

**STATE ADOLESCENT TREATMENT ENHANCEMENT AND DISSEMINATION
(SAT-ED) AND STATE YOUTH TREATMENT ENHANCEMENT AND
DISSEMINATION (SYT-ED) PROGRAMS BIENNIAL PROGRESS REPORT ON
INFRASTRUCTURE DEVELOPMENT MEASURES**

SUPPORTING STATEMENT

A. JUSTIFICATION

A.1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment is requesting approval from the Office of Management and Budget (OMB) for the biennial progress report on infrastructure development measure on (1) the development of and improvements to state/territory/tribal grantees' capacity to increase access to and quality of treatment for adolescents (ages 12 to 18) and transitional-aged youth (ages 18 to 24) with substance use or co-occurring substance use and mental disorders and their families/primary caregivers (e.g., foster care parents, extended family members); and (2) enhancements and improvements to the quality of treatment and recovery services provided to adolescents and transitional-aged youth and their families for the treatment of substance use or co-occurring substance use and mental disorders. Members of the target audience for the progress report are administrators of each of the 35 SAT-ED and SYT-ED grantees (i.e., Project Directors and/or Program Managers). In addition, grantees may use up to two other program staff members (e.g., Evaluators, Clinical Supervisors, Site Coordinators) to assist with gathering information to complete the progress report.

In Fiscal Year (FY) 2005, CSAT's State Adolescent Substance Abuse Treatment Coordination (SAC) grant program established the importance of assisting states in developing a structure for delivery of evidence-based treatments to reach youth in need across an entire state. Since FY2006, there have also been four discretionary grant-funded cohorts in Family Centered Substance Abuse Treatment Grants for Adolescents and their Families (also known as Assertive Adolescent and Family Treatment [AAFT]), which stressed the implementation of evidence-based practices (EBPs) at the local level. In 2012–2013, SAMHSA combined the essential aspects of both the SAC and AAFT grant programs into the SAT-ED and SYT-ED programs.

The SAT-ED and SYT-ED programs are authorized under Section 509 of the Public Health Service Act, as amended. The program also addresses Healthy People 2020 Focus Area 2020-6-Substance Abuse (Department of Health and Human Services [DHHS]). The White House National Drug Control Strategy (NDCS) emphasizes (1) preventing drug use before it starts, (2) intervening with and healing those who already use drugs, and (3) disrupting the market for illicit substances (Office of National Drug Control Policy [ONDCP], 2013). The authorization for this effort was provided by the Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. It is in accordance with Executive Order 12862 (see Attachment A2) and is consistent with SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. The primary

purpose of this project is to gather information from recipients across three cohorts of SAT-ED and SYT-ED grantees to (1) inform development of a coordinated network that will expand state/territorial/tribal capacity to improve the integration and efficiency of the adolescent and transitional-aged youth substance use and co-occurring substance use and mental disorders treatment and recovery support system and (2) increase access to and improve quality of treatment and recovery services for adolescents, transitional-aged youth, and their families/primary caregivers.

SAMHSA has recognized the need for accessible, effective substance abuse treatment for adolescents and transitional-aged youth. It has identified challenges within state structures that make providing funding and services for adolescents and transitional-aged youth difficult. A major contributor to the weaknesses in the adolescent and transitional-aged youth substance use and co-occurring substance use and mental disorders treatment system is that several states/tribes/territories have not developed an accessible, effective treatment system for adolescents, transitional-aged youth, and their families/primary caregivers. SAMHSA has recognized that state officials are in the position to coordinate these efforts; concurrently, SAMHSA has also strongly supported the implementation of family-centered, community-based, and context-specific EBPs with a focus on the interaction between adolescents and/or transitional-aged youth and their environments.

As part of the SAT-ED and SYT-ED programs, the information collected from this biannual infrastructure development measure will produce the key infrastructure development data needed to assist states/territories/tribes as they develop processes that can be used to expand and enhance treatment and recovery systems for adolescents and transitional-aged youth with substance use or co-occurring substance use and mental disorders and their families. In addition, the information collected is expected to aid in the identification (and decrease) of differences in access, service use, and outcomes of services among adolescent and transitional-aged youth populations vulnerable to health disparities.

