GOVERNMENT PERFORMANCE AND RESULTS ACT
CLIENT/PARTICIPANT OUTCOME MEASURES

SUPPORTING STATEMENT

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is requesting from the Office of Management and Budget (OMB) approval for an extension to continue the collection of performance data with current and future SAMHSA/CSAP grantees using the Government Performance and Results Act Client/Participant Outcome Measures for Discretionary Programs and Instructions (OMB No. 0930–0208) which expires on February 28, 2013.

This information is collected using a client tool the provides CSAT the capacity to report for all of its discretionary program: particular populations served, numbers of people served, types and locations of particular activities supported, effectiveness across programs for particular populations, the characteristics and effectiveness across programs of activities relative to national, subpopulation and geographic area data and trends. In order to be fully accountable for the spending of federal funds, SAMHSA/CSAT requires all its programs to collect and report data on all clients served as a means of ensuring that program goals and objectives are being met. Data collected as part of this package are used a tool to monitor performance through the grant period and ensure appropriate spending of federal funds.

Approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Act of 1993 (GPRA) reporting requirements that quantify the effects and accomplishments of its discretionary grant programs which are consistent with OMB guidance.

In order to carry out section 1105(a) (29) of the GPRA, SAMHSA is required to prepare a performance plan for its major programs of activity. This plan must:

a) Establish performance goals to define the level of performance to be achieved by a program activity;
b) Express such goals in an objective, quantifiable, and measurable form;
c) Briefly describe the operational processes, skills and technology, and the human, capital, information, or other resources required to meet the performance goals;
d) Establish performance indicators to be used in measuring or assessing the relevant outputs, service levels, and outcomes of each program activity;
e) Provide a basis for comparing actual program results with the established performance goals; and
f) Describe the means to be used to verify and validate measured values.

SAMHSA's legislative mandate is to increase access to high quality prevention and treatment services and to improve outcomes. Its mission is to reduce the impact of substance use and mental illness on our communities.

All of SAMHSA's programs and activities are geared toward the achievement of goals related to reducing the impact of substance use and mental health disorders. GPRA performance monitoring is a collaborative and cooperative aspect of this process.

SAMHSA is striving to coordinate the development of these goals with other ongoing performance measurement development activities, for example, development of performance measures for reporting of activities. This information collection is needed to provide objective data to demonstrate SAMHSA's monitoring and achievement of its mission and goals.

CSAT Programs

Based on current funding and planned fiscal year 2014 notice of funding announcements (NOFA), the CSAT programs that will use these measures in fiscal years 2014 through 2018 include: the Adult Treatment Court Collaboratives; Access to Recovery III; Addictions Treatment for Homeless; Cooperative Agreements to Benefit Homeless Individuals (CABHI); CABHI-States; Community Resilience and Recovery Initiative; Enhancing Adult Drug Court Services, Coordination, and Treatment; HIV/AIDS Outreach; Office of Juvenile Justice and Delinquency Prevention-Juvenile Drug Court; Offender Re-entry Program; Pregnant and Postpartum Women; Recovery Community Services Program – Services; Recovery Oriented Systems of Care; State Adolescent Treatment Enhancement and Dissemination – Services; Screening and Brief Intervention and Referral to Treatment; Targeted Capacity Expansion for Substance Abuse Treatment (TCE)-Health Information Technology; TCE HIV/AIDS Services; TCE-Peer to Peer; TCE-Technology Assisted Care; Teen Court Program; and Treatment Drug Court.

A2. Purposes and Use of the Information Collection

SAMHSA uses the performance measures to report on the performance of its discretionary services grant programs. The performance measures information is used by individuals at three different levels: the SAMHSA administrator and staff, the Center administrators and government project officers, and grantees:

> **SAMHSA Level**—The information is used to inform the administration of the performance of the programs funded through the Agency. The performance is based on the goals of the grant program and includes the NOMs. This information serves as the basis of the annual GPRA report to Congress contained in the Justifications of Budget Estimates.
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> **Center Level**—In addition to exploring the performance of the various programs, 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. The information has been used by government project officers to make funding continuation decisions.

Grantee Level—In addition to monitoring performance outcomes, the grantee staff uses the information to improve the quality of treatment and prevention services that are provided to clients within their projects.

SAMHSA and its Centers will use the data for annual reporting required by GPRA and for NOMs comparing baseline with discharge and follow-up data. GPRA requires that SAMHSA's report for each fiscal year include actual results of performance monitoring for the three preceding fiscal years. The additional information collected through this process will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with the specific performance domains that SAMHSA is implementing as the NOMs, to assess the accountability and performance of its discretionary and formula grant programs. The CSAT client-level data items were initially identified from widely used data collection instruments.

