

# Assessment of the Town Hall Meetings on Underage Drinking Prevention

## Supporting Statement

### A. Justification

#### A.1 CIRCUMSTANCES OF INFORMATION COLLECTION

The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) is requesting a revision from the Office of Management and Budget (OMB) of the information collection regarding the Assessment of the Town Hall Meetings (THMs) on Underage Drinking (UAD) Prevention. The current data collection has approval under OMB No. 0930-0288, which expires on November 30, 2013. The assessment will continue to collect data through two existing data collection instruments: the Organizer Survey (see Attachment 1) and the Participant Form introduced for the 2012 round of THMs (see Attachment 2). The data collection method for each instrument remains the same; however, the number of respondents has been reduced.

As described in the *U.S. Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*, "Underage alcohol consumption in the United States is a widespread and persistent public health and safety problem that creates serious personal, social, and economic consequences for adolescents, their families, communities, and the nation as a whole" (U.S. Department of Health and Human Services, 2007).

- In 2011, about 9.7 million persons ages 12 to 20 (25.1 percent of this age group) reported drinking alcohol in the past month. Approximately 6.1 million (15.8 percent) were binge drinkers, and 1.7 million (4.4 percent) were heavy drinkers (SAMHSA, 2012).
- In 2011, 2.5 percent of persons ages 12 or 13, 11.3 percent of persons ages 14 or 15, 25.3 percent of 16- or 17-year-olds, and 46.8 percent of 18- to 20-year-olds drank alcohol during the 30 days before they were surveyed. This pattern of increasing usage by age has been observed since 2002 (SAMHSA, 2012).
- During adolescence, the brain undergoes significant growth and remodeling. UAD can alter this development, potentially affecting both brain structure and function, and may cause cognitive or learning problems (Matsen, Faden, Zucker, & Spear, 2008).
- Adults ages 21 or older who had first used alcohol at age 14 or younger were more than seven times as likely to be classified with alcohol dependence or abuse than adults who had their first drink at age 21 or older (13.8 vs. 1.8 percent) (SAMHSA, 2012).

- Nearly one million high school teens, or 1 in 10, drove after drinking in 2011. According to statistics for 2010, one in five teen drivers involved in fatal crashes had some alcohol in his or her system (Centers for Disease Control and Prevention, 2012).
- In 2010, 3,666 youth under age 21 died from alcohol-related causes: 30 percent, or 1,082, from homicide; 14.0 percent, or 501, from suicide; 24 percent, or 848, from nontraffic unintentional injuries, such as poisonings, drowning, burns, and falls; and 32 percent, or 1,155, from traffic-related causes (Mothers Against Drunk Driving, 2013).

To help address the problem of UAD and its consequences, SAMHSA, as the lead agency for the Interagency Coordinating Committee on the Prevention of Underage Drinking, sponsors nationwide THMs every 2 years. These events are intended to work at the grassroots level to raise awareness of the public health dangers of UAD and to engage communities in evidence-based prevention. Notably, THMs provide a forum for communities to discuss ways they can best prevent UAD by reducing the availability of alcohol and by creating community norms that discourage demand.

Since this initiative began in 2006, community-based organizations (CBOs) recruited by SAMHSA as event hosts have held more than 7,000 THMs, in every state, the District of Columbia, and most U.S. territories. Although SAMHSA still is assessing data collected from the 1,564 events held in 2012, a preliminary analysis suggests that THMs can be a positive catalyst for change. For example, more than one quarter (25.3 percent) of participants in 2012 events reported their intention to become involved in local prevention activities. Nearly 12 percent of participants reported their intention to contact their local legislators/policymakers as a result of the event.

