STATE TARGETED RESPONSE TO THE OPIOID CRISIS (OPIOID STR) EVALUATION

SUPPORTING STATEMENT

A. Justification

A.1 Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ) is requesting approval from the Office of Management and Budget (OMB) for new data collection activities associated with the State Targeted Response to the Opioid Crisis (Opioid STR) Evaluation. Approval is requested for the following 14 data collection tools:

- Opioid STR State Director Baseline Web/Mail Survey
- Opioid STR State Director Time 2 Web/Mail Survey
- Opioid STR State Director Time 3 Web/Mail Survey
- Opioid STR State Director Time 1 Telephone Interview Protocol
- Opioid STR State Director Time 2 Telephone Interview Protocol
- Opioid STR Community/Program Director Baseline Site Visit Interview Protocol
- Opioid STR Community/Program Data Manager Baseline Site Visit Interview Protocol
- Opioid STR Community/Program Clinical Staff Baseline Site Visit Interview Protocol
- Opioid STR Community/Program Director Time 2 Site Visit Interview Protocol
- Opioid STR Community/Program Data Manager Time 2 Site Visit Interview Protocol
- Opioid STR Community/Program Clinical Staff Time 2 Site Visit Interview Protocol
- Opioid STR Community/Program Director Baseline Web/Mail Survey
- Opioid STR Community/Program Director Time 2 Web/Mail Survey
- Opioid STR Community/Program Director Time 3 Web/Mail Survey

- Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measures Tool (included for informational purposes; approved under OMB No. 0930-0208)

a. Statement of need for a rigorous evaluation of the Opioid STR Grant Program Overdose deaths associated with prescription and illicit opioids were estimated to be 33,091 in 2015, up from 28,647 in 2014.[1] The increase in the number of deaths was driven, in large part, by a sharp increase in deaths related to heroin and synthetic opioid use. Heroin overdose deaths accounted for 12,990 of the deaths in 2015 – a 23 percent increase over deaths due to heroin overdoses in 2014. Overdose deaths involving synthetic opioids, other than methadone, accounted for 9,580 of the deaths – a 73 percent increase over 2014.

In April, 2017, SAMHSA awarded 57 grants to states and territories through its Opioid STR grant program. These grants, authorized under Section 1003 of the Cures Act, are designed to help address the national opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD). As outlined in the Cures Act, grant activities may include i) improving state prescription drug monitoring programs; ii) implementing prevention activities and evaluating such activities to identify effective strategies to prevent opioid abuse; iii) training health care practitioners where such training would include best practices for prescribing opioids, pain management, recognizing potential cases of substance abuse, referral of patients to treatment programs, and overdose prevention; and iv) supporting access to health care services, including those services provided by federally certified opioid treatment programs or other appropriate health care providers to treat substance use disorders. In addition to the foregoing, the money may be used for other public health-related activities "as the state determines appropriate" to address opioid abuse within the state or territory.

b. Overview of study design and evaluation questions

CBHSQ will be conducting a cross-site evaluation of the Opioid STR grant program. This data collection is authorized under Section 509D of the Public Health Service Act (42 USC 290bb-2 – Priority Substance Abuse Treatment Needs of Regional and National Significance). The proposed data collection is necessary to evaluate how the Opioid STR state/territory grantees plan and implement prevention, treatment and recovery services. Additionally, a subset of communities/programs will be selected to participate in supplemental evaluation activities designed to provide detailed information related to the implementation of services at the community/program level, as well as the impacts of the program on client outcomes.

[1] Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452.

The evaluation has two components:

State/territory-level evaluation: This component of the evaluation seeks to (1) understand the state/territory level factors (e.g., existing service system infrastructure, policies, practices) that facilitate and impede the delivery of opioid prevention, treatment, and recovery services; (2) track the implementation of STR-funded opioid prevention, treatment, and recovery services (3) measure the extent to which states' capacity to address the opioid crisis changes over time, and (4) assess the extent to which key indicators of opioid use and related harms change over time.

The overarching evaluation questions for the state/territory-level evaluation include the following:
1. How do states/territories differ in their capacity to address the opioid crisis? Does their capacity change during the Opioid STR grant period?