Outcome data reflect the Agency's desire for consistency in data collected within the Agency. SAMHSA has implemented specific performance domains called NOMs to assess the accountability and performance of its discretionary and formula grant programs. These domains represent SAMHSA CSAT's focus on the factors that contribute to the success of substance abuse treatment. The CSAT Client/Participant Outcome Measures will address the following performance domains:

- Abstinence from Drug / Alcohol Use
- Employment / Education
- Crime and Criminal Justice
- Family and Living Conditions
- Social Connectedness
- Social Consequences from Drug / Alcohol Use
- Access / Capacity
- Retention

There is no change to the burden to the previously approved OMB GPRA tool. This is solely a request for an extension to the currently approved tool.

The current performance measures that are contained in the tool are:

CSAT: Substance Abuse Treatment Measures

1) Over the past year, the percentage of adults:

a) Who were currently employed or engaged in productive activities increased for those receiving services compared to the national average or project baselines.
b) Who had a permanent place to live in the community increased for those receiving services compared to the national average or project baselines.

c) Who had reduced involvement with the criminal justice system increased for those receiving services compared to the national average or project baselines.
d) Who had no past month use of illegal drugs or misuse of prescription drugs increased for those receiving services compared to the national average or project baselines.
e) Who increased retention in the program/services compared to the national average or project baselines.
f) Who increased social connectedness to family and friends compared to the national average or project baselines.
g) Who increased access to services compared to the national average or project baselines.

An additional measure is for those adults:

Who experienced reduced alcohol or illegal drug related health, behavior, or social consequences (including the misuse of prescription drugs), increased for those receiving services compared to the national average or project baselines.

2) Over the past year, the percentage of children/adolescents under age 18:

a) Who were attending school increased for those receiving services compared to the national average or project baselines.
b) Who were residing in a stable living environment increased for those receiving services compared to the national average or project baselines.
c) Who had no involvement in the juvenile justice system increased for those receiving services compared to the national average or project baselines.
d) Who had no past month use of alcohol or illegal drugs (population data limited to 12 through 17 year olds) increased for those receiving services compared to the national average or project baselines.
e) Who increased retention in the program/services compared to the national average or project baselines.
f) Who increased social connectedness to family and friends compared to the national average or project baselines.
g) Who increased access to services compared to the national average or project baselines.

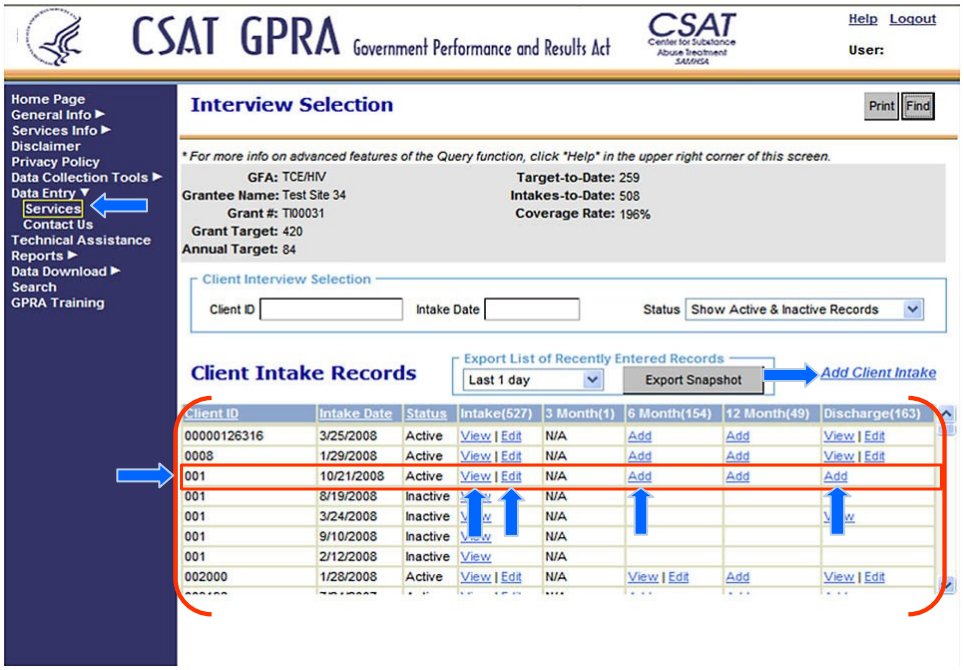
An additional measure is for those children/adolescents under age 18:

The percentage of youth (population data limited to 12 through17 year olds) who experienced no substance abuse related health, behavior, or social consequences increased for those receiving services compared to the national average or project baselines.

