

1SUPPORTING STATEMENT FOR MENTAL HEALTH CLIENT/PARTICIPANT OUTCOME MEASURES

JUSTIFICATION

A1. 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 revisions to the previously approved instruments and data collection activities associated with current and future CMHS grantees (OMB No. 0930-0285) and a continuation of data collection activities, which expires on March 31, 2019.

SAMHSA/CBHSQ is requesting the revision of two of the current client services data collection instruments, as indicated below:

1. The CMHS NOMs Adult Client-level Measures for Discretionary Programs Providing Direct Services (Attachment A). **Revision: Adding 13 new questions: One (1) question about International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) diagnosis codes and 12 new program-specific questions. SAMHSA is also requesting approval to increase the number of individuals reporting specific physical health indicators, and to increase the frequency of reporting of physical health indicators from semi-annually or annually to quarterly.**
2. The CMHS NOMs Child Client-level Measures for Discretionary Programs Providing Direct Services (Child/Caregiver Version) (Attachment B). **Revision: Adding eight (8) new questions: one (1) question about ICD-10-CM diagnosis codes and seven (7) new program-specific questions.**
3. The Infrastructure Development, Prevention, and Mental Health Promotion Performance Indicators (Attachment C). **No change.**

These changes will allow SAMHSA to quickly improve its capacity to report performance and outcomes for all of its discretionary programs, including: demographic characteristics of individuals served; clinical characteristics of individuals served before, during, and after receipt of services; numbers of individuals served; and characteristics of services and activities provided. In order to be fully accountable for the spending of federal funds, SAMHSA requires all its programs to collect and report data on all clients served, to ensure that program goals and objectives are being met. Data collected as part of this package will be used to improve performance monitoring through the grant period and to ensure appropriate spending of federal funds.

Approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 (GPRMA) reporting requirements that quantify the effects and accomplishments of its programs, which are consistent with OMB

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

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

SAMHSA's legislative mandate is to increase access to high quality substance abuse and mental health prevention and treatment services and to improve outcomes. Its mission is to improve the quality and availability of treatment and prevention services for substance abuse and mental illness. To support this mission, the Agency's overarching goals are:

- 1) Accountability—Establish systems to ensure program performance measurement and accountability
- 2) Capacity—Build, maintain, and enhance mental health and substance abuse infrastructure and capacity
- 3) Effectiveness—Enable all communities and providers to deliver effective services

Each of these key goals complements SAMHSA's legislative mandate. All of SAMHSA's programs and activities are geared toward the achievement of these goals, and GPRA performance monitoring is a collaborative and cooperative aspect of this process.

This request represents a first step in SAMHSA's efforts to improve its ability to assess the impact of its programs, and to use data collected from its discretionary grant portfolio to enhance grantee performance and to improve the lives of Americans with mental health and substance use disorders. To help accomplish these goals, SAMHSA is undertaking an effort to enhance its data collection efforts over the next two years. The current request seeks approval to revise the current data collection tools to add a small number of program-specific questions that will provide vital information on key grant outcomes, as well as add standardized ICD-10-CM diagnostic codes that will allow SAMHSA to identify who is receiving services, and whether clients with the highest level of need (e.g. SMI, SED, and substance use disorders) are improving following initiation of SAMHSA funded services. In fall 2018, SAMHSA plans to submit another request to OMB to make significant modifications to its data collection activities that will incorporate standardized, validated screening instruments to better assess program, grantee, and client outcomes.

A2. Purposes and Use of Information

SAMHSA uses its performance measures to report on the performance of its discretionary services grant programs. The performance measure information is used by individuals at three different levels: the Assistant Secretary and SAMHSA staff, the Center administrators and Government Project Officers (GPOs), and grantees:

Assistant Secretary Level – The information will be used to inform the Assistant Secretary for Mental Health and Substance Use on the performance and outcomes of the programs funded through the Agency. Performance is based on the goals of the grant program. The intent is that the information will serve as the basis of the annual GPRA report to Congress contained in the Justifications of Budget Estimates.

