SUPPORTING STATEMENT FOR THE TECHNOLOGY TRANSFER CENTERS (TTCs) PROGRAM MONITORING

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration's (SAMHSA) is seeking Office of Management and Budget (OMB) approval for data collection activities for monitoring program performance of the Technology Transfer Centers (TTCs), including the Addiction Technology Transfer Centers (ATTCs), the Mental Health Technology Transfer Centers (MHTTCs), and the Prevention Technology Transfer Centers (PTTCs). SAMHSA funds these programs under legislative authority of Section 509, Priority Substance Abuse Treatment Needs of Regional and National Significance, of the Public Health Service Act, as amended.

SAMHSA intends to use five (5) instruments for program monitoring of TTC events as well as for ongoing quality improvement. These are:

- TTC Event Description Form – Attachment 1
- TTC Post Event Form – Domestic – Attachment 2
- TTC Follow-up Form – Domestic – Attachment 4
- TTC Post Event Form – International – Attachment 3
- TTC Follow-up Form – International – Attachment 5

Table 1: TTC Network

Center Type	Number
ATTC Network	
Coordinating Center	1
Regional Centers	10
Population-specific National Centers	2
PEPFAR-funded International HIV Centers	4
MHTTC Network	
Coordinating Center	1
Regional Centers	10
Population-specific National Centers	2
PTTC Network	
Coordinating Center	1
Regional Centers	10
Population-specific National Centers	2
Total Number of TTCs	**42**

The Technology Transfer Centers are part of SAMHSA's restructuring of technical assistance and training. SAMHSA is building a national system of resources that will be available at no cost, or at most low cost (e.g., payment for continuing education credits, small fees for training taking place at venues that must be rented), to any individual or program wishing to take advantage of them. Building off the success of the ATTCs, SAMHSA is establishing new TTCs in prevention of substance use disorders and serious mental illness. These newly established centers will work collaboratively in their regions, with each other, and with the existing ATTCs to ensure that training needs of health care providers are met. With these centers, all health care providers and organizations can participate in educational programs that will improve their abilities to serve the mental health and substance use disorder needs of Americans, and in doing so, we will serve all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Jurisdictions.

Each TTC Network (ATTCs, MHTTCs, PTTCs) will include a coordinating office, ten (10) regional centers in the ten HHS regions, and two population-specific, national centers (Hispanic/Latino and

American Indian/Alaska Native). In total, the TTC Network will include 3 coordinating offices, 30 regional centers, and six national, population-specific centers (Table 1).

In addition, SAMHSA, through funding from the President's Emergency Plan for AIDS Relief (PEPFAR) project in the Department of State, has established several international HIV ATTCs. At the time of the writing of this narrative, international HIV ATTCs exist in Thailand (covering 8 countries in Southeast Asia), Vietnam, Ukraine and Central Asia (covering Ukraine and 5 countries in Central Asia), and South Africa. The purpose of the international HIV ATTCs is to reduce the global burden of HIV/AIDS by building capacity to provide effective, safe interventions for substance use disorders (Table 1).

The TTCs draw upon the knowledge, experience and latest research of recognized experts in the field of mental health and substance use. The TTCs enhance the knowledge, skills and aptitudes of the workforce by disseminating current health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Health Care Policy and Research, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the TTCs (1) develop and update state-of-the-art, research-based curricula and professional development training, (2) coordinate and facilitate meetings between key stakeholders, and (3) provide technical assistance to individuals and organizations at the local, regional and national levels. Most TTCs are located at academic institutions, but some are located within nonprofit institutes. Although the individual sites vary in the number of states (or countries in the case of the international HIV ATTCs) served and in areas of emphasis, SAMHSA has charged each with similar functions. The intent of the TTCs is to increase capacity, skills, and expertise in order to enhance delivery of effective mental health and substance use disorder (SUD) treatment and substance abuse prevention.

