

# **SERVICES GRANT PROGRAM FOR RESIDENTIAL TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN (PPW) QUARTERLY PROGRESS REPORT**

## **SUPPORTING STATEMENT**

### **A. JUSTIFICATION**

#### **A.1. Circumstances of Information Collection**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is requesting approval from the Office of Management and Budget (OMB) for data collection activities designed to measure the overall performance of parenting, family, and substance use treatment services for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (PPW).

Developing and delivering evidence-based treatment practices for substance abuse is a priority for SAMHSA/CSAT. Pregnant and postpartum women and their families (and all individuals) deserve the opportunity to reach their highest potential, and this includes healthy family relationships; involvement in quality education that prepares PPW for meaningful participation in the workforce; opportunities for prosocial roles in the community; and access to a supportive network of friends, neighbors, and mentors. Without intervention and treatment, substance using PPW frequently are unable to achieve these goals, foreclosing opportunities for healthy lives. The PPW program is a critical component in providing treatment for substance using PPW and this data collection effort will help ensure a quality program.

The performance measures are designed to collect information at the provider level on women, children, families, systems of care, and the service delivery process. The PPW program is authorized under Section 508 of the Public Health Service Act, as amended.

Justification for the data collection is based on three factors: (1) the need for SAMHSA to collect information to assess the effectiveness of the PPW program, (2) the need to document promising practices and lessons learned, (3) and determine best practices and lessons learned, disseminate findings where they can be applied in other treatment modalities, and provide SAMHSA with analysis to guide real-time and future programmatic and policy development. These data will allow SAMHSA Government Project Officers (GPOs), administrators, and policy makers to monitor grantee and program-specific progress in meeting goals affecting outcomes. It will also help SAMHSA grantees as they develop processes to improve management of their grant projects and better serve pregnant and postpartum women and their families with substance use disorders.

SAMHSA's legislative mandate is to increase access to high quality prevention and treatment services and to improve outcomes. Its mission is to reduce the impact of substance use and mental illness on our communities. 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. SAMHSA is striving to coordinate the development of these goals with other ongoing performance measurement development activities, for example, development of performance measures for reporting of activities. This information collection is needed to provide objective data to demonstrate SAMHSA's monitoring and achievement of its mission

and goals. In order to carry out section 1105(a) (29) of the GPRA, SAMHSA is required to prepare a performance plan for its major programs of activity. This plan must:

- a) Establish performance goals to define the level of performance to be achieved by a program activity;
- b) Express such goals in an objective, quantifiable, and measurable form;
- c) Briefly describe the operational processes, skills and technology, and the human, capital, information, or other resources required to meet the performance goals;
- d) Establish performance indicators to be used in measuring or assessing the relevant outputs, service levels, and outcomes of each program activity;
- e) Provide a basis for comparing actual program results with the established performance goals; and
- f) Describe the means to be used to verify and validate measured values.

The desire of SAMHSA to collect performance measures on programs serving pregnant and postpartum women is also timely and consistent in supporting SAMHSA's Trauma and Justice, Recovery Support, and Health Reform Strategic Initiatives. This data collection effort will provide needed and specific information that will allow SAMHSA to demonstrate the importance of and successes in addressing these three strategic initiatives and achieve SAMHSA's legislative mandate.

## **A.2. Purposes and Uses of the Data**

The purpose of the PPW program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children. The data collection activity described in this package is a quarterly progress report of 25 grantee recipient administrators in programs that are implementing PPW grants. SAMHSA will conduct a quarterly survey on (1) the development of and improvements to program capacity to increase access to treatment for PPW with substance use or co-occurring substance use and mental disorders, their children (up to age 17), and their families; and (2) enhancements and improvements to the quality of treatment and recovery services provided to PPW, their children, and their families for the treatment of substance use or co-occurring substance use and mental disorders. Members of the target audience for the survey are administrators of each of the PPW 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 Director, Case Manager) to assist with gathering information to complete the survey.

The primary purpose of this data collection effort is to gather administrative to supplement client level data from the women in the 25 new PPW grants on (1) the pregnant and postpartum women with substance use in residential care and their families (e.g., minor children and adolescent children, fathers, foster care parents, extended family members) GPRA data collection activities that collect data on the pregnant and postpartum women was previously reviewed and approved by OMB (OMB No. 0930-0208), however GPRA collection is focused only on clients and does not collect service data on the children and families. PPW grantees also work on enhancements and improvements to the quality of treatment and recovery services provided to pregnant and

postpartum women and their families. The progress report will collect information from grantee administrators regarding services provided (to both the pregnant and postpartum women with substance use in residential care and their families), aggregate data on clients not directly collected by GPRA and information on the enhancements and improvements made to service quality.

