

Grantee Data Technical Assistance Training Needs Assessment Survey for SAMHSA Grantees

Supporting Statement

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ) is requesting approval from the Office of Management and Budget (OMB) to conduct the Grantee Data Technical Assistance (GDTA) Training Needs Assessment Survey for SAMHSA Grantees served by the GDTA contract to support the Government Performance and Results (GPRA) Modernization Act Public Law 111-352. This is a new data collection effort and includes one instrument:

- GDTA Training Needs Assessment Survey for SAMHSA Grantees [Attachment A].

In 2014, CBHSQ funded the GDTA contract to provide training and technical assistance to all grantees receiving funding from the Center for Substance Abuse Treatment (CSAT), the Center for Mental Health Services (CMHS), and some grantees receiving funding from the Center for Substance Abuse Prevention (CSAP). Training and technical assistance from the GDTA contract will focus on helping grantees use their GPRA data for performance management and monitoring, and services improvement. The information being collected in this needs assessment will inform CBHSQ regarding the types of activities supported by SAMHSA's grant funding and what types of training activities grantees would like to receive in the future.

Approval of this questionnaire and associated data collection activities will allow SAMHSA to continue to support its GPRA reporting requirements that quantify the effects and accomplishments of its grant programs. As the GDTA contract supports grantees in using their GPRA data, this data collection will ultimately assist SAMHSA's legislative mandate to increase access to high quality prevention and treatment services and to improve outcomes. 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, and training on that monitoring, are collaborative and cooperative aspects of this process.

The proposed needs assessment includes two questions: one asking grantees the types of activities for which they use their SAMHSA funding and one asking what types of training and technical assistance they would like to receive in the future from GDTA. Each question includes a list of options, of which respondents can choose all that apply.

SAMHSA Programs Served by GDTA

CSAT

Based on current funding and planned fiscal year 2015 notice of funding announcements, the CSAT programs that will be included in this needs assessment fiscal years 2015 through 2016 include: Access To Recovery, Adult Treatment Court Collaboratives, Addiction Treatment for the Homeless, Addiction Technology Transfer Centers, Children Affected by Methamphetamine, Cooperative Agreements for the Benefit of Homeless Individuals (CABHI), CABHI- States, Cooperative Agreements for Electronic Health Record and Prescription Drug Monitoring Program Data Integration, Grants for the Benefit of Homeless Individuals, HCV Screening and Referral, Historically Black Colleges and Universities- Center For Excellence, Joint Adult Drug Court (Enhancing Adult Drug Court, Services, Coordination, and Treatment), Minority AIDS Initiative- Continuum of Care Pilot, Now Is The Time- Minority Fellowship Program- Addiction Counselors, Office of Juvenile Justice and Delinquency Prevention- Juvenile Drug Courts, Offender Reentry Program, Opioid Treatment Program- Continuity of Care, PDMP EHR Integration and Interoperability, Physician Clinical Support System – Medication Assisted Treatment, Physician Clinical Support System- Appropriate Use of Opioids in the Treatment of Pain and Opioid-related Addiction, Pregnant and Postpartum Women, Recovery Community Support Program, Recovery Community Support Program-Statewide Network, Screening, Brief Intervention, and Referral to Treatment, Screening, Brief Intervention, and Referral to Treatment- Medical Residents, Screening, Brief Intervention, and Referral to Treatment- Training, State Adolescent Treatment Enhancement and Dissemination, State Youth Treatment, Teen Court Program, Targeted Capacity Expansion- Health Information Technology, Targeted Capacity Expansion-HIV, Targeted Capacity Expansion-HIV-Minority Women, Targeted Capacity Expansion- Peer To Peer, Targeted Capacity Expansion- Technology Assisted Care, Treatment Drug Courts, Vietnam: HIV-Addiction Technology Transfer Center.

CMHS

Based on current funding and planned fiscal year 2015 notice of funding announcements, the CMHS programs that will be included in this needs assessment fiscal years 2015 through 2016 include: Campus Suicide Prevention Grant, Circles of Care V: Infrastructure Development for Children's Mental Health Systems in American Indian/Alaska Native (AI/AN) Communities, Collaborative