The information to be collected will inform SAMHSA on both state-level and site-level progress in infrastructure and services enhancement and expansion, and it will enable monitoring of how this information is being used by grant recipients to improve management of their grant projects. The draft infrastructure measures that have been created are based on the programmatic requirements conveyed in TI-12-006, Cooperative Agreements for SAT-ED and TI-13-014, Cooperative Agreements for SYT-ED.

SAMHSA's Strategic Initiatives help people with mental and substance use disorders, support the families of people with mental and substance use disorders, build strong and supportive communities, prevent costly behavioral health problems, and promote better health for all Americans. The desire of SAMHSA to collect information about infrastructure development measures at the state and site levels is timely and consistent in supporting SAMHSA's Trauma and Justice, Recovery Support, and Health Reform Strategic Initiatives, as well as supporting the Federal Government's intent to ensure that its programs are effective.

This data collection effort is intended to provide SAMHSA with valuable information from recipients of SAT-ED and SYT-ED grants who can provide information about various

benchmarks of infrastructure development on a semi-annual basis. Ensuring the usefulness of SAMHSA's cooperative agreements is of utmost importance if SAMHSA is to be able to continually help people with mental and substance use disorders and provide support to their families. Specifically, this data collection is intended to provide SAMHSA with valuable information regarding SAT-ED and SYT-ED grantee recipients' infrastructure development efforts, including work to involve adolescents, transitional-aged youth, and their families at the state/territorial/tribal/local levels to inform implementation of effective policies, programs, and practices; conduct training and workforce development activities to expand the qualified workforce in the adolescent behavioral health treatment/recovery sector; implement and disseminate evidence-based treatment practices; develop practical and workable funding and payment strategies in the current funding environment; and improve interagency collaboration and integration of systems serving adolescents and/or transitional-aged youth across the state/territory/tribe.

Justification for the evaluation is therefore based on three factors: (1) the need for SAMHSA to collect information to support decision-making regarding changes to state/territory/tribal policies and procedures, (2) the need to develop financing structures that work in the current environment, and (3) the need to develop a blueprint for states/territories/tribes and providers that can be used nationally to widen the use of effective substance use treatment EBPs.

A.2. Purposes and Uses of the Data

The purpose of this evaluation is to gather information from grantee recipients to (1) inform development of a coordinated network that will expand state/territorial/tribal capacity to improve the integration and efficiency of the adolescent and transitional-aged youth substance use and co-occurring substance use and mental disorders treatment and recovery support system, and (2) increase access to and improve quality of treatment and recovery services for adolescents, transitional-aged youth, and their families/primary caregivers. To achieve this purpose, the project seeks to meet the following six objectives:

1. To learn about efforts grantees are making to involve families, adolescents, and transitional-aged youth at the state/territorial/tribal/local levels to inform development of effective policies, programs, and practices.
2. To identify training and/or licensure/certification/accreditation activities undertaken by grantees to enhance and expand the qualified workforce in the adolescent behavioral health sector.
3. To determine how grantees are working to disseminate and implement EBPs at treatment sites.
4. To learn about funding, payment, and insurance/billing strategies used by states/territories/tribes to finance treatment and recovery support services.
5. To learn about grantee efforts to improve interagency collaboration and coordination at the national, state, and/or local levels to strengthen recovery and treatment services.

6. To estimate the number of adolescents and transitional-aged youth in need of treatment services for substance use or co-occurring substance use and mental disorders.

The data collection procedure for this evaluation is to email participants a progress report that can be completed electronically or printed, completed, and returned via email or mail. The methods selected for this progress report have been determined based on several factors including: (1) the most efficient method of reaching the target audience, (2) the most cost-effective method of reaching the target audience, and (3) the best way to maximize response rates while minimizing burden to participants.

As the federal agency within the DHHS that leads public health efforts to advance the behavioral health of the nation, SAMHSA's mission is to reduce the impact of substance abuse and mental illness on communities across America. Rather than make random changes to current practices, SAMHSA would like to obtain solid, research-based information to learn from the experiences of grantees funded by its cooperative agreements and identify changes that can improve the effectiveness and quality of treatment services to support adolescents and transitional-aged youth with mental and substance use disorders and their families. The information collected about infrastructure development activities will enable SAMHSA to use funds allocated through the SAT-ED and SYT-ED programs more effectively.