SAMHSA is responsible for improving the accessibility to and the quality of substance abuse prevention services. It provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, as well as underage alcohol and tobacco use, and to reduce the negative consequences of using these substances. Under Section 515(b) of the Public Health Service Act (42 USC 290bb-21), SAMHSA is directed to develop effective alcohol abuse prevention literature and to ensure the widespread dissemination of prevention materials among states, political subdivisions, and school systems. This information collection is being implemented under authority of Section 501(d)(4) of the Public Health Service Act (42 USC 290aa).

## **A.2 PURPOSE AND USE OF INFORMATION**

SAMHSA supports nationwide THMs every other year. Collecting data on each round of THMs, and using this information to inform policy and measure impact, supports SAMHSA's strategic initiative number 1: Prevention of substance abuse and mental illness. A specific goal under this initiative is to prevent or reduce the consequences of UAD and adult problem

drinking; a specific objective is to establish the prevention of UAD as a priority issue for states, territories, tribal entities, colleges and universities, and communities.

SAMHSA will use the information collected to document the implementation efforts of this nationwide initiative, determine if the federally sponsored THMs lead to additional activities within the community that are aimed at preventing and reducing UAD, identify what these activities may possibly include, and help plan for future rounds of THMs. SAMHSA intends to post online a summary document of each round of THMs and present findings at national conferences attended by CBOs that have hosted THMs and might host future events. Similarly, SAMHSA plans to share findings with the Interagency Coordinating Committee on the Prevention of Underage Drinking: Agencies within this committee encourage their grantees to participate as event hosts.

Additionally, the information collected will support performance measurement for SAMHSA programs under the Government Performance Results Act (GPRA). Data specifically related to training, technical assistance, and information dissemination will be collected and submitted for the Science and Service budget line item of the Congressional Justification report. The table below provides a crosswalk of the questions on the instruments to the measures in which the Science and Service contracts are being asked to gather and report collectively.

*Organizer Survey*

| <b>Measure: Training</b>   |   |
|--|---|
| Number of persons provided training services   | <p><b>q18-Did you participate in a THM-related Webinar?</b></p> <p><i>Response options: Yes, No</i></p> <p><b>q20-Did you view online training at <a href="http://www.stopalcoholabuse.gov">www.stopalcoholabuse.gov</a>?</b></p> <p><i>Response options: Yes, No</i></p> |
| Percentage of training service recipients who reported that they strongly agree that the training received has been useful to their organization’s prevention work | <p><b>q22-The training has been useful to my organization’s prevention work.</b></p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>   |

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|--|--|
| Percentage of training service recipients who reported that they strongly agree that the training they received improved their organization's capacity to do prevention work | <p><b>q23-The training I received improved my organization's capacity to do prevention work.</b></p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>      |
| <b>Measure: Technical Assistance (TA)</b>  |  |
| Number of persons provided with TA services  | <p><b>q24-Did you receive technical assistance (TA) in planning this THM event?</b></p> <p><i>Response options: Yes, No</i></p>  |
| Percentage of TA service recipients who reported that they strongly agree that the TA received has been useful to their organization's prevention work                       | <p><b>q26-The technical assistance has been useful to my organization's prevention work.</b></p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>          |
| Percentage of TA service recipients who reported that they strongly agree that the TA received has improved their organization's capacity to do prevention work              | <p><b>q27-The technical assistance has improved my organization's capacity to do prevention work.</b></p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p> |
| <b>Measure: Information Dissemination</b>  |  |
| Number of persons receiving prevention information directly  | <p><b>q10-What was the total number of THM event attendees? (Estimates are okay.)</b></p> <p><i>Response options: # of physical attendees, # of virtual attendees</i></p>                                    |
| Length of services/event   | <p><b>q4-How long did the THM event last?</b></p> <p><i>Response options: # hours, # minutes</i></p>   |