Agreement for Networking, Certifying and Training Suicide Prevention Hotlines , Community Resilience and Recovery Initiative, Cooperative Agreements to Benefit Homeless Individuals for States, Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention, Cooperative Agreement for the National Resource Center for Mental Health Promotion and Youth Violence Prevention, Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health, Cooperative Agreements for Tribal Behavioral Health, Cooperative Agreements to Implement the National Strategy for Suicide Prevention, FY 2013 Program Supplement for MAI-TCE Program: Enhancement of HIV Care and Outcomes through Screening for Substance Use and Mental Disorders, FY 2013 Cooperative Agreements for the National Suicide Prevention Lifeline Crisis Center Follow Up, Grants to Enhance Older Adult Behavioral Health Services, Grants to Develop and Expand Behavioral Health Treatment Court Collaboratives, Law Enforcement and Behavioral Health Partnerships for Early Diversion, Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE): Integrated Health/Primary Care Network Cooperative Agreements, Minority Fellowship Program, National Child Traumatic Stress Initiative: National Center for Child Traumatic Stress – Category I, National Child Traumatic Stress Initiative: Treatment and Service Adaptation Centers (TSA) – Category II, National Child Traumatic Stress Initiative: Category III Community Treatment and Services Centers (CTS), Now is the Time: Minority Fellowship Program –Youth, Now is the Time: Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions, Now is the Time: Project AWARE State Educational Agency Grants, Now is the Time: Project AWARE Local Educational Agency Grants, Primary and Behavioral Health Care Integration, SOC Expansion Implementation Grants, Safe Schools/Healthy Students State Planning, Local Education Agency, and Local Community Cooperative Agreements, Statewide Consumer Network Grant, Statewide Family Network Program, Statewide Peer Network Development Program for Recovery and Resiliency Grants, Transforming Lives through Supported Employment, Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families

CSAP

Based on current funding and planned fiscal year 2015 notice of funding announcements, the CSAP programs that will be included in this needs assessment fiscal years 2015 through 2016 include: CBI: Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Young Adults, DFC Community Anti-Drug Coalitions of America (CADCA), Drug-Free Communities (DFC) Mentoring Program, Drug-Free Communities (DFC) Support Grants Program, Idaho SPF SIG, Minority Serving Institutions (MSI) Partnerships with Community-Based Organizations (CBO) (Short Title: MSI/CBO), Partnerships for Success: State and Community Prevention Performance Grant, Prevention of Substance Abuse (SA) and HIV for At-Risk Racial/Ethnic Minority Subpopulations Cooperative Agreements (Minority

SA/HIV Prevention Initiative), SA and HIV/AIDS Prevention New Media, Strategic Prevention Framework Partnerships for Success II SEOW Supplements (Short Title: PFS II SEOW Supplements), Strategic Prevention Framework Partnerships for Success (SPF PFS), Strategic Prevention Framework Partnerships for Success II (SPF PFS II), Strategic Prevention Framework State Incentive Grants (SPF SIG), Sober Truth on Preventing Underage Drinking Act (STOP ACT) grants, Substance Abuse and HIV Prevention Ready-To-Respond Initiative in Communities Highly Impacted by Substance Use and HIV Infection

A2. Purpose and Use of Information

CBHSQ's mission, through the GDTA contract, is to provide SAMHSA grantees with the most informative and useful training and technical assistance possible, in order for grantees to use their GPRA data to improve their performance. To determine what is informative and useful, CBHSQ will conduct a 2-question, annual needs assessment of SAMHSA-funded grantees. Data collected from this grantee needs assessment will be used by CBHSQ and the GDTA contract to 1) determine the current nature of activities for which SAMHSA grantees use their current funding and 2) tailor training and technical assistance topics and delivery formats to those which the grantees indicate interest in, rather than just general topics and formats. Information from grantees on their current SAMHSA funded activities will be used as a basis to determine what grantees already know and where they may need more advance training and technical assistance.

The following list includes general topics included in the needs assessment asking grantees for which activities they use their current SAMHSA funding. The list below is a summary of topics, the exact questions can be found in Attachment A. Respondents will have the option to provide additional activities in an "other" fill-in box, only if they want to volunteer that information. Respondents will have the opportunity to choose as many options as apply to them.

- Behavioral health care services
- Capacity development
- Conducting client follow-ups
- Expanding provider technology systems
- HIV outreach activities
- Infrastructure development
- Medication assisted treatment
- Prevention activities
- Primary health care services
- Promoting the adoption of best practices
- Recovery support services
- Screening
- Services to individuals involved in the criminal justice system
- Services to individuals involved in drug courts
- Services to tribal communities

- Services to veterans and their families
- Services to youth
- Services to individuals in residential facilities
- Training professionals
- Treatment and intervention activities

Information from this first question will be used to determine the current level of activities undertaken by the grantees to be served by the GDTA contract and CBHSQ. Knowing for what activities grantees currently use their SAMHSA funding will help CBHSQ tailor the focus of training and technical assistance to areas of interest and usefulness to grantees.