2. What prevention strategies and treatment and recovery services do states/territories implement using Opioid STR funding?

3. What state/territory-level structures, processes, and practices facilitate or impede the implementation of opioid prevention, treatment, and recovery activities? Did these structures, processes, and practices change during the Opioid STR grant period?

4. Do key state/territory-level opioid indicators change during the Opioid STR grant period? These indicators include, for example, prevalence of opioid use, misuse, and disorder, opioid-related mortality, number of people receiving opioid treatment, and the number of providers trained to implement Medication Assisted Treatment and other prevention, treatment, and recovery services.

Community/program-level evaluation: This component of the evaluation will include up to 20 strategically selected communities/programs that are implementing prevention, treatment, and/or recovery services using Opioid STR funding. These 20 programs will be selected based on factors such as HHS Regional representation; urban/rural status, program model/type, program maturity, and ability to collect and report required data. These 20 programs are not intended to represent or generalize to all STR-funded programs. The community/program level evaluation will examine the implementation of specific programs and measure client-level outcomes.

The overarching evaluation questions for the community/program-level evaluation include the following:

1. How do communities/programs differ in their capacity to address the opioid crisis? Does the capacity of these communities/programs change over the Opioid STR grant period?

2. What types of training and technical assistance do communities/programs need at the beginning of the STR grant period? What types of training and technical assistance were helpful to achieving their goals?

3. What prevention strategies and treatment and recovery services do each community/program implement using Opioid STR funding?

4. What community/program-level structures, processes, and practices facilitate or impede the implementation of opioid prevention, treatment, and recovery activities? Did these structures, processes, and practices change during the Opioid STR grant period?

5. Do key community/program-level opioid indicators change during the Opioid STR grant period? These indicators include, for example, community/program indicators focused on the prevalence of opioid use, misuse, and disorder, opioid-related mortality, number of people receiving opioid treatment, and the number of providers trained to implement Medication Assisted Treatment and other prevention, treatment, and recovery services.

6. Do clients who receive STR-funded services demonstrate improvements in substance use and functioning?

CBHSQ will use a mixed-methods evaluation design to answer the evaluation questions. As summarized in Table 1, the state/territory-level evaluation will include three rounds of web based surveys administered to each state Opioid STR project director at different stages of the implementation of the grant program in order to assess progress and changes over time. These surveys will be supplemented by two rounds of subsequent telephone interviews with state Opioid STR project directors.

The community/program-level evaluation will include two rounds of site visits to the 20 selected communities/programs and three rounds of surveys with each community/program director. Each round of site visits will include interviews with the community/program director, data manager, and up to four clinical staff. In addition, each of the 20 selected communities/programs will collect longitudinal client-level data for clients who receive STR-funded services. These communities/programs will use CSAT's GPRA for Discretionary Grant Programs Client Outcome Measure (OMB No. 0930-0208) to collect client-level data on substance use and functioning at intake/baseline and every 6 months until discharge from STR-funded services.

A timeline for data collection activities is provided in Table 1.

Table 1. Timing of data collection activities

Data Collection Activity	Time Point	Maximum Number of Times	Method	Protocol Attachment Number
State-Level Evaluation (n = all 57 STR-funded states/territories)				
State Opioid STR Director Survey	Baseline (upon OMB approval)	1	Web or paper (by request)	1
	Time 2 (April 2018)	1	Web or paper (by request)	2
	Time 3 (April 2019)	1	Web or paper (by request)	3
State Opioid STR Director Interview	Time 1 (January 2018)	1	Telephone interview	4
	Time 2 (12 months following OMB approval)	1	Telephone interview	5
Community/Program-Level Evaluation (n = up to 20 STR-funded programs/communities)				

Opioid STR Community/Program Director Survey	Baseline (upon OMB approval)	1	Web or paper (by request)	6
	Time 2 (April 2018)	1	Web or paper (by request)	7
	Time 3 (April 2019)	1	Web or paper (by request)	8
Opioid STR Community/Program Director Interview	Baseline (upon OMB approval)	1	Site visit interview	9
	Time 2 (April 2019)	1	Site visit interview	10
Opioid STR Community/Program Data Manager Interview	Baseline (upon OMB approval)	1	Site visit interview	11
	Time 2 (April 2019)	1	Site visit interview	12
Opioid STR Community/Program Clinical Staff Interviews	Baseline (upon OMB approval)	1	Site visit interview	13
	Time 2 (April 2019)	1	Site visit interview	14
CSAT GPRA Client Outcome Measures Tool	Baseline (upon OMB approval)	1	Client interview	15
	Follow-up (6 and 12 months following intake)	2	Client interview	15
	Discharge	1	Client interview	15

