Substance Abuse and Mental Health Administration
Primary and Behavioral Health Care Integration Grant Program
OMB Supporting Statement

A. Justification

1. Circumstance for Information Collection

The Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (SAMHSA/CMHS) is requesting a revision from the Office of Management and Budget (OMB) for data collection activities associated with the Primary and Behavioral Health Care Integration (PBHCI) grant program. Specifically, SAMHSA is requesting approval to only collect quarterly reports from grantees. The current data collection (OMB No. 0930-0340) expires on October 31, 2017.

SAMHSA launched the PBHCI program in FY 2009 with the understanding that adults with serious mental illness (SMI) experience heightened rates of morbidity and mortality, in large part due to elevated incidence and prevalence of risk factors such as obesity, diabetes, hypertension, and dyslipidemia. These risk factors are influenced by a variety of factors, including inadequate physical activity and poor nutrition; smoking; side effects from atypical antipsychotic medications; and lack of access to health care services. Many of these health conditions are preventable through routine health promotion activities, primary care screening, monitoring, treatment and care management /coordination strategies and/or other outreach programs. Much of the national effort towards achieving the triple aim of improved health, enhanced care, and reduced costs are associated with developing person-centered systems of care that address an individual's holistic health.

Collection of the information included in this request is authorized by Section 505 of the Public Health Service Act (42 USC 290aa-4) – Data Collection. Authorization for the PBHCI program is provided under Section 5604 of H.R. 3590, the Affordable Care Act (ACA), which authorizes SAMHSA to provide awards for the co-location of primary and specialty care in community-based mental health settings.

2. Purpose and Use of Information

The purpose of the PBHCI grant program is to improve the overall wellness and physical health status of people with serious mental illnesses (SMI), including individuals with co-occurring substance use disorders, by supporting communities to coordinate and integrate primary care services into publicly-funded community mental health and other community-based behavioral health settings. The program's goal is to improve the physical health status of adults with serious mental illnesses (and those with co-occurring substance use disorders) who have or are at risk for co-occurring primary care conditions and chronic diseases. The program's objective is to support the triple aim of improving the health of those with SMI; enhancing the client's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

The information collected through this request will allow SAMHSA to monitor grantee performance and provide information indicating whether the provision of integrated primary care services produces improvements in the physical health of the SMI population receiving services from community-based behavioral health agencies.

***Quarterly Reports**:* Quarterly reports will be submitted to SAMHSA throughout the life of the grant for ongoing performance measurement and monitoring purposes.

Quarterly reports will be used by program staff to monitor grantee performance. The reports will allow program staff to assess key accomplishments and barriers, staffing changes, infrastructure activities, and implementation of specific program components. It will help program staff understand which patients are deemed eligible for the program and how funding is being used to support the program, as well as allow for relevant training and technical assistance to be directed to grantees per their report narrative.

Changes

SAMHSA/CMHS is requesting the deletion of the following tool:

1. Physical Health Indicators

The Physical Health Indicator data is currently approved under SAMHSA's CDP data collection (OMB No. 0930-0342) and is therefore being deleted from this data collection.

SAMHSA/CMHS is requesting additional questions to the quarterly report to be approved by OMB for continued collection.

1. Identify the selected evidence based practices on tobacco cessation and nutrition added to question number two on wellness interventions
2. Identify one of the four CDC blood pressure treatment protocols used by the grantee, added to question number six on data collection
3. Provide an updated chart on the physical health outcomes for the identified sub-population(s) in the disparities impact statement section or question 11

2. Describe your wellness-related education and programming activities. For example, if you spent money on developing a smoking cessation program, describe the activity and the staff involved, program duration, and provide an estimate of the expenditures in direct costs.
(1) For cohort 8 grantees and beyond (awarded FY15 and beyond):
a. Please include the names of all the evidence-based practices (EBPs) you are using (indicate the required EBPs for tobacco cessation and nutrition), the number of participants, and their outcomes.

6. Detail your progress regarding data collection (e.g., NOMs, Section H, IPP, etc) and the related Continuous Quality Improvement efforts. For each method of data collection, indicate your efforts to monitor, analyze, and/or share the data with relevant parties.
(1) For cohort 8 grantees and beyond (awarded FY15 and beyond):

a. Please identify which of the four CDC blood pressure protocols you are using. Please describe the effectiveness, challenges or outcomes improved due to the use of the selected protocol.

