

SUPPORTING STATEMENT FOR THE TRAINING AND TECHNICAL ASSISTANCE (TTA) 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 a new data collection activities for monitoring SAMHSA's Training and Technical Assistance (TTA) (OMB No. 0930-XXXX) programs performance, comprised of fourteen (14) programs, including the Addiction Technology Transfer Centers (ATTCs), the Mental Health Technology Transfer Centers (MHTTCs), the Prevention Technology Transfer Centers (PTTCs), the Rural Opioid Technical Assistance (ROTA), the Expansion of Practitioner's Education (PRAC-Ed), The Clinical Support System for Serious Mental Illness (CSS-SMI), the Center of Excellence for Protected Health Information (CoE-PHI), the National Center of Excellence for Eating Disorders (NCEED), the Provider's Clinical Support System - Medication Assisted Treatment (PCSS-MAT), the Homeless and Housing Resource Center (HHRC), the National Peer-Run Training and TA Center for Addiction Recovery Peer Support (APR-CoE), the Family Support Center of Excellence (FAM-CoE) and the Centers of Excellence for Behavioral Health Disparities (CoE-BD Disparities) . SAMHSA's TTA programs offer information, tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.

SAMHSA funds these programs under the following legislative authorities:

- ATTC, MHTTC and PTTC - Section 509, Priority Substance Abuse Treatment Needs of Regional and National Significance, of the Public Health Service Act, as amended.
- ROTA - Title II Division H of the Consolidated Appropriations Act, 2020. This program addresses Healthy People 2030, Substance Abuse Topic Area HP 2030-SA.
- PRAC-Ed - Section 509 of the Public Health Service Act, as amended.
- CSS-SMI - Section 520A of the Public Health Service Act. This program addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.
- CoE-PHI – Section 509 of the Public Health Service Act, as amended.
- NCEED - Section 520A (290bb-32) of the Public Health Service Act. This program addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.
- PCSS-MAT - Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.
- HHRC - Section 520 of the Public Health Services Act.
- APR-CoE - Section 7152 of the SUPPORT Act for Patients and Communities.
- FAM CoE – Section 509 of the Public Health Service Act, as amended.
- CoE-BD Disparities- r Section 520A (290bb-32) of the Public Health Service Act. This program addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

SAMHSA intends to use three (3) instruments for program monitoring of TTA events as well as for ongoing quality improvement. These instruments are:

- TTA Event Description Form - Attachment 1

- TTA Post Event Form - Attachment 2
- TTA Follow-up Form - Attachment 3

In order to achieve its mission, SAMHSA has identified several priority areas to better meet the behavioral health care needs of individuals, communities, and service providers. Strengthening health practitioner training and education is one of the five main areas of our FY2019-FY2023 Strategic Plan. The Training and Technical Assistance (TTA) programs are part of SAMHSA’s restructuring of technical assistance and training for healthcare providers. 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.

SAMHSA is establishing the Training and Technical Assistance (TTA) program to improve our workforce development initiatives. The existing and newly established centers will work independent and collaboratively 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 ATTC, MHTTC, and PTTC program includes a coordinating office, ten (10) regional centers, and two (2) population-specific national centers (Hispanic/Latino and American Indian/Alaska Native). In total, these 3 programs include 39 (thirty-nine) centers (13 centers per network). The ROTA program includes 16 (sixteen) grantees, the Prac-Ed program includes 51(fifty-one) grantees, and the CoE-BD Disparities include 3 (three) centers. All remaining programs (CSS-SMI; CoE-PHI; NCEED; PCSS-MAT; HHRC; APR-CoE; and FAM-CoE) each have 1 (one) center only. (Table 1).

The TTAs draw upon the knowledge, experience, and latest research of recognized experts in the field of prevention and treatment of mental health and substance use. The TTAs 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 TTAs (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. The intent of the TTAs 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.

Table 1: TTA Centers	
Center Type	Number of centers/grantees
ATTC	13
MHTTC	13
PTTC	13
ROTA	16
PRAC-Ed	51
CSS-SMI	1
CoE-PHI	1
NCEED	1
PCSS-MAT	1
HHRC	1
APR-CoE	1
FAM-CoE	1
CoE-BD Disparities	3
Total Number of TTA centers	116

The TTAs provide ongoing dissemination of research-based knowledge in a number of ways, including through events. Events may take the form of presentations, meeting, technical assistance (TA) or training.

