1**SUPPORTING STATEMENT FOR**
Center for Mental Health Services (CMHS)
MENTAL HEALTH CLIENT/CONSUMER OUTCOME MEASURES
AND
INFRASTRUCTURE, PREVENTION, AND PROMOTION INDICATORS

Check off which applies:
☐ New
☒ Revision
☐ Reinstatement with Change
☐ Reinstatement without Change
☐ Extension
☐ Emergency
☐ Existing

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 a revision to extend the data collection period of the previously approved instruments and data collection activities for the Center Mental Health Services (CMHS) Mental Health Client/Consumer Outcome Measures and Infrastructure, Prevention and Promotion Indicators (OMB No. 0930-0285) that expires on March 30, 2025.

To be fully accountable for the spending of federal funds, SAMHSA requires all programs to collect and report data to ensure that program goals and objectives are met. Data is collected and used to monitor and improve performance of each program and ensure appropriate and thoughtful spending of federal funds.

SAMHSA is in the process of establishing a new data collection tool for client services which will be used by discretionary grants from both CMHS and the Center for Substance Abuse Treatment (CSAT). While working towards this new combined data collection, SAMHSA is requesting to extend the time period for data collection using the currently approved tools without change to the tools. The Mental Health Client/Consumer Outcome Measures and Infrastructure, Prevention and Promotion (IPP) Indicators for discretionary mental health grant programs includes:

- Attachment A is the client-level survey of outcome measures.
- Attachment B lists the full set of IPP indicators.
- Attachment C is the IPP report form.

These data collection forms capture qualitative performance and quantitative process, outputs, and outcomes for CMHS discretionary grant programs, including demographic characteristics of individuals served; numbers of individuals reached, trained, served, or referred; and characteristics of services and activities provided.

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

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

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

Each of these key goals complements SAMHSA's legislative mandate. All of SAMHSA's programs and activities are geared toward the achievement of these goals, and GPRA performance monitoring is a collaborative and cooperative aspect of this process. SAMHSA continues 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. The current request seeks approval to extend the valid period for the current data collection tools as summarized above.

A2. Purposes and Use of Information

All SAMHSA/Center for Mental Health Services discretionary grant programs collect and report on an assigned number of infrastructure, prevention, and mental health promotion indicators according to the required activities of the grant program. A subset of CMHS discretionary grant programs that provide direct client treatment services also collect and report client-level data from collected through client interviews at enrollment, during treatment, and at the end of treatment to monitor the performance these grants.

These data are used by individuals at three different levels within SAMHSA: the Assistant Secretary of Substance Abuse and Mental Health Services; Center-level administrators, respective leadership teams, and Program Staff (i.e., Government Project Officers [GPOs]); and grantees.

Assistant Secretary Level: The information informs the Assistant Secretary for Mental Health and Substance Use on the performance and outcomes of all funded programs. Performance is linked to the goals and objectives of all grant programs. The intent is for this information to serve as the basis of the annual report to Congress contained in the Justifications of Budget Estimates.

Center Level Administrators, Leadership Teams, and Government Project Officers 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 also used by GPOs to identify program strengths and weaknesses, provide an informed basis for providing technical assistance and other support to grantees, inform continuation of funding decisions, and identify potential issues for additional evaluation.

Grantee Level: In addition to monitoring performance and outcomes, the grantee staff can use the information to improve the quality of services provided to their selected population(s) of focus within their projects.

SAMHSA uses the data collected for annual reporting required by the Government Performance and Results Modernization Act (GPRMA) of 2010. The information collected through this ongoing data collection process will allow SAMHSA to report on the results of these performance indicators and outcomes in a manner that is consistent with SAMHSA specific performance domains and to assess the accountability and performance of all discretionary grant programs.

CMHS response to 60-day Federal Register Notice

In response to the 60-day FRN, SAMHSA/CMHS received correspondence and inquiries from (refer to Attachment C: CMHS/GPRA Public Comment Response Matrix).

Data Collection for Client-level National Outcome Measures

Client-level national outcome measures (NOMs) data reflect the Agency's desire for consistency in data collected within the Agency. SAMHSA has identified specific performance domains to assess the accountability and performance of its discretionary grants. These domains represent SAMHSA's focus on the factors that contribute to the success of mental health treatment, and include:

- Demographics
- Behavioral Health Diagnosis
- Functioning
- Stability in Housing
- Education and Employment
- Crime and Criminal Justice
- Perception of Care
- Social Connectedness
- Program-Specific Measures
- Services Received and Clinical Discharge Status

SAMHSA/CMHS services grant programs that provide direct treatment to clients currently have an OMB approved data collection tool in place. This request for approval is to extend the validity period for data collection.

