SUPPORTING STATEMENT
National Outcome Measures for Substance Abuse Prevention (NOMs)

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is requesting a revision from the Office of Management and Budget (OMB) for approval to continue the collection of performance data with current and future SAMHSA/CSAP grantees using the National Outcome Measures Instruments (OMB No. 0930–0230) that expires on February 28, 2013. SAMHSA/CSAP is requesting the deletion of:

a) The information collection requirements for the Prevention Prepared Communities program, which is no longer funded

b) Military question *Has the Service Member experienced any of the following (select all that apply).*
    a. Deployed in support of combat operations (e.g. Iraq or Afghanistan)
    b. Was physically injured during combat operations
    c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts
    d. Died or was killed

SAMHSA/CSAP is requesting the elimination of the question in the current data collection forms:

1) Adult Community Form
2) Youth Community Form
3) Adult Programs Form
4) Youth Programs Form

These grants are authorized under Section 516 of the Public Health Service Act, as amended.

CSAP Programs

Fetal Alcohol Spectrum Disorder (FASD): The FASD focuses on developing comprehensive systems of care for FASD prevention and treatment training and preventing alcohol use among women of child bearing years.

Minority Aids Initiative (MAI): The purpose of this program is to prevent and reduce substance abuse and transmission of HIV/AIDS among minorities. Grantees for this program can be community based organizations and minority higher education institutions.

Strategic Prevention Framework State Incentive Grant (SPF SIG): The SPF SIG program is one of SAMHSA's infrastructure and service delivery grant programs. The program supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. Eligible applicants are States, U.S. Territories, the District of Columbia, and federally recognized tribes. SPF SIG grantees develop comprehensive plans for prevention infrastructure and systems at the State and tribal levels.

Strategic Planning Framework Partnerships for Success (SPF PFS): This program is designed to build upon the experience and established SPF-based prevention infrastructures of states to address national substance abuse priorities in communities of high need. Grantees are recipients of the Substance Abuse Block Grant (States, the District of Columbia, and U.S. Territories) that have completed a State Incentive Grant and are not currently funded under the PFS program.

Approval of this information collection will allow SAMHSA to continue to meet the Government Performance and Results Modernization Act of 2010 (GPRAMA) reporting requirements that quantify the performance and accomplishments of its programs, which are consistent with OMB guidance. The findings are used for reporting on program performance in the annual Congressional Justifications, as well as in other performance related documents such as the Minority AIDS Initiative (MAI) report for HHS, and the ONDCP Drug Budget.

2. Purpose and Use of Information

In order to carry out section 1105(a) (29) of GPRAMA, 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;

The NOMS initiative emerged as a result of multiple, converging Federal events, including: the advent of GPRAMA; SAMHSA's agency-wide cross-cutting GPRAMA tools in 1999 (OMB No. 0930-0208); the Office of National Drug Control Policy's (ONDCP) Performance Measures of Effectiveness (PMEs); Healthy People 2010; the Children's Health Act of 2000; and the general emphasis on accountability at all levels. As a result, the NOMs include GPRAMA and HP 2010and 2020 measures and further support these efforts by promoting common measures in the prevention field. A number of NOMs are also now consistent with ONDCP's Drug Free Community core measures. The NOMs reduce the number of measures to those most critical to prevention and provide the best items for capturing those constructs as defined by experts in the field. With approval of this revision, SAMHSA/CSAP will continue to monitor its programs, review progress on meeting program goals and objectives, and ensure accountability for program funds. Such information informs SAMHSA/CSAP's future budget allocation and program

development decisions.

GPRAMA performance monitoring is a collaborative and cooperative aspect of this process. This information collection is needed to provide objective data that demonstrate SAMHSA's monitoring of program performance. As performance measures information is used by the SAMHSA administrator and staff; the Center administrators and government project officers; and grantees, HHS, OMB and Congress.

> **HHS/OMB/ Congress**—The GPRA information is used to help guide future program budget decisions.
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> **SAMHSA Level**—The information is used to inform the administration of the performance of Agency-funded programs. The performance is based on the goals of the grant program and includes the NOMs. This information serves as the basis of the annual GPRAMA 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, informing the government project officers of the project staff's abilities to meet their individual goals. This information has been used by government project officers provide TA to grantees for program improvement.
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> **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.