Presentations constitute delivery of awareness, information or explanation related to an idea, a practice, or a new product to an audience delivered in a traditional classroom, in person, virtual/webinar, private audience or in a major local or national conference. It can also include continuing education courses, university courses, and community college courses. Meetings constitute on an assembly of individuals or committees for discussion of a specific topic or planning, which can happen in person or via virtual technology, working cooperatively on a project, problem, and/or in the establishment of a policy. Technical Assistance (TA) consists of negotiated series of activities designed to reach a valued outcome via sharing of information and expertise, instruction, skills training, transmission of working knowledge, consulting services or the transfer of guidelines or technology. Training constitutes of the teaching of a skill, knowledge, or experience for personal or professional development. Trainings activities can be of a short- or long-term delivery and they can be delivered in person or via virtual technology.

Participants from all these events come from diverse populations, ranging from behavioral health practitioners, primary health care practitioners, community health workers, peer support specialists, criminal justice professionals, educators, community leaders, students, and others.

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 TTAs, which are delineated in the Department of Health and Human Services (HHS) FY 2021 Annual Performance Plan and Report (<https://www.hhs.gov/about/budget/fy2021/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 Medications for Opioid Use Disorder (MOUD) 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 MOUD, SAMHSA expects to see increases in the number of people receiving outpatient MOUD 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 TTAs; the number of people attending TTA events, including demographic information (e.g., discipline); and the usefulness of TTA events. Aligning this information with data from the three measures noted (e.g., the number of persons receiving outpatient MOUD; 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 TTAs 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 TTAs tailor programming to the unique needs of specific populations. Questions that the TTAs will consider while examining the data include:

- What are the characteristics of the participants at TTA 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?

Event Definitions

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

Presentation -delivery of awareness, information/explanation related to an idea, a practice, or a new product to an audience delivered in person, virtual/webinar, private audience or in a major local or national conference.

Meeting - A meeting is defined as a TTA sponsored or co-sponsored event in which a group of people representing one or more agencies, other than the TTA, 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 TTA reports activities as "meetings" only when they are NOT appropriate to report under any other category.

Technical Assistance - Technical assistance is defined as a jointly planned consultation generally involving a series of contacts between the TTA and an outside organization/institution. It consists of a negotiated series of activities designed to reach a valued outcome via sharing of information and expertise, instruction, skills training, transmission of working knowledge, consulting services or the transfer of technical guidance or data. This may be a time-limited consultation or an ongoing series of consultations. The TTAs reports technical assistance at the end of the series of contacts or yearly if contacts are ongoing.

Training - A training event is defined as a TTA sponsored or co-sponsored event that focuses on teaching of a skill, knowledge, or experience for personal or professional development. Higher education classes must be included in this definition with each course considered as one training event.

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 TTAs. The data collection instruments include:

- TTA Event Description Form (EDF),
- TTA Post Event Form,
- TTA Follow-up Form.

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

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

TTA Post Event Form: this form will be administered immediately following the event. It asks approximately 15 (fifteen) questions of each individual that participated in the event (Attachment 2). The instrument asks the participants to report on general demographic information (gender, race, sexual orientation, level of education, primary profession, etc.), 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, if they would recommend the event to a colleague, and how the event could be improved.

Follow-up data will be collected 60 days post event on participants of all events that last a minimum of three (3) hours.