Although the evaluation is designed to provide direction for future SAMHSA efforts, results from this evaluation are expected to be of interest and use to other agencies and organizations that support or provide substance use and co-occurring substance use and mental disorder treatment and recovery services to adolescent and transitional-aged youth populations.

The results of this data collection effort will provide SAMHSA with substantive information about SAT-ED and SYT-ED grantee recipients' infrastructure development activities. Data collected via the biannual infrastructure development measure will enable the SAT-ED and SYT-ED programs to increase their effectiveness in meeting the needs of adolescents and transitional-aged youth with substance use disorders. It will also inform future policy concerning the development and implementation of a coordinated network to improve the integration and efficiency of state/territorial/tribal treatment and recovery support systems serving adolescents and transitional-aged youth with co-occurring substance use and mental disorders and their families/caregivers.

The progress report will obtain the data necessary to evaluate the effectiveness of infrastructure development measures designed for grantees of the SAT-ED and SYT-ED programs. All 35 grantee administrators (i.e., Project Directors and/or Program Managers) across three cohorts where SAT-ED and SYT-ED grants are being implemented are eligible to be assessed. Up to two additional project staff members (e.g., Evaluators, Clinical Supervisors, Site Coordinators) may also assist Project Directors/Program Managers with gathering information to complete the progress report. The progress report includes sets of questions that are designed to assess the nature and extent of infrastructure development activities undertaken by grantees, including the results of those activities and any barriers or challenges faced during implementation.

A.3. Use of Information Technology to Reduce Burden

The biannual infrastructure development measure will be distributed via email and returned via email or mail. This will be the primary method of data collection. After completed progress reports are received, responses will be entered into a secure database. All technology used for the progress report administration will meet federal requirements for Section 508 accessibility. Information technology will be used in the following ways:

1. Participants will be offered the opportunity to respond to a progress report that will be emailed to them. The progress report can be completed electronically or printed, completed, and returned via email or mail. Electronic responses will be downloaded directly into the response database; mailed responses will be manually entered or scanned in.
2. Reports generated from this project may be made available to the public on SAMHSA's Web site.

By offering respondents the opportunity to respond electronically to the emailed progress report, burden to respondents is reduced by eliminating the time it takes to write out responses on a paper-and-pencil questionnaire. In addition, by offering respondents the option of responding via email, the time associated with mailing a hard copy of the questionnaire back to the contractor is eliminated.

A.4. Efforts to Identify Duplication

The data collection proposed for these measures are not available elsewhere and is not duplicative.

A.5. Small Business

Participation of administrators and other project staff members in the SAT-ED and SYT-ED infrastructure measures data collection will not be a significant burden on small businesses or small entities or on their workforces.

A.6. Consequences of Not Collecting the Information

The biannual infrastructure development measure will be sent to each respondent twice a year, over a period of up to 5 years (for a maximum of 10 times per participant). Because the objective of the SAT-ED and SYT-ED biannual infrastructure development measure is to collect information on trends, improvements, and changes over a period of time, obtaining the data less frequently would not allow the goals of the data collection to be met. Less frequent data collection would not achieve the primary objectives of the SAT-ED and SYT-ED infrastructure measures data collection initiative. Depending on their cohort, grantee administrators will be asked to participate a minimum of 6 times (Cohort 1 grantees, 13 grantee administrators and 26 project staff) and a maximum of 10 times (Cohort 2 grantees, 10 grantee administrators and 20 project staff; Cohort 3 grantees, 12 grantee administrators and 24 project staff) to follow up and expand on their original responses.

If the information is not collected, SAMHSA will be deprived of important information on which to base decisions regarding changes to their state/territory/tribal policies and procedures; development of financing structures that work in the current environment; and a blueprint for states/territories/tribes and providers that can be used throughout the state/territory/tribe to widen the use of effective substance use treatment EBPs. Lack of information on which to base such decisions will hinder SAMHSA's ability to ensure the use of the results of this research to significantly improve and build upon the existing information.

No technical or legal barriers to reduce burden exist.

A.7. Consistency with Guidelines in 5 CFR 1320.6

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

A.8. Consultation Outside the Agency

A notice was published in the Federal Register on February June 2, 2014 (79 FR page 31342). No comments were received.