The second question in the needs assessment asks respondents to identify topics for training and technical assistance they would like to receive from a pre-populated list. There is also an option for respondents to write-in their own topics of interest in an “other” option. The topics include:

- Collecting community- and state-level data
- Collecting data on funding and other resources
- Collecting client-level GPRA data
- Interview techniques with special populations, on sensitive topics, and trauma-informed approach
- Data entry
- Engaging, informing, and marketing to stakeholders using GPRA data
- Evaluation techniques
- Leveraging data to support follow-up with clients
- Human subjects committee or IRB approvals
- Informed consent
- Interpreting and reporting GPRA data
- Interviewing and other data collection activities
- Linking GPRA program data with other data sources
- Meeting intake and/or follow-up goals
- Monitoring and improving program performance with GPRA data
- Grant data requirements
- Recruiting clients
- Social media for improving program performance
- Selecting and utilizing data collection methodologies
- Using GPRA data for program planning and management

Information from this second question will be used by CBHSQ and the GDTA contract to determine the areas in which grantees would like to receive training and technical assistance, rather than assuming which topics would be of most interest. The purpose of the GDTA contract is to support grantees in their use of GPRA data, but it does not actually collect GPRA data. That activity falls under a separate contract that has already been reviewed by OMB.

After the data collection period ends, simple frequency analysis will be conducted on the two questions to determine for which activities grantees currently use their SAMHSA funding and which areas of training and technical assistance grantees would like to receive. The analytic results will guide planning for training and technical assistance products to be developed as part of the GDTA contract.

Not having this data would be detrimental to CBHSQ's mission of providing the most informative and useful training and technical assistance to SAMHSA grantees. It would also negatively impact the grantees by not giving them the training and technical assistance most useful to them in terms of using their GPRA data.

A3. Use of Information Technology

This data collection effort will be primarily electronic, through the use of Survey Monkey. An electronic approach will reduce burden on grantees over using a paper-and-pencil survey. An electronic approach ensures that grantees do not need to mail back their responses, which can take time and resources. This approach will also increase the utility of the data collection as it includes respondents from the continental United States, as well as U.S. Territories across multiple time zones. Using a web application will allow for ease of data collection without the expense of mailing a paper survey and paying for return postage. Alternative arrangements for a paper survey will be made on a case-by-case basis for those grantees who are not comfortable with electronic submission or do not have access to a computer with reliable internet access.

Respondents will receive an email from the GDTA contractor that invites them to participate and includes a link to the survey [Attachment B]. When respondents have completed the survey, they will electronically submit their answers in Survey Monkey. SAMHSA expects almost all responses to be submitted electronically. There will be no requirements for respondents to maintain or save any data onto their local computers.

Links to the [research.net](https://www.research.net) poll will be mailed from a secure PC at Cloudburst Consulting Group, using an e-mail merge database. As individual links are required by the "custom variables" function of [research.net](https://www.research.net) (the SurveyMonkey domain from which the survey is administered), owing to the use of field names and values inserted into the survey link URL, the e-mail merge database will consist of contact name, e-mail, and custom link. The database will be used only to generate individual e-mail messages using Microsoft Outlook or other mail client, and will not need to be uploaded or shared with any external service. As individual e-mails are being sent, there is also no possibility for one recipient to see another's name or e-mail as part of a group in the "to" field of the e-mail message.

Screen shots of the web application can be found in Attachment C. The web application will be fully compliant with Section 508 of the Rehabilitation Act to permit accessibility to people with disabilities. A requirement of the GDTA contract is to publish the results of the needs assessment on the GDTA website.

A4. Efforts to Identify Duplication

The information being collected through this needs assessment is collected only for the purposes of this program and is not available elsewhere.

A5. Involvement of Small Entities

SAMHSA grantees vary from small entities through large provider organizations. Every effort has been made to minimize the number of items collected from grantees to the least number required to accomplish the objectives of the effort and to meet CBHSQ's mission. Therefore, there is no significant impact involving small entities.

A6. Consequences if Information Collected Less Frequently

The needs assessment is voluntary and each respondent is asked to respond to the needs assessment annually. If these data are not collected, the GDTA contract will not be able to create targeted training and technical assistance that are the most useful and informative to grantees. If these data are not collected annually, the GDTA contract may produce training and technical assistance products that are not on-target with the grantees' current needs.