The TTCs provide ongoing dissemination of research-based knowledge in a number of ways, including through events. Events may take the form of training events, technical assistance, and meetings. Training events take the form of workshops, conferences, continuing education courses, university courses, and community college courses. Training events may use the traditional classroom format, or they may be distance education opportunities, including online courses and webinars. Training participants come from diverse populations, ranging from behavioral health practitioners, primary health care practitioners, community health workers, peer support specialists, criminal justice professionals, educators, and others. Technical assistance events are jointly planned consultations generally involving a series of contacts between a TTC and an outside organization/institution during which the TTC provides expertise and gives direction toward resolving a problem or improving conditions. Meeting events are TTC sponsored or co-sponsored events in which a group of people representing one or more agencies, other than the TTC, work cooperatively on a project, problem, and/or a policy.

2. Purpose and Use of Information

SAMHSA's legislative mandate is to increase access to high quality 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 the Agency's mission, SAMHSA'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

SAMHSA strives to coordinate the development of these goals with other ongoing performance measurement development activities. Below are the measures that relate to the work of the US-based domestic TTCs, which are delineated in the Department of Health and Human Services (HHS) FY 2019 Annual Performance Plan and Report (https://www.hhs.gov/about/budget/fy2019/performance/index.html).

The goal 2, Objective 3 of the Plan and Report is to "Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support." SAMHSA is the lead agency for the measures under this objective.

- The Plan and Report *Measure 2.3.19K* increase the number of persons receiving outpatient Medication-Assisted Treatment (MAT) for Opioid Use Disorder from a SUD treatment facility. As the states further develop their systems with increased resources from the State Targeted Response grants and Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA) grants; Medicaid systems increase their focus on opioids; and technical assistance and outreach efforts from across HHS promote MAT, SAMHSA expects to see increases in the number of people receiving outpatient MAT for opioid use disorder from a substance use disorder treatment facility.

- The Plan and Report *Measure 2.3.19O* increase the percentage of youth ages 12-17 who experienced major depressive episodes in the past year receiving mental health services. This measure reports percentage of youth ages 12-17 who experienced major depressive episodes in the past year receiving mental health services. There are effective medications and psychosocial interventions, which can improve functioning and control the symptoms of depression, making receipt of these services critical.

- The Plan and Report *Measure 2.3.19L* increase the percentage of adults with Serious Mental Illness (SMI) receiving mental health services. This measure reports percentage of adults with SMI receiving mental health services. It is important for people with SMI to receive evidence-based treatment so that they can better control their symptoms and improve their level of functioning.

Through the proposed data collection forms, SAMHSA will track the number and location of technical assistance, training and other events held by TTCs; the number of people attending TTC events, including demographic information (e.g., discipline); and the usefulness of TTC events. Aligning this information with data from the three measures noted (e.g., the number of persons receiving outpatient MAT; the percentage of youth who experienced major depressive episodes in the past year receiving mental health services; and the percentage of adults with SMI receiving mental health services) will assist SAMHSA in monitoring and improving programming to achieve the desired results.

In addition, the Plan and report Goal 4, Objective 4 is to "Leverage translational research, dissemination and implementation science, and evaluation investments to support adoption of evidence-informed practices." Translational research, dissemination, and implementation science help increase understanding about how best to support knowledge, adoption, and faithful implementation of best practices in the community. The TTCs assist HHS and SAMHSA in supporting the adoption of evidence-informed practices by building the capacity of communities and providers to identify, adapt, implement, and evaluate such practices, thereby bridging the gap between knowledge and practice. However, selecting and adopting evidence-based approaches to tackle health, public health, and human services challenges can be a complex undertaking. HHS programs balance requirements to implement high-quality programs with fidelity, while acknowledging the unique needs of specific individuals or target populations, recognizing differences in program and community settings and resources, and respecting linguistic or cultural differences. Information collected from the proposed instruments will also assist HHS and SAMHSA because they will document demographic information about event participants and their self-reported characterization of the usefulness of events to their work. Analyzing such data will suggest which dissemination methods (e.g., brief trainings, longer-term technical assistance) are most effective for different audiences, and, therefore, will help SAMHSA and the TTCs tailor programming to the unique needs of specific populations. Questions that the TTCs will consider while examining the data include:

- What are the characteristics of the participants at TTC events?
- Are certain event formats more effective than others in transferring knowledge and skills?
- How is event effectiveness affected by participant type, event format and/or event topic?

