**National Resource Center for Mental Health Promotion
and Youth Violence Prevention**

Supporting Statement

A. JUSTIFICATION

1. CIRCUMSTANCES OF INFORMATION COLLECTION

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) is seeking Office of Management and Budget (OMB) approval for data collection associated with the annual assessment of the performance of the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC). SAMHSA is seeking OMB approval for the NRC to collect the information needed to conduct the annual assessment of NRC training and technical assistance activities for the SS/HS and Project LAUNCH programs, as well as the field-at-large. There are four instruments included in this package for approval: 1) Needs Assessment, 2) Site Visit Assessment, 3) Annual Performance Assessment, and Case Study Interview. The NRC is required contractually to report its performance to SAMHSA on an annual basis.

Through a cooperative agreement, SAMHSA is funding the NRC to support the training and technical assistance (T/TA) needs of two SAMHSA grant programs: the Safe Schools/Healthy Students Program (SS/HS) and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health).[1] In addition, the NRC is funded to disseminate resources and provide technical assistance to the general field of mental health promotion and youth violence prevention. On an annual basis, this encompasses two needs assessment focus groups, 36 needs assessment surveys, 14 site visit assessment interviews, 42 site visit assessment surveys, 183 annual performance assessment surveys, and 55 case study interviews.

The SS/HS program is authorized under the Safe and Drug-Free Schools and Communities Act (20 U.S. Code [U.S.C.] 7131), Public Health Service Act (42 U.S.C. 290[hh]), and Juvenile Justice and Delinquency Prevention Act (42 U.S.C. 5614[b][4][e] and 5781 et seq). To date, 386 SS/HS grantees in all 50 states have provided services to more than 13 million youth, with federal support totaling more than $2 billion.[2]

The SS/HS program uses a comprehensive approach to prevent youth violence by addressing multiple factors, including early childhood, family life, mental health, and substance abuse. From 1999 to 2012, the program funded local education agencies (LEAs) to partner with families, youth, and a range of service systems (such as public health, mental health, law enforcement, juvenile justice, and social services) to prevent violence and foster healthy development. A five-

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[1] SAMHSA. (2013). *Cooperative Agreement for the National Resource Center for Mental Health Promotion and Youth Violence Prevention Request for Applications (RFA) No. SM-13-007*, p. 6. Rockville, MD: SAMHSA.

[2] NRC. SS/HS Program. (n.d.). Retrieved from http://www.healthysafechildren.org/grantee/safe-schools-healthy-students.

year evaluation of the SS/HS program was released in 2013[3]. The evaluation found that in SS/HS-funded schools, fewer students reported experiencing or witnessing school violence and more students were receiving school-based mental health services after the program was implemented. School staff also reported less school violence, improved school safety, and less observed use of alcohol or other drugs.

In 2013, SS/HS program funding shifted to state grantees.[4] The four-year program is currently structured so that the state grantee, in partnership with three LEAs, is required to develop and implement a comprehensive plan that addresses the creation of safe and violence-free schools (including bullying prevention); the promotion of mental, emotional, and behavioral health of children and youth; the promotion of early childhood social emotional learning programs; the connection of families, schools, and communities; and the prevention and reduction of alcohol, tobacco, and other drug use. The first year of the grant is focused on assessment, planning, and infrastructure development. During Years 2 through 4, grantees focus on implementing their comprehensive plans.[5]

Project LAUNCH grantees are funded through five-year grants authorized under Section 520A of the Public Health Service Act (42 U.S.C. 290 [hh] that establishes the Center for Mental Health Services and its mission to promote mental health and prevent mental illness. Since FY 2008, Project LAUNCH has worked to promote the wellness of young children, from birth to eight years of age, by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal, and locally based service networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The program seeks to ensure that children thrive in safe, supportive environments and enter school ready to learn and able to succeed.

By FY 2015, SAMHSA had funded six cohorts of Project LAUNCH grantees in a total of 55 sites, including states, tribes, territories, communities, and the District of Columbia.[6] The first three cohorts (1, 2, and 3) have completed their grants: cohort 1 started in FY 2008, cohort 2 started in FY 2009, and cohort 3 started in FY 2010. In FY 2015 (Year 2 of the NRC contract), cohorts 4 (funded in FY 2012), 5 (funded in FY 2013), and 6 (funded in FY 2014) were underway.[7] In FY 2016, an Expansion cohort of six grantees was added to the program. A cross-

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[3] SAMHSA. (2013). Findings from the National Evaluation of the Safe Schools/Healthy Students Initiative: Program Overview and Updates – 2013. Retrieved from http://store.samhsa.gov/product/Findings-from-the-National-Evaluation-of-the-Safe-Schools-Healthy-Students-Initiative/SMA13-4798.