Data Collection for Infrastructure, Prevention, and Promotion Performance Indicators

To facilitate CMHS reporting of GPRA data for programs engaged in substantial infrastructure development, prevention, and mental health promotion activities, the agency has identified 13 categories of interest for accountability and performance monitoring. The categories are as follows:

- Accountability

- Access
- Awareness
- Financing
- Knowledge, Attitudes, and Beliefs
- Outreach
- Organizational Change
- Partnership and Collaboration
- Policy Development
- Referral
- Screening
- Training
- Workforce Development

Each grant program is assigned a set of IPP indicators that are needed to monitor and management performance and implementation of required activities. Grantees are asked to set annual goals for assigned indicators and then to report quarterly on progress against those goals.

Proposed Changes to Data Collection Instrument

SAMHSA is proposing to extend the current approved versions of the data collection instruments (OMB No. 0930-0285) to maintain performance monitoring and outcome measurement of its programs supporting mental and behavioral health.

SAMHSA is requesting approval to extend approval for the current tools:

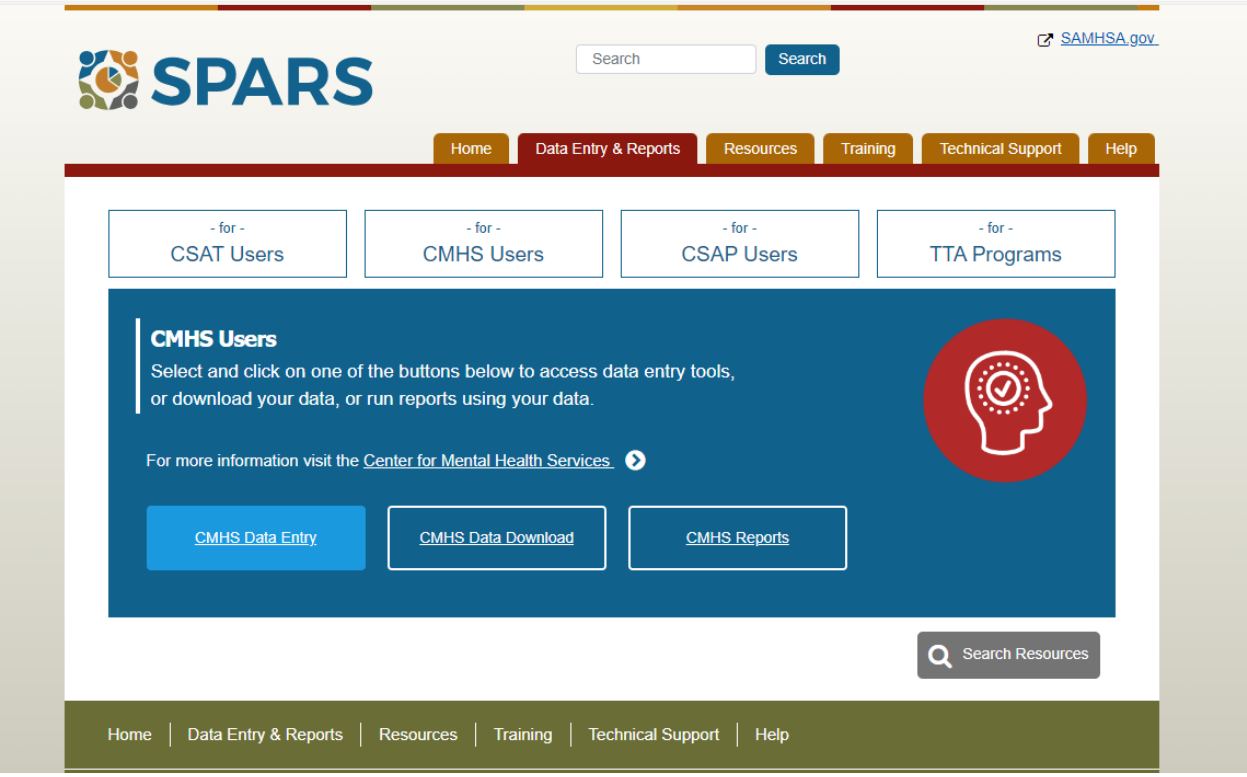
- Attachment A is the client-level survey of outcome measures.
- Attachment B lists the full set of IPP indicators.
- Attachment C is the IPP report form.