Consultations on the design, sampling plan, instrumentation, and analysis of this data collection effort have occurred throughout the planning phase of this project. These consultations have provided an opportunity to ensure the technical quality and appropriateness of the overall progress report design, sampling approaches, and data analysis plans; to obtain advice and recommendations concerning the instrumentation; and to structure the data collection and instruments so as to minimize overall and individual response burden. Both formal and informal consultations have occurred with the following individuals in connection with this evaluation.

Hayashi, Susan PhD, JBS International, Inc.

Singh, Manu PhD, JBS International, Inc.

Tait, Erika MA, JBS International, Inc.

A.9. Payments or Gifts to Respondents

No cash incentives or gifts will be given to respondents to the biannual infrastructure development measure.

A.10. Assurance of Confidentiality

The current project will fully comply with the Privacy Act of 1974 (5 U.S.C. Section 552a, 1998) (see Attachment A3). Respondents will be advised that the biannual infrastructure development measure is entirely voluntary and that any information they provide will be combined and summarized with information provided by others, and no individually identifiable information will be released. The Privacy Act may apply to some data collection activities (e.g., some participants may be required to provide identifiable responses due to a planned followup). When

the Privacy Act is applicable, respondents will be told:

- (a) the statutory authorization for asking for the information (i.e., 42 USC 285o)
- (b) the purpose for which the information is being asked
- (c) whether or not responding to the request for information, in whole or in part, is voluntary
- (d) the consequences, if any, of not responding
- (e) the extent of confidentiality

However, all respondents will be assured that their participation is voluntary, that no adverse consequences will accrue to non-respondents, and that their comments and opinions will be kept private. Grantees would be required to document respondent refusals. In addition, email cover letters will accompany all progress reports and will indicate SAMHSA's federal status and the purpose of the evaluation.

To ensure confidentiality of the data, the contractor will use several procedures. For progress reports that are returned via email or mail, the contractor will give each respondent a unique identifying number. Each person's identifying number will be entered in the database to track responses. This number will be used to differentiate among progress report responses in the response database, not to identify any respondents. These procedures will allow the contractor to follow up with individuals who have not responded and to increase the response rates. Upon completion of the progress report, the contractor will destroy the database with respondents' names, addresses, and identification numbers.

A.11. Questions of a Sensitive Nature

No questions of a sensitive nature are collected.

A.12. Estimates of Response Burden

A.12.1 Estimate the annualized hour burden of the collection of information from participants

Estimates for response burden were calculated based on the methodology (biannual infrastructure development measure data collection) being used. Based on the pilot data, burden estimates of 12.0 hours were used for each grantee's Project Director/Program Manager to complete the biannual infrastructure development measure. In addition, burden estimates of 7.2 hours were used for additional grantee staff members (e.g., Evaluators, Clinical Supervisors, Site Coordinators) to assist with gathering information for progress report completion. Taking the average burden across the different grantees included in the pilot testing (see Attachment B1) of the biannual infrastructure development measure (96 hours/8 Program Manager/Project Director respondents + 57.75 hours/other project staff respondents from 8 grantees), gives an overall total burden estimate of 19.2 hours per grantee or 7,867.2 total burden hours for the estimated 35

grantees expected to participate. Exhibit 1 presents estimates of annualized burden based on pilot testing. Sampling procedures are discussed in Section B.1.

A.12.2. Estimate the annualized cost burden to respondents for the collection of information from participants

There are no direct costs to respondents other than their time to participate in the progress report. The annual cost of the time respondents spend completing these progress reports is \$23,520 (840.0) [number of Program Manager/Project Director hours] × \$28 [the estimated average hourly wages for individuals working in social and community service-related occupations as published by the Bureau of Labor Statistics, 2010. Exhibit 1 contains estimated response burdens for the target audience (i.e., Project Directors/Program Managers and other project staff members) included in this progress report.

Exhibit 1. Data Collection Burden Data Collection Burden for Biannual Infrastructure Development Measure for Cohorts 1, 2, and 3

Cohort	Respondent Type	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Hour Burden	Wage Cost (\$)	Total Annual Wage Cost (\$) c.
1	^a Project Director	13	2	26	12.0	312	28.00	8,736.00
2	^a Project Director	10	2	20	12.0	240	28.00	6,720.00
3	^a Project Director	12	2	24	12.0	288	28.00	8,064.00
TOTAL	---	35	---	70	---	840	---	23,520.00

^aTotal PD/PM and total other staff member cost are calculated as hourly wage × time spent on progress report × number of participants.