A.2 Purpose and Use of Information

The purpose of the Opioid STR grant program is to help address the national opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. The proposed information collection request will provide SAMHSA with vital information regarding the planning and implementation of opioid prevention, treatment and recovery activities at the state/territory and program/community level, as well as the impact of these services on client outcomes. SAMHSA has developed a set of interview protocols and survey measures that will collect information from all state/territory grantees (n= 57), and strategically selected programs/communities (up to 20) that provide services and activities funded by the STR grant. In addition, SAMHSA's Performance Accountability and Reporting System (SPARS) will be used to collect de-identified client-level data using CSAT's GPRA for Discretionary Grant Programs Client Outcome Measure (OMB No. 0930-0208) from individuals receiving STR-funded services from up to 20 participating communities/programs.

a. State/territory-level evaluation data collection from all 57 STR-funded states/territories

- **Opioid STR State/Territory Director Surveys (Attachments 1 - 3):** The state official designated as the Opioid STR Project Director/Program Manager will complete a survey at three time points. These surveys will be completed via a secure web-based system or by paper (if requested by the respondent). The baseline survey will collect information about the existing prevention, treatment, and recovery infrastructure prior to the grant period as well as the planned activities. The time 2 and time 3 surveys will gather information about the actual implementation of STR-funded activities and track implementation progress and challenges over time.

- **Opioid STR State/Territory Director Interview Protocols (Attachments 4 and 5):** The state official designated as the Opioid STR Project Director/Program Manager will participate in two telephone interviews to provide more in-depth information about the implementation of STR-funded activities. The first interview will gather information about the characteristics of states' substance abuse treatment systems prior to STR funding and the specific types of activities that states plan to implement using STR funding. The second interview will gather information about the successes and challenges that states encounter when implementing their activities and their plans for sustaining these activities.

b. Community/program-level data collection from up to 20 STR-funded communities/programs

- **Community/Program Director/Manager Interview Protocols (Attachments 6 and 9):** The individual designated as the Program Director/Program Manager of the community/program that receives STR funding will participate in two rounds of interviews conducted during two rounds of two-day in-person site visits conducted at different stages of implementation. The baseline interview will collect information about the current opioid prevention, treatment, and recovery activities at baseline, the capacity and readiness of the community/program to implement new opioid prevention, treatment, and recovery activities, and their implementation plans. The time 2 interview will gather information about their implementation of opioid prevention, treatment, and recovery activities during the period they received STR funding, including their implementation of evidence-based programs, policies, and practices, their use of data to monitor and evaluate their activities, and their plans for sustaining these activities.

- **Community/Program Clinical Staff Interview Protocols (Attachments 7 and 10):** Up to 4 clinical staff involved in implemented the STR-funded communities/programs will participate in two round of interviews during two-day site visits conducted at different stages of implementation. The baseline interview will collect information on the factors that have facilitated or impeded the implementation of past opioid prevention, treatment, and recovery efforts, plans for implementing STR-funded activities, and factors that may facilitate or impede the success of STR-funded activities. The time 2 interview gathers information about clinicians' experiences implementing STR-funded activities, factors that actually facilitated or impeded the success of those activities, plans for sustaining STR-funded activities, and perceptions of whether clients' access to care and outcomes have improved over time.

- **Community/Program Data Manager Interview Protocols (Attachments 8 and 11):** The individual designated as the data manager for the community/program will participate in two round of interviews during two-day site visits conducted at different stages of implementation. The baseline interview will collect information on how the program used community/program-level data to inform the development and implementation of STR-funded opioid prevention, treatment, and recovery activities, how the program plans to use data to monitor the implementation of these activities, and the strengths and limitations of existing community/program-level data sources. The time 2 interview will gather information on how the community/program used data to monitor the implementation of STR-funded activities, the findings from their data monitoring, and their plans for using data to continue monitoring the implementation and outcomes of STR-funded activities.