11. Provide an update on your program's progress in realizing the following elements of your Special Terms and Conditions related to health disparities:

(1) Disparities Impact Statement (Access to Services; Service Use; Outcomes – changes in PBHCI outcomes (e.g., blood pressure, cholesterol, etc.) among your identified sub-population(s). Please provide an updated chart that provides current numbers regarding physical health indicator changes among your identified sub-population(s).

3. Use of Information Technology

Quarterly Reports*:* Quarterly reports will be submitted electronically to Government Project Officers (GPOs) in the form of Word and Excel (or other database) documents.

4. Efforts to Identify Duplication

Quarterly Reports**:** Information collected in the quarterly reports is not collected elsewhere, and thus does not represent a duplication of effort.

5. Involvement of Small Entities

Individual grantees vary from small entities through large provider organizations. Every effort has been made to reduce the number of data items collected from grantees to the least number required to accomplish the objectives of the effort and to meet performance monitoring requirements and therefore, there is no significant impact involving small entities in general.

6. Consequences If Information Collected Less Frequently

Quarterly Reports: Information collected in the quarterly reports is required for SAMHSA GPOs to effectively monitor the performance of grantees. Collecting the information less often would interfere with each GPO's ability to effectively monitor each program and to provide additional training needed to improve grantee performance.

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

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

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on April 13, 2015 (80 FR 19675). No comments were received.

Both external and internal stakeholders were consulted by CMHS in the development of these indicators and the data collection methodology. CMHS obtained feedback and consultation

regarding the availability of data, methods and frequency of collection, and the appropriateness of data elements.

9. Payment to Respondents

No monetary incentives will be provided to grantees.

10. Assurance of Confidentiality

Grantees will not report any individually identifiable client-level information as part of this data collection effort. Only de-identified client-level data will be reported by grantees, therefore, SAMHSA and its contractors will not receive identifiable client records.

Provider-level data (e.g. information contained in the grantee quarterly reports) will be aggregated to, at the least, the level of the grant/cooperative agreement-funding announcement.

The TRAC System does collect a limited amount of personally identifiable information (PII) from grantee staff members who enter client data into the TRAC System. In consultation with HHS, SAMHSA concluded that the TRAC System does not require a Systems of Records Notice (SORN). However, a Privacy Impact Assessment (PIA) for the TRAC system was submitted to HHS on August 15th, 2014.

11. Questions of a Sensitive Nature

No questions of a sensitive nature being collected.

12. Estimate of Annualized Hour Burden

Table 1 provides the basis of the annualized estimates of hour burden of collection of the proposed information. The total number of respondents listed in the table (172) reflects an increase of 102 respondents from the previous estimate (70 to 172).

Quarterly Reports: SAMHSA estimates that the completion of quarterly reports will require approximately two hours. Quarterly reports will be completed every four months by Project Directors, at an estimated hourly burden of $35 per hour.

Table 1. Estimates of Annualized Hour Burden

Type of Response	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Grantee Quarterly Report	172	4	688	2	1,376	$35	$48,160

13. Estimates of annualized Cost Burden to Respondents

There will be no capital, start-up, operation, maintenance, nor purchase costs incurred by the sites participating in this this data collection.

14. Estimate of Annualized Costs to the Federal Government

Costs will be incurred indirectly by the government in personnel costs of staff involved in oversight of data collection. It is estimated that three CMHS employees will each be involved for 25 percent of their time. Costs of CMHS staff time will approximate $68,000 annually.

15. Changes in Burden

Currently there are 2,800 burden hours in the OMB inventory. SAMHSA/CMHS is requesting 1,376 hours. The program change of a decrease of 1,424 hours is due to the following: the deletion of the physical health indicators (a reduction of -2,240 hours, -28,000 responses) and the increased burden associated with the additional 102 grantees completing quarterly reports (an increase of 816 hours, 408 responses).

16. Plans for Tabulation and Publication

Quarterly reports will be reviewed for monitoring and program management. Information will be used internally by the agency for performance monitoring purposes. Data will also be used to inform periodic data reports that will be distributed internally and externally.

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

Table 2. Schedule for Activities

Activity	Date
OMB approval	December, 2015
Data collection continues	December, 2015
Data collection ends	September, 2018
Data analysis	Ongoing

17. Display of Expiration Date

The expiration date of the OMB approval will be displayed.

18. Exceptions to the Certification Statement

The certifications are included in this submission.