All CMHS data collection activities are intended to promote the use of consistent measures among CMHS-funded discretionary grantees. These measures are a result of extensive examination and recommendations, using consistent criteria, by panels of staff, experts, and grantees. Wherever feasible, the measures are consistent with or build upon previous data development efforts within CMHS. These data collection activities are organized to reflect and support the domains specified for SAMHSA's NOMs for programs providing direct services, and the categories developed by CMHS to specify the infrastructure, prevention, and mental health promotion activities.

A3. Uses of Information Technology

Information technology is used to reduce program respondent burden. A web-based data collection and entry system, SAMHSA's Performance Accountability and Reporting System (SPARS), is currently used and available to all discretionary grant programs for data collection. This web-based system allows for easy data entry, submission, and reporting to all those who have access to the system. Levels of access have been defined for users based on their authority and responsibilities regarding the data and reports. Access to the data and reports is limited to

those individuals with a username and password. A screenshot of the data entry screen on SPARS is below:



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

A4. Efforts to Identify Duplication

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

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

A5. Involvement of Small Entities

Individual grantees vary from small entities to large provider organizations. Every effort has been made to reduce the number of data items collected from grantees to the least number

required to accomplish the objectives of the effort and to meet GPRA reporting requirements. Therefore, there is no significant impact for small entities.

A6. Consequences if Information Collected Less Frequently

NOMS Client-level Data

Mental health programs typically collect client-level data at admission and then conduct periodic reassessments of consumers while the individual remains in treatment. When feasible, mental health providers also conduct an assessment when the consumer is discharged and exits services. The data collected for the client-level tool survey parallels this model. All programs that provide direct services will collect data at baseline/intake, at three or six months after project enrollment, and at clinical discharge.

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

Infrastructure, Prevention, and Promotion Data

These are no consequences if information is collected less frequently. The quarterly data collection and reporting requirement for the infrastructure, prevention, and mental health promotion performance indicators provides CMHS with sufficient information for appropriate program monitoring/management and GPRA performance reporting. There is not a need to report data less than quarterly.

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

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

SAMHSA is in the process of establishing a new data collection tool for client services which will be used by discretionary grants from both CMHS and CSAT. While working towards this new combined data collection for client services, SAMHSA is requesting to extend the time period for data collection using the currently approved tools without change to the tools. As a result, SAMHSA also requests exemption from the OMB Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity for this request to renew without change.

A8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on 7/18/2024, 2024 (89 FR 58390). SAMHSA did not receive public comments from any entities.

When revising the data collection tool in 2021, CMHS consulted both external and internal stakeholders in developing the proposed measures and data collection methodology. CMHS obtained feedback and consultation regarding the availability of data, methods and frequency of

collection, and the appropriateness of data elements. Development of the measures involved extensive consultation with staff within CMHS and SAMHSA.

A9. Payment to Respondents

Per SAMHSA policy, grant funds cannot be used to make direct payments to a client/consumer to enter treatment of continue to participate in prevention or treatment services. However, a grantee may provide up to a $30 non-cash incentive to a client/consumer to participate in required data collection follow-up.

A10. Assurance of Confidentiality

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

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

A11. Questions of a Sensitive Nature

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society. In carrying out this mission, it is necessary for service providers to collect sensitive items such as criminal justice involvement as well as issues of mental health. The data that will be submitted by each grantee will be based in large part on data that most of the programs are already routinely collecting. This primarily includes data on consumer demographics, mental health condition/illness and treatment history, services received, and consumer outcomes. These issues are essential to the service/treatment context.

Grant projects use informed consent forms as required and as viewed appropriate by their individual organizations. They use the appropriate forms for minor/adolescent participants requiring parental approval. Client data are routinely collected and subject to the Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404). Substance use disorder patient records in federally supported programs are also protected by 42 CFR Part 2.

The informed consent forms contain the following elements:

- A description of the purpose of the program and the procedures to be followed.

- The expected duration of client/consumer participation.
- Whether or not client/consumer participation is voluntary. If participation is voluntary, a statement that the client/consumer may receive services even if they do not participate in or complete the data collection component of the program.
- A client/consumer right to leave the project at any time without adverse effect.
- Any possible risks from project participation and the plan(s) to protect the client/consumer from these risks.
- A disclosure of appropriate alternative procedures or courses of treatment.
- A statement describing the extent to which confidentiality of records identifying the subject will be maintained.
- Contact names and telephone numbers for the client/consumer to ask questions about program, participant rights, and injury.