Center Level – In addition to providing information about the performance of the various programs, the information will be used to monitor and manage individual grant projects within each program. The information can be used by GPOs to identify program strengths and weaknesses, to provide an informed basis for providing technical assistance and other support to grantees, to inform continuation of funding decisions, and to identify potential issues for additional evaluation.

Grantee Level – In addition to monitoring performance and outcomes, the grantee staff can use the information to improve the quality of treatment services provided to consumers within their projects.

SAMHSA will use the data collected for annual reporting required by the Government Performance and Results Modernization Act (GPRMA) of 2010, to describe and understand changes in outcomes from baseline to follow-up to discharge. SAMHSA's report for each fiscal year will include results of performance monitoring for the three preceding fiscal years. The information collected through this new data collection process will allow SAMHSA to report on the results of these performance indicators and outcomes in a manner that is consistent with SAMHSA specific performance domains, and to assess the accountability and performance of its discretionary and formula grant programs.

Outcome data reflect the Agency's desire for consistency in data collected within the Agency. SAMHSA has identified ten specific performance domains to assess the accountability and performance of its discretionary and formula grants. These domains represent SAMHSA's focus on the factors that contribute to the success of mental health treatment, and are:

1. Access/Capacity
2. Functioning
3. Stability in Housing
4. Education and Employment
5. Crime and Criminal Justice
6. Perception of Care
7. Social Connectedness
8. Retention
9. Cost-Effectiveness

10. Evidence-Based Practices

SAMHSA/CMHS grant programs that provide direct treatment to consumers, or services programs, currently have an OMB approved data collection in place. Consequently, this request for approval is for a revision to the existing client-level data collection (“The CMHS NOMs Adult Client-level Measures for Discretionary Programs Providing Direct Services” and “The CMHS NOMs Child Client-level Measures for Discretionary Programs Providing Direct Services”). This data will be collected at baseline, at six-month reassessments for as long as the consumer remains in treatment, and at discharge. Physical health data, which will be reported by grantees in specific grant programs, will be reported quarterly.

Data Collection for Infrastructure Development, Prevention, and Mental Health Promotion Performance Indicators

To facilitate CMHS reporting of GPRA data for programs engaged in substantial infrastructure development, prevention, and mental health promotion activities, the agency has identified 14 categories of particular interest for accountability and performance monitoring. No changes are proposed for these categories. These categories are:

- Policy Development
- Workforce Development
- Financing
- Organizational Change
- Partnerships/Collaborations
- Accountability
- Types/Targets of Practices
- Awareness
- Training
- Knowledge/Attitudes/Beliefs
- Screening
- Outreach
- Referral
- Access

The following table summarizes the total number of indicators for each category that may or may not apply to each grant program depending on the type of grant:

Table 1. Data Collection for Infrastructure, Prevention, and Mental Health Promotion Indicators

Category	Number of Indicators
Policy Development	2
Workforce Development	5
Financing	3
Organizational Change	1
Partnerships/Collaborations	2
Accountability	6

Category	Number of Indicators
Types/Targets of Practices	4
Awareness	1
Training	1
Knowledge/Attitudes/Beliefs	1
Screening	1
Outreach	2
Referral	1
Access	1
Total Number	31

SAMHSA intends to compare infrastructure, prevention, and mental health promotion targets set at baseline with data collected quarterly. These outcomes will be used as the indicator of performance.

Proposed Changes to Data Collection Tool

SAMHSA is proposing the revision of this data collection instrument (OMB No. 0930-0285) to improve performance monitoring and outcome measurement of its programs supporting recovery from mental illness and substance use disorders. The 13 new questions to be added to the Adult Measure and the eight (8) new questions to be added to the Child data collection instruments were developed by SAMHSA to understand specific outcomes of specific grant programs. Individual respondents will only be required to respond to a subset of these additional questions, with no respondent completing more than four (4) new questions per response. Questions will be selected by SAMHSA based on the specific goals and characteristics of the grant program.

