Substance Abuse and Mental Health Services Administration's (SAMHSA) Minority AIDS Initiative – Survey of Grantee Project Directors

Supporting Statement A

A. Justification

A.1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval from the Office of Management and Budget (OMB) to conduct web surveys with Project Directors for grantees funded under: (1) *TI-12-007 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE-HIV)*; (2) *TI-13-011 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE-HIV: Minority Women);* (3) *TI-14-013 Minority AIDS Initiative – Continuum of Care (MAI-CoC)*; and (4) *TI-15-006 Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE-HIV: High Risk Populations)*. The goal of the Project Director survey is to collect contextual programmatic-level data (e.g., grantee organizational structure, outreach and engagement, services provided through the grant-funded project, coordination of care, behavioral health/medical care integration, funding and project sustainability; staffing and staff development). These data will provide context for analysis of grantee outcomes and provide covariates for client-level data analyses. Primary survey respondents will be grantee Project Directors. The Integrated Practice Assessment Tool (IPAT Version 2.0© 2014 Colorado Access, ValueOptions®, Axis Health System) is included in the Project Director Survey to obtain a quantitative score for the level of behavioral health/ medical care integration, using the SAMHSA-HRSA Center for Integrated Health Solutions Standard Framework for Levels of Integrated Healthcare[1,2]. The survey will be implemented in each grantee organization's last year of grant funding. For the purposes of this request, the Project Director Survey instrument (Attachment A) has been included for review.

The purpose of each grant program to be included in the web survey is outlined here. The purpose of the *TCE-HIV Substance Use Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS (TI-12-007) program* is to facilitate the development, expansion and enhancement of culturally competent and effective community-based systems for treating racial/ethnic minorities with substance use and co-occurring mental disorders in states with the highest HIV prevalence rates. The populations of focus for the 52 grantees include young men who have sex with men (YMSM) ages 18 – 29; adult heterosexual women and men; and

[1] http://www.integration.samhsa.gov/

[2] http://www.integration.samhsa.gov/operations-administration/IPAT_v_2.0_FINAL.pdf

men who have sex with men (MSM) 30 years and older. These five-year grants began September 30, 2012.

The purpose of the *TCE-HIV Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TI-13-011)* program is to fund 35 three-year grants to expand substance use treatment and HIV services for African American, Hispanic/Latina and other racial/ethnic minority women ages 18 and older. The population of focus includes heterosexual, lesbian, bisexual, and previously incarcerated women, and their significant others, who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS. These three-year grants began September 30, 2013 and will operate under a no cost extension when approved.

The purpose of the *Minority AIDS Initiative – Continuum of Care (TI-14-013) program* is to integrate behavioral health treatment, prevention, and HIV and hepatitis medical care services for racial/ethnic minority populations at high risk for behavioral health disorders who are also at high risk for or living with HIV and hepatitis. The program also supports other priority populations including MSM and bisexual men, transgender persons, and people with substance abuse disorder. The program is primarily intended for substance use disorder treatment and community mental health providers to provide coordinated and integrated services through the collocation and/ or integration of behavioral health treatment and HIV and hepatitis medical care. These four-year grants began September 30, 2014.

The purpose of the second group of *TCE-HIV Substance Use Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS (TI-15-006)* grants is to expand substance use disorder treatment, behavioral health and HIV services for high risk populations including African American, Hispanic/Latino and other racial/ethnic minority men and women (ages 18 years and older), including heterosexual, lesbian, gay, bisexual, and transgender persons, young men who have sex with Men (YMSM), MSM, persons who were previously incarcerated, and their significant others, who have substance use disorders (SUD) and/or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS in counties with the highest HIV prevalence rates (at or above 270 per 100,000). The 25 TCE-HIV grantee organizations received three years of funding on September 30, 2015.

