs of children affected by parental substance abuse. Grantees will not be required to collect interim NCFAS data.

Data Collection Time Periods

The data abstraction of child welfare, substance abuse treatment and program records will be conducted every six months and there will be no additional burden of participant families as the data are collected through normal operations of the programs. Staff administration of the NCFAS G+R will occur at intake and discharge to CAM-FTDC. Table 1 presents the data collection time periods for each of the four outcome domains and the 18 data elements.

Following OMB approval, data will be reported to CSAT data system bi-annually corresponding with the data collection time period reflected in SAMHSA's Bi-Annual Progress Reports, which are due April 30 and October 31 of each year. Grantees may report their data at the same time as the Bi-Annual Progress Reports, but no later than one month after the Bi-Annual Progress Reports are due. These twice yearly data submissions will include the entire current record for all of a grantee's cases to date. The data will be reviewed for any major problems or glitches, and follow-up will be conducted as needed with grantees to resolve these issues.

Data collection will be conducted over a four year period. The amount of time that families will participate in CAM-FTDC varies depending on the grantee's program model. The core of service system data will be collected semi-annually for all four years of the CAM program.

A3. Use of Information Technology

It is anticipated that 100% of the grantees will have the child welfare and adult substance abuse treatment data available electronically (See Table 1) through the normal business operations and reporting functions to child welfare and treatment monitoring systems. Availability of existing child welfare and substance abuse treatment data will reduce burden on CAM-FTDC personnel as it will not require primary data collection and will only be abstracted twice a year. For the data elements that require staff administration of the NCFAS G+R, the expectation is that there will be an 80% follow-up rate for these instruments to be collected at discharge from the program (see Table 1).

A web-based data collection and entry system will be utilized by CSAT for collection of the data elements. This web-based system will allow for easy data entry, submission, and reporting.

Levels of access will be defined for users based on their authority and responsibilities regarding the data and reports. The CSAT Data System will be password protected and grantees will only have access to their own particular data upload site. The CSAT Data System Administrator must provide grantee staff with access to the Data System in order for staff to access the CSAT Data Collection System.

Electronic submission of the data will promote enhanced data quality. With built-in data quality checks, and easy access to data outputs and reports, the users of the data can feel confident about the quality of the output. The electronic submission will promote immediate access to the dataset. Once the data are put into the web-based system, it is available for access, review, and reporting by CSAT, its contractor for the CAM-FTDC program and the grantee staff.

A4. Efforts to Identify Duplication

The majority of data collection will involve secondary analysis of existing data augmented by staff administered data collection on the data elements that are not in existing data systems. New data collection is limited to data elements that do not exist in standard data collection.

A5. Involvement of Small Entities

Individual grantees vary from small entities through large provider organizations. Every effort has been made to minimize the number of data items collected from programs to the least number required to accomplish the objectives of the effort and to meet reporting requirements.

A6. Consequences of Collecting the Information Less Frequently

The majority of data are collected through normal operations. The data elements involving the staff survey administration of the NCFAS will be collected at admission and discharge to CAM-FTDC. Admission data will be used for service planning for CAM-FTDC clients. Data reporting to SAMHSA will occur twice a year to keep the burden manageable for grantees and to meet reporting requirements for SAMHSA in addressing progress of grantees. The bi-annual reporting also aligns with Federal reporting timeframes for the child welfare and substance abuse treatment systems.

A7. Consistency with the Guidelines in 5 CFR1320.5(d)(2)

This information collection fully complies with 5 CFR 1320.5(d)(2).

A8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on June 8, 2011 (76 FR 33323). No comments were received in response to this notice.

A9. Payment to Respondents

Respondents will not receive payment.

A10. Assurance of Confidentiality

The information from grantees and all other potential respondents will be kept private through all points in the data collection and reporting processes. Each grantee will maintain client-level data and has the ability to link cases. This data will be de-identified prior to reporting to SAMHSA. SAMHSA and its contractors will not receive identifiable client records.

Federally assisted substance abuse treatment providers are subject to the federal regulations for alcohol and substance abuse patient records (42 CFR Part 2) (OMB No. 0930-0092) which govern the protection of patient identifying data. In some cases, these same providers meet the definition of a HIPAA covered entity and are additionally subject to the Privacy Rule (45 CFR Parts 160 and 164) for the protection of individually identifiable data. These data are submitted in de-identified format and therefore cannot be traced back by SAMHSA and its contractors to individuals, therefore the risk to clients is minimal. Data can only be accessed by SAMHSA and its contractors through a password protected system, minimizing the risk to clients' confidentiality. The system restricts access to those with a user name and password and only allows sites to access their own data. All CAM-FTDC grantees are required to obtain approval from Institutional Review Boards prior to collecting the data.

