

**CSAP “Talk. They Hear You.”: Use of “Screen 4 Success” Instruments and Consent form
Supporting Statement**

JUSTIFICATION

A1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval from the Office of Management and Budget (OMB) for the Center for Substance Abuse Prevention’s (CSAP) “Talk. They Hear You.” media campaign’s Screen 4 Success screening instrument and Consent Forms. (Office of Management [OMB] No. XXXX-XXXX).

In developing the “Screen 4 Success” (S4S) app and the screening tool, we sought the ability to elicit programmatic information that demonstrates aggregate impact at the program level. In this way, data from the tools can be used to assess resource allocation and to delineate who we serve, how we serve them, and how this component of the “Talk. They Hear You.” program potentially benefits clients. The tool reflects CSAP’s desire to elicit pertinent client and program level data that can be used to not only guide future programs and practice, but to also respond to stakeholder, congressional and agency inquiries.

This information is collected using the tools that provide SAMHSA with the capacity to report on the performance and outcomes for this program, including:

- Demographic characteristics of individuals served;
- Numbers of individuals served; and
- Characteristics of participants:
 - Wellbeing,
 - Family Environment,
 - Physical Health Problems,
 - Mental Health Problems and
 - Substance Use Problems

To be fully accountable for the spending of federal funds, SAMHSA requires all discretionary programs to collect and report program data to ensure program goals and objectives are being met. Data collected as part of this package will be used to monitor performance through the program period and to ensure appropriate spending of federal funds.

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

To carry out section 1105(a) (29) of the GPRA, SAMHSA is required to prepare a performance plan for its major programs of activity. SAMHSA’s legislative mandate is to increase access to

high quality prevention and treatment services and to improve outcomes. Its mission is to reduce the impact of substance use and mental illness on our communities. All SAMHSA's programs and activities are geared toward the achievement of goals related to reducing the impact of substance use and mental health disorders. GPRA performance monitoring is a collaborative and cooperative aspect of this process.

This request represents a major 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 and modernize its data collection efforts over the next three years. The current request seeks approval for the Talk They Hear You App tools.

A2. Purposes and Use of Information

SAMHSA uses the data collected to report on the performance and outcomes of its discretionary services grant programs. The 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 is used to inform the Assistant Secretary for Mental Health and Substance Use of the performance and outcomes of the programs funded through the Agency.

Center Level – In addition to providing information about the performance of the various programs, the information is used to monitor and manage individual grant projects within each program. The information is 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 funding decisions, and to identify potential issues for additional evaluation.

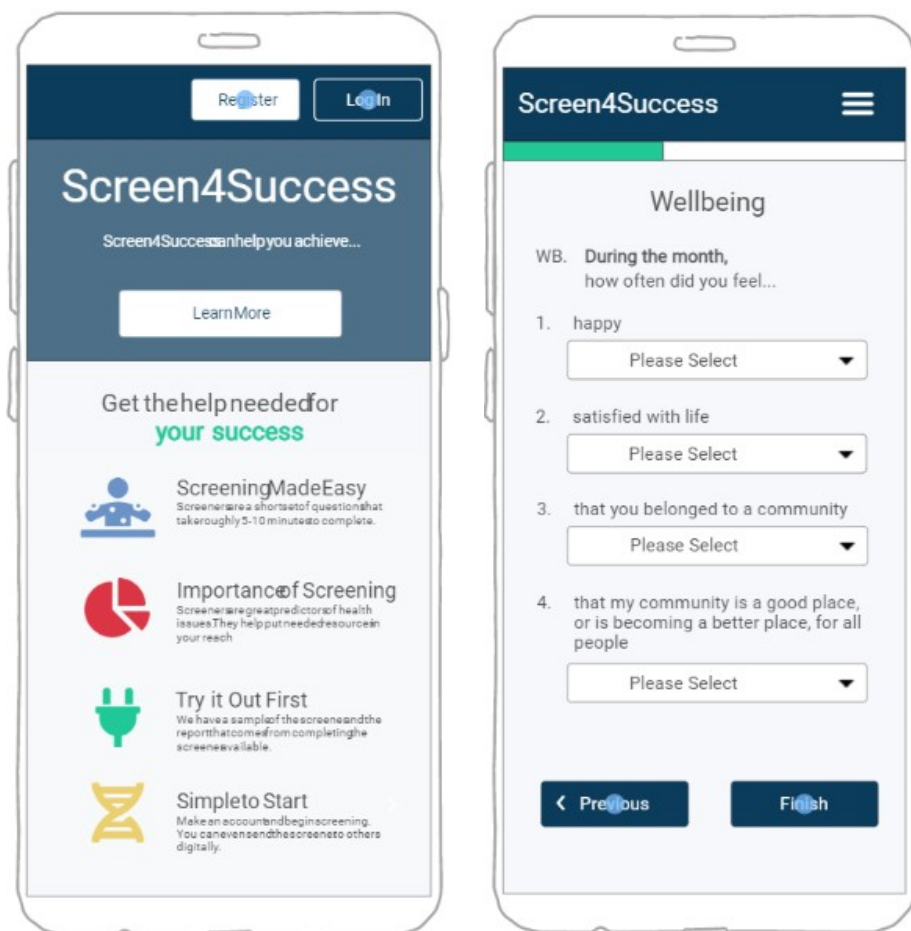
Program Level – In addition to monitoring performance and outcomes, the grantee staff uses the information to improve the quality of treatment and recovery services provided to clients within their projects.