Surveys with grantee Project Directors from TCE-HIV Minority Women (TI-13-011)[3], TCE-HIV (TI-12-007), TCE-HIV High Risk Populations (TI-15-006) and MAI-CoC (TI-14-013) will be collected in their final grant year and are an integral part of evaluation efforts to: (1) Assess the impact of the SAMHSA-funded HIV and hepatitis programs in: reducing behavioral health disorders and HIV and hepatitis infections; increasing access to substance use disorder and mental disorder treatment and care; improving behavioral and mental health outcomes; and reducing HIV and hepatitis-related disparities; (2) Describe the different integrated behavioral health and medical program models; and (3) Determine which program types or models are most effective in improving behavioral health and clinical outcomes.

The plan to conduct the Project Director Survey is summarized in Exhibit 1 below.

[3] Only active grantees will be included in the survey.

Exhibit 1: Plan for Conducting the Project Director Survey		
Project Director Survey Purpose	**Estimated Number and Type of Respondents**	**Estimated Timeline for Data Collection (152 grantees total)**
The purpose is to provide programmatic implementation data and organizational-level data for the client-level outcome and process evaluation	1 Project Director 1 Clinical Director or other administrator with knowledge of project implementation	July in each grantee organization's final grant year or upon receipt of OMB approval TI-13-011 TCE-HIV Minority Women – 2016 *(40 grantees)* TI-12-007 TCE-HIV - 2017 *(52 grantees)* TI-15-006 TCE-HIV High Risk Populations – 2018 (*26 grantees)* TI-14-013 MAI-CoC – 2018 *(34 grantees)*

These programs are authorized under Section 509 of the Public Health Service Act (Substance Abuse Services); Section 509 of the Public Health Service Act as amended; Section 516 (Substance Abuse Prevention), and Section 520A (Mental Health Services) of the Public Health Service (PHS) Act, as amended. The grant programs also address Healthy People 2020 Substance Abuse Topic Area HP 2020-SA and Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

A.2. Purpose and Use of Information

The goals of each grant program that will participate in this survey are described below.

The goals of the TCE-HIV Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TI-13-011) program are to:

1) Reduce HIV infection and transmission rates among racial/ethnic minority women;
2) Reduce alcohol, marijuana, cocaine and injection drug use;
3) Address the impact of violence and trauma on women's increased risk of substance use and HIV infection;
4) Increase access to culturally appropriate, women and family centered, trauma-informed, mental health treatment, substance use disorder, and HIV/viral hepatitis testing/services; and,

5) Increase awareness of safer sex practices.

The goals of the TCE-HIV (TI-12-007) program are to:

1) Reduce HIV transmission;
2) Increase the number of people receiving treatment for substance use and/or co-occurring substance use and mental disorders;
3) Increase the number of people who, post-treatment, receive recovery support services;
4) Increase the number of people who know their HIV status;
5) Increase the number of HIV positive people who are case managed and referred to primary HIV care;
6) Increase the number of people screened for viral hepatitis B and C; and
7) Increase the number of people who test positive for viral hepatitis who are referred to primary care.

The goals of the SAMHSA MAI-CoC (TI-14-013) program aim to:

1) Increase HIV and hepatitis testing to identify behavioral health clients who are unaware of their HIV and hepatitis status;
2) Increase diagnosis of HIV and hepatitis among behavioral health clients;
3) Increase the number of clients who are linked to HIV and hepatitis medical care;
4) Increase the number of behavioral health clients who are retrained in HIV and hepatitis medical care;
5) Increase the number of behavioral health clients who are receiving antiretroviral therapy (ART)
6) Improve the adherence to behavioral treatment and ART;
7) Increase the number of behavioral health clients who have sustained viral suppression; and
8) Increase adherence and retention in behavioral health (both substance use and mental disorders) treatment

Surveys of grantees focus on grantee organizational structure, outreach and engagement, services provided through the grant-funded project, coordination of care, behavioral health/medical care integration, funding and project sustainability, staffing and staff development.

The following questions provide a sample of the program-level questions that SAMHSA plans to ask through the survey:

- What outreach strategies have your organization used over the life of the project to identify and engage your population(s) of focus?
- What services have been provided with SAMHSA grant funds?
- What approximately is the intended length of participation for individuals enrolled in project services?