The analyses presented in SAMHSA's reports will be based on restricted analytic data files that contain the complete CAM-FTDC data set. These data files will only be available to analysts directly involved in the CAM-FTDC project. All of these analysts are responsible for using the data in accordance with the information provided to each respondent when he or she agreed to participate in the CAM-FTDC project (i.e., the data will be used only for statistical purposes), and for ensuring there is no disclosure of respondent's personal information. These responsibilities stem from legislation that outlines severe penalties for unlawful disclosure of personal information on survey respondents. All data will be analyzed in aggregate form, which will prevent the identification of individual clients in the event of a small number of respondents within a CAM-FTDC project.

A11. Questions of a Sensitive Nature

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, to improve health and reduce illness, death, disability, and cost to society. In carrying out this mission, it is necessary for service providers to collect sensitive items such as experiences with violence and trauma, criminal justice involvement, child welfare involvement, use of alcohol or other drugs, as well as issues of adult psychiatric problems. The data that will be submitted by each grantee will be based in large part on data that most of the programs are already routinely collecting and there is no primary data collection from CAM FTDC clients. The information utilized for the NCFAS rating is obtained during the intake interview that sites engage in when determining program eligibility and suitability. Grant projects use informed consent forms as required and as viewed appropriate by their individual organizations. They use the appropriate forms for minor/adolescent participants requiring parental approval. Client data

are routinely collected and subject to the Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404). Alcohol and drug abuse client records in Federally-supported programs are also protected by 42 CFR Part 2. These data are submitted in de-identified format and therefore cannot be traced back by SAMHSA and its contractors to individuals, therefore the risk to clients is minimal.

A12. Estimates of Annualized Hour Burden

Table 2 presents the estimated annualized hour burden associated with the collection or extraction of the CAM-FTDC data elements. The following estimates are based on the 483 estimated number of CAM-FTDC families to be served by the CAM-FTDC grantees. The total number of families to be served (n=483) were calculated from estimates that each grantee provided SAMHSA upon implementation of the project. CAM-FTDC staff extracts data from secondary sources for the child, parent/caregiver and family functioning data elements. The total number of responses (i.e., 2 extracted records for each client) is 1,932. The estimated total cost of the time CAM-FTDC staff will spend completing data collection is $17,774.40 per year (total number of staff hours, 966 hours, multiplied by $18.40, the estimated average hourly wages for adults as published by the Bureau of Labor Statistics, 2010). See Table 2.

Table 2: Annualized Hour Burden

Form/ Instrument	Number of Records	Responses per Record	Total Responses	Hours per Response [1]	Total Hour Burden	Hourly Wage Cost	Total Hour Cost ($)
CAM Form - Secondary extraction (12 sites x varying number of families)	483	2	966	.5	483	$18.40	$8,887.20
North Carolina Family Assessment Form - Scale-General + Reunification (NCFAS-G+R) (12 sites x varying number of families)	483	2	966	.5	483	$18.40	$8,887.20
Total	**9,66**		**1,932**		**966**		**$17,774.40**

Note: The estimated response burden includes the extractions and uploads to the CAM Form and the North Carolina Family Assessment Form. The term "varying number of families" was utilized as the 12 grantees are implementing varying program models to fit their individual community's needs. While all are expanding family drug courts, the size of their family drug court and areas to be served vary dramatically. Some of the 12 grantees are serving very rural communities, while others are serving large urban areas.

A13. Estimates of Cost Burden to Respondents

There is no capital, start-up or operational costs for grantees.

A14. Estimates of Annualized Cost to the Federal Government

The principal cost to the government for this project is the cost of a contract to collect the data from the CAM-FTDC program and to conduct analyses which generate routine reports for SAMHSA from the data collected. The estimated annualized cost for the CAM-FTDC data collection effort is $104,165/year for .75 FTE.

A15. Changes in Burden

This is a new data collection.

A16. Time Schedule, Publication and Analysis Plans

SAMHSA will ensure that all disseminated information will be prepared in accordance with professional and ethical standards. They will be appropriate for dissemination by SAMHSA and will undergo appropriate review and approval prior to release. SAMHSA adheres to the laws and regulations applying to publications, including OMB Information Quality Guidelines, the HHS Printing Handbook, and relevant SAMHSA policy issuances. SAMHSA efforts to ensure and maximize information quality begin at the preparation stage and continue through the review and approval stages. When published electronically, existing SAMHSA policies developed in concert with Federal computer security laws will provide appropriate security safeguards to ensure integrity of SAMHSA documents, i.e., that the information is protected from unauthorized access, revisions, corruption, or falsification. Each publication will be accurate, both in specific details and in general impressions, and meet accepted standards of high quality. SAMHSA documents and presentations containing text and summary data will be objective and scientifically sound. Sources will be referenced for the convenience and further information of the reader. Supporting data will have full, accurate, and transparent documentation.