A3. Use of Improved Information Technology and Burden Reduction

Most programs collect their client information using a variety of methods from paper and pencil to electronic methods. This project will not interfere with ongoing program collection operations that facilitate information collection at each site.

A web-based data collection and entry system has been developed through CSAT and is available to all programs for data collection. This web-based system allows for easy data entry, submission, and reporting to all those who have access to the system. Levels of access have been defined for users based on their authority and responsibilities regarding the data and reports. Access to the data and reports is limited to those individuals with a username and password. A sample data entry screen is below:



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SAIS: CSAT GPRA Web-Based Data Entry System Training

A few programs submit their data electronically through an upload process. This facilitates the submission of data while avoiding duplication of the data entry process. Programs that collect these data for other purposes are spared an additional collection burden.

Electronic submission of the data promotes enhanced data quality. With built-in data quality checks, easy access to data outputs and reports, users of the data can feel confident about the quality of the output. The electronic submission also promotes immediate access to the dataset. Once the data are put into the web-based system, it is available for access, review, and reporting by all those with access to the system from Center staff to the grantee staff.

A4. Efforts to Identify Duplication and Use of Similar Information

The items collected are necessary in order to assess grantee performance. SAMHSA is promoting the use of performance measures across all programs; this effort will result in less overlap and duplication, and substantially reduce the burden on grantees that results from data demands associated with individual programs. SAMSHA will work closely with the grantees to identify whether other data are being collected by the grantee that may be redundant to the

GPRA instrument. When duplication is identified, SAMHSA and the grantees will identify a priority action plan to leverage the duplicative efforts, and streamline the data items to reduce client burden.

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 GPRA reporting requirements and therefore, there is no significant impact involving small entities.

A6. Consequences of Collecting the Information Less Frequently

The data collection points remain unchanged from the previous submission. Substance abuse treatment programs collect data at three time points: intake, discharge, and 6-months post intake, these times are part of regular program activity.

These are generally accepted intervals for client assessment and the participants will be asked to respond to the items according to this schedule. The adolescent substance abuse treatment grantees are required to collect information additionally at three months post-intake due to the migratory nature of adolescents. It is more difficult to locate adolescents than adults and, therefore, locating them more frequently and closer to their intake date should increase their follow-up rates. The data will be reported to SAMHSA on an annual basis in keeping with the GPRA requirements for annual reporting.

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 December 18, 2012 (77 FR 74855). No comments were received in response to this notice.

A9. Payment to Respondents

No monetary incentives are provided to grantees.

A10. Assurance of Confidentiality Respondents

SAMHSA's grantees do not collect individually identifiable information for these programs. Only aggregated data will be reported by grantees, therefore, SAMHSA and its contractors will not receive identifiable client records.

A11. Questions of a Sensitive Nature

No questions of a sensitive nature are asked of State or U.S. Territories grantees. However, grantees who are service providers collect information such as use of alcohol and other drugs and mental health conditions routinely as part of the provision of services. While some of this information may appear sensitive, program participants are service recipients.

A12. Estimates of Annualized Hour Burden

A typical grantee currently collects intake, or pre-intervention information at the beginning of program contact, and many also collect standard discharge and follow-up information with similar items. Data are usually collected through interviews for the programs. Across all the SAMHSA discretionary services grants to which this application applies, it is estimated that these customary and usual business practices for services and treatment take about 25 minutes (0.41 hours). Additional burden will only be created where grants are required to collect GPRA core measures at either intake, discharge, or follow-up points that are not customary and usual practices. In these cases the client's time and effort are required to gather additional information that would not have been part of normal treatment or service activities.

The first value computed is the proportion of additional core GPRA items for a typical Center grant. This is done using the following formula:

$$\text{Proportion of Additional Burden} = \frac{\text{Total \# of items in Standard Center Instrument} - \text{Number of core GPRA items currently included}}{\text{Total \# of items in Standard Center Instrument}}$$

Additional burden is calculated by multiplying this proportion times 25 minutes for each data collection (intake or baseline, discharge, 3-month follow-up, or 6-month follow-up).

Added Burden Proportion For Grant Programs. There are 80 items (including record management) in the CSAT GPRA Client/Participant Outcome Measures for Discretionary Programs, which will take approximately 25 minutes per client to administer at each of the 3 or 4 data collection points. However, 42 of the items are taken from the ASI, which is used in the substance abuse treatment field by researchers and providers as a baseline and follow-up instrument, or are considered standard items in the field. The resulting Added Burden Proportion is then (80-42)/80, or .47.