SAMHSA and its Centers will use the data for annual reporting. SAMHSA's report for each fiscal year includes actual results of performance monitoring for the three preceding fiscal years. The information collected through this data collection process allows SAMHSA to report on the results of performance 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. Furthermore, it enables us to evaluate the effectiveness of the application.

A3. Use of Improved Information Technology

S4S is a web-based cloud application that provides a self-screening and referral management process to people referred by the “Talk. They Hear You.” mobile application and national media campaign. The goal of this system is to a) provide the ability for individuals to complete a behavioral health and wellness screening, b) to provide immediate information to the person completing the self-screening to support self-referral for services to help, c) to provide parents and other adults the ability to request that other people (children/minors/other adults) complete the screening, d) support repeated self-screening, and, e) pool and de-identify the data, to make it available for download so that it can be used at multiple levels (e.g., federal, state, local).

After completing the screener, users receive the results of the screener and information about services to help them self-refer to services.



Self-screening electronically on their personal device provides users the ability to get their results and helpful information immediately and anonymously. Those users that consent to share

their de-identified data contribute to a large dataset that is available for access, review, and reporting by Center staff and researchers.

A4. Efforts to Identify Duplication

The S4S screening opportunity is provided as a way to engage parents and caregivers, educators, and communities to get informed, be prepared, and take action to prevent underage drinking and other drug use. S4S may be the first access to screening for users and minors since the app provides a mechanism for users to self-screen anonymously, without being connected to services where screening might otherwise take place. The items collected are necessary to provide users with a self-screening tool for wellbeing, family environment, substance use, behavioral and physical health problems, provide information for self-referrals and assess “Talk. They Hear You.” national media campaign performance.

A5. Involvement of Small Entities

Data will be collected from adults and minors using standardized measures from the Global Appraisal of Individual Needs (Dennis et al. 2006; 2021), Mental Health Continuum (Keyes et al. 2007, 2009), and Family Engagement Measure (McCreary et al. 2013). Every effort has been made to minimize the number of data items collected from all user types (Participant, Parents, and Professionals) down to the least number of items necessary to accomplish the objectives of the program. Therefore, there is no significant impact to small entities.

A6. Consequences if Information Collected Less Frequently

These screening instruments collect data at one point in time. The data will be reported to SAMHSA on an annual basis in keeping with the GPRA requirements for annual reporting however the grantees can enter the data into SPARS on an earlier schedule if they so choose.

A7. Consistency with the Guidelines in 5 CFR1320.5(d)(2)

This information collection fully complies with 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 April 19, 2022 (87 FR 23188). No comments were received. No other consultations were conducted outside the agency.

A9. Payment to Respondents

There is no monetary compensation for participants who complete the screener and get a report. Sharing of de-identified data is voluntary and does not impact access to the service.

A10. Assurance of Confidentiality

The information from all individuals will be kept private through all points in the data collection and reporting processes. However, we cannot ensure complete confidentiality of individual's data. The following procedures are used to safeguard data:

- The application and data will be stored on a secure server.
- All data will be replicated for back-up in real time and stored to an off-site location. In the event of a disaster or data ransom, the website will point to the backup so there is no down time.
- All data is identified by a name or identifier, however,
 - o Names are not required (they are for report generation provided only to the respondent to save and share as they see fit)
 - o Those identifiers provided are not included in any dataset creation or in any reporting.
 - o Only aggregate data is used for reporting.
 - o SAMHSA and its contractors will not receive identifiable records. Individual level information will be aggregated to, at least, the level of zip code.
- Users can create an account (username and password) that keeps their information private. Users can change their password at any time.
- No one has access to a participant's data unless they give permission (by consent). Adolescent users are asked for two types of permission - both their assent and their parent's consent.
 - o A release of information is required when an adult requests that a minor complete a screener. Once the minor completes the screener the minor is asked if they give permission to share their identifiable data (containing their answers, name and ID) with the adult that requested them to complete it.
 - o Anyone completing a screener is asked to consent (adult) and/or assent (minor) to share their de-identified (no names or identifiers) data with SAMHSA for performance monitoring and evaluation purposes.

