**Substance Use Disorder Identification and Referrals in Human Services Programs**

ASPE Generic Information Collection Request

OMB No. 0990-0421

# Supporting Statement – Section A

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## Section A – Justification

**1. Circumstances Making the Collection of Information Necessary**

**Background**

According to the National Study Survey of Drug Use and Health[[1]](#footnote-1), in 2017, an estimated 11.4 million people misused opioids in the past year, including 11.1 million pain reliever misusers and 886,000 heroin users. Many of these individuals are clients of human services programs. Often human services programs do not definitively know whether their clients have a substance use disorder however. Without the proper understanding of a client’s needs, it is difficult for caseworkers to provide effective case management. ASPE recently concluded work[[2]](#footnote-2) examining the relationship between the prevalence of substance use disorders at the county level with child welfare caseloads and how this relationship affects service delivery to parents involved with the child welfare system. A key finding was that haphazard SUD assessments were undermining agencies’ responses to families.

The challenges associated with identifying a SUD and referring to treatment following identification were also discussed at two events organized by ASPE in 2019. ASPE held a Forum on Human Services Programs and the Opioid Crisis. The Forum brought together 200 stakeholders from the researcher, practitioner, and policy making communities. They represented 29 states and from a broad range of organizations including eight federal agencies as well as numerous state and local governments, nonprofit organizations, and universities. The Forum focused on how the opioid epidemic had affected the delivery of human services, and what role those human services can play in mitigating the negative effects of the crisis on individuals, families, and communities. ASPE also held a state listening session with representatives from human services agencies from 16 states on the opioid epidemic. At both the Forum and the listening session, participants discussed how human services programs have difficulty identifying which clients have a SUD; they lack the appropriate tools and processes to make this identification possible. Even when they can identify a client’s SUD, many times human services programs lack systematic approaches to refer clients to treatment and they are unable to create a plan to support treatment. A number of factors influence the extent to which human services programs identify SUD among clients. One principal factor is legal authority: human services fall along a spectrum of legal authority to assess SUDs. For example, child welfare agencies via the courts can mandate a SUD assessment as a condition of reunification with children. Head Start programs, on the other hand, do not have the legal authority to require assessments of parents. Other factors include the availability of standardized, validated assessments; institutional culture and perspective on SUDs; resources and the capacity to identify SUDs; and stigma associated with having a SUD. Factors influencing effective referrals to treatment are similar to those influencing SUD identification. Additional factors include the availability of providers offering evidence-based treatments, the capacity among existing SUD treatment providers ([Radel et al, 2018](https://aspe.hhs.gov/pdf-report/medication-assisted-treatment-opioid-use-disorder-child-welfare-context-challenges-and-opportunities)), and the existence of established relationships with SUD treatment providers. For example, child welfare agencies may have a history of working closely with SUD treatment providers, and may be successful in obtaining prioritization for their clients. Childcare providers may have no existing relationship, and due to the sensitive nature of having a SUD and treatment information, treatment providers may be unwilling or unable to work closely with childcare agencies.

**Role of** **Office of Victims of Crimes**

ASPE is conducting this work in collaboration with the Department of Justice’s Office of Victims of Crime (DOJ-OVC). The services provided by grantees of DOJ-OVC generally align with the types of human services of interest to ASPE. Grantees in the “Serving Our Youngest Victims” program are charged with providing “direct services and support to young victims at a community or jurisdictional level,” and grantees include social services providers, youth and children services providers, child advocacy centers, legal services providers, and similar agencies.[[3]](#footnote-3) Because these grantees are explicitly focused on addressing the opioid crisis, and actively working on connecting clients to treatment, there is much that the broader human services field can learn from these grantees’ efforts. In order to meet ASPE’s objectives in this solicitation, the contractor will build on information collected through DOJ-OVC’s data collection. In addition, the contractor will use DOJ-OVC’s network of grantees to disseminate results from this solicitation.

**Purpose and Use of the Information Collection**

This qualitative data project focuses on illicit substance use identification and referrals in human services programs, the data that will be generated is not generalizable. It builds on ASPE’s previous work on parental substance use and opioid misuse.[[4]](#footnote-4) Having an illicit substance use disorder (SUD) or misusing prescription opioids makes it difficult for clients in human services to meet their program goals such as gaining and maintaining employment/self-sufficiency, sustaining child and family well-being, and remaining in stable housing.

This exploratory study is needed to inform the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE), on the policy levers that HHS can use to increase systematic and consistent implementation of effective and appropriate illicit substance use disorder[[5]](#footnote-5) (SUD) identification and referral to treatment within state and local human services agencies and programs. ASPE is not aware of any data collection effort like this.

The contractor on this research project, JBS International, is also the training and technical assistance provider for the Department of Justice’s Office of Victims of Crime grantees. During one of JBS’s regularly scheduled calls with selected OVC grantees, JBS would ask a series of open-ended questions on SUD identification and the process programs use to refer their clients to treatment and supportive services. Data from the questionnaires would be used to identify promising practices and point to policy options that support effective identification of substance use disorders in clients, while highlighting the processes that support referral and engagement in substance use disorder treatment and behavioral health services. This information would aid human services programs in meeting their objectives such as child and family stability, maintaining stable housing, and gaining and maintaining employment.