SAMHSA, through funding from the President's Emergency Plan for AIDS Relief (PEPFAR) project in the Department of State, has established several international HIV ATTCs. The indicators below relate to the work of the international HIV ATTCs, and are outlined in the PEPFAR Monitoring, Evaluation, and Reporting (MER 2.0) Indicator Reference Guide (https://www.pepfar.gov/documents/organization/263233.pdf).

KP_MAT Indicator: Percentage of people who inject drugs (PWID) on MAT.

MAT programs should be an access point for PWID and the program should refer and link to ARV treatment programs, prevention of mother-to-child transmission (PMTCT) for female PWID and a range of other prevention services. This information can be used to plan and make decisions on how well the PWID audience is being reached with medication-assisted treatment. If a small percentage of the intended audience is being reached, then it would be recommended that activities are adjusted to improve reach. If a large percentage of the intended audience is being reached, then SAMHSA and PEPFAR staff would want to take these lessons learned and disseminate them to other countries. The country can use the information to improve upon the quality of the program as well as scale-up successful models.

Information collected from the proposed instruments will assist PEPFAR and SAMHSA because they will document the number of events supported by the international HIV ATTCs that pertain to building the capacity of individuals, organizations and systems to offer MAT services to PWIDs. They will also document the number of participants in such events. PEPFAR and SAMHSA can then cross-walk when and where such events are held and how many people attended them with other data sources being collected related to the percentage of PWID on MAT. This analysis will suggest whether international HIV ATTC efforts need to be scaled up in certain areas.

Other indicators relate to the World Health Organization's (WHO) *Global Strategy on Human Resources for Health: Workforce 2030*, which aims to improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce. PEPFAR and USAID are supporting this Global Strategy through the Human Resources for Health in 2030 project (http://hrh2030program.org.routing.wpmanagedhost.com/). Shifting disease dynamics and population growth in low- and middle-income countries pose ever-increasing stress on national health systems. As a critical piece of the health system, a strong health workforce — with the right skills and in the right places — is key to alleviating these pressures. However, leaders at all levels face a global health workforce shortage and, in many cases, they lack the data and tools needed to optimize the existing workforce and advocate for more resources. HRH2030 aims to find sustainable solutions to these challenges by working with partners across sectors, such as PEPFAR implementing partners, including SAMHSA's international HIV ATTCs. Therefore, the following PEPFAR indicators are also relevant to the data collection efforts proposed in this narrative.

HRH_PRE Indicator: Number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre.

HRH_CURR Indicator: Number of health worker full-time equivalents who are working on any HIV-related activities, (i.e. prevention, treatment and other HIV support), and are receiving any type of support from PEPFAR at facility and sites, community sites, and at the above-site level.

HRH_Staff Indicator: Number of health worker full-time equivalents who are working on any HIV-related activities (i.e. prevention, treatment and other HIV support) at PEPFAR-supported facility sites.

It is widely acknowledged that the lack of trained health workers is a major barrier to scaling up health services. The lack of a sufficient workforce in countries presents a serious challenge to every area of health. Through the proposed data collection forms, SAMHSA will track the number and location of technical assistance, training and other events held by international HIV ATTCs; the number of people attending international HIV ATTC events, including demographic information (e.g., discipline and whether they work at a PEPFAR-support site); and the usefulness of TTC events. Aligning this information with data from the three indicators noted above will assist SAMHSA in monitoring and improving programming to achieve the desired results. This is imperative to SAMHSA being able to ensure that the Agency is meeting the expectations of PEPFAR as set forth in the interagency agreement between the two entities.