GPRAMA requires that SAMHSA's report for each fiscal year include actual results of performance monitoring for the three preceding fiscal years. Performance Monitoring data reflect the Agency's desire for consistency across its data collection efforts. SAMHSA has implemented specific performance domains called NOMs to assess the accountability and performance of its discretionary and formula grant programs.

3. Use of Improved Information Technology and Burden Reductions

It is anticipated that technical infrastructure and data management skills will vary across grantee sites. To maximize data accuracy and reliability, online data entry tools are available to grantees through CSAPS's Prevention Management Reporting and Training System (PMRTS).

The PMRTS requires only a web browser and access to the Internet. Users are able to access the system 24 hours a day, 7 days weeks, aside from scheduled maintenance windows through the use of an encrypted username and password. Upon logging into a system-assigned account, grantees can: enter anonymized survey data (e.g., no names or social security numbers are entered into the system); perform a bulk file upload of their survey data; and run reports. The tools in the PMRTS have been designed to reflect the structure of the instruments, and to allow the entry of data from completed survey forms directly into the system through the use of radio buttons corresponding to response options. The system will automatically quantify the selected

response options and store the numeric codes in a SQL server for subsequent extraction, cleaning, and monitoring.

The PMRTS is maintained by CSAP's Data Collection, Analyses, and Reporting Contract (DCAR). The data entered online by grantees are periodically extracted) for cleaning, record linkage, and analysis. Grantees have two options for accessing the data they entered online. In the first option, grantees can download the raw data they have entered online (as soon as it is submitted) in spreadsheet form. They can also access their data from the cleaned analysis files posted on PMRTS under password protection. In the second option, grantees can upload complete data files to the PMRTS. For this option, grantees are required to use a standard codebook while preparing the data, thus ensuring that uploaded data files have the same numeric coding and variable naming conventions as the data entered using the online tools.

These online data entry tools reduce the grantees' burden by facilitating the data entry process and minimizing coding and variable naming errors. They also allow grantees without access to data management software to accurately quantify the information in completed survey forms. Based on the feedback of the prior grantees, the questionnaires and procedures for electronic transmission of data files have been improved to increase efficiency and minimize burden on both training participants and grantee staff.

4. Efforts to Identify Duplication

The items collected are necessary to assess grantee and program performance. SAMHSA is promoting the use of NOMs across all programs; this effort will result in less overlap and duplication for grantees and will substantially reduce the burden on grantees that results from data demands associated with individual programs. Thus, if an organization has more than one grant, it uses the standard NOMS items across grants instead of each grant having its unique measures for the same indicator. For example, key NOMS are included .in ONDCP's DFC data collection tool to reduce duplicative data collection for grantees who also have SAMHSA's STOP Act and SPF SIG sub recipient community funds.

5. Involvement of Small Entities

Individual grantees vary from small entities to states, tribes and jurisdictions. Every effort has been made to minimize the number of data items collected from programs to the least required to accomplish the objectives of the effort and to meet GPRAMA and NOMs reporting requirements; therefore, there is no significant impact involving small entities.

6. Consequences If Information Is Collected Less Frequently

The data collection points remain unchanged from the previous submission. Direct service grantees usually collect the required data (e.g., previously approved GPRAMA measures) from participants before services are initiated, at the end of services, and 6 months after services end. Discharge and follow-up data collections are necessary to generate outcome data. These participant level data are reported semi-annually in May and November. State and county level grantees collect and report data on an annual basis. Grantees submit NOMs data into PMRTS in

DCAR to coincide with GPRAMA data submissions that accompany the budget justifications to HHS, OMB and Congress. If these data are submitted to SAMHSA/CSAP less frequently, SAMHSA/CSAP will not be able to meet reporting requirements.. Less frequent reporting will also result in reductions in ability to use data for monitoring performance

7. Consistency With the Guidelines in 5 CFR 1320.5(d) (2)

This information collection is consistent with guidelines set forth in 5 CFR 1320.5(d) (2).

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on December 26, 2012 (Vol. 77, p. 76059). No comments were received in response to this notice.

9. Payment to Respondents

No monetary incentives are provided to grantees.

10. Assurance of Confidentiality

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. Provider-level information will be aggregated to, at the least, the level of the grant/cooperative agreement-funding announcement.