[4] NRC. (2013). State SS/HS Sites. The SS/HS FY 2013 cohort's seven state grantees are the Connecticut Department of Mental Health Addiction and Addiction Services, the Michigan Department of Education, the Wisconsin Department of Public Instruction, the Nevada Mental Health and Developmental Services, the New Hampshire Department of Education, the Ohio Department of Mental Health, and the Pennsylvania Office of Mental Health. Retrieved from http://www.healthysafechildren.org/safe-schoolshealthy-students-sites.

[5] SAMHSA. (n.d.). SS/HS Program Manual. Retrieved from: https://www.google.com/?gws_rd=ssl#q=SAMHSA+SS%2FHS+Program+Manual

[6] SAMHSA. (n.d.). Project LAUNCH Funding Opportunity Announcement: January 2015. Retrieved from http://www.samhsa.gov/grants/grant-announcements/sm-15-006

[7] As of the fall of 2013, SAMHSA had funded 40 grantees in five cohorts: 2008, 2009, 2010, 2012, and 2013.

site evaluation of the program's first three cohorts showed small, positive effects in parent and child outcomes and in systems change.[8]

Under Project LAUNCH, grantees are guided by Young Child Wellness Councils (YCWCs) that oversee grant activities. Grantees engage in a two-step planning process in the early months of the first year of their grant. They conduct environmental scans at state/tribal and community levels to identify gaps in existing systems and programs for children (birth to eight years of age) and their families. The scans also identify perceived community needs. Grantees use the results of the scans to develop a strategic plan for supporting systems change and addressing service gaps. The strategic plan also identifies the evidence-based programs that grantees plan to implement in their communities.

The NRC is jointly funded by SS/HS and Project LAUNCH to provide a range of training and technical assistance services supporting the prevention of youth violence and the promotion of mental health. SS/HS funds support the dissemination of effective practices through webinars and other events, and help grantees implement and sustain core SS/HS program elements. Project LAUNCH funds support the creation of individualized technical assistance plans for grantees, and help grantees implement and sustain core Project LAUNCH elements. Both programs support the development and dissemination of T/TA materials and the creation of a repository of program information and T/TA resources, including resources that were made available to the field of prevention and mental health promotion professionals.

1a. Background

In October 2013, SAMHSA funded American Institutes for Research (AIR) to assume the management of the NRC and its T/TA functions for the SS/HS and Project LAUNCH programs. Under AIR's management, the NRC serves as a national resource and training center for SS/HS, Project LAUNCH, and the field at large. Its mission is to provide high-quality T/TA services that enhance the capacity of SS/HS and Project LAUNCH grantees to promote the healthy development of children and youth, prevent youth violence, and prevent mental, emotional, and behavioral health disorders, especially among populations vulnerable to health disparities. In FY 2016, the NRC served a total of seven SS/HS grantees and 36 Project LAUNCH grantees.

Resource specialists and other NRC staff work with grantees to increase their capacity to achieve their grant objectives. Staff assess grantees' T/TA needs and share effective practices with grantees and their partners through in-person training events, online learning events, and individualized T/TA. NRC resources are provided on the website (www.healthysafechildren.org). T/TA resources are available to grantees through a secure site called the TA Gateway.

As a condition of its cooperative agreements with SS/HS and Project LAUNCH, the NRC is required to collect and report on its performance to SAMHSA on an annual basis, using

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[8] Abt Associates. (2015). *Outcomes of Project LAUNCH: Cross-site Evaluation Findings*. Retrieved from http://www.acf.hhs.gov/programs/opre/resource/outcomes-of-project-launch-cross-site-evaluation-findings-volume-ii

measures that document its T/TA activities, its outputs, and changes in grantee capacity.[9] For SAMHSA to meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA), the NRC is also required to collect and report on three national outcome measures: (1) the number of individuals who have received training in prevention or mental health promotion; (2) the number and percent of individuals who have demonstrated improvement in their knowledge, attitudes, and/or beliefs related to prevention or mental health promotion; and (3) the number of individuals contacted through NRC outreach efforts.