- How are client services and identified problems tracked between behavioral health and medical care providers?
- What have been the primary facilitators of behavioral health/medical care integration as implemented in your SAMHSA grant-funded project?
- What efforts have you and your partner organizations made to secure funding to continue project services once the SAMHSA grant funding ends?
- What is the approximate average caseload for SAMHSA grant-funded project staff?
- What staff training and development efforts have been implemented with SAMHSA grant funding over the life of your project?

SAMHSA will use the information obtained through the Project Director Survey to:

- Assess the impact of the SAMHSA-funded HIV programs in: reducing behavioral health disorders and HIV infections; increasing access to substance use disorder and mental disorder treatment and care; improving behavioral and mental health outcomes; and reducing HIV-related disparities among four specific grant program grantees;
- Describe the different integrated behavioral health and medical program approaches;
- Determine which program types or approaches are most effective in improving behavioral health and clinical outcomes; and
- Support the cross-site evaluation.

SAMHSA is learning more about the feasibility of integrating HIV and hepatitis medical and primary care into behavioral health services. Over time, data collected through the survey will provide SAMHSA, grantees, and their partners and other stakeholders with a clearer contextual understanding of grantee service integration processes; and strategies for the replication of promising grantee programs.

A.3. Use of Information Technology

The Project Director Survey will be conducted via web-based survey software. Project Directors will receive an email that contains a link to the web survey. Respondents may complete the survey in multiple sittings by saving the draft responses and using an individualized link to re-open the survey. Once responses are complete, respondents can submit the survey electronically.

A.4. Efforts to Identify Duplication

The Project Director Survey is necessary because there is no source of current, complete information on grantee organization-level data across the TI-13-011 (TCE-HIV Minority Women); TI-12-007 (TCE-HIV); TI-15-006 (TCE-HIV High Risk Populations); and TI-14-013 (MAI-CoC) grantees. This data collection effort is the only uniform source of grantee organization-level data for the evaluation.

The Project Director Survey will collect programmatic and organizational-level data related to grantee organizational structure, outreach and engagement, services provided through the

grant-funded project, coordination of care, behavioral health/medical care integration, funding and project sustainability, staffing and staff development. Data collected through the survey will be used in a number of ways. First, survey items will be used as co-variates for client level analyses. Covariates will be used as control variables and to examine if, for example, the level of integration mediates client outcomes. Survey data will also be used to provide descriptive data on project implementation. Finally, data collected through the survey will be used to put client-level findings in context of the grantee programs where services are being delivered.

The surveys are necessary because there is no source of current, complete information on the status of grantee program integration approaches that can be used across grant programs. This data collection is project-specific.

A.5. Involvement of Small Entities

Information collection will not have a significant impact on small entities.

A.6. Consequences If Information Collected Less Frequently

The information provided through the survey will be vital to understanding of the evaluation of grantees' activities. The Project Director Survey will be conducted only once over the life of each organization's grant and will take place in the final year of each grantee organization's grant. Without collecting this data, SAMHSA will not be able to identify organizational and service delivery factors such as level of integration, evidence-based practices (EBPs) used and, staff training and development, and coordination of care that may have an impact on client-level outcomes. SAMHSA would not have all the data necessary without the survey to determine which service delivery models and program types make the most effective and efficient use of government funds in reducing the impact of HIV, hepatitis and behavioral health conditions in underserved minority populations.

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

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

A.8. Consultation Outside the Agency

A Federal register notice was published on October 7, 2016 (81 FR 69837) which solicited comments on this data collection. Comments were received from the Academy of Nutrition and Dietetics. See Attachment C for the specific comment. See Attachment D for SAMHSA's response to the comment.

The survey was pilot tested with four grantees to provide valuable input into its development and implementation. Respondents were able to complete the survey items within the time estimated for OMB.

A.9. Payment to Respondents

No payments or gifts are planned to respondents for participating in the survey.

A.10. Assurance of Confidentiality

Data will be obtained from various individuals involved in implementing the program, including the Project Director and, if assistance is needed, one other grant program staff such as the Clinical Director or other administrator.