SAMHSA is now requesting approval to include the following program-specific questions to its currently approved data collection instruments:

Table 2: New Questions for Adult and Child/Caregiver Measures

Question Number	Question
Adult Measure	
1	Behavioral Health Diagnoses - Please indicate patient's current behavioral health diagnoses using the International Classification of Diseases, 10 th revision, Clinical Modification (ICD-10-CM) codes listed below: (Select from list of Substance Use Disorder Diagnoses and Mental Health Diagnoses).
2	[For client] In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you? (Always, Usually, Sometimes, Rarely, Never)
3	[For grantee] In the past 30 days, how compliant has the client been with their treatment? (Not compliant, Minimally compliant, Moderately compliant, Highly compliant, Fully compliant)
4	[For grantee] Did the client screen positive for a mental health or co-

	<p>occurring disorder?</p> <ol style="list-style-type: none"> a. Mental health disorder (Client screened positive, Client screened negative, Client was not screened) b. Substance use disorder (Client screened positive, Client screened negative, Client was not screened) <ol style="list-style-type: none"> i. If client screened positive, was the client referred to the following types of services? <ol style="list-style-type: none"> 1. Mental health services (Yes/ No) 2. Substance use services (Yes/ No) ii. If client was referred to services, did they receive the following services? <ol style="list-style-type: none"> 1. Mental health services (Yes/No/Don't know) 2. Substance use services (Yes/No/Don't know)
5	[For client] Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through the [insert grantee name] program has helped me to avoid further contact with the police and the criminal justice system. (Strongly disagree to Strongly agree)
6	[For client] In the past 30 days, how many times have you: <ol style="list-style-type: none"> a. Been to the emergency room for a physical health care problem? b. Been hospitalized for a physical health care problem? (Report number of nights hospitalized)
7	[For grantee] Please indicate which type of funding source(s) that was (were) used to pay for the services provided to this client since their last interview. (Check all that apply): <ol style="list-style-type: none"> a. Current SAMHSA grant funding b. Other federal grant funding c. State funding d. Client's private insurance e. Medicaid/Medicare f. Other (Specify): _____
8	[For client] Did the program provide the following: <ol style="list-style-type: none"> a) HIV test? (Yes/No) <ol style="list-style-type: none"> i. If yes, what was the result? (Positive/Negative/Indeterminate/Don't know) ii. If result was positive, were you connected to treatment services? (Yes/No) b. Hepatitis B (HBV) test? (Yes/No) <ol style="list-style-type: none"> i. If yes, what was the result? (Positive/Negative/Indeterminate/Don't know) ii. If result was positive, were you connected to treatment services? (Yes/No) c. Hepatitis C (HCV) test? (Yes/No) <ol style="list-style-type: none"> i. If yes, what was the result?

	(Positive/Negative/Indeterminate/Don't know) ii. If result was positive, were you connected to treatment services? (Yes/No)
9	[For client if HIV status is positive] a. Did you receive a referral from [grantee] to medical care? b. Have you been prescribed an antiretroviral medication (ART)? i. For clients who report being prescribed an ART: In the past 30 days, how often have you taken your ART as prescribed to you? (Always, Usually, Sometimes, Rarely, Never).
10	[For client] In the past 30 days: a. How many times have you thought about killing yourself? b. How many times did you attempt to kill yourself?
11	[For grantee] Has the client experienced a first episode of psychosis (FEP) since their last interview? (Yes/No) a. If yes, please indicate the approximate date that the client initially experienced the FEP. [MM/YY] b. If yes, was the client referred to FEP services? (Yes/No/Refused/Don't Know) c. If yes, please indicate the first date that the client received FEP services/treatment [MM/YY]
12	[For client] How often does a member of your team interact with you (select one): Several times a day, Almost every day, A few times a week, About once a week, A few times a month, About once a month
13	If the client indicated that they were enrolled in school: During the past 30 days of school, how many days were you absent for any reason? [# of days/Refused/Don't know/Not applicable]
Child/Caregiver Measure	
1	Behavioral Health Diagnoses - Please indicate patient's current behavioral health diagnoses using the International Classification of Diseases, 10 th revision, Clinical Modification (ICD-10-CM) codes listed below: (Select from list of Substance Use Disorder Diagnoses and Mental Health Diagnoses).
2	[For client] In the past 30 days: a. How many times have you thought about killing yourself? b. How many times did you attempt to kill yourself?
3	[For grantee] Please indicate which type of funding source(s) was (were) used to pay for the services provided to this client since their last interview. (check all that apply): a. Current SAMHSA grant funding b. Other federal grant funding c. State funding d. Client's private insurance e. Medicaid/Medicare