TTA Post Event Form: this form will be administered 60-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 14 (fourteen) questions (Attachment 3). The instrument asks the participants to report if the information provided in at the event benefited their personal or 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, and how the TTA can improve the events,

Table 2: Data Collection Instruments

Form	Timeline	Type of Information
TTA Faculty/Staff		
TTA Event Description Form (EDF) (Attachment 1)	Prior to each event	Type of event and what type of primary audience the event is targeting
Participants		
TTA Post Event Form (Attachment 2)	Completion of each event	The form asks the participants to report on general demographic information (gender, race, sexual orientation, 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 training to a colleague.
TTA Follow-up Form (Attachment 3)	60 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, and how the TTA can improve the events,

3. Use of Information Technology

Approximately 20 (twenty) percent of the TTA performance monitoring instruments will be administered in person to participants at TTA events, who complete the forms by paper and pencil. The Technology Transfer Centers (TTC), comprised of the ATTC, PTTC and MHTTC, with SAMHSA's approval, have developed a form processing solution, 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 SAMHSA's Performance Accountability and Reporting System (SPARS) system maintained by SAMHSA's contractor. All TTA programs will be offered the opportunity to adhere to this technology.

Approximately 80 (eighty) percent of the TTA performance monitoring instruments will be administered online. This includes the post-event and the 60-day follow-up instruments that will be distributed to consenting participants via electronic mail. To support this process, with SAMHSA's approval the TTA has developed a secure, web-based application for TTAs 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 TTAs 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 TTAs SPARS account based on the participant's zip code. All TTA programs will be offered the opportunity to adhere to this technology.

All data collected will be managed in electronic databases. The TTAs 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 TTAs for their use.

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 TTAs' 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 and the TTAs 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 TTAs will only be collecting information at the end of events and, just for those events greater than 3 hours, at 60-days post event.

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

- Determine whether TTAs are meeting the participant and event targets required by the funding announcement which applies to each program.
- Identify gaps in the provision of training and technical assistance for specific communities.

7. 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).

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on September 1, 2021 (86 FR 49042). No comments were received in response to this notice.

9. Payment to Respondents

Some TTA sites may provide minimal payment for completion of the Follow-up forms. This varies across the TTAs due to regional and local differences. For those TTA 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 TTAs, 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. See the Personal Code section at the top of each of the attached instruments in Attachments 2 and 3.

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 177,000 respondents for the TTA programs combined monitoring is estimated to be 28,320 hours. Burden estimates are based on previous use of related data collection instruments by the TTC Network (from 2018 to 2021). The annualized hourly costs to respondents are estimated to be \$701,770. Hourly wage information is based on estimated median hourly wages of \$24.78 an hour for Substance Abuse, Behavioral Disorder, and Mental Health Counselors as reported in the Occupational Employment Statistics available from the Bureau of Labor Statistics, U.S. Department of Labor (<https://www.bls.gov/oes/current/oes211018.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 TTA faculty or training staff.

Table 3: Annualized Burden Estimates - TTA programs combined: Substance Abuse, Behavioral Disorder, and Mental Health Counselors: \$701,770 per year, \$24.78 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
TTA Faculty/Staff							
Event Description Form	2,000	1	2,000	.16	320	\$24.78	\$7,930
Meeting and presentations respondents							
Post-Event Form	50,000	1	50,000	.16	8,000	\$24.78	\$198,240
Follow-up Form	Meetings and presentations are usually less than 3 hours. Follow up forms will be used only for events longer than 3 hours						
Technical Assistance and Training respondents							
Post-Event Form	100,000	1	100,000	.16	16,000	\$24.78	\$396,480
Follow-up Form	25,000	1	25,000	.16	4,000	\$24.78	\$99,120
TOTAL	177,000	1	177,000	.16	28,320	\$24.78	\$701,770

Summary Table

Instruments	# Respondents	Responses per respondents	Burden Hours
TTA Event Description Form	2,000	1	320
TTA Post Event Form	150,000	1	24,000
TTA Follow up Form	25,000	1	4,000
Total	177,000	1	28,320

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 current annual estimated cost to the government for the TTA programs combined per year is \$61.3 million. This includes grants and cooperative agreements for single or multiple years. Approximately \$128,758 per year represents SAMHSA costs to manage/administrate the TTA program for 90% of one employee (GS-14).

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 TTA-sponsored events. Because this assessment is used to monitor and improve upon the quality of TTA program 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. TTA program sites will, therefore, periodically run such reports to examine their data. Furthermore, each TTA sites must, according to funding requirements, prepare an annual report each fiscal year. In these reports, each TTA sites are 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 TTA program staff and Directors, and are sent to SAMHSA electronically presenting at minimum the following data:

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

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.