A12. Estimates of Annualized Hour Burden

The time to complete the instruments is estimated in Table 1. These estimates are based on current funding and planned fiscal year 2024 Notice of Funding Opportunity (NOFOs) and the number of clients served and surveyed in fiscal year 2023. The amount of time required to complete the NOMs tool and IPP measures is based on SAMHSA/CMHS experience in collecting similar data.

Table 1: Estimates of Annualized Hour Burden

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Hour Cost
Client-level baseline assessment - interview	75,600	1	75,600	0.3	22,680	$ 26.00	$589,680
Client-level baseline assessment – administrative	84,000	1	84,000	0.1	8,400	$ 26.00	$218,400
Client-level 3- or 6-month reassessment - interview	53,760	1	53,760	0.3	16,128	$ 26.00	$419,328
Client-level 3- or 6-month reassessment - administrative	67,200	1	67,200	0.1	6,720	$ 26.00	$174,720
Client-level discharge assessment -	12,500	1	12,500	0.3	3,750	$ 26.00	$97,500

interview							
Client-level discharge assessment - administrative	25,000	1	25,000	0.1	2,500	$ 26.00	$65,000
Section H Program Specific Data: baseline, 3- or 6-month reassessment, and clinical discharge	75,000	2	150,000	0.1	15,000	$ 26.00	$390,000
Subtotal	**393,060**	**1.14**	**448,088**		**75,178**		**$1,954,628**
Infrastructure, prevention, and promotion quarterly record abstraction	2,000	4	8,000	8	64,000	$ 26.00	$1,664,000
Subtotal	**2,000**		**8,000**		**64,000**		**$1,664,000**
Total	**395,060**		**456,088**		**139,178**		**$3,618,628**

1A13. Estimates of Annualized Cost Burden to Respondents

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

A14. Estimates of Annualized Cost to the Government

The principal additional cost to the government for this project is the cost of a contract to collect the data from the various programs and to conduct analyses, which generate routine reports from the data collected. For NOMS, the reports examine baseline characteristics as well as the changes between baseline, discharge, and each of the follow-up periods. For IPP, the reports provide both the quarterly numbers reported as well as the result descriptions narrative data.

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

A15. Changes in Burden

Currently, there are 68,673 total burden hours in the OMB-approved NOMs client services collection and SAMHSA is now requesting an increase to 75,178 burden hours. The increase of 6,505 burden hours is due to the following:

- More direct services grantees reporting using the tool

- Additional time allocated for interviews, but also improved estimates of the number of clients who consent for interview
- Additional time allocated for administrative collection of data, including the information that is collected for all clients as to whether they completed an interview or not

The estimated time to complete the baseline, reassessment, and clinical discharge assessment is 20 minutes to do the interview (0.3) and 6 minutes (0.1) to complete the administrative sections of the tool for all clients including those who decline an interview. The estimated time to complete Section G program-specific measures was increased from 5 minutes to 6 minutes (0.1), including any administrative reporting of physical health measures collected as part of routine medical care (not part of the interview).

Currently, there are 7,536 total burden hours in the OMB-approved IPP collection. SAMHSA is now requesting an increase to 64,000 burden hours. The increase of 56,464 hours is due to:

- More CMHS grantees reporting using the tool (doubled to 2,000)
- Additional time allocated for reporting each quarter, including time need to pull data from internal systems maintained by the grantees

The estimated amount of time to collect and report IPP data was increased based on grantee feedback on time spent reporting from 2 hours to 8 hours per quarter per grant.

A16. Time Schedule, Publication and Analysis Plans

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

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

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

The web-based reports on the SPARS system for the direct client services grant programs will include information on the number of consumers served, their demographic characteristics,

baseline status, and change scores for the various domains. The web-based reports on the SPARS system for the CMHS discretionary grant programs reporting on IPP indicators will include information on the process, output, and outcome indicators, for example the number of individuals screened or referred. The data items collected will be analyzed and presented in GPRA reports using basic descriptive statistics. Data will be used to report to Congress regarding the GPRA as specified in the SAMHSA Annual Justifications of Budget Estimates. They will also allow CMHS staff to examine performance longitudinally, by program, or individual grantee.

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

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

A17. Display of Expiration Date

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

A18. Exceptions to Certification Statement

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

Attachments:
A = NOMS Client-Level Data Collection Tool
B = IPP Measures
C = IPP Results Form
D = Summary of 60-day Federal Register Notice Comments