Participant Form

| <b>Measure: Information Dissemination</b>   |  |
|---|--|
| <p>Demographics of number served/reached<br/>(estimates for numbers served and demographics if actual counts are not available)</p> | <p><b>q10-What is your gender?</b><br/><i>Response options: Male, Female</i></p> <p><b>q11-How old are you?</b><br/><i>Response options: 12 to 17 years old, 18 to 20 years old, 21 to 24 years old, 25 to 39 years old, 40 to 55 years old, 56 years old or older</i></p> <p><b>q12-Are you of Hispanic or Latino ethnicity?</b><br/><i>Response options: Yes, No</i></p> <p><b>13-What is your race? (Select one or more.)</b><br/><i>Response options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White</i></p> |

Clarifications

*Organizer Survey*

Two questions were dropped from the Organizer Survey, thus bringing the total number of questions to 30. Additionally, 10 questions have been updated to provide clarification on the intent of the questions. The following table provides a summary of the proposed question clarifications and the questions that were deleted.

| Current question/item   | Clarification   | Rationale for clarification   |
|---|---|---|
| <p>q5-Did you collaborate with other organizations to coordinate the THM event?</p> <p><i>[No change to response options]</i></p>   | <p>q5-Did any other community-based organization (e.g., business, school) collaborate with your organization/coalition in hosting this event?</p>   | <p>Clarifies the point of question, which is community involvement beyond the host organization.</p>  |
| <p>q6-Were youth involved in organizing and/or planning the THM event?</p> <p><i>[No change to response options]</i></p>  | <p>q6-Were youth involved in organizing and/or hosting the THM event?</p>   | <p>Clarifies the role of youth.</p>   |
| <p>q7-Was the topic of the THM event solely on underage drinking?</p> <p><i>[No change to response options]</i></p>   | <p>q7-Was underage drinking the only topic addressed by the THM event?</p>  | <p>Editorial.</p>   |
| <p>q9-How was the THM event promoted in the community? (Mark all that apply.)</p> <p><i>Response option to be clarified: E-newsletter/listserv</i></p>  | <p>q9-How was the THM event promoted in the community? (Mark all that apply.)</p> <p><i>Clarification to: E-newsletter/e-mail list</i></p>  | <p>Editorial.</p>   |
| <p>q12-Which of the following was among the discussion topics at the THM event? (Mark all that apply.)</p> <p><i>Response options to be clarified: Alcohol advertising to which youth are exposed, and Parental involvement</i></p> | <p>q13-Which of the following topics were discussed at the THM event? (Mark all that apply.)</p> <p><i>Clarification to: Youth exposure to alcohol advertising, and Role of parents in prevention</i></p> | <p>Editorial; and clarifies parental involvement.</p> <p>Additionally, propose to rearrange the question order of q12 and q13 to follow a more logical sequence of speaker and then topics discussed.</p> |

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|--|--|--|
| <p>q16-What are some of the major actions planned as a result of this THM event? (Mark all that apply.)</p> <p><i>[No change to response options]</i></p>  | <p>q16-What underage drinking prevention activities are planned as a result of this THM event? (Mark all that apply.)</p>  | <p>Clarifies the type of actions/activities that are planned as those specifically related to underage drinking.</p>   |
| <p>q22-Overall, how satisfied are you with the training you received?</p> <p><i>Response options: Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied</i></p>   | <p>q22-The training has been useful to my organization's prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>                 | <p>Clarifies the utility of the training by the organization instead of satisfaction with the training.</p> <p>Clarifying measure is approved under OMB No. 09130-0197, expiration 03/31/14.</p> |
| <p>q23-To what extent has the training you received improved your capacity to provide effective (underage drinking) prevention services?</p> <p><i>Response options: A great deal, Somewhat, Not very much, Not at all, Not applicable</i></p> | <p>q23-The training I received improved my organization's capacity to do prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p> | <p>Clarifies the improved capacity of the organization from the training provided.</p> <p>Clarifying measure is approved under OMB No. 09130-0197, expiration 03/31/14.</p>                      |
| <p>q24-To what extent have the training recommendations you received most recently been fully implemented?</p> <p><i>Response options: Fully, partially, Not yet begun</i></p>   | <p>N/A</p>   | <p>Question deleted; no longer applies.</p>  |