- **Community/Program Director/Manager Surveys (Attachments 12 - 14):** The individual designated as the Program Director/Program Manager of the community/program that receives STR funding will complete a survey at three time points. These surveys will be completed via a secure web-based system or by paper (if requested by the respondent). The baseline survey will collect information about the community/program's capacity and readiness to implement opioid prevention, treatment, and recovery services and their plans for implementing these activities. The time 2 and time 3 surveys will gather information about the actual implementation of opioid prevention, treatment, and recovery activities, track implementation progress over time, gather information about the successes and challenges that communities/programs encounter when implementing their activities and their plans for sustaining these activities.

- **CSAT GPRA Client Outcome Measure (Attachment 15):** The CSAT GPRA Client Outcome Measure will be used to assess changes in substance use and functioning among clients who receive STR-funded services from the 20 selected communities/programs. The community/program will administer the CSAT GPRA measure upon the client's entry/intake into STR-funded services and every 6 months thereafter until discharge from STR-funded services. CBSHQ anticipates that clients will complete this instrument up to 4 times - baseline/intake and up to 3 follow-up assessments or discharge (whichever comes first). This instrument is already OMB approved (OMB No. 0930-0208), but is included here for burden and operating purposes.

A.3 Use of Improved Information Technology

Client-level data for the community/program-level evaluation will be collected and managed through SAMHSA's existing SPARS website. The SPARS website is a web-based system that allows for easy data entry, submission, and reporting to all those who have access to the system. Levels of access have been defined for users based on their authority and responsibilities regarding the data and reports. Access to the data and reports is limited to those individuals with a username and password. Survey data (state and community/program) will be submitted and collected electronically or by paper (if requested by respondent). The use of web-based data submission methods decreases respondent burden as compared to that required for alternate methods, such as a paper format, by allowing direct transmission of the data. Respondents can enter and submit the data at a time and location that is convenient for them. In addition, the data entry and quality control mechanisms built into the web-based portal reduce errors that might otherwise require follow-up, thus reducing burden compared to that required for hardcopy data collection. Offering a paper mode as a secondary option typically improves response rates further, by allowing respondents to choose the mode with which they are most comfortable. The survey instruments request respondents look-up information and some respondents may prefer to use a paper version to complete as they are able, without the need to repeatedly log into the web survey. The evaluation contractor will follow-up with survey respondents to gather any critical missing information or address data anomalies. The evaluation contractor will enter data from completed paper surveys into the same database which houses the web-based completes. The staff entering the paper surveys are specially-trained in data cleaning, editing, coding, and database entry. All paper surveys will be double-entered into the database to assess the data entry accuracy.

A.4 Efforts to Avoid Duplication

The data to be collected are unique and are not otherwise available.

A.5 Involvement of Small Entities

The organizations that receive support from the Opioid STR grant program vary in size, from smaller entities to larger organizations. Every effort has been made to limit the data collection from these organizations to conduct the community/program-level evaluation. In addition, the organizations that voluntarily participate in the community/program-level evaluation will receive training and ongoing support from the evaluation contractor to collect and submit client-level data using the CSAT GPRA measure. Every effort will be made to minimize the number of data items collected from organizations that participate in the community/program-level evaluation to the least number required to accomplish objectives of the effort and therefore, there is no significant impact involving small entities. Respondents to the state/territory-level evaluation are employees of state agencies.

A.6 Consequences if Information Collected Less Frequently

The Opioid STR evaluation was designed to minimize burden on both grantees and individuals receiving services funded by the Opioid STR grants. The proposed data collection schedule represents the minimum number of information needed for the government to accomplish the objectives of its evaluation and to meet data reporting requirements. Some data elements are repeated at different time points to assess change over time (e.g., program implementation and individual outcome change over the course of the evaluation period). Client-level data collection time points for the community/program level evaluation are generally accepted intervals for client assessment and the participants will be asked to respond to the items according to this schedule.

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

The data collection efforts will be consistent with the guidelines at 5 CFR 1320.5(d)(2).