This information will be used to inform SAMHSA about progress in treating pregnant and postpartum women with substance use issues and their families (e.g., minor children, adolescents, fathers, other family members). It will also help SAMHSA grantees as they develop processes to improve management of their grant projects and better serve pregnant and postpartum women and their families with substance use disorders. The data collected through the quarterly reports may be combined with data from electronic submissions provided by all SAMHSA/CSAT grantees and previously collected data from PPW grantees. The data collection will assist in the identification of gaps and needs by assessing the services provided to the populations of focus. As such, the intent is to: determine best practices and lessons learned, disseminate findings where they can be applied in other treatment modalities, and provide SAMHSA with analysis to guide real-time and future programmatic and policy development.

The quarterly reports will help SAMHSA document relevant components of the PPW program, best practices, and lessons learned. The assessment will guide SAMHSA in the development of future iterations of the PPW program. Information will be disseminated about lessons learned that can be applied in other treatment modalities, such as outpatient settings. In order to monitor programs on a frequent enough basis to make corrections and maintain a database of grantees' performance, grantees will be expected to submit quarterly, aggregated progress reports. The quarterly reports will include standard aggregate information for each grantee project. Each grantee will be expected to submit performance GPRA data to SAMHSA electronically by established data collection protocols.

Based on analyses of these administrative data and the GPRA performance measurement data, the following characteristics of the grantee projects will be assessed:

- Number of women, infants and minor children, fathers, and other family members served;
- Demographic information about women, minor children, and fathers (e.g., ages, gender of children, race/ethnicity)
- Type of diagnoses received by the population of focus (e.g., FASD and depression) ;
- Utilization and types of services provided;
- Use of evidence-based services and practices, including screenings, assessment, and intervention;
- Number of children reunified with their mothers and fathers during and after residential treatment;
- Number of women who entered treatment in the first, second, and third trimesters; and number of women who are postpartum;
- Length of stay of women in residential treatment and the type of living arrangement to which they are discharged;
- Use of tobacco by the mother during and after pregnancy;
- Numbers and types of direct staff and partners rendering services and participating in cross-training;

- Costs of providing services and funding sources; and
- Incorporation of a trauma-informed approach in the grantee's service delivery system of care.

Members of the target audience for the progress reports are based on these data that are administrators of each of the grantees (i.e., Project Directors and/or Program Managers), local evaluators, SAMHSA Government Project Officer (GPO), and other SAMHSA staff. These data may be used to prepare Reports to Congress (RTCs), presentations, and other reports.

Grantees will also receive technical assistance on reporting requirements through webinars, conference calls, and written guidance. Analyses of submitted data will be conducted with assistance from the Center for Behavioral Health Statistics and Quality (CBHSQ) and a contractor, to enter and check data, produce tables and charts, and write up findings.

### **A.3. Use of Information Technology to Reduce Burden**

The data collection procedures will be to distribute the progress report via email for all data collection activities; respondents will be asked to respond to the progress report questions and return the completed progress report electronically via email or, if they prefer, to print, complete, and return the progress report via mail. Grantees will be expected to return the forms via email or mail in a timely manner. After the 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. Grantees will be offered the opportunity to respond to a progress report that will be emailed to them.
2. 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.

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. Grantees will be able to keep a copy of their responses and monitor their own progress on a quarterly basis. Other alternative data collection methods were considered, such as a web based reporting form, however, to best reach all grantees, with varying levels of experience and comfortably with web based forms, an electronic form was chosen. Using an electronic form should also allow for grantee administrators to more easily collaborate with their staff on the report, and to allow for grantees to submit a paper copy if desired.

### **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 PPW 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 quarterly progress report format will be sent to each respondent four times a year, over a period of up to 3 years (for a maximum of 12 times per participant). Quarterly submissions allow the GPO to monitor the progress of the grants on a timely basis, remind grantees to submit the data, provide feedback to grantees about performance, and allow SAMHSA to develop progress reports for the PPW program, as needed. One of the objectives of the PPW data collection strategy is to monitor progress, 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.

If the information is not collected, SAMHSA will be limited in its ability to monitor the performance of PPW grantees. Collecting quarterly report data is also more efficient for SAMHSA and grantees than other options; for example, requesting client-level data collection in lieu of quarterly progress reports would create additional burden and costs. 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**

SAMHSA published a notice in the *Federal Register* on January 6, 2016 (81 FRN 495), soliciting public comment on this study. No comments were received.

Consultation on the design, sampling plan, instrumentation, and analysis of this data collection effort has occurred throughout the planning phase of this data collection. The consultation has 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 consultation has occurred with the following individual in connection with this data collection.

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### **A.9. Payments or Gifts to Respondents**

No cash incentives or gifts will be given for the quarterly progress report.

### **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 quarterly report 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. Some participants may be required to submit identified follow-up materials. In these cases, no responses will be released with individually identifiable information and only combined information will be released. All respondents will be assured 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.