|  |   |  |
|--|---|--|
| <p>q27-Overall, how satisfied are you with the TA you received?</p> <p><i>Response options: Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied</i></p>   | <p>q26-The technical assistance has been useful to my organization's prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p>          | <p>Clarifies the utility of the TA by the organization instead of satisfaction with the TA.</p> <p>Clarifying measure is approved under OMB No. 09130-0197, expiration 03/31/14.</p> |
| <p>q28-To what extent has the TA you received improved your capacity to provide effective (underage drinking) prevention services?</p> <p><i>Response options: A great deal, Somewhat, Not very much, Not at all, Not applicable</i></p> | <p>q27-The technical assistance has improved my organization's capacity to do prevention work.</p> <p><i>Response options: Strongly agree, Agree, Disagree, Strongly disagree, Not applicable</i></p> | <p>Clarifies the improved capacity of the organization from the TA provided.</p> <p>Clarifying measure is approved under OMB No. 09130-0197, expiration 03/31/14.</p>                |
| <p>q29-To what extent have the TA recommendations you received most recently been fully implemented?</p> <p><i>Response options: Fully, partially, Not yet begun</i></p>   | <p>N/A</p>  | <p>Question deleted; no longer applies.</p>  |

### *Participant Form*

Minor clarifications were made to two items on the Participant Form. Additionally, SAMHSA would like to offer a Spanish version of the Participant Form to CBOs upon their request (see Attachment 3). The following table provides a summary of the proposed clarifications to the two items.



| Current question/item   | Clarification  | Rationale for clarification  |
|---|--|--|
| <p><i>Informed consent statement, last sentence</i></p> <p>Please do not write your name anywhere on this form.</p>                             | <p><i>Clarification to: Please do not write your name or other identifying information (e.g., birthday) anywhere on this form.</i></p> | <p>Clarifies request not to offer identifying information on form to protect respondent anonymity.</p> |
| <p>q11-How old are you?</p> <p><i>Response options to be clarified: 13 years old or younger, 14 to 18 years old, and 19 to 24 years old</i></p> | <p>q11-How old are you?</p> <p><i>Clarification to: 12 to 17 years old, 18 to 20 years old, and 21 to 24 years old</i></p>             | <p>Clarifies reporting ages of underage drinking for GPRA.</p>   |

### **A.3 USE OF INFORMATION TECHNOLOGY**

Automated technology will be used in the collection of these data. Data will be collected using both a web-based (see Organizer Survey, Attachment 1) and paper-and-pencil (see Participant Form, Attachment 2) data collection method. There are several reasons for using a dual data collection approach:

- The efficiency of tracking adherence to the data submission requirement;
- Immediate availability of a captured audience;
- The limited amount of information to be collected;
- The limited amount of time in which to collect the information; and
- Maximization of response rates.

The web-based application will comply with the requirements of Section 508 of the Rehabilitation Act to permit accessibility to people with disabilities.

### **A.4 EFFORTS TO IDENTIFY DUPLICATION**

The information is collected only for this initiative and is not available elsewhere.

### **A.5 INVOLVEMENT OF SMALL ENTITIES**

No small businesses will be involved, but nearly all of the organizers of the THM events will be small CBOs. To minimize burden on these CBOs, the Organizer Survey (see Attachment 1) was designed to contain mostly closed-ended questions and to be completed by only one member of the organization that was involved in planning the local THM event. The questions on the Organizer Survey require little or no checking of other documents. The survey can be easily completed within a few minutes.

In addition to completing the Organizer Survey, a sample of CBOs (n=150) will be asked to collect feedback at the conclusion of their THM event from event attendees using the Participant Form (see Attachment 2). CBOs that already have a mechanism in place to collect feedback from event attendees will be given the option to incorporate questions from the Participant Form into their instrument. To further minimize burden on the CBOs, organizers will be provided a preaddressed postage-paid envelope to submit Participant Forms to the study evaluators within 30 days of their event. They may, at their own discretion, also submit the data electronically to a designated e-mail address.