A.8 Federal Register Notice and Consultations Outside the Agency

A.8.1 Federal Register Notice

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on April 20, 2017 (82 FR 18662). No comments were received in response to this notice.

A.8.2 Consultations Outside the Agency

No further outside consultation has been initiated.

A.9 Payments/Gifts to Respondents

Communities/programs that participate in the client-level data collection will receive an honoraria of $2,500. Clients who complete the CSAT GPRA measure will receive a $25 honoraria at each time of completion, a maximum of 4 times per client, for a potential of $100 per client. These time points are intake/baseline, 6-month follow-up, 12-month follow-up, 18-month follow-up or discharge (if discharged before 18-month follow-up).

A.10 Assurance of Confidentiality

All members of the evaluation team will receive general awareness training and role-based training commensurate with the responsibilities required to perform the tasks of the project. Prior to performing any project work or accessing any system, and annually thereafter throughout the life of the evaluation, each team member will have completed the SAMHSA Security Awareness Training required by the agency, as well as Records Management and Human Subjects Research Training. The project will maintain a list of all individuals who have completed these trainings and will submit this list to the Project Officer upon request.

The evaluation team will safeguard the names of respondents, all information or opinions collected in the course of interviews and observations, and any information about respondents learned incidentally during the project. Hard copies of evaluation data and notes containing personal identifiers will be kept in locked containers or a locked room when not being used. Reasonable caution will be used in limiting access to data to only those persons who are working on the project and who have been instructed in appropriate Human Subjects requirements for the project. All evaluation data, notes, recordings, etc. will be provided to SAMHSA at least 30 days prior to contract end date. SAMHSA will ensure documentation of destruction is completed by the contractor once all information and data is provided to SAMHSA.

Identifying information such as individual names and addresses will not be part of any machine data record. Electronic files and audio files will be accessible only to project staff and under password protection. Access to network-based data files will be controlled through the use of Access Control Lists or directory- and file-access rights based on user account ID and the associated user group designation. Staff will be instructed on the proper use of PCs for the storage, transfer, and use of sensitive information and the tools available such as encryption.

Individuals and organizations providing information to the evaluation will be told the purposes for which the information is collected and that any identifiable information about them will not be used or disclosed for any other purpose. Identifiers such as name, email address, and position will be collected to facilitate survey administration and to notify respondents of the survey. Once data collection is complete, personal identifiers will be removed from the data and destroyed.

A.11 Questions of a Sensitive Nature

No information of a sensitive nature will be collected as part of the State Surveys or Community/Program Surveys or site visits or telephone interviews. The CSAT GPRA measure to collect client-level data is already OMB approved (OMB No. 0930-0208). The client-level data collection instrument is 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 information in the service/treatment context. The 20 communities/programs selected for the Community/Program level evaluation will be required to use informed consent forms and to collect/store/report data in accordance with 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 that 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.12 Estimates of Burden Hours

Table 2 shows the estimated annualized burden hours for the respondents' time to participate in each data collection activity. Across the instruments, the total burden is estimated to be 2,601 hours. The total cost burden is estimated to be $119,331.

Table 2. **Estimates of Annualized Burden for the Opioid STR Measures**

SAMHSA Program Instruments	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost[a]	Total Wage Cost
State-Level Evaluation (n = all 57 STR-funded states/territories)							
State Survey - Baseline	57	1	57	4	228	52.58	$11,988
State Survey – Time 2	57	1	57	4	228	52.58	$11,988
State Survey – Time 3	57	1	57	4	228	52.58	$11,988
State Interview Protocol – Time 1	57	1	57	1.5	85.5	52.58	$4,495
State Interview Protocol – Time 2	57	1	57	1.5	85.5	52.58	$4,495
Community/Program-Level Evaluation (n = 20 STR-funded programs/communities)							
Community/Program Director Interview Protocol - Baseline	20	1	20	1.5	30	52.58	$1,577
Community/Program Clinical Staff Interview Protocol - Baseline	80	1	80	1.5	120	25.16	$3,019