A7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

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

A8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on January 8, 2015 (80 FR 1036). No comments were received.

A9. Payment to Respondents

No incentives are provided to respondents.

A10. Assurance of Confidentiality

This data collection will not include personal identifiers. As previously mentioned, SAMHSA will use the email addresses of grantees to distribute the surveys and pre-populate answers such as funding center and grant number, but this information will not be included in the resulting analytical data set.

In order to protect the confidentiality of responses for programs with only a single PD, analytical results for programs containing only a single potential respondent will be combined with those for other similar programs (e.g. Idaho SPF-SIG will be combined with the other 33 SPF-SIG grants' responses); those that cannot be aggregated in this manner will have their individual program-specific results suppressed in reporting (with explanatory footnotes included in tables) but will be combined with other programs in the same Center, and with those with similar activity profile data using questionnaire responses. All subsequent discussion of analysis "by program" should be understood to include such combinations or suppression of small-cell results.

A11. Questions of a Sensitive Nature

This data collection does not include questions of a sensitive nature.

A12. Estimates of Annualized Hour Burden

CBHSQ expects the universe of respondents to be the Project Director for every SAMHSA-funded grant that will be served by the GDTA contract. There are currently 2,670 discretionary grants in this sample and there is one response needed per grant per year. Informal burden testing was conducted for this needs assessment with nine participants; the average response time per participant was 7 minutes, which is slightly under 0.117 hours.

Form Name	Number of Respondents	Annual Responses per Respondent	Total Annual Responses	Hours per Response	Total Annual Hour Burden	Hourly Wage Cost	Total Annual Hour Cost (\$)
Grantee Needs Assessment	2,670	1	2,670	0.117	312.39	\$52.27	\$16,328.63

Notes: Hourly wage cost estimates are based on the Bureau of Labor Statistics "employer costs per hour worked for employee compensation and costs for state and government workers" for June 2014. Grantee project directors will be asked to complete the survey, therefore the "management, professional, and related" occupational group was used. These wages are fully loaded. Accessible here: <http://www.bls.gov/news.release/ecec.t03.htm>

Although the grantees being surveyed vary greatly in their program focus and organizational structure, it is not anticipated that the hour burden on respondents will vary by grantee. There are no direct costs to respondents other than their time to participate. There is no recordkeeping burden to respondents for this data collection effort.

A13. Estimates of Annualized Cost Burden to Respondents

There are neither capital nor startup costs, nor are there any operation and maintenance costs associated with this data collection for respondents.

A14. Estimates of Annualized Cost to the Government

The principal additional cost to the government for this project is the cost of a contract to collect the data from the various SAMHSA grantees and to conduct analyses which will inform the preparations of training and technical assistance products. It is the responsibility of the GDTA contractor to work with the Contracting Officer Representative (COR) when conducting analyses of the data collection effort and the subsequent training and technical assistance products.

The total cost of the GDTA contract to the government is \$3,816,182 for the base year. Therefore, the estimated annualized cost for a contract for the collection of needs assessment data for CBHSQ and the GDTA contract is estimated at \$1.9 million. There is also the cost of 1 FTE staff (25% for the midpoint of one GS-14 \$24,594 and 75% for one GS-12 \$52,502) responsible for the CBHSQ data collection effort -- approximately \$77,096 per year.

A15. Changes in Burden

This is a new project.

A16. Time Schedule, Publication and Analysis Plans

Publication of Results

As per the statement of work for the GDTA contract, the results of this needs assessment will be published on the contract's website. This website is accessible by login and password, and is therefore not public-facing. This is the only publication of the grantee needs assessment data anticipated; there will be no publishing in peer-reviewed journals or conference presentations.

Time Schedule

Data collection will take place over 2 months. As this is intended to be an annual survey, SAMHSA is requesting a 3-year clearance.

<u>Activity</u>	<u>Date</u>
OMB approval	August 2015
2015 data collection	September 2015-October 2015
2015 report and results posted to website	January 2016
2016 data collection	September 2016-October 2016
2016 report and results posted to website	January 2017
2017 data collection	September 2017-October 2017
Re-submit OMB package	December 2017

Analysis Plan

Estimation will consist of direct reporting of responses (summarized as descriptive statistics for proportions data) by question, by Center and by program, with adjustments (described in B.3 below) as necessary for nonresponse.