Event Definitions

The definitions for the three types of events from which data will be collected are as follows:

Training Event --A training event is defined as a TTC sponsored or co-sponsored event that focuses on the enhancement of knowledge and/or skills. Higher education classes must be included in this definition with each course considered as one training event.

Technical Assistance --Technical assistance is defined as a jointly planned consultation generally involving a series of contacts between the TTC and an outside organization/institution. During the consultation, the TTC provides expertise and gives direction toward resolving a problem or improving

conditions. This may be a time-limited consultation or an ongoing series of consultations. The TTC reports technical assistance at the end of the series of contacts or yearly if contacts are ongoing.

Meeting --A meeting is defined as a TTC sponsored or co-sponsored event in which a group of people representing one or more agencies, other than the TTC, work cooperatively on a project, a problem, and/or a policy. These groups may be established and ongoing, or may exist only to accomplish a single purpose. Included in this definition would be consortia meetings and workgroup meetings. The TTC reports activities as "meetings" only when they are NOT appropriate to report under any other category.

Description of Data Collection and Purposes

Data collected on the forms will be entered into an online system maintained by a SAMHSA contractor. Data entered into this online system are immediately live and accessible to SAMHSA Project Officers for administration purposes. As described above, SAMHSA intends to use the forms to monitor the work of the TTCs. The data collection instruments include:

- TTC Event Description Form,
- TTC Post Event Form - Domestic,
- TTC Follow-up Form - Domestic,
- TTC Post Event Form - International,
- TTTC Follow-up Form - International.

Event description data will be reported by TTC faculty/staff for all events using the Event Description Form (EDF). The EDF collects event information. This instrument asks approximately 10 questions of TTC faculty/staff relating to the event focus and format. It allows the TTCs and SAMHSA to track the number of events held (See Attachment 1).

Post-event data will be collected on participants of all events.

TTC Post Event Form - Domestic: this form will be administered immediately following the event. It asks approximately 11 questions of each individual that participated in the event (Attachment 2). The instrument asks the participants to report on general demographic information (gender, race, level of education, primary profession), principal employment setting, employment zip code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their practice and if they would recommend the event to a colleague.

TTC Post Event Form - International: this form will be administered immediately following the event. It asks 9 questions of each individual that participated in the event (Attachment 3). The instrument is very similar to the Post Event Form – Domestic and asks the participants to report gender, highest degree received, principal employment setting, employment postal code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their practice and if they would recommend the event to a colleague. The main difference between the international and domestic versions of the post event forms is the modification of the demographic questions to make the forms appropriate for distribution outside the U.S. context and relevant to existing PEPFAR indicators. For example, the race/ethnicity questions from the domestic form are not included in the international form. Also, the personal code offers more spaces for characters to provide flexibility in how the personal code is constructed in different countries. Making these change assists SAMHSA in being culturally appropriate (e.g., participants of events of the South Africa HIV ATTC could be

offended by being asked if they are “African American”; the concept of “mother’s maiden name” does not exist in Vietnam). The change also makes the information better match the needs of PEPFAR, which provides the funding for these centers.

Follow-up data will be collected on participants of all events that last a minimum of three (3) hours.

TTC Post Event Form – Domestic: this for will be administered 30-days after all events that last a minimum of three (3) hours. The form will be administered to a minimum of 25% of participants who consent to participate in the follow-up process. The participants will be randomly chosen from the pool of participants who consented to participate in the follow-up. The form asks about 10 questions (Attachment 4). The instrument asks the participants to report if the information provided in at the event benefited their professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, how the TTC can improve the events, what other topics would participants like to see TTCs address and in what format.