To ensure privacy 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**

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society. In carrying out this mission it is necessary for service providers to collect sensitive items such as experiences with violence and trauma, criminal justice involvement, use of alcohol or other drugs, as well as issues of mental health. The data that will be submitted by each grantee will be based in large part on data that most of the programs are already routinely collecting. This primarily includes data on client demographics, substance abuse and treatment history, services received, and client outcomes. These issues are essential to the service/treatment context. Grant projects use informed consent forms as required and as viewed appropriate by their individual organizations. They use the appropriate forms for minor/adolescent participants requiring parental approval. Client data are routinely collected and subject to the Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404). Alcohol and drug abuse client records in federally supported programs are also protected by 42 CFR Part 2. The informed consent forms usually contain the following elements:

- Explanation of the purpose of the program or research.
- Expected duration of the subject's participation.
- Description of the procedures to be followed.
- Identification of any procedures which are experimental.
- Description of any reasonably foreseeable risks or discomforts to the subject.
- Disclosure of appropriate alternative procedures or courses of treatment.
- Statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.
- Contact names & phone numbers for participants to ask questions about program, participant rights, and injury.

A typical grantee currently collects intake, or pre-intervention information at the beginning of program contact, and many also collect standard discharge and follow-up information with similar items. None of the questions will request any personally invasive or sensitive information. Respondents will report on aggregate client demographics and outcomes and service and performance information related to their PPW program.

## **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 (quarterly progress report) being used. A pilot test of fewer than 9 grantees was conducted. Based on the pilot tests and comparable data collections, burden estimates of 12.0 hours were used for each grantee's project director/program manager (PD/PM). In addition, it is expected that two grantee counselor staff will assist the project director/program manager and each counselor will use 6.0 hours for a total of 12.0 hours. This yields a total burden of 24 hours for a grantee to complete one quarterly report, or an average of 8 hours per grantee staff per report (24 hours ÷ 3 staff). Exhibit 1 presents estimates of annualized burden with three staff working to complete the progress report and hours per response lists the average number of hours required per staff. The hourly wage is the weighted average of the estimated PM/PD and counselor hourly wages discussed in Section A.12.2. 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 preparation of the quarterly reports. The total project cost of the time respondents are expected to spend completing these progress reports is \$149,832 with an annual cost of \$49,944; [(3,600 project director hours plus 3,600 counselor hours) × \$20.81] [the estimated average hourly wage for directors/managers and substance abuse and behavioral disorder counselors, based on the Occupational Employment and Wages, May 2014 Mean Hourly Wage Rate for 21-2021 Directors, Religious Activities and Education and 21-1011 Substance Abuse and Behavioral Disorder Counselors as of May, 2014 (<http://www.bls.gov/oes/current/oes211011.htm>) (Accessed on 5/22/2015)]. This estimate may be reduced if Project Directors/Program Managers are able to update estimates quarterly based on the previous report.

**Exhibit 1. Annual Data Collection Burden Data Collection Burden**

<b>Instrument/ Activity</b>	<b>Number of Responde nts</b>	<b>Response s per Responde nt</b>	<b>Total Respons es</b>	<b>Hours per Respons e</b>	<b>Total Hour Burden</b>	<b>Averag e Hourly Wage</b>	<b>Total Cost<sup>a</sup></b>
Progress Report	25	4	100	8	800	\$20.81	\$16,648

<sup>a</sup>Total PD/PM and counselor cost per year are calculated as total number of respondents × hours per response × average hourly wage = total cost.

**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 \$49,944. These costs cover all aspects of meetings and logistics, progress report design, testing, quarterly data collection and review, quarterly analysis, and reporting. Project costs will be \$149,832 over a 3-year period.

In addition, it is estimated that one full-time equivalent SAMHSA staff member will spend 20 percent of his or her time (416 hours) to manage and administer the project. Assuming an annual salary of \$89,000, government personnel costs will be \$53,400 over a 3-year period.

The annualized cost is \$17,800.

**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 3-year period from the beginning of October 2014 through the end of September 2017. Data collection activities and data analysis will be conducted over this time period. Clearance is requested for a 3-year 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 briefings 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 express an interest in receiving it. Through the contractor, SAMHSA will look to explore opportunities to publish in peer-reviewed journals and present at professional and federally sponsored conventions and meetings.

### **Proposed Schedule**

<b>Task</b>	<b>Timeframe</b>
Yearly Progress Report Data Collection	Starting one-two months post OMB approval  Data collection will continue through early 2018. Each Quarter grantees will complete the proposed progress report.
Yearly Data Analysis	February – April 2016, 2017, and 2018
Yearly Report Writing	April – September 2016, 2017, and 2018

### **A.16.3. Analysis plan**

The analyses will be descriptive in nature, using quantitative and qualitative methods. 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: frequencies for each time period and changes over time; cross-tabulations of information; qualitative analyses; and other descriptive statistical tests (e.g., t-tests of mean lengths of stay, other tests of changes in lengths of stay).

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**

The certifications are included in this submission.

### **REFERENCES:**

Bureau of Labor Statistics, U.S. Department of Labor (2012). Social and Community Service Managers. In *Occupational Outlook Handbook, 2012–13 Edition*. Retrieved November 19, 2013 from <http://www.bls.gov/ooh/management/social-and-community-service-managers.htm>

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2013). *Substance Abuse*. Retrieved December 26, 2013 from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=40>