The Qualitative data collection is needed for this study to augment information obtained through a review of published peer-reviewed and gray literature on SUD identification in human services programs and referrals to supportive services. The research will explore barriers and facilitators to identifying substance use disorders and referring clients to treatment and supportive services, including other human services. It will also explore effective or promising models for identifying SUDs, including best practices to integrating human services with substance use treatment services. To fill in the gaps in the research we plan to speak with individuals working in human services programs affected by high prevalence of SUD so that we can better understand what approaches appear to work or not work in identifying SUDs, particularly models for effectively integrating human services with SUD treatment.

The data will be used to inform our understanding of practices and policies in substance use identification, treatment, recovery, and referrals to supportive services to provide information to ASPE on future research and policy proposals.

1. **Use of Improved Information Technology and Burden Reduction**

All interviews will be conducted via webinars and phone interviews during regularly schedule training and technical assistance calls to reduce respondent burden.

1. **Efforts to Identify Duplication and Use of Similar Information**

It is our understanding that no other prior or current research efforts have substantial overlap with our proposed investigation. A review of relevant literature revealed that there is little empirical evidence on how to systematically identify SUDs in human services populations that integrate supportive services. We are not aware of any previous or ongoing qualitative research investigating this issue through interviews.

The information collected through this study will identify gaps in the research and areas for additional research and potential policy development. This study will complement and expand on a previous published [ASPE project](https://aspe.hhs.gov/child-welfare-and-substance-use) that collected county-level information about how substance abuse has influenced the child welfare system, especially foster care caseloads. That study gathered perspectives of practitioners and administrators from child welfare agencies, as well as staff from related systems, such as substance use treatment, public health, law enforcement, and courts.

1. **Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this data collection.

1. **Consequences of Collecting the Information Less Frequently**

This request is for a one-time data collection where the data have not previously been collected elsewhere.

1. **Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

1. **Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

This data collection is being conducted using the Generic Information Collection mechanism through ASPE – OMB No. 0990-0421, therefore no Federal Register notice is required.

1. **Explanation of Any Payment or Gift to Respondents**

ASPE will not provide payments or gifts to respondents.

1. **Assurance of Confidentiality Provided to Respondents**

The Privacy Act does not apply to this data collection. OVC grantees who answer questions will be answering in their official roles and will not be asked about, nor will they provide, sensitive individually identifiable information. However, before each interview, we will provide assurance of confidentiality that individual names, titles, and organizations will not be identified and associated with findings shared with ASPE or otherwise. .

1. **Justification for Sensitive Questions**

No information will be collected that is of personal or sensitive nature.

1. **Estimates of Annualized Burden Hours and Costs**

The estimate for burden hours is 1.0 hour per response from program managers, case managers/case workers, family services managers, home visitors, victim advocates, child advocates, staff attorney, protective investigators, and teachers. We plan to interview up to 40 participants, totaling a maximum of 40 participants across TANF, Child Welfare, Domestic Violence Prevention, and Head Start. Depending upon specific circumstances and local contexts, we will adapt this plan to include other key informants involved in SUD treatment, recovery, and supportive services as appropriate.

Estimates for the average hourly wage for respondents are based on the Department of

Labor (DOL) 2018 National Occupational Employment and Wage Estimates

[(https://www.bls.gov/oes/current/oes\_nat.htm)](https://www.bls.gov/oes/current/oes_nat.htm). Table A-1 shows estimated burden and cost information.

**Table A-1:** Estimated Annualized Burden Hours and Costs to Respondents— SUD Identification and Referrals in Human Services Programs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Respondent**  | **No. of** **Respondents**  | **No. of** **Responses per** **Respondent**  | **Average** **Burden per** **Response** **(in Hours)**  | **Total** **Burden** **Hours**  | **Median****Hourly****Wage****Rate** | **Total** **Respondent** **Costs**  |
| Program Manager/Director | **11** | **1** | **1** | **11** | **$50.99** | **$560.89** |
| Case Manager/Caseworker | **11** | **1** | **1** | **11** | **$25.35** | **$278.85** |
| Family Services Managers | **2** | **1** | **1** | **2** | **$36.72** | **$73.44** |
| Home visitors | **2** | **1** | **1** | **2** | **$20.64** | **$41.28** |
| Victim Advocate | **3** | **1** | **1** | **3** | **$20.64** | **$61.92** |
| Child Advocate | **2** | **1** | **1** | **2** | **$25.35** | **$50.70** |
| Staff Attorney | **4** | **1** | **1** | **4** | **$69.34** | **$277.36** |
| Protective Investigators | **2** | **1** | **1** | **2** | **$24.27** | **$48.54** |
| Teachers | **3** | **1** | **1** | **3** | **$39.23** | **$117.69** |
| **TOTAL** | **40** | **1** |  | **40** |  | **$1,510.67** |

1. **Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers** There will be no direct costs to the respondents other than their time to participate in each data collection.