TTC Follow-up Form – International: this form will be administered 30-days after all events that last a minimum of three (3) hours. The form will be administered to a minimum of 25% of participants who consent to participate in the follow-up process. The participants will be randomly chosen from the pool of participants who consented to participate in the follow-up. The form asks about 10 questions (Attachment 5). The instrument asks the participants to report if the information provided in at the event benefited their professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, how the TTC can improve the events, what other topics would participants like to see TTCs address and in what format. The only difference between the domestic and international follow-up forms is that the international form offers more spaces for characters for the personal code to provide flexibility in how the personal code is constructed in different countries

While the instruments administered immediately at the end of each event are given to all participants, the instruments administered 30 days after each event are sent to a random sample of 25% of those participants who consented to follow-up. This sampling rule applies to all events that last a minimum of three (3) hours.

Table 2: Data Collection Instruments

Form	Timeline	Type of Information
TTC Faculty/Staff		
Event Description Form (EDF) (Attachment 1)	Prior to each event	Format and content of event
Participants		
TTC Post Event Form – Domestic (Attachment 2)	Completion of each event	The form asks the participants to report on general demographic information (gender, race, level of education, primary profession), principal employment setting, employment zip code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their

Form	Timeline	Type of Information
		practice and if they would recommend the training to a colleague.
TTC Post Event Form – International (Attachment 3)	Completion of each event	The form asks participants to report gender, highest degree received, principal employment setting, employment postal code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their practice and if they would recommend the event to a colleague.
TTC Follow-up Form – Domestic (Attachment 4)	30 days after completion of events that last at least three hours (random sample of 25% of consenting event participants only)	The form asks participants to report if the information provided in at the event benefited their professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, how the TTC can improve the events, what other topics would participants like to see TTCs address and in what format.
TTC Follow-up Form – International (Attachment 5)	30 days after completion of events that last at least three hours (random sample of 25% of consenting event participants only)	The form asks participants to report if the information provided in at the event benefited their professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, how the TTC can improve the events, what other topics would participants like to see TTCs address and in what format.

3. Use of Information Technology

Approximately fifty percent of the TTC performance monitoring instruments are administered in person to participants at TTC events, who complete the forms by paper and pencil. The ATTC NCO, with SAMHSA's approval, has developed a form processing solution for the TTCs, using Teleform software (made by Cardiff), an Optical Mark Recognition (OMR) software. The software reads the marks in the bubbles on the form and automatically converts the participant's answers into the electronic format needed in order for it to be accepted by the SPARS system maintained by SAMHSA's contractor.

Approximately fifty percent of the ATTC performance monitoring instruments are administered online. This includes the post-event and the 30-day follow-up instruments that are distributed to consenting participants via electronic mail. To support this process, with SAMHSA's approval the ATTC NCO has developed a secure, web-based application for TTCs to create Event Description Forms (EDFs), post-event surveys, and automatically generate email reminders for the follow-up GPRA survey. From the secure server, specially developed software translates all data to SAMHSA's SPARS system. In addition, this same process is employed within the TTCs centralized Learning Management System (LMS), allowing GPRA data to be collected for online courses in the e-learning environment and transfers the data to the appropriate TTCs SPARS account based on the participant's zip code.

All data collected will be managed in electronic databases. The TTCs are responsible for data collection and entry for their events. Data collected on all the instruments are entered/transferred into the online database maintained by SAMHSA's contractor. Once data are entered into the system, they are available to SAMHSA for review. These data can also be downloaded by the TTCs for their use. At least once a year, the three TTC Network Coordinating Offices request all TTC data from that year from the SAMHSA contractor. The TTC Network Coordinating Offices keep a record of the data collected, and merges files for data examination as requested.

4. Efforts to Identify Duplication

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

5. Involvement of Small Entities

Participation in the TTCs' program monitoring will not be a significant burden on small businesses or small entities or on their workforces.

6. Consequences If Information Collected Less Frequently

Comparisons of data are crucial for SAMHSA, PEPFAR and the TTCs so that they can adequately monitor the effectiveness of events, and make necessary adjustments if needed in order to meet the measures outlined in part 2 above. SAMHSA has limited the frequency of data collection. The TTCs will only be collecting information at the end of events and, just for those events greater than 3 hours, at 30-days post event.