	f. Other (Specify): _____
4	[For client] Please indicate your agreement with the following statement: As a result of treatment and services received, my (my child's) trauma and/or loss experiences were identified and addressed. (Strongly disagree – Strongly agree):
5	[For client] Please indicate your agreement with the following statement: As a result of treatment and services received for trauma and/or loss experiences, my (my child's) problem behaviors/symptoms have decreased. (Strongly disagree – Strongly agree):
6	[For client] Please indicate your agreement with the following statement: As a result of treatment and services received, I (my child has) have shown improvement in daily life, such as in school or with family or friends. (Strongly disagree – Strongly agree):
7	[For grantee] Please provide the following health information: a. Systolic blood pressure b. Diastolic blood pressure c. Weight d. Height e. Waist Circumference
8	[For grantee] Has the client experienced a first episode of psychosis (FEP) since their last interview? (Yes/No) d. If yes, please indicate the approximate date that the client initially experienced the FEP. [MM/YY] e. If yes, was the client referred to FEP services? (Yes/No/Refused/Don't Know) If yes, please indicate the first date that the client received FEP services/treatment [MM/YY]

SAMHSA is also seeking approval to increase the number of individuals reporting physical health information in the Adult Services Tool. Physical health information is currently being reported by Primary and Behavioral Health Care Integration (PBHCI) grantees and Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grantees in Section H of the Adult Services Instrument. SAMHSA is requesting approval to extend the collection of some physical health indicators (blood pressure, height, weight, waist circumference) to an additional 5,000 adult clients in new SAMHSA grant programs annually, including SAMHSA's Certified Community Behavioral Health Clinic Expansion (CCBHC-E). Grant program. As outlined in Supporting Statement B, SAMHSA is proposing to collect data from a random sample of adult clients receiving services from the CCBHC-E grant program. SAMHSA is also requesting to increase the frequency of reporting of physical health data for all programs from annually or semi-annually, to quarterly to be consistent with current recommendations for metabolic monitoring.

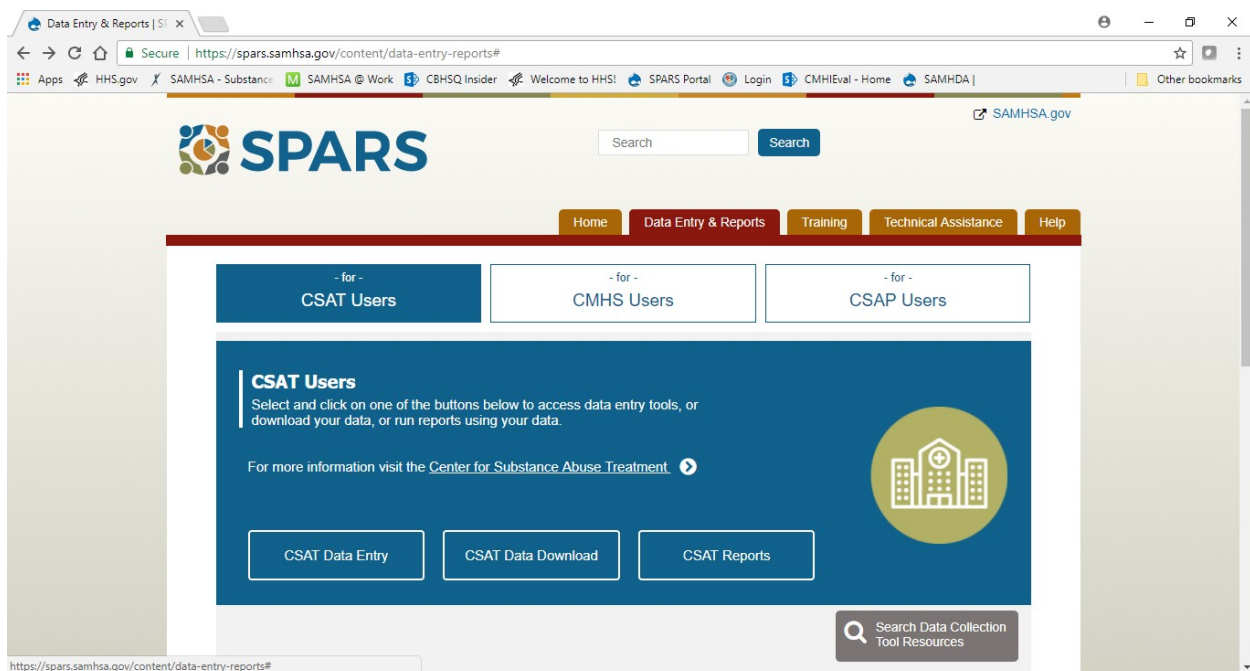
All of CMHS's data collection activities are intended to promote the use of consistent measures among CMHS-funded grantees and contractors. These measures are a result of extensive examination and recommendations, using consistent criteria, by panels of staff, experts, and grantees. Wherever feasible, the measures are consistent with or build upon previous data