1. **Annualized Cost to the Government**

The cost of the government task order attributable to the work is $1,072.

**Table A-2:** Estimated Annualized Cost to the Federal Government

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff (FTE)**  | **Average Hours per Program Area**  | **Average Hourly Rate**  | **Average Cost**  |
| Social Science Analyst, GS 14  | 2 | 67.00 | $134 |
| **Estimated Total Cost of Information Collection ($134 x 4 program areas)**  | $536 |

1. **Explanation for Program Changes or Adjustments**

This is a new data collection.

1. **Recruitment Plan**

JBS International will identify and recruit for qualitative interviews, up to 40 individuals and subject matter experts (SMEs) recommended by team members from the JBS Office for Victims of Crime (OVC) portfolio. The majority of these individuals will be OVC grantees and their various human service partners that provide direct services and support to young victims and their families at a community or jurisdictional level. JBS will identify and recruit those with firsthand knowledge of the major challenges faced by human services agencies when addressing the consequences of substance use disorders in general, and the opioid crisis in particular, as well as promising strategies to conduct substance use disorder (SUD) identification and treatment referrals within the unique circumstances of different human services programs. These interview respondents will specifically represent four identified service areas: (1) Temporary Assistance for Needy Families (TANF); (2) Child Welfare; (3) Domestic Violence; and (4) Head Start.

Project Time Schedule

* 1. December 22, 2020 – January 8, 2021: Develop discussion guide and recruitment plan
	2. February 17-23, 2021: Outreach and scheduling of interviews
	3. February 22-March 5, 2021: Virtual interviews
	4. July 7, 2021: Host a virtual convening of relevant stakeholders
	5. March 1, 2021 to August 11, 2021: Analyze interview findings and synthesize findings into convening synthesis document to ASPE

1. **Reason(s) Display of OMB Expiration Date is Inappropriate** We are requesting no exemption.

1. **Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

## LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

* Attachment A. Discussion Guide and Script for Non-Verbal Consent

**References**

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Hadland SE, Wharam JF, Schuster MA, Zhang F, Samet JH, Larochelle MR. Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014. JAMA Pediatr. 2017;171(8):747–755. doi:10.1001/jamapediatrics.2017.0745

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Tipps RT, Buzzard GT, McDougall JA. The Opioid Epidemic in Indian Country. The Journal of Law, Medicine and Ethics. 46 (2018):422-436. doi: 10.1177/1073110518782950.

Wu L, Blazer DG, Li T, Woody GE. Treatment Use and Barriers Among Adolescents with Prescription Opioid Use Disorders. Addictive Behaviors. 2011 Dec;36(12):1233-9. doi: 10.1016/j.addbeh.2011.07.033.

Wu L, Zhu H, Swartz, M. Treatment utilization among persons with opioid use disorder in the United States. *Drug and Alcohol Dependence.* 2016:169: 117-127.

1. [Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health](https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf) [↑](#footnote-ref-1)
2. Substance Use, the Opioid Epidemic and the Child Welfare System: Key Findings from a Mixed Methods Study

 The Relationship between Substance Use Prevalence and Child Welfare Caseloads Substance Use, the Opioid

 Epidemic and Child Welfare Caseloads: Methodological Details from a Mixed Methods Study

 Medication Assisted Treatment for Opioid Use Disorder in the Child Welfare Context: Challenges and

 Opportunities

 Challenges in Providing Substance Use Disorder Treatment to Child Welfare Clients in Rural Communities

 Illicit Substance Use and Child Support: An Exploratory Study [↑](#footnote-ref-2)
3. For full list of grantees, see: <https://external.ojp.usdoj.gov/selector/title?solicitationTitle=OVC%20FY%202018%20Enhancing%20Community%20Responses%20to%20the%20Opioid%20Crisis:%20Serving%20Our%20Youngest%20Crime%20Victims:%20OVC%20FY%202018%20Enhancing%20Community%20Responses%20to%20the%20Opioid%20Crisis:%20Serving%20Our%20Youngest%20Crime%20Victims%20Purpose%20Area%201:%20Direct%20Services&po=All> [↑](#footnote-ref-3)
4. Substance Use, the Opioid Epidemic and the Child Welfare System: Key Findings from a Mixed Methods Study

 The Relationship between Substance Use Prevalence and Child Welfare Caseloads

 Substance Use, the Opioid Epidemic and Child Welfare Caseloads: Methodological Details from a Mixed Methods

 Study

 Medication Assisted Treatment for Opioid Use Disorder in the Child Welfare Context: Challenges and

 Opportunities

 Challenges in Providing Substance Use Disorder Treatment to Child Welfare Clients in Rural Communities

 Illicit Substance Use and Child Support: An Exploratory Study [↑](#footnote-ref-4)
5. This includes the misuse of prescriptions but it does not include alcohol use. [↑](#footnote-ref-5)