The S4S application is providing self-screening and self-managed referrals as a part of prevention/ early intervention service. Sharing of the de-identified data with evaluators and secondary analysis is voluntary and declining to do so in no way limits access to these services. In addition, SAMHSA has statutory authority to collect data under the GPRA (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.0925-0404) which govern the protection of patient identifying data – but also explicitly allows for the use of de-identified data to help evaluate programs and services. In some cases, these same providers and/or student assistance programs meet the definition of a “covered entity” under Health Insurance Portability and Accountability Act covered entity and are additionally subject to the Privacy Rule (45 CFR Parts 160 and 164) for the protection of individually identifiable data. The proposed approach and software are designed to meet each of these standards.

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 mental and substance use disorders, including co-occurring disorders, to improve health and reduce illness, death, disability, and cost to society. For the “Talk. They Hear You.” campaign and application, the screening tools are used to collect data and enable the screener response to be utilized to direct the participant and/or parent to available online resources. The screener collects data elements on Wellbeing, Family Environment, Physical Health, Mental Health and Substance Use this data is critical to enable the application to direct the individual to the proper resources. The application has clear consent and permissions to enable the protection of individual users.

A12. Estimates of Annualized Hour Burden

The time to complete the instruments is estimated in Table 1. These estimates are based on current program expectations and plans for fiscal year 2022; the amount of time required to complete the questions is based on an informal pilot and prior SAMHSA/CSAP experience in collecting similar data.

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Number of Responses	Burden Hours per Response	Total Burden Hours	Estimated Hourly Wage ¹	Total Hour Cost
Parent/Guardian Consent	100,000	1	100,000	0.04 hr.	4,000	\$ 26.92	\$ 107,680
Youth Assent Forms	100,000	1	100,000	0.04 hr.	4,000	\$ 26.92	\$ 107,680
Screener	100,000	1	100,000	0.30 hr.	30,000	\$ 26.92	\$ 807,600
CSAP Total	300,000		300,000		38,000	\$26.92	\$ 1,022,960

¹ The information is collected via and online application and does not require project staff to administer the consent or screener. The application has internal checks to ensure appropriate completion. The hourly wage estimate is \$26.92 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 19-4061 Social Science Research Assistants as of 10/21/2021. (<http://www.bls.gov/oes/current/oes211011.htm>. Accessed on October 21, 2021.)

The estimates in this table reflect the maximum annual burden for the proposed S4S screener and consent. The number of participants in following years is estimated to be the same, resulting in the same annual burden estimate for those years.

A13. Estimates of Annualized Cost Burden to Respondents

There are no capital or startup costs, nor are there any operation and maintenance costs.

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 and changes between baseline, discharge, and each of the follow-up periods. It is the responsibility of the contractor to work with the GPO/COR 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 S4S app is \$500,000 and the cost of one full-time equivalent staff (25 percent for the midpoint of one GS-14 \$34,372.75 and 75 percent for one GS-12 \$73,386) responsible for the CSAP data collection effort is approximately \$107,758.00/year. The annualized cost to the government is \$607,758.

A15. Changes in Burden

This is a new activity and there is no change in burden.

A16. Time Schedule, Publication and Analysis Plans

Data from S4S will be used to provide a profile of behavioral health needs for adolescents and others using the system. This profile will examine the prevalence of need in each area and whether they click on related national or local services and stayed their (vs. jumping right back out). The latter will be used to examine the utility of the self-referral management resources provided. We will also examine the extent to which need, and resource utilization vary by gender, ethnicity, race, and age for each problem area.

Data from S4S includes the referral source for entering the application and will also be used by the TTHY campaign to examine the extent to which its referral mechanisms are leading to S4S utilization. The evaluation will also compare the needs and resource utilization of those referred from TTHY vs. other sources.

We envision a third track of student assistance program/ other professionals who may refer youth to screening and then provide behavioral services directly or through referral. For this subset we will provide a place for them to document the following elements of a behavioral health service cascade need (from screener), referral, service initiation, engagement (2+ additional sessions) and continuity of care (services 90 days or more). Here retention in the service cascade (with the last two step primarily for the more severe cases) will be used to provide feedback on overall performance of a type of service. Areas of significant drop off will then be examined for evidence of health disparities and/or site-specific problems.

A17. Display of Expiration Date

The 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.

References:

Dennis, M. L., Chan, Y. F., & Funk, R. R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *The American Journal on Addictions*, 15, s80-s91.

Dennis, M. L., & Davis, J. P. (2021). Screening for more with less: Validation of the Global Appraisal of Individual Needs Quick v3 (GAIN-Q3) screeners. *Journal of Substance Abuse Treatment*, 126, 108414.

Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *American psychologist*, 62(2), 95.

Keyes, C. L. (2009). The Nature and Importance of Positive Mental Health in America's Adolescents. In *Handbook of positive psychology in schools* (pp. 27-42). Routledge.

McCreary, L. L., Conrad, K. M., Conrad, K. J., Scott, C. K., Funk, R. R., & Dennis, M. L. (2013). Using the Rasch measurement model in psychometric analysis of the Family Effectiveness Measure. *Nursing research*, 62(3), 149.