development efforts within CMHS. These data collection activities are organized to reflect and support the domains specified for SAMHSA’s NOMs for programs providing direct services, and the categories developed by CMHS to specify the infrastructure, prevention, and mental health promotion activities.

NO changes were made to the Infrastructure Development, Prevention, and Mental Health Promotion Performance Indicators instrument.

A3. Uses of Information Technology

Information technology will be used to reduce program respondent burden. A web-based data collection and entry system, SAMHSA’s Performance Accountability and Reporting System (SPARS), has been developed and is currently used and available to all programs for data collection. This web-based system 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. A screenshot of the data entry screen on SPARS is below:



Electronic submission of the data promotes enhanced data quality. With built in data quality checks and easy access to data outputs and reports, users of the data can feel confident about the quality of the output. The electronic submission also promotes immediate access to the dataset. Once the data are entered into the web-based system, it will be available for access, review, and reporting by all those with access to the system from Center staff to the grantee staff.

A4. Efforts to Identify Duplication

The items collected are necessary in order to assess grantee performance. SAMHSA is promoting the use of consistent performance and outcomes measures across all programs; this effort will result in less overlap and duplication, and will substantially reduce the burden on grantees that results from data demands associated with individual programs.

A program-level review of current measures and methods of data collection was conducted to identify duplication of these data collection efforts. With the goal of creating standardized indicators and methods for monitoring grantee performance across the Center, existing measures were considered for use where appropriate. The proposed revisions to the data collection instruments were developed in consultation with, reviewed, and approved by Director of the National Mental Health and Substance Use Policy Laboratory and SAMHSA's Chief Medical Officer as meeting the performance monitoring and management needs of individual programs and the Center.

SAMHSA will work closely with the grantees to identify whether other data are being collected by the grantee, which may be redundant to the GPRA instrument. When duplication is identified, SAMHSA and the grantees will identify a priority action plan to leverage the duplicative efforts, and streamline the data items to reduce client burden.

A5. Involvement of Small Entities

Individual grantees vary from small entities to large provider organizations. Every effort has been made to reduce the number of data items collected from grantees to the least number required to accomplish the objectives of the effort and to meet GPRA reporting requirements and therefore, there is no significant impact involving small entities.

A6. Consequences if Information Collected Less Frequently

Client-level data

Mental health programs typically collect client-level data at admission and then conduct periodic reassessments of consumers while the individual remains in treatment. When feasible, mental health providers also conduct an assessment when the consumer is discharged. The data collected for the revised client-level tools parallels this model. All programs that provide direct services will collect data at baseline/intake, every six months while the consumer is receiving services, and at discharge. Physical health data, which is reported by a limited number of grant programs, will be reported quarterly.

The baseline data collection is critical for measuring changes. Extending the interval for the periodic reassessment beyond the requested intervals could lead to loss of contact with consumers, significantly diminishing the response rates and lowering the value of the data for performance reporting use by losing measurement of intermediate effects.

Infrastructure development, prevention, and mental health promotion data

This quarterly data collection requirement for the infrastructure development, prevention, and mental health promotion performance indicators is necessary to provide CMHS with the

information when needed for appropriate program monitoring and management, as well as for GPRA performance reporting.

