

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

Supporting Statement B

B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

The respondent universe will be grantee Project Directors for all 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-14-013 Minority AIDS Initiative – Continuum of Care (MAI-CoC)*; (3) *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)*; 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)*. Sampling procedures will not be used for selecting interviews because SAMHSA will be implementing the survey with all grantees and there is only one Project Director per grantee. An additional grantee administrative respondent will be chosen by the Project Director, if needed, to answer specific questions should they not have the information necessary to answer all the questions included in the survey.

B.2. Information Collection Procedures

Grantee Project Directors for each of the 152 Minority AIDS Initiative (MAI) grant programs will be surveyed only once, in their final year of grant funding. SAMHSA estimates an annual average of 50 grantee Project Directors and 50 Clinical Directors or other administrators will be surveyed per year. The schedule of data collection will be as follows (pending OMB approval):

- TI-13-011 TCE-HIV Minority Women (40 grantees) will be surveyed before their grants end in 2016;
- TI-12-007 TCE-HIV (52 grantees) will be surveyed in 2017; and
- TI-15-006 TCE-HIV High Risk Populations (26 grantees) and TI-14-013 MAI-CoC (34 grantees) will be surveyed in 2018.

An introductory letter will be sent to grantees two weeks before the survey will be deployed explaining the purpose of the survey and the topics to be addressed. A second letter will be

emailed along with a link to the web-based Project Director Survey. Surveys may also be completed using mobile devices such as smart phones or tablet devices. Grantee Project Directors will receive a reminder email two weeks after survey deployment if they have not completed the survey by that time. Additional email or telephone contacts will be made if needed to ensure a high response rate.

B.3. Methods to Maximize Response Rates

SAMHSA is conducting the Project Director Survey in order to collect uniform descriptive data for the process evaluation on all current Minority AIDS Initiative grantees listed above and to collect covariates for the client-level outcome evaluation. The survey was designed to maximize response rates by including only the essential elements needed for the evaluation and by carefully selecting skip patterns and formatting response options. The web-based survey platform allows for the survey to be completed online and/or using a mobile device or tablet, thereby allowing respondents to complete the survey using multiple methods. Project Directors may obtain assistance from another project administrator, such as a Clinical Director, in completing the survey questions. The survey may be completed in multiple sittings, if preferred. A reminder email will be sent to Project Directors two weeks after release of the survey. The survey is not anonymous. Therefore, grantees will be contacted by email or phone if they have not completed the survey within a week of the first reminder email. No incentive will be provided for survey completion as this survey is part of the required grant program evaluation.

B.4. Tests of Procedures

Cognitive testing techniques were used to ensure that questions were understandable and measured the constructs that questions were meant to measure. Questions were modified based on initial tests. Cognitive testing results showed that the questionnaire items measured what they were intended to measure. The questionnaire underwent pilot testing internally with six Abt Associates staff and with four grantees from different grant programs. Pilot testing was conducted using the same web-survey mode to be used in the actual survey. Based upon the pilot testing respondents were able to complete the survey within the allotted time. Feedback indicated that the survey collected the necessary information in a clear and concise manner. The web data collection system and instructions were clear and easily understood by respondents. SAMHSA received very positive feedback from one grantee respondent about the ease of use of both the web platform and the survey questions.

B.5. Statistical Consultants

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List of Attachments

1. Attachment A: SAMHSA Consolidated HIV Evaluation Project Director Survey
2. Attachment B: Abt Associates IRB Exemption Memo
3. Attachment C: Comment from the Academy of Nutrition and Dietetics
4. Attachment D: SAMHSA's Response to the Academy of Nutrition and Dietetics' Comment