Analysis Plans

Statistical Package for the Social Sciences (SPSS) software will be used for descriptive analyses of the CAM-FTDC project. A *p* value less than .05 will be considered statistically significant. Chi-square tests will be used to compare the distribution of client characteristics (i.e., gender, race/ethnicity). Logistic regression procedures and odds ratio (OR) estimates derived from logistic regression procedures will be used to denote the estimated magnitude of an association between a binary outcome (e.g., treatment completion) and a covariate (e.g., client gender). An OR estimate greater than 1.00 will indicate a positive association between the outcome of

interest and the covariate; an OR estimate less than 1.00 will indicate an inverse association. A 95 percent confidence interval (CI) of the OR will be presented.

Initial descriptive analyses will describe the demographic characteristics of the children and parents/caregivers in the CAM-FTDC project and characteristics of CAM-FTDC families. Multivariate analyses will model the influence of child, parent/caregiver and family variables on child welfare outcomes, substance abuse treatment outcomes and receipt of CAM-FTDC services. These analyses will allow SAMHSA to accurately monitor the implementation of the CAM-FTDC program initiative.

The follow-up data also will be described using descriptive statistics including frequency distributions and crosstabs. Change will be assessed by comparing the discharge and follow-up measurements with baseline data for each client. The percent of clients showing the target changes will be calculated on each of the client outcome measures that are categorical. For continuous items, mean differences will be calculated. Tables will be constructed to describe changes across projects on selected data elements. Once a sufficient population size is obtained, modeling will also be used to look at factors that contribute to predicting successful outcomes (e.g., decreased drug use, criminal involvement, child abuse/neglect recidivism, and increased employment), If baseline descriptive analyses reveal disparities among groups of clients and these differences appear to be influencing results, a repeated Analysis of Covariance (ANCOVA) will be conducted on selected variables to account for these factors.

A17. Display of Expiration Date

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

A18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

The project's target population is adults with at least one minor child, identified as requiring family drug court services due to substance abuse, and their family. Family members can include one or more parents, children identified in the child welfare care case and additional children that may or may not be specifically named in the child welfare case. The respondent universe for this new project is all CAM-FTDC grantees (N=12) serving the minimum required number of clients (a minimum of 20 methamphetamine using clients is required in order to have a sufficient number of participants in the program). It is expected that the CAM-FTDC grantees will serve 483 adults and 761 children. Because all CAM-FTDC grantees will be respondents in this new project, no sampling methods will be employed. The expected response rate for data elements

involving secondary data collection is 100 percent. The expected response rate for data elements involving staff survey administration of the NCFAS is 80 percent.

B2. Information Collection Procedures

The CAM-FTDC grantees are required to participate in the collection of these data elements as a stipulation of receiving funding from SAMHSA. All of the applicants and grant awardees expressed a willingness to collect the performance measure information as a part of their grant award. Data elements requiring administration of a survey to the staff will be collected at two points in time: baseline and discharge. Discharge is defined as successful completion (i.e., graduation) or unsuccessful completion (e.g., dismissal by the judge, client drops out). All CAM-FTDC grantees are required to obtain approval from Institutional Review Boards prior reporting of the data elements. Field interviewers will present each client with a copy of the informed consent form for his or her records, and will review the form with them. Informed consent is necessary to for using the client's personal data as part of the evaluation/monitoring of the CAM-FTDC program.

B3. Methods to Maximize Response Rates

Each CAM-FTDC grantee is assigned a Liaison through the support contract with SAMHSA, who provides technical assistance on data reporting and programmatic issues. Liaisons have been conducting monthly calls with grantees, and will have conducted onsite visits with all 12 sites by the end of July, 2011. Regular contact will continue with grantees to ensure high response rates. Follow-up may be a challenge to some grantees given the remote locations that they serve and the challenge of locating clients who have discharged early from the program. For grantees that have not been aware of the strategies they can employ to begin the follow-up process at intake, how to maintain contact with clients, and the importance of good locator forms, technical assistance will be provided to assist the grantees with follow-up.

B4. Test of Procedures

As noted above, the majority of the data elements currently exist in Federal child welfare and substance abuse treatment data sets to which grantees are reporting as part of their normal operations. Feedback from the grantees indicates that they routinely collect the same information requested and some grantees report that they collect information in greater detail, (i.e., more response alternatives), but these are collapsed into standard categories.

B5. Statistical Consultants

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ATTACHMENTS

ATTACHMENT A-CAM DATA COLLECTION FORM

ATTACHMENT B-NORTH CAROLINA FAMILY ASSESSMENT FORM-GENERAL + REUNIFICATION (NCFAS G+R)