A7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

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

A8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on May 4, 2018 (83 FR 19792).

CMHS consulted both external and internal stakeholders in developing the proposed measures and data collection methodology. CMHS obtained feedback and consultation regarding the availability of data, methods and frequency of collection, and the appropriateness of data elements. Development of the measures involved extensive consultation with staff within CMHS and SAMHSA.

A9. Payment to Respondents

No monetary payment will be made to the mental health programs or to the consumers participating in the survey.

A10. Assurance of Confidentiality

The information from grantees and all other potential respondents will be kept private through all points in the data collection and reporting processes. However, SAMHSA cannot ensure complete confidentiality of client data. All data will be closely safeguarded, and no institutional or individual identifiers will be used in reports. Only aggregated data will be reported. SAMHSA and its contractors will not receive identifiable client records. Provider-level information will be aggregated to, at least, the level of the grant/cooperative agreement-funding announcement.

SAMHSA has statutory authority to collect data under the Government Performance and Results Act (Public Law 1103(a), Title 31) and is subject to the Privacy Act for the protection of data. Federally assisted substance abuse treatment providers are subject to the federal regulations for alcohol and substance abuse patient records (42 CFR Part 2) (OMB No. 0930-0092) which govern the protection of patient identifying data. In some cases, these same providers meet the definition of a HIPAA covered entity and are additionally subject to the Privacy Rule (45 CFR Parts 160 and 164) for the protection of individually identifiable data.

A11. Questions of a Sensitive Nature

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society. In carrying out this mission, it is necessary for service providers to collect sensitive items such as criminal justice involvement as well as issues of mental health. The data that will

be submitted by each grantee will be based in large part on data that most of the programs are already routinely collecting. This primarily includes data on consumer demographics, mental health condition/illness and treatment history, services received, and consumer outcomes. These issues are essential to the service/treatment context. Grant projects use informed consent forms as required and as viewed appropriate by their individual organizations. They use the appropriate forms for minor/adolescent participants requiring parental approval. They also use the appropriate forms for minor/adolescent participants requiring parental approval. Client data are routinely collected and subject to the Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404). Alcohol and drug abuse client records in Federally supported programs are also protected by 42 CFR Part 2. The informed consent forms usually contain the following elements:

- Explanation of the purpose of the program or research.
- Expected duration of the subject’s participation.
- Description of the procedures to be followed.
- Identification of any procedures 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.

A12. Estimates of Annualized Hour Burden

The time to complete the instruments is estimated in Table 3. These estimates are based on current funding and planned fiscal year 2018 notice of funding announcements (NOFA), and the number of consumers served in fiscal year 2017. The amount of time required to complete the new questions is based on an informal pilot and prior SAMHSA/CMHS experience in collecting similar data.

Table 3: Estimates of Annualized Hour Burden

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Adult client-level baseline interview	46,121	1	46,121	0.67	30,901	\$21.23 ¹	\$656,030

¹ The hourly wage estimate is \$21.23 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 21-1011 Substance Abuse and Behavioral Disorder Counselors = \$21.23/hr. as of March 2017. (<http://www.bls.gov/oes/current/oes211011.htm>) (Accessed on February 7, 2018).

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Adult client-level 6-month reassessment interview	30,901	1	30,901	0.67	20,704	\$21.23	\$439,539
Adult client-level discharge interview	13,836	1	13,836	0.67	9,270	\$21.23	\$196,805
Child/Caregiver client-level baseline interview	12,681	1	12,681	0.67	8,496	\$21.23	\$180,376
Child/Caregiver client-level 6-month reassessment interview	8,496	1	8,496	0.67	5,692	\$21.23	\$120,848
Child/Caregiver client-level discharge interview	3,804	1	3,804	0.67	2,549	\$21.23	\$54,108
Section H Physical Health Data Baseline	20,000	1	20,000	.25	5,000	\$21.23	\$106,150
Section H Physical Health Data Follow-Up	14,800	3	44,400	.25	11,100	\$21.23	\$235,653
Section H Physical Health Data Discharge	10,400	1	10,400	.25	2,600	\$21.23	\$55,198
Subtotal	58,802		190,639		96,312		\$2,044,707
Infrastructure development, prevention, and mental health promotion quarterly record abstraction ²	982	4	3,928	2.0	7,856	\$21.23	\$166,783

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Total	59,784		194,567		104,168		\$2,211,490

1A13. Estimates of Annualized Cost Burden to Respondents

There will be no capital, start-up, operation, maintenance, nor purchase costs incurred by the mental health programs participating in this CMHS data collection, or by consumers receiving CMHS-funded treatment services.