Estimates of Annualized Hour Burden [1]
CSAT GPRA Client Outcome Measures for Discretionary Programs

Center/Form/ Respondent Type	Number of Respondents	Responses Per Respondent	Total Responses	Hours Per Response	Total Hour Burden	Added Burden Proportion[2]	Total Annual Burden Hours	Total Hour Cost / Respondent[3]
Clients								
Adolescents	3,900	4	15,600	.41	6,396	.47	3,006	$19,689
Adults								

General (non ATR or SBIRT)	28,000	3	84,000	.41	34,440	.47	16,187	$106,025
ATR	53,333	3	159,999	.41	65,600	.47	30,832	$201,949
SBIRT[4] Screening Only	150,618	1	150,618	.13	19,580	0	0	$0
SBIRT Brief Intervention	27,679	3	83,037	.20	16,607	0	0	$0
SBIRT Brief Tx & Refer to Tx	9,200	3	27,600	.41	11,316	.47	5,319	$34,840
Client Subtotal	**272,730**		**520,854**		**153,939**		**55,344**	**$362,503**
Data Extract[5] and Upload								
Adolescent Records	44 grants	44 X 4	176	.18	32	--	32	$480
Adult Records								
General (non ATR or SBIRT)	528 grants	70 X 3	210	.18	38	--	38	$570
ATR Data Extract	53,333	3	160,000	.16	25,600	--	25,600	$640,000
ATR Upload[6]	24 grants	3	160,000	1 hr. per 6,000 records	27	--	27	$675
SBIRT Screening Only Data Extract	9 grants	29,517 X 1	29,517	.07	2,067	--	2,067	$31,005
SBIRT Brief Intervention Data Extract	9 grants	4,832 X 3	14,496	.10	1,449	--	1,449	$21,735
SBIRT Brief Tx&Refer to Tx Data Extract	9 grants	1,688 X 3	5,064	.18	912	--	912	$13,680
SBIRT Upload[7]	7 grants		171,639	1 hr. per 6,000 records	29	--	29	$435
Data Extract and Upload Subtotal	**53,963**		**541,102**		**30,154**		**30,154**	**$708,580**
TOTAL	**326,693**		**1,061,956**		**209,799**		**85,498**	**$1,071,083**

NOTES:

1. This table represents the maximum additional burden if adult respondents, for the discretionary services programs including ATR, provide three sets of responses/data and if CSAT adolescent respondents, provide four sets of responses/data.
2. Added burden proportion is an adjustment reflecting customary and usual business practices programs engage in (e.g., they already collect the data items).
3. Estimate based on $6.55 for client and program staff, $15 for IT staff for SBIRT grants, and $25 for more senior IT staff for ATR grants.
4. Screening, Brief Intervention, Treatment and Referral (SBIRT) grant program:

The estimates in this table reflect the maximum annual burden for currently funded discretionary services programs. The number of clients served in following years is estimated to be the same assuming level funding of the discretionary programs, resulting in the same annual burden estimate for those years.

A13. Estimates of Cost Burden to Respondents

There are neither capital or startup costs nor are there any operation and maintenance costs.

A14. Estimates of Annualized Cost to the Federal Government

The principal additional cost to the government for this project is the cost of a contract to collect the data from the various programs and to conduct analyses which generate routine reports from the data collected. The reports examine baseline characteristics as well as the changes between baseline, discharge, and each of the follow-up periods. It is the responsibility of the contractor to work with the Government Project Officer (GPO) when preparing reports that combine the client services data with the annual reports of the project.

The estimated annualized cost for a contract for the GPRA mandate is $7.2 million and the cost of 1 FTE staff (25% for the midpoint of one GS-14 $25,899 and 75% for one GS-12 $48,786) responsible for the CSAT data collection effort is approximately $74,685/year.

A15. Changes in Burden

There is no burden change.

A16. Time Schedule, Publication and Analysis Plans

SAMHSA/CSAT utilizes the GPRA data on an ongoing basis to monitor performance and to respond to GPRAMA and other Federal reporting requirements.. These data are used to provide the agency with information to document the overall Center performance requirements and to provide information that will assist CSAT in planning and monitoring program goals. Descriptive information obtained from program reporting requirements will be reviewed for monitoring and program management. Information is used internally by the agency and for performance reports. There are no formal publication plans.

The time frame for submission of the reporting requirements varies by grant cycle and grant program period of performance throughout the year.

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.