The items on these instruments are considered the minimum necessary to obtain the feedback needed by SAMHSA to assess and help plan for future THM events.

#### **A.6 CONSEQUENCES OF INFORMATION COLLECTED LESS FREQUENTLY**

Information on THM events will be obtained once every other year. Without this information, SAMHSA will not be able to assess each event and plan better for future events.

#### **A.7 CONSISTENCY WITH THE GUIDELINES IN 5 CFR 1320.5(d)(2)**

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

#### **A.8 CONSULTATION OUTSIDE THE AGENCY**

The 60-day *Federal Register* Notice was published on June 21, 2013 (Vol. 78, pg. 37558).

Consultations were conducted with a representative within CBOs that organized a 2012 THM event. These consultations focused on the burden of completing the Organizer Survey and how the organizations might use the findings should SAMHSA decide to share those findings with participating CBOs. Consultations were held with the following individuals:

Mr. Joseph Conlin  
Burlington Co. Coalition for  
Healthy Communities  
Prevention Plus of Burlington Co.  
1824 Rt 38 E, Suite B  
Lumberton, NJ 08048  
Phone: (609) 261-0001

Ms. Gwen Drenick  
Director  
NCADD-OC/Community  
Alliance Network  
5 Mason, Suite 150  
Irvine, CA 92618  
Phone: (949) 595-2288  
x314

Dr. Pierluigi Mancini  
CEO  
CETPA, Inc.  
6020 Dawson Blvd, Suite I  
Norcross, GA 30093  
Phone: (770) 662-0249

## **A.9 PAYMENT TO RESPONDENTS**

Respondents will not receive any incentive or payment from SAMHSA for completing the data collection instruments.

## **A.10 ASSURANCE OF CONFIDENTIALITY**

For the Organizer Survey (see Attachment 1), data will not be associated with individual names but rather with organization names through a customized ID code. The ID code is used to track whether a THM event organizer has responded to the request to complete the survey.

For the Participant Form (see Attachment 2), no personal identifiers are collected on the form; therefore, it is anonymous. If personal identifiers that are collected for the local evaluation are accidentally submitted, SAMHSA will 1) immediately remind organizations to not submit personal identifiers and 2) strip the data of these identifiers prior to working with any forms/data files. The Participant Form will be associated only with the THM for which the data were collected. This will allow the study evaluators to provide a summarized report of the feedback received to the THM organizer. Each form will be assigned an ID code that will be used as a running tally of the number of forms received.

This assessment has been under continuous review of the Institutional Review Board (IRB) at ICF since September 14, 2010. The most recent continuous review approval was granted on September 13, 2013 (see Attachment 4). The study will continue to be reviewed annually by the IRB.

## **A.11 QUESTIONS OF A SENSITIVE NATURE**

Most SAMHSA data collections gather sensitive information on substance abuse and mental health. The purpose of this data collection is to gather information about the THM events on UAD prevention, an important topic that could be considered sensitive. Demographic information is requested from THM event participants, which could also be considered sensitive. It is expected that the vast majority of persons completing the Participant Form (which is anonymous) will be over the age of 18; however, because of the possibility that persons under the age of 18 had participated in the THM events, SAMHSA did not want to lose out on useful data about their perceptions of the THM event held in their community. No data are collected about individual use of alcohol or other substances.

The informed consent statement for the Organizer Survey, located on the opening page, will—

- Congratulate organizers for participating in the THMs on UAD prevention initiative;
- Remind organizers that, as a participant in the THMs initiative, they agreed to participate in the survey;
- Reference how the information from the survey will be used;
- Provide how long it will take to complete the survey;
- State that responses will not be associated with the respondent's or organization's name in any reports or data provided to SAMHSA;

- Provide an e-mail address and phone number to call if respondents have questions or concerns about their participation in the survey; and
- State that by continuing, respondents are consenting to participate in the survey on behalf of their organization.