Exhibit 2: Annualized Burden for Biannual Infrastructure Development

Respondent Type	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Hour Burden	Wage Cost (\$)	Total Annual Wage Cost (\$)
Project Director	12	2	24	12.0	288	28.00	8,064

Estimates for response burden were calculated based on the methodology (progress report data collection) being used and are based on previous experience collecting similar data and results of the pilot progress report. For emailed biannual infrastructure development measures, burden estimates of 12.0 hours were used for Project Directors and/or Program Managers. It is estimated that 12 Project Directors from each Cohort will respond to the emailed progress report biannually (i.e., twice each year). The annual burden hours of Cohort 1 (312 hours), Cohort 2 (240 hours) and Cohort 3 (288 hours) combined comes to a total estimated burden for the emailed biannual infrastructure development measure of 840 hours.

A.13. Estimate of Total Capital and Startup Costs/Operation and Maintenance Costs to Respondents or Record Keepers

No capital, start-up, or operational and maintenance costs are incurred by progress report participants in this information collection activity.

A.14. Estimates of Costs to the Federal Government

The total cost for the project per year is \$18,466. These costs cover all aspects of meetings and logistics, progress report design, testing, data collection, analysis, and reporting. Project costs will be \$92,330 over a 5-year period.

In addition, it is estimated that one full-time equivalent SAMHSA staff member will spend 25 percent of his or her time (520 hours) to manage and administer the project. Assuming an annual salary of \$89,000, government personnel costs will be \$111,250 over a 5-year period.

The annualized cost is \$40,716.

A.15. Changes in Burden

This is a new project.

A.16. Plans for Publication, Analysis, and Schedule

A.16.1. Time schedule

The project covers a 5-year period from the beginning of May 2014 through the end of April 2019. Clearance is requested for a 5-year time period. Data collection activities and data analysis will be conducted over this time period. Attachment A-4 indicates when each of the activities associated with the project will occur.

A.16.2. Publication plans

Results of all studies completed under the project will be presented to SAMHSA in a briefing to the agency, accompanied by a written report and executive summary. Upon SAMHSA approval, these documents will be made available for dissemination to the grantees in hard copy; they will also be uploaded to the SAMHSA Web site where they can be viewed directly or downloaded by current and future grantees. A copy of the executive summary will be sent to individual participants who expressed an interest in receiving it.

Proposed Time Schedule

Task	Timeframe
Progress report Data Collection (Round 1)	July 2014 *
Progress report Data Collection (Round 2)	December 2014*
Progress report Data Collection (Round 3)	July 2015 *
Progress report Data Collection (Round 4)	December 2015*
Data Analysis	January 2016 – July 2016*
Report Writing	July 2016 – September 2016*

*Note: Data collection will begin upon OMB approval.

A.16.3. Analysis plan

The primary purpose of this infrastructure measures data collection effort is to gather information from administrators of 35 grantees that are recipients of cooperative agreements to collect information on (1) the development of and improvements to state/territory/tribal grantees' capacity to increase access to and quality of treatment for adolescents (ages 12–18) and

transitional-aged youth (ages 18 to 24) with substance use or co-occurring substance use and mental disorders and their families (e.g., foster care parents, extended family members); and (2) enhancements and improvements to the quality of treatment and recovery services provided to adolescents and transitional-aged youth and their families for the treatment of substance use or co-occurring substance use and mental disorders. The analyses will be descriptive in nature, and some quantitative and qualitative analyses will be conducted. The results of these findings are primarily for internal use but may be shared with key government policy and management officials, SAMHSA staff, and grantees and the public on the SAMHSA Web site.

For the type of progress report described earlier, the following analyses would be appropriate:

Emailed progress reports: Basic descriptive analyses (including means, standard deviations, and percentages) are expected for this type of progress report. In addition, open-ended questions will be used to elicit more detailed information, to identify challenges and issues for further progress report, and in some cases, to ‘brainstorm’ for possible solutions. The analysis for open-ended questions will be qualitative and consist mostly of narrative summaries of the answers as well as the examination of emerging themes.

A.17. Display Expiration Date

The expiration date will be displayed.

A.18 Exceptions to certification for paperwork reduction act submissions

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