1b. The Need for Data Collection

In November 2013, AIR subcontracted with Community Science, Inc. to assess the NRC's performance over a four-year period ending in November 2017. Community Science's Center Assessment Team (CAT) worked with SAMHSA and NRC staff to develop an NRC logic model that provides the conceptual framework for the assessment of NRC activities, outputs, and outcomes. The logic model's elements are based on NRC contractual requirements.

The logic model's activities cover a range of T/TA content, including environmental scans, comprehensive plans (SS/HS), strategic plans (Project LAUNCH), and the selection and use of evidence-based interventions (EBIs). Logic model activities highlight several T/TA methods, including individualized T/TA and the use of technology to provide T/TA. Logic model outputs include two GPRA measures (the number of contacts made and the number of individuals who received training) and grantee satisfaction measures. The logic model's outcome measures address the grantees' capacity to accomplish short-term outcomes (such as selecting and using evidence-based interventions), mid-term outcomes (such as creating interdisciplinary and multilevel partnerships), and long-term outcomes (such as creating the infrastructure to support sustained collaboration and program expansion). To design the annual assessment of the NRC's performance, the CAT created a measurement and analysis plan that follows the outline of the logic model.

1c. Clearance Request

This submission requests OMB clearance for four data collection components for NRC operations. Specifically, approval is sought for the following data collection activities and instruments:

1. Needs assessment focus group and interview instruments
2. Site visit assessment interview and survey instruments
3. Annual performance assessment survey instruments
4. TA case study interview instruments

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[9] SAMHSA. (2013). *Cooperative agreement for the National Resource Center for Mental Health Promotion and Youth Violence Prevention Request for Applications (RFA) No. SM-13-007*, p. 14. Rockville, MD: Author.

2. Purposes and Uses of Information

The NRC's purpose is to increase the effectiveness of grant-funded efforts (Safe Schools/Healthy Students and Project LAUNCH) to prevent youth violence and mental, emotional, and behavioral disorders, and to promote healthy child development.

2a. Types and Frequency of Data Collection

Needs assessment. For Project LAUNCH, a total of two focus groups of resource specialists (five per focus group), and 36 surveys (one per grantee) will be conducted annually to assess the annual training and technical assistance (T/TA) needs of grantees The results will be reported in annual needs assessment reports, submitted to NRC leadership to support annual T/TA planning. Needs assessments are not planned for SS/HS grantees, because they are nearing the ending of their grant cycle.

Site visit assessment. The CAT will gather information regarding the quality and impact of the NRC's T/TA site visits through interviews with seven SS/HS and seven Project LAUNCH grantees. We also conduct an online survey with up to 42 state or local partners of grantees (3 per grantee) who participated in the SS/HS or Project LAUNCH site visits. The results will be reported in grant-specific reports, submitted to NRC leadership to inform and improve NRC's T/TA approach with each grantee.

Annual performance assessment. This online performance assessment survey will survey seven SS/HS state project coordinators and 36 Project LAUNCH project directors and up to 140 state and local partners on an annual basis. Survey questions will focus on the content, dosage, and value of T/TA services provided over the previous year. The findings will be reported in annual performance assessment reports to the NRC and to SAMHSA for accountability and T/TA improvement purposes.

T/TA case studies. All seven SS/HS project directors and a purposive sample of four Project LAUNCH state project coordinators (11 total), as well as their assigned resource specialists (11 total) and three partners per grantee (33 total), will be interviewed by phone to learn more about specific ways in which the NRC has been instrumental in building grantee capacity over the last year. These new data will be combined with other collected data (such as the needs assessment findings and performance assessment survey data) to tell short, grantee-specific stories of how the combination of NRC services and contextual factors that may have affected the choice and success of NRC efforts.

2b. Uses of Information Collected

The measurement plan's data collection activities and instruments are designed to meet specific performance assessment and program improvement goals. First, they are designed to obtain immediate user feedback on specific T/TA activities, such grantee site visits and grantee needs assessments. Second, they are designed to collect data on the use of specific T/TA products, such as the NRC's website and TA Gateway. Third, they are designed to obtain annual TA user satisfaction data that will be used in NRC continuous quality improvement processes. Fourth, they are designed to document and monitor changes in the NRC's performance on an annual basis for SAMHSA reporting purposes. Fifth, the case studies are designed to investigate

linkages between NRC activities, changes in grantee knowledge, and use of that knowledge to increase grantee capacity. The case studies also provide a new perspective on the T/TA process by reporting grantee-level findings rather than aggregate program-level results. This will allow for greater insight into the interplay of factors that contribute to grantee capacity development.