The brief paragraph provided on the first page of the Participant Form will:

- Provide the purpose of the form;
- Describe how long it will take to complete the form;
- Mention that participation is voluntary;
- State that respondents can answer some or all of the questions;
- Note that the answers are very important to us;
- Ask respondents to not write their name or other identifying information (e.g., birthday) anywhere on the form; and
- Thank respondents.

#### **A.12 ESTIMATES OF ANNUALIZED HOUR BURDEN**

Biennially, the Organizer Survey will be completed by an estimated 2,220 THM event organizers and will require only one response per respondent. It will take an average of 20 minutes (0.333 hours) to review the instructions and complete the survey. This burden estimate is based on comments from three 2012 THM organizers who reviewed the survey and provided comments on how long it would take them to complete it.

Organizer Survey respondents will be the employees of a CBO. For the burden estimate, an hourly wage of \$30.99 is used; it is based on an average annual salary of \$64,460 for respondents who work 2,080 hours per year (2012 Occupational Employment Statistics; Management Occupations; Social and Community Service Managers [119151] occupation). The estimated annual cost is \$22,909.67.

The Participant Form will be completed by an average of 30 participants per sampled CBO (n=150) and will require only one response per respondent. It will take an average of 5 minutes (0.083 hours) to review the instructions and complete the form. The respondents will be the persons who attended the THM event. For the burden estimate, an hourly wage of \$7.25 is used; it is based on the current federal minimum wage (U.S. Department of Labor). The estimated annual cost is \$2,707.88.

Estimated Annualized Burden Table

| <b>Form Name</b> | <b>No. of Respondents</b> | <b>Responses per Respondent</b> | <b>Total Responses</b> | <b>Hours per Response</b> | <b>Total Hour Burden</b> | <b>Hourly Wage Cost</b> | <b>Total Hour Cost (\$)</b> |
|------------------|---------------------------|---------------------------------|------------------------|---------------------------|--------------------------|-------------------------|-----------------------------|
| Organizer Survey | 2,220                     | 1                               | 2,220                  | 0.333                     | 739.26                   | \$30.99                 | \$22,909.67                 |
| Participant Form | 4,500                     | 1                               | 4,500                  | 0.083                     | 373.50                   | \$7.25                  | \$2,707.88                  |
| Total            | 6,720                     | —                               | 6,720                  | —                         | 1,112.76                 | —                       | \$25,617.55                 |

**A.13 ESTIMATES OF ANNUALIZED COST BURDEN TO RESPONDENTS**

The information collection does not entail any annual cost burden to respondents or record keepers resulting from the collection of information. No capital or startup costs will be incurred.

**A.14 ESTIMATES OF ANNUALIZED COST TO THE GOVERNMENT**

Costs for this data collection include personnel for designing the web-based survey and conducting the data collection, which includes analyzing the data and preparing summary reports. Total annual contractor cost for this data collection is approximately \$32,672. In addition, there are annual government staff costs of approximately 2 percent of a GS-13 project manager (approximately \$2,077, assuming a Step 6) (Salary Table 2013-DCB, Office of Personnel Management). Overall, the estimated average annual cost of this assessment is \$34,749 (\$32,672 contractor cost + \$2,077 government staff cost).

**A.15 CHANGES IN BURDEN**

In 2008, the THM collection utilized one data collection instrument (for THM event organizers only). Under the currently approved collection, two instruments and respondent pools are utilized (for THM event organizers and participants of the THM events) and there are 2,696 burden hours in the OMB inventory.