All of the information collected from participants is critical for assessing the effectiveness of TTCs' events. Without this information, SAMHSA will be unable to:

- Determine whether TTCs are meeting the participant and event targets required by the funding announcement which applies to each program;
- Monitor the effectiveness of the international HIV ATTCs in meeting the expectations of the SAMHSA/PEPFAR interagency agreement.

7. Consistency with the Guidelines in 5 CFR 1320.5ld}(2}

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

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on October 15, 2018 (83 FR 51970). No comments were received in response to this notice.

9. Payment to Respondents

Some TTC sites may provide minimal payment for completion of the Follow-up forms. This varies across the TTCs due to regional and local differences. For those TTC sites that do provide payment,

survey research literature suggests that monetary incentives have a strong positive effect on response rates and no known adverse effect on reliability.

10. Assurance of Confidentiality

Each of the instruments asks participants to create a unique identification code. This code does not change over time, but also does not include personal identifiers. This code is used to match responses from post-event to follow-up without personal identifiers. The personal code questions are included in the domestic forms. For the international TTCs, however, the specific questions used to create the personal code are not included. Rather, the form indicates that the survey administrator will instruct the participants how to create the personal code. This flexibility is necessary in order to accommodate variations in different countries. For example, the domestic form references the participant's mother's maiden name. This is not a concept that translates in every other country. Also, some countries have national identification numbers, such as the US social security number, but others do not have a parallel system. For times when a country may choose to use a national identification number as part of the personal identifier, the form will never ask a participant to include a complete number. For example, the form may ask for the first and last digit of the number. The form will never ask for the whole number. See the Personal Code section at the top of each of the attached instruments in Attachments 2 through 5.

11. Questions of a Sensitive Nature

No forms collect information that is sensitive to individuals.

12. Estimates of Annualized Hour Burden

The total annualized burden to an estimated 42,750 respondents for the ATTC Network program monitoring is estimated to be 6,662.50 hours. Burden estimates are based on previous use of related data collection instruments by the ATTC Network. The annualized hourly costs to respondents are estimated to be $137,514. Hourly wage information is based on estimated median hourly wages of $20.64 an hour for substance abuse and behavioral disorder counselors as reported in the Occupational Employment Statistics available from the Bureau of Labor Statistics, U.S. Department of Labor (http://www.bls.gov/oes/current/oes211011.htm). There are no direct costs to respondents for participation aside from their time. Burden estimates are detailed in Table 3. The Event Description Form is filled out by ATTC faculty or training staff.

Table 3: Annualized Burden Estimates
ATTC: Addiction counselors (Substance Abuse, Behavioral Disorder, and Mental Health Counselors): $43,300 per year $20.82 per hour

Type of Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost	Total Hour Cost
ATTC Faculty/Staff							
Event Description Form	250	1	250	.25	62.50	$20.82	$1,301.25
Meeting and Technical Assistance Participants							

Post-Event Form	5,000	1	5,000	.12	600	$20.82	$12,492
Follow-up Form	Covered under CSAT Government Performance and Results Act (GPRA) Customer Satisfaction form (OMB # 0930-0197)						
Training Participants							
Post-Event Form	30,000	1	30,000	.16	4,800	$20.82	$99,936
Follow-up Form	7,500	1	7,500	.16	1,200	$20.82	$24,984
TOTAL	**42,750**		**42,750**		**6,662.50**		**$137,713**

MHTTC: Social workers: $47,980 per year $23.07 per hour Psychologists: $77,030 per year $37.03 per hour – Calculations below are based on the average of the social worker and psychologist hourly rate - $30.05

Type of Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost	Total Hour Cost
MHTTC Faculty/Staff							
Event Description Form	250	1	250	.25	62.50	$30.05	$1,878
Meeting and Technical Assistance Participants							
Post-Event Form	5,000	1	5,000	.12	600	$30.05	$18,030
Follow-up Form	Covered under CSAT Government Performance and Results Act (GPRA) Customer Satisfaction form (OMB # 0930-0197)						
Training Participants							
Post-Event Form	30,000	1	30,000	.16	4,800	$30.05	$144,240
Follow-up Form	7,500	1	7,500	.16	1,200	$30.05	$36,060
TOTAL	**42,750**		**42,750**		**6,662.50**		**$200,208**