3. Use of Information Technology

Efforts will be made to limit the burden on individual respondents through the use of technology. All of the project's surveys will be administered online. However, paper surveys will be made available to respondents who report not having Internet access. Paper surveys will be translated into languages other than English, when needed. Web-based surveys will comply with Section 508 of the Rehabilitation Act to permit access for people with disabilities. Below is a list of the project's online surveys and their survey management systems.

- Needs assessment surveys: Qualtrics will be used to administer the online surveys of Project LAUNCH grantees.
- Site visit assessment surveys: Qualtrics will also be used to administer the online surveys of SS/HS and Project LAUNCH state and local partners.
- Annual performance assessment surveys: Qualtrics will be used to administer the annual online surveys of SS/HS and Project LAUNCH grantees and their state and local partners.

Group interviews and focus groups will be facilitated via the web, using GoToMeeting, a conferencing website. This will allow respondents to participate remotely from the convenience of their homes or offices on whatever device (phone, tablet, or computer) they prefer. Many group events use a web-based scheduling site, Doodle, which can simplify the webinar-scheduling process. Additional measures to reduce respondent burden include the use of secondary data sources, such as web analytics, TA Tracker data, and grantee documents.

4. Efforts to Identify Duplication

These forms are designed specifically for the NRC and thus, data are not available elsewhere.

5. Involvement of Small Entities

The majority of the NRC's performance assessment data will be collected from state, tribal, or territorial administrators, and from state and local partners that are affiliated with the SS/HS and Project LAUNCH grant programs. Some of these respondents are considered small entities, as they represent small government jurisdictions with populations less than 50,000. Some respondents are employed by public agencies such as state or local education authorities or tribal governments.

6. Consequences of Collecting the Information Less Frequently

The data collection will be conducted only at intervals appropriate to inform the delivery or measure the impact of the NRC's training and technical assistance services and to monitor the continued level of performance and respondent satisfaction with the NRC's services. The project's data collection schedule is displayed in Table 1. The proposed data collection is critical to understanding how NRC T/TA activities contribute to the development of grantee capacity

and for continuous quality improvement of services. For each data collection mode, the periodicity is limited to the minimum needed to obtain high-quality data that address the question of the NRC's performance.

Table 1. Data Collection Schedule

Data Collection Instruments	Data Collection Frequency
Needs assessment instruments	Annually, starting in FY 2017
Site visit assessment interviews and surveys	Annually, starting in FY 2017
Annual performance assessment surveys	Annually, starting in FY 2017
Case study interviews	Annually, starting in FY 2017

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

The data collection fully complies with the requirements of 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

8a. Federal Register Notice

The notice required in 5 CFR 1320.8(d) was published in the Federal Register on December 9, 2016 (81 FR 89122). No comments were received.

8b. Consultation Outside of the Agency

Consultation on the design, instrumentation, and data availability of the data collection activities occurred throughout the development process. Consultations were conducted with the following people:

- NRC managers, internal evaluation experts, and resource managers
- SS/HS and Project LAUNCH management teams
- SAMHSA government project officers, grant specialists, and evaluation specialists

In February 2015, the CAT team also consulted with an outside TA evaluation researcher and expert, Paul Florin, on the development of the measurement and analysis plan and on the design of specific data collection instruments. A professor of psychology at the University of Rhode Island, Florin is nationally recognized for his research on building systemic capacity to implement youth violence prevention initiatives using SAMHSA's Strategic Prevention Framework. He provided a critical review of the measurement plan and assisted in the development of several data collection instruments.[10]

9. Payment to Respondents

Respondents will not receive any payments.

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[10] Dr. Florin's contact information is pflorin@uri.edu, phone number 401-277-5302.

10. Assurance of Confidentiality

The protection of respondents' identity and information will be assured to the maximum extent allowed by law. Collection of the information will fully comply with all aspects of the Privacy Act of 1974 (5 USC 552a), the Privacy Act Regulations (34 CFR, Part 5b), and the Freedom of Information Act (5 CFR 552). All interviewers have received IRB training and are certified in their knowledge of data privacy issues. Verbal consent will be obtained for all key informant interviews, focus groups, and group interviews. During the introduction, respondents will be advised that their participation is voluntary. They will also be informed of the agency for which the information is being collected, the purpose of the data collection, and the intended reporting and publication of the data. This information will be provided in writing in the needs assessment, site visit assessment, and annual performance assessment surveys. All respondents who complete web-based surveys will be required to complete an electronic consent form or acknowledge consent prior to beginning the completion of the survey. Individual respondents will not be identified in reports or in data submitted to AIR or SAMHSA.