SAMHSA/CSAP is requesting a decrease of 1,583.26 hours due to the reduction in the amount of time it will take respondents to complete the Organizer Survey (from 30 to 20 minutes; based on comments from consultations outside the agency), and reductions in the number of respondents to the Organizer Survey (from 3,400 to 2,220; due to initiative funding clarifications) and Participant Form (from 12,000 to 4,500 potential respondents; due to a decrease from 400 to 150 sampled CBOs to take part in this collection).

## A.16 TIME SCHEDULE, PUBLICATION, AND ANALYSIS PLAN

Time Schedule—THMs are held biennially, with a large percentage held in the month of April, which is Alcohol Awareness Month. A 3-year clearance extension is requested to encompass the 2014 and 2016 THM events. The following table lists the project activities and the dates of activities proposed to occur in conjunction with these next two THM event cycles.

| <b>Activity</b>   | <b>Date</b>                                    |
|---|--|
| Obtain OMB clearance extension  | Fall 2013                                      |
| Send the invitation to participate via e-mail to potential Town Hall Meeting event organizers | Fall 2013, 2015                                |
| Send an initial survey e-mail to THM event organizers   | Rolling basis in accordance with date of event |
| Send a reminder survey e-mail to THM event organizers   | Rolling basis in accordance with date of event |
| Verify entered data   | Summer 2014, 2016                              |
| Conduct data analysis   | Summer 2014, 2016                              |
| Prepare and submit draft summary report to SAMHSA/CSAP  | Fall 2015, 2016                                |
| Prepare and submit finalized summary report to SAMHSA/CSAP                                    | Fall 2015, 2016                                |
| Submit THM event data to the Data Collection Analysis and Reporting Contract                  | Nov. and May, during data collection phase     |
| Resubmit OMB package  | Spring 2016                                    |

Analysis Plan—Descriptive statistical procedures will be used, including frequency counts and percentages. Some cross-tabulations will be used to help identify patterns within the responses. The following are sample shells for the data analysis of organizers' and participants' data.

| <b>UAD Prevention Activities Planned as a Result of the THM Event</b> | <b>N</b> | <b>Total %</b> |
|---|----------|----------------|
|---|----------|----------------|

|   |  |  |
|---|--|--|
| Implementing social host ordinances                                     |  |  |
| Forming SAFE HOMES Parents Networks                                     |  |  |
| Creating UAD prevention action groups                                   |  |  |
| Starting a youth-led coalition on UAD prevention                        |  |  |
| Developing strategic plans to reduce and prevent UAD                    |  |  |
| Collaborating with other agencies or programs to reduce and prevent UAD |  |  |
| Planning additional THM events on UAD prevention                        |  |  |
| Planning other future events on UAD prevention                          |  |  |
| Holding follow up meetings or discussion groups on UAD prevention       |  |  |
| Applying for additional funding to sustain UAD prevention efforts       |  |  |
| Other   |  |  |

| <b>The THM Event Addressed the Most Important UAD Issues Facing the Community (Response of THM Event Participants in Percentages)</b> |                 |                      |                   |
|---|-----------------|----------------------|-------------------|
| <b>A great deal</b>   | <b>Somewhat</b> | <b>Not very much</b> | <b>Not at all</b> |
|   |                 |                      |                   |

Qualitative information reported on the surveys will be used to highlight important response patterns in the quantitative data. Those comments could also suggest other relevant questions to ask during the monitoring of future THM events.

Summary Reports—Reports summarizing the assessment will be prepared for the internal use of SAMHSA. Data from the assessment may be presented at internal meetings and professional conferences, such as the National Prevention Network (NPN), American Public Health Association, and the Society for Prevention Research. SAMHSA may also post a summary report of the THM events online. A summarized report of participant feedback may be provided to the THM organizer for which the data were submitted. No other reports or publications are currently planned.

**A.17 DISPLAY OF EXPIRATION DATE**

The expiration date for OMB approval will be displayed.

**A.18 EXCEPTIONS TO CERTIFICATION STATEMENT**

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