SAMHSA Program Instruments	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost[a]	Total Wage Cost
Community/Program Data Manager Interview Protocol - Baseline	20	1	20	1.5	30	25.16	$754
Community/Program Director Interview Protocol – Time 2	20	1	20	1.5	30	52.58	$1,577
Community/Program Clinical Staff Interview Protocol – Time 2	80	1	80	1.5	120	25.16	$3,019
Community/Program Data Manager Interview Protocol – Time 2	20	1	20	1.5	30	25.16	$754
Community/Program Director Survey – Baseline	20	1	20	3	60	52.58	$3,154
Community/Program Director Survey – Time 2	20	1	20	3	60	52.58	$3,154
Community/Program Director Survey – Time 3	20	1	20	3	60	52.58	$3,154
Client-level data for Community/Program-Level Evaluation (n = 20 STR-funded programs/communities)							
Baseline/intake Interview[1]	1,000	1	1,000	.52	520	22.47	$23,368
Follow-up Interview[3]	800	1	800	.52	416	22.47	$18,695
Discharge Interview[4]	520	1	520	.52	270.4	22.47	$12,152
TOTAL	**1,177**		**2,905**		**2,601.4**		**$119,331**

NOTES:
1. It is estimated that 1000 clients will be recruited at baseline/intake per year.
2. It is estimated that 80% of baseline clients will complete this interview.
3. It is estimated that 52% of baseline clients will complete this interview.

[a] Source: BLS Occupation Employment Statistics, http://data.bls.gov/oes. State-level respondents based on the average hourly wages for Medical and Health Services Managers (occupation code 11-9111); Community and Program Director respondents based on the average hours rates for Medical and Health Services Managers (occupation code 11-9111); Community Program Clinical Staff and Data Manager respondents based on the average hourly wages for the Community and Social Service Occupation (occupation code 21-0000),

Based on the average hourly wages for Health Care and Social Assistance, All Other (21-1099; $22.47) and Social Workers (21-1020; $29.83) from the May 2015 National Industry-Specific Occupational Employment and Wage Estimates, 621330 – Offices of Mental Health Practitioners; and the federal minimum wage of $7.25/hour.

A.13 Estimates of Annualized Respondent Capital and Maintenance Costs

There are neither capital nor startup costs, nor are there any operations or maintenance costs.

A.14 Estimates of Annualized Cost to the Federal Government

SAMHSA has planned and allocated resources for the management, processing, and use of the collected information in a manner that will enhance its utility to agencies. The contract award to cover this evaluation is $4,198,174 over a 48-month period. Thus, the annualized contract cost is $1,049,543. It is estimated that three SAMHSA employees will be involved for 15% of their time each, at an estimated annualized cost of $49,500 to the government. The total estimated average cost to the government per year is $1,099,042.

A.15 Change in Burden

This is a new information collection request.

A.16 Time Schedule, Publication and Analysis Plan

The evaluation of the Opioid STR grant program will provide aggregate findings in text and charts in the following publications:

- Two reports that summarize findings from the community/program-level evaluation. In addition, each community/program that participates in this component of the evaluation will receive a summary report specific to their community/program.
- A report that summarizes findings from state/territory-level evaluation. In addition, each state/territory will receive a brief report of state/territory-specific findings.
- Presentations of findings to communities/programs and states/territories.
- Briefings for SAMHSA and other federal stakeholders.
- About two ad hoc data requests (such as presentations and brief reports) per year as directed by SAMHSA.

Table 3 provides an overview of the evaluation tasks and in which years the tasks will be carried out.

Aggregate information may also be used in journal articles, scholarly presentations, and congressional testimony related to the outcomes of the Opioid STR grant program.

Table 3. Opioid STR Evaluation Activities

Evaluation activity	Year 1	Year 2	Year 3	Year 4
Development of evaluation plan and instrumentation	X			
OMB and IRB approval	X			
State/territory director surveys	X	X		
State/territory director telephone interviews	X	X		
Community/program director surveys	X	X		
Community/program site visit interviews	X	X		
CSAT GPRA measure reporting by communities/programs	X	X	X	
Reporting community/program-level findings	X		X	X
Reporting state/territory-level findings	X	X	X	

A.17 Exemption for Display of Expiration Date

No exemption is being requested.

A.18 Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.