PTTC: Health Educators: $45,360 per year $21.81 per hour and School and Career Counselors: $55,410 per year $26.64 per hour. Calculations below are based on the health educator and school/career counselor average hourly rate - $24.23

Type of Respondent	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Annual Burden Hours	Hourly Wage Cost	Total Hour Cost
PTTC Faculty/Staff							
Event Description Form	250	1	250	.25	62.50	$24.23	$1,514
Meeting and Technical Assistance Participants							
Post-Event Form	5,000	1	5,000	.12	600	$24.23	$14,538
Follow-up Form	Covered under CSAT Government Performance and Results Act (GPRA) Customer Satisfaction form (OMB # 0930-0197)						
Training Participants							
Post-Event Form	30,000	1	30,000	.16	4,800	$24.23	$116,304

Follow-up Form	7,500	1	7,500	.16	1,200	$24.23	$29,076
TOTAL	**42,750**		**42,750**		**6,662.50**		**$161,432**

Summary Table

Instruments	# Respondents	Responses per respondents	Burden Hours
TTC Event Description Form	750	1	187.50
TTC Post Event Form – Domestic and International	105,000	1	16,200
TTC Follow up Form – Domestic and International	22,500	1	3,600
Total	128,250	1	19,987.50

13. Estimates of Annualized Cost Burden to Respondents

There are neither capital or startup costs nor are there any operation and maintenance costs.

14. Estimates of Annualized Cost to the Government

The annual estimated cost to the government for the TTCs is $27.8 million. This includes an estimated annual amount of $7.6 million for cooperative agreements for three years. Approximately $78,234 per year represents SAMHSA costs to manage/administrate the network for 90% of one employee (GS-13).

15. Changes in Burden

This is a new data collection.

16. Time Schedule. Publication and Analysis Plans

Data collection will occur as individuals participate in TTC-sponsored events. Because this assessment is used to monitor and improve upon the quality of TTC services, ongoing examination is critical. Fortunately, SAMHSA's electronic database in which the data will be entered allows reports to be run on the data in a quick and timely manner. TTC sites will, therefore, periodically run such reports to examine their data. Furthermore, each TTC site must, according to funding requirements, prepare an annual report each fiscal year. In these reports, each TTC site is required to include a summary report of its performance monitoring data describing whether the site is meeting its annual event and participant targets as well as maintaining a response rate to the follow-up forms of at least 80%. The annual reports are completed by TTC staff and Directors using a template, and are sent to SAMHSA and PEPFAR (in the case of the international HIV ATTCs) electronically. In addition, at least once a year the three TTC Coordinating Offices will request aggregated data on the following categories:

- Total events;
- Total participants;
- Percentages of participants of various races and ethnicities;
- Percentages of participants of each gender;

- Percentages of participant's who identify as American Indian or Alaska Native and their tribe affiliation.
- Percentages of participant's highest degree received.
- Percentages of participant's primary profession (from a list of professions and including an open-ended option to complete, other).
- Percentages of participant's who are students and their status (full time, part-time (not working), part-time (working) and the open-ended option, other.
- Percentages of participant's principal employment setting from a list of professions and including an open-ended option to complete, other).
- Percentages of participant's employment location based on participant employment zip code.
- Percentages of participant's satisfied are you with the overall quality of this event
- Percentages of participant's expectations that this event to benefit my professional development and/or practice.
- Percentages of participant's expectations that the information gained from this event will change current practice.
- Percentages of participant's who would recommend this training to a colleague.

The Coordinating Offices will present the data in a brief, easy-to-read format for dissemination to key stakeholders.

17. Display of Expiration Date

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

18. Exceptions to Certification Statement

There are no exceptions to the certification statement.