SAMHSA will likely associate particular program models with specific grantee programs in their reports. Therefore, the identities of the respondents will be easily recognized. However, the survey questions ask about program policies, practices, and project functioning. There are no questions of a personal nature, including the personal choices or behaviors of respondents. Thus, the Abt Associates IRB has deemed the proposed activities eligible for exemption as non-sensitive data collection with professional stakeholders. The Abt IRB exemption memo is included as Attachment B.

A.11. Questions of a Sensitive Nature

There are no questions of a sensitive nature in the questionnaire.

A.12. Estimates of Annualized Hour Burden

The total burden for the individual for participation in the survey is estimated at 60 minutes. Time estimates are based on experience with similar instruments in other studies of comparable organizations and our internal piloting of the questionnaire.

A.12.1. Number of Respondents, Frequency of Response, and Annual Hour Burden

The Project Director Survey will have an estimated average of 100 respondents per year: Number of grantee organizations = 50, Number of respondents per site =2; and will require an average of one hour (60 minutes) to respond to the survey items.

A.12.2. Estimates of Annualized Cost to Respondents for the Hour Burdens

Exhibit 2 offers an estimate of average annual reporting burden for a sample of 100 respondents per year (i.e., one Project Director and possibly a second colleague) to complete the Project Director Survey (Attachment A). Based on U.S. Government Bureau of Labor Statistics data, SAMHSA estimates an average hourly wage of $43.74[4].

Exhibit 2: Estimate of Average Annual Reporting Burden						
Data	**Number of**	**Responses**	**Hour per**	**Total**	**Cost per**	**Cost to**

[4] http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm

Collection Tool	Respondents	per Respondent	Response	Burden Hours	Hour	Respondents
Project Director Survey	100	1	1	100	$43.74	$4,374

A.13. Estimates of Annualized Cost Burden to Respondents

There is no capital/startup or operation and maintenance cost to respondents involved in collecting the information. Other than their time to complete the survey, there are no direct monetary costs to respondents.

A.14. Estimates of Annualized Cost to the Government

The annualized estimated cost to the Federal Government for the Minority AIDS Initiative Targeted Capacity Expansion (TCE-HIV) Continuum of Care (MAI-CoC) Surveys with Grantees (Project Director Survey) data collection activity is $30,000. This includes the labor costs for, staff time to format the survey on Abt's web survey platform prior to deployment, staff introductory and reminder emails, staff time to respond to assistance requests. This includes the labor cost for plus 5% of a GSA-13 SAMHSA employee's (Project Officer's) time at $100,000 annual salary ($5,000).

A.15. Changes in Burden

This is a new data collection.

A.16. Time Schedule, Publication and Analysis Plans

The following activities will take place within each project year:

- Year One: Development of the Project Director Survey;
- Year Two: Implement Project Director Survey with TI-13-011 TCE-HIV Minority Women grantees;
- Year Three: Implement Project Director Survey with TI-12-007 TCE-HIV grantees; and
- Year Four: Implement Project Director Survey with TI-14-013 MAI-CoC and TI-15-006 TCE-HIV High Risk Populations grantees.

SAMHSA will use the survey data to develop an understanding of the following TCE-HIV, TCE-HIV Minority Women, TCE-HIV High Risk Populations, and MAI-CoC integrated primary and behavioral health care program key components:

- Grantees' organizational structure
- Outreach and engagement
- Services provided through the grant-funded project

- Coordination of care
- Behavioral health/medical care integration
- Funding and project sustainability
- Staffing and staff development

SAMHSA will use the information collected to expand their understanding of the grantees' progress with service implementation. Data collected through the survey will be documented in internal reports and used to inform annual reporting. Data collected through surveys will provide SAMHSA with a clearer understanding of grantee levels of integration, program successes and challenges; and strategies for the replication of promising grantee programs.

A.17. Display of Expiration Date

The expiration date will be displayed.

A.18. Exceptions to Certification Statement

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320).