The following analyses will be presented (all data summarized as frequencies will be presented in declining order of frequency):

- Overall response rate
- Response rate by Center
- Are adjustments for nonresponse necessary?
 - o Are the sample characteristics of nonrespondents significantly different from those of respondents?
 - Is the probability of nonresponse a function of center?
 - Is the probability of nonresponse a function of program?
 - Is the probability of nonresponse a function of any other available sampling unit characteristics?
 - o Are respondents who provided data late in the process, or only after multiple prompts, statistically distinct from other respondents?
 - o Discussion of adjustment methodology and impacts (if necessary)
- Summaries of overall frequency data
 - o Activities undertaken by grant program
 - o Preferences for particular topical areas of TA
- Breakouts of frequency responses by Center
 - o Preferences for particular topical areas of TA
- Breakouts of frequency responses by activity profile
 - o Preferences for particular topical areas of TA
- Breakouts of frequency responses by program
 - o Preferences for particular topical areas of TA
- Discussion

In the analyses of summary statistics by activity profile and program, it may be necessary in the interests of space to present less detail on those topical areas of TA in which relatively small numbers of grantees express an interest. The following are preliminary table shells and additional descriptions as necessary for the currently planned analyses.

Analysis of Response Rates

SAMHSA will present response rates by Center and for the overall set of respondents.

Response	CMHS	CSAP	CSAT	Total
<i>Participated online</i>	##.##%	##.##%	##.##%	##.##%
<i>Participated on paper</i>	##.##%	##.##%	##.##%	##.##%
<i>Did not participate</i>	##.##%	##.##%	##.##%	##.##%
<i>Did not reach</i>	##.##%	##.##%	##.##%	##.##%
<i>Refused</i>	##.##%	##.##%	##.##%	##.##%

Analysis of Potential Nonresponse Bias

The primary analysis of nonresponse bias will take the form of either Chi-squared analyses or logistic regressions to determine whether nonresponse is statistically independent of the characteristics of grantees that are observable at the sampling stage. In the regression specifications, an indicator variable for nonresponse would serve as the dependent variable.

Another potential analysis of nonresponse seeks to use late-responding sample members as proxies for nonrespondents. This would consist of classical statistical tests (comparisons of proportions) to determine whether (for example) the respondents providing data in the final days of the data collection, or who required multiple prompts to provide their questionnaire, are significantly different on any of the measured variables of interest.

Measure	Timely Respondents	Late Respondents	Significance (p-value)
<i>Measure 1 (SE)</i>	###.##% (#.###)	###.##% (#.###)	* ** *** , , (#.#####)
<i>Measure 2 (SE)</i>	###.##% (#.###)	###.##% (#.###)	* ** *** , , (#.#####)
...			
<i>Measure n (SE)</i>	###.##% (#.###)	###.##% (#.###)	* ** *** , , (#.#####)

Summaries of Frequency Data

The exhibits that follow present the planned approach for including frequency data in tables.

Activity Profiles (All Respondents)

Activities will be presented in decreasing order of frequency encountered.

Activities	Percentage of Grantees Undertaking
<i>Activity 1</i>	###%
<i>Activity 2</i>	###%
...	###%
<i>Activity n</i>	###%

Preferences for Technical Assistance Topics (All Respondents)

Topics will be presented in decreasing order of total interest.

Topics	Percentage of Grantees Undertaking
<i>Topic 1</i>	###%
<i>Topic 2</i>	###%
...	###%
<i>Topic n</i>	###%

Preferences for Technical Assistance Topics (by Center)

Topics will be arranged in decreasing order of total interest.

Topics	CMHS	CSAP	CSAT	Total
<i>Topic 1</i>	###%	###%	###%	###%
<i>Topic 2</i>	###%	###%	###%	###%
...				
<i>Topic n</i>	###%	###%	###%	###%

Preferences for Technical Assistance Topics (by Activity Profile)

The table below would be repeated for each activity profile, with topics in decreasing order of interest.

Topics for Profile 1	Percentage of Grantees Interested
<i>Topic 1</i>	###%
<i>Topic 2</i>	###%
...	###%
<i>Topic n</i>	###%

Preferences for Technical Assistance Topics (by Program)

The table below would be repeated for each grant program, with topics in decreasing order of interest.

Topics for Program 1	Percentage of Grantees Interested
<i>Topic 1</i>	###%
<i>Topic 2</i>	###%
...	###%
<i>Topic n</i>	###%

A17. Display of Expiration Date

The expiration date for OMB approval will be displayed.

A18. Exceptions to Certification Statement

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