The CAT team will store the names and contact information of respondents separately from interview notes and recordings, with a code key linking the two. Only team members involved in data collection will have access to the code keys, which will be destroyed as soon as data collection is complete. Standard procedures include limiting access to identifying information, using locked files to store completed hard-copy tools; assigning unique code numbers to participants; and following minimal data requirements when reporting findings.

When specific names and contact information are provided, they will be stored separately from survey responses. The CAT will ensure that personal identifying information is maintained on a secure, password-protected and encrypted server. Only CAT members involved in data collection will have access to identifying information, such as respondent codes. All data are the property of the NRC and will be securely transmitted to AIR at the conclusion of the project. Identifying information will not be provided to SAMHSA. At the conclusion of the project, hard-copy data, such as interview transcripts and notes, will be shredded and electronic data will be deleted from Community Science servers.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The estimated annual burdens for the respondents are listed in Table 2 for SS/HS and Project LAUNCH. For the two programs, the total annual burden is expected to be 178.99 hours. The CAT bases these time estimates on previous experience using current OMB-approved instruments in FY 2014, FY 2015, and FY 2016 on this project and on their experience using similar surveys, focus group protocols, and interview guides in other federally funded projects.

To compute the total estimated annual cost of the assessment project, total burden hours were multiplied by the average hourly wages for each participant, based on hourly salary rates from the Bureau of Labor Statistics (BLS), National Industry-Specific Occupational Employment and

Wage Estimates for May 2014 (http://www.bls.gov/oes/current/naics4_999200.htm#25-0000). For the SS/HS and Project LAUNCH resource specialists, we used the average hourly wage ($40.68) for Training and Development Specialist (BLS Job Classification 1-1151). For the SS/HS and Project LAUNCH grant coordinator and other state and local partners, we used the average hourly wage ($33.74) for Social and Community Service Manager (BLS Job Classification 11-9151). Based on these calculations, the total estimated annual cost for data collection is $6,108.53.

Table 2. Estimated Annual Respondent Burden

Form Name	Number of Respondents	Responses per Respondent	Total Responses per Year	Hours per Response	Total Annual Hour Burden	Hourly Wage Rate	Total Annual Cost ($)
Needs Assessment Focus Groups	10	1	10	1	10	40.68	406.80
Needs Assessment Surveys	36	1	36	.33	11.88	33.74	400.83
Site Visit Assessment Interview	14	1	14	.75	10.5	33.74	354.27
Site Visit Assessment Survey	42	1	42	.33	13.86	33.74	467.64
Annual Performance Survey	183	1	183	.5	91.5	33.74	3087.21
Case Study Interview	55	1	55	.75	41.25	33.74	1391.78
Total	**340**		**340**		**179**		**6,108.53**

Note: Across the seven SS/HS grants, there are a total of 7 grantees (project directors) and 32 partners. There are a total of 39 respondents across the seven SS/HS grants. In FY 2016, there were 36 grants across Project LAUNCH. In addition to the PL state project coordinator, we will collect information from three partners: the young child wellness coordinator, the young child wellness expert, and the young child wellness partner. We assume that there will be seven SS/HS and seven Project LAUNCH site visits per year.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or startup costs or maintenance costs associated with this data collection.

14. Estimates of Annualized Costs to the Government

SAMHSA has planned and allocated resources for the efficient and effective management, processing, and use of the collected information in a manner that enhances its utility to agencies and the public. The total contracted cost to the Federal Government for the NRC's performance assessment under the terms of SAMHSA's contract to AIR is not to exceed $2,400,000 ($600,000 per year) over a four-year period. This includes the cost of designing and

administering all data collection instruments, processing and analyzing of the data, preparing reports, and coordinating NRC, SAMHSA, and Community Science staff involved in the assessment. On an annual basis, AIR is contracting with Community Science for the design and implementation of the performance assessment, including related needs assessment, capacity assessment, and continuous quality improvement components. The average amount awarded to Community Science $440,857.53. The annualize cost is $550,000. This includes two percent (2%) time for the SAMHSA Project Officer assigned to the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC) at a Grade 14 salary.

15. Change in Burden

This is a new data collection.

16. Time Schedule, Publication, and Analysis Plans

16a. Time Schedule and Publication Plans

The timeline for implementing the performance assessment is summarized in Table 3. A three-year clearance is requested for this project.