A14. Estimates of Annualized Cost to the Government

The principal additional cost to the government for this project is the cost of a contract to collect the data from the various programs and to conduct analyses, which generate routine reports from the data collected. The reports examine baseline characteristics as well as the changes between baseline, discharge, and each of the follow-up periods. The contractor is responsible for working with the Government Project Officer (GPO) when preparing reports that combine the client services data with the annual reports of the project.

The estimated annualized cost for a contract for the GPRA mandate is \$2,200,000 and the cost of 1 FTE staff (GS-14 100%) responsible for the data collection effort is approximately \$132,000 per year. The estimated annualized total cost to the government will be \$2,332,000.

A15. Changes in Burden

Currently, there are 78,096 total burden hours in the OMB-approved inventory and SAMHSA is now requesting 104,168 burden hours. The program change is an increase of 26,072 burden hours is due to the addition of the 13 questions on the Adult Measure and eight (8) questions on the Child/Caregiver Measure, the increased number of overall grant programs, the increased frequency of physical health data collection, and the number of respondents receiving mental health treatment services. The estimated time to complete the revised tools has been increased from 35 minutes to 40 minutes, and the estimated time to complete the Section H physical health indicators has been increased from 5 minutes to 15 minutes.

A16. Time Schedule, Publication and Analysis Plans

² Grantees are required to report this information as a condition of their grant. No attrition is estimated.

SAMHSA/CMHS will utilize the data collected from this collection on an ongoing basis to monitor performance and to respond to GPRMA and other Federal reporting requirements. These data are used to provide the agency with information to document the overall Center performance requirements and to provide information that will assist CMHS in planning and monitoring program goals. Descriptive information obtained from program reporting requirements will be reviewed for monitoring and program management. Information is used internally by the agency and for performance reports.

Data for the annual GPRA plan/report are needed by SAMHSA on an ongoing basis. Data collection will commence with approval from OMB. Data are provided by CMHS for the most recently completed calendar year to SAMHSA each May in order to assure analysis in time for the annual GPRA report. The annual GPRA report must be submitted to the Department of Health and Human Services and to OMB by September and is included in the President's Annual Budget Request, which is released to the public February 1st. Data may be refined and added to the final Presidential Budget Request after the Department submits its initial GPRA report.

1Data will be available to CMHS staff and grantees through a series of reports available through the web-based system. Roles will determine user access. Individual grantees will only be allowed detailed access to data from their grant. They will also have access to summary information across all grantees in their program. CMHS staff access will be determined by their span of responsibility.

The web-based reports on the SPARS system will include information on the number of consumers served, their demographic characteristics, baseline status, and change scores for the various domains. The data items collected will be analyzed and presented in GPRA reports using basic descriptive statistics. On principle outcome items, a comparison of client status after treatment with baseline data will be used to assess any change in status. The web-based reports will also allow users to create basic cross tabulations of the data.

Data will be used to report to Congress regarding the GPRA as specified in the SAMHSA Annual Justifications of Budget Estimates. They will also allow CMHS staff to examine performance longitudinally, by program, or individual grantee.

In addition to the reports on the SPARS web site, data will be utilized for specialized analyses as needs emerge. Individual grantees will be able to download their own data in into an Excel spreadsheet for further manipulation or to transfer to a statistical package.

The expectation is that over time the results will be examined for subpopulations of interest within individual activities (e.g., by age, gender, or diagnosis) or in response to emerging policy issues. With these analyses, the data would be exported to a statistical package for more elaborate analytic work.

A17. Display of Expiration Date

1The expiration date for OMB approval will be displayed on all data collection instruments.

A18. Exceptions to Certification Statement

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