11. Questions of a Sensitive Nature

No questions of a sensitive nature are asked of State or U.S. Territories grantees. However, grantee subrecipients (i.e., service providers) collect information such as use of alcohol or other drugs routinely as part of the provision of services. While some of this information may appear sensitive, program participants are service recipients. These subrecipients report to the grantee, and the grantee reports in turn to SAMHSA.

12. Estimates of Annualized Hour Burden

Estimated annual burden varies by program and by level of data collection within a program. A typical grantee implementing program direct service will collect NOMs data at the participant level by administering the NOMs forms at program entry, exit, and 6 months following exit. Other programs include estimates representing data collection at the community level where data are only collected once per year. State level data are prepopulated for the grantee using NSDUH data which have been approved under another OMB clearance package, OMB No. 0930-0110. This request for OMB approval to collect a set of national outcome measures for prevention is an umbrella request; that is, this request covers all SAMHSA/CSAP grantees. The estimated annual hour burden is provided in the table below. This estimate is based on SAMHSA/CSAP's projected new and active grantees. Estimated hours are broken out by programs.

It is estimated that the total number of respondents over one year will be 77,877. The total hour burden will be 53,512 hours. The value of time was assumed given the prevailing minimum wage rate in California, the state chosen since it is often the leading indicator for setting precedents later adopted by other states.

ESTIMATES OF ANNUALIZED COST BURDEN

SAMHSA/CSAP Program	Number of grantees	Number of respondents	Responses per respond-ent	Number of Responses	Hours/ response	Total hours	Hourly Wage	Total Hour Cost†
Fetal Alcohol	23	811	3	2,433	0.4	973	$8.00	$7,784
HIV	122	18,041	3	54,123	0.4	21,649	$8.00	$173,192
SPF SIG/Community Level *	35	29,925	1	29,925	0.4	11,970	$8.00	$95,760
SPF SIG/Program Level*		9,100	3	27,300	0.4	10,920	$8.00	$87,360
PFS/Community Level*	37	20,000	1	20,000	0.4	8000	$8.00	$64,000
Totals	**217**	**77,877**		**133,781**		**53,512**		**$428,096**

†Total hour cost based on the percentage of adults served by SAMHSA/CSAP programs in FY 2010, which was 59%.

* The Strategic Prevention Framework State Incentive Grant (SPF SIG) has a three-levels of data collection: The Grantee, Community, and Program Level; Partnerships for Success (PFS) has two-levels: The Grantee and Community Level. The Grantee level data is pre-populated by SAMHSA. The use of the Community Level form is optional as they relate to targeted activities implemented during the reporting period. We estimated at the community level that 25% of state/jurisdiction grantees are using the community level form. Across these grantees, we estimate that approx. 14 communities are using the form to collect data from 300 people per community. Among tribal grantees, we estimate that 75% of grantees are using the forms with approx. 5 communities per tribal grantee. We estimate that each of these communities is including 150 people per community. At the program level, we estimated that each state/jurisdiction grantee would have approx. 14 communities s with 25 program participants and each tribal grantee would have approx. 5 communities with 25 program participants.

13. Estimates of Annualized Cost Burden to Respondents

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

14. Estimates of Annualized Cost to the Government

The estimated annualized cost to the government is $182,400, which includes 5% time for an FTE at a GS 14.

15. Changes in Burden

Currently there are 18,739 in the OMB inventory. The program is requesting 53,512 hours. The 34,773 increase in hours are due to a program change and adjustment error.

The total program change is a decrease of 1,500 hours (3,750 responses).
The first program change of -10,000 hours (-50 respondents and -25,000 responses) is due to the termination of funds for the PPC program. The second program change is due an increase of PFS 8,500 hours (22 respondents, 21,250 responses).

The adjustment is an increase of 55,012 hours. The current total hours on the OMB inventory reflect an error that has been on the books for years. In careful review for preparing this submission, SAMHSA has determined that the total number of hours were incorrectly calculated. To address this error, SAMHSA has correctly recalculated the total hours, and this results in a substantial increase as an adjustment, There is no "actual" increase of burden for respondents, and the cells of the burden table are correct, and were so in previous ICRs. Only the line for the total burden has been corrected.

16. Time Schedule, Publication and Analysis Plans

SAMHSA/CSAP utilizes the NOMs 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 CSAP 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.

17. Display of Expiration Date

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

18. Exceptions to Certification Statement

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