Table 3. Time Schedule

Data Collection Activities	Schedule
Receive OMB approval for data collection activities	6 months from OMB submission
Needs Assessment Focus Group and Interview Forms	May – June, 2017
Site Visit Assessment Interview and Survey Forms	June – September 2017
Annual Performance Assessment Survey Forms	September 2017
Case Study Interview Forms	September 2017

Publication Plan

The NRC requires annual performance reports summarizing the findings from the year's data collection activities, including the findings from the annual performance survey, the site visit assessments, and grantee case studies. These reports are submitted to the NRC and forwarded to SAMHSA in accordance with the assessment contract.

Coordination among the NRC, SAMHSA, the grantees, and other T/TA partners is essential to the development and implementation of effective T/TA services for the SS/HS and Project LAUNCH programs. This may involve ad hoc presentations and briefings of assessment findings with key stakeholders and audiences designated by SAMHSA and the NRC. In addition, the field of mental health promotion and youth violence prevention services may benefit from the performance assessment's findings of effective T/TA practices. This information may be made publicly available through conference presentations or journal articles.

16b. Data Analysis Plan

The analytic strategies for the performance assessment are iterative and require integrating both qualitative and quantitative data across data collection instruments, grantees, grant programs (SS/HS and Project LAUNCH). Qualitative analysis will include content analysis of the review of grantee documents, as well as responses to semi-structured interview and focus group questions and responses to open-ended survey questions. Quantitative analysis will include descriptive analysis of survey data.

The NRC's overall goal is to provide high-quality, individual T/TA services that enhance the capacity of the SS/HS and Project LAUNCH grantees to fulfill the vision and mission of their programs in states and communities. Although it is not possible to attribute changes in grantee capacity solely to NRC's T/TA, the performance assessment project is designed to explore the NRC's contributions to grantees' capacity development, particularly in the capacities identified in the NRC's measurement plan. The performance assessment project's contribution analysis has three elements:

1. Triangulating information about the changes in grantee capacity from three sources: the perceptions of the resource specialist assigned to each grantee, the perceptions of the grantee, and the perceptions of other grant-specific state and local partners;
2. Linking grantee-specific T/TA activities to changes in grantee capacity; and
3. Gauging the relative contribution of different NRC activities to changes in grantee capacity.

All three elements are needed to test the claim that NRC's T/TA is contributing to grantee capacities that are theoretically linked to improved SS/HS and Project LAUNCH program outcomes.

The case studies will include grantee-specific profiles linking the T/TA services received with the time trends in changes in grantee capacity. The number and duration of T/TA activities will be quantified to see if there is a relationship between the dosage, content, or modes of T/TA services received by grantees and changes in their capacity. The CAT will also document contextual factors (staff changes, training from other sources, changes in program budgets, and changes in leadership) that may affect grantee capacity.

Assessing the contribution of T/TA to capacity change. In the annual performance assessment surveys, grantees will be asked for their perceptions of the level of contribution of NRC activities to grantees' capacity development. Cross-case methodology will be utilized to identify patterns in the NRC's influence on grantee capacity development (Lee & Chavis, 2011).[11]

Using the cross-case study approach to determine the level and quality of NRC contributions. Cross-case methodology will also be used to look more closely at the NRC's contribution to

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[11] Lee, K.S., & Chavis, D.M. (2011). Cross-case methodology: Bringing rigor to community and systems change research and evaluation. *Journal of Community & Applied Social Psychology*, 22(5), 428-438. Retrieved from: http://onlinelibrary.wiley.com/doi/10.1002/casp.1131/full

grantee capacity. The grantee-specific case studies (for seven SS/HS grantee and a purposive sample of four Project LAUNCH grantees) will also be used in cross-site contribution analyses.

The grantee-specific case studies will document the progression of grantee T/TA needs, T/TA activities, T/TA outputs, and changes in grantee capacity. The case studies will draw on information from multiple sources, including case study interviews, needs assessment interviews, surveys, focus groups, TA tracker satisfaction surveys, site visit assessment interviews and surveys, annual performance assessment surveys, grantee capacity assessments, and other grantee documents.

The case study analyses will explore rival explanations for improvements in capacity and the conditions under which the NRC training and technical assistance has been more and less successful. This includes identifying critical events in the "grantee's life cycle" and the role that the NRC played in events that either turned out well or not. In addition, a cross-case methodology will be employed to look at cross-site patterns within the SS/HS program, cross-site patterns within the Project LAUNCH program, and cross-program patterns.

17. Display of Expiration Date

All data collection instruments will display the expiration date of OMB approval.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions. The certifications are included in this submission.