1SUPPORTING STATEMENT FOR
Substance Abuse and Mental Health Services Administration
Unified Performance Reporting Tool (SUPRT) – Project (P)

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 the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. To achieve its mission, SAMHSA awards discretionary and formula grant funding to states, tribes, territories, Pacific Jurisdictions, and communities to support efforts to prevent substance use and overdose, improve access to prevention, treatment, and recovery services, and strengthen the workforce. SAMHSA is requesting approval from the Office of Management and Budget (OMB) to monitor a set of discretionary grant programs through the administration of SAMHSA's Unified Performance Reporting Tool – Project (SUPRT-P).

The New SAMHSA Unified Performance Reporting Tool (SUPRT) – Project (P): Purpose and Goals

Currently, over 7,500 grantees across a range of prevention, treatment, and recovery support discretionary grant programs have reported program performance data into SAMHSA's Performance Accountability and Reporting System (SPARS) that serves as a central data repository. SPARS functions as a performance management system that captures information on the substance use and mental health services delivered via the range of SAMHSA's discretionary grants.

In keeping with the mission that guides the work of the agency, SAMHSA is seeking approval for the new SAMHSA Unified Performance Reporting Tool (SUPRT) – Project (P) which will replace the Center for Mental Health Services' (CMHS) Development, Prevention, and Mental Health Promotion (IPP) Indicators (which are included under #0930-0285) and create a single tool to collect grant-level aggregate data on target goals and actual performance, and client demographic characteristics from CMHS and Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and 988 & Behavioral Health Crisis Coordinating Office (988) grantees.

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

SUPRT-P reflects diverse feedback SAMHSA obtained through multiple listening sessions conducted with key stakeholders, in addition to extensive deliberations conducted by different working groups within SAMHSA. Accordingly, SUPRT-P retains some prior questions and deletes other questions from the IPP indicators and client-level performance reporting tools currently in use. SUPRT-P will reduce client reporting burden and is projected to enhance the accuracy of the collected performance data from CMHS, CSAT, CSAP and 988 grantees.

SAMHSA will use the data collected through SUPRT-P for annual reporting required by GPRMA, grantee monitoring, and continuous improvement of its discretionary grant programs. SUPRT-P will also align with, and strengthen, SAMHSA's complementary performance monitoring activities of its discretionary grant programs providing client services. The information collected through this process will allow SAMHSA to (1) monitor and report on implementation and overall performance of the associated grant programs; (2) advance SAMHSA's proposed performance goals; and (3) assess the accountability and performance of its discretionary grant programs, focused on efforts that promote mental health, prevent substance use, and provide behavioral health crisis response, treatments and supports to foster recovery.

A2. Purposes and Use of Information

SAMHSA will use the data collected for annual reporting required by GPRMA to describe clients and individuals served and to summarize outputs and outcomes of grant program activities. Information collected through this request will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with SAMHSA-specific performance indicators, and to assess the accountability and performance of its discretionary grant programs. The information collected through this request will allow SAMHSA to improve its ability to assess the impact of its programs on key outcomes of interest and, in some cases, to gather vital descriptive characteristics about clients served by discretionary grant programs.

These data are used by individuals at three different levels within SAMHSA: the Assistant Secretary of Substance Abuse and Mental Health Services; the Center-level administrators (CEAs), 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 GPRMA reports on key outputs and outcomes contained in the Justifications of Budget Estimates and as the basis for reports to Congress when required in statute.

Center-level administrators, leadership teams, and government project officers level: In addition to providing information about the performance of the various programs, CEAs, leadership teams, and GPOs will use the information to monitor and manage individual grant projects within each program. GPOs also use the information 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 implementation of grant program activities, including the quality of services provided.

SAMHSA has identified specific performance indicators to assess the accountability and performance of its discretionary grants. These indicators represent SAMHSA's focus on the factors that contribute to the success of mental health promotion, and the substance use prevention and treatment, treatments and supports to foster recovery, and sustained access to behavioral health crisis response. Grantees will provide information quarterly and annually to address the following performance indicators using SUPRT-P (Attachment A: SAMHSA Unified Performance Reporting Tool (SUPRT) – Project (P)). The tool will track performance on the following grant activities:

- **Total Served and Demographics**: new individuals who received one or more service by the grant
- **Awareness**: broad messaging to communities and populations
- **Outreach**: one-on-one communication efforts with individuals outside of the clinical setting to encourage care seeking, improve access to care, linkage to care, and retention in care
- **Prevention Activities and Education**: components of universal prevention strategies delivered to individuals through one-on-one brief interactions or group setting activities
- **Screening, Assessment, and Testing**: efforts to identify individuals with behavioral health and related social needs
- **Referral**: efforts to connect the individuals identified with behavioral health needs with the appropriate services
- **Access and Linkage to Care or Treatment**: ensuring those identified with behavioral health needs are successfully linked to the services for which they were referred
- **Brief Intervention and Services**: receipt of specific services and supports through the grant program
- **Behavioral Health Crisis**: services provided related to behavioral health crisis where the programs cannot, by design, collect personally identifiable information (PII) in order to report unduplicated individuals
- **Training and Workforce Development**: training and program activities to improve the behavioral health workforce
- **Individual Outcomes**: outcomes related to grant program goals
- **Stakeholder Engagement**: opportunities for meaningful involvement and representation of people with lived experience within grant program activities
- **Partnership/Collaboration**: grantee partnerships or collaborations needed to achieve program goals
- **Infrastructure Development, Prevention and Mental Health Promotion**: legacy indicators that are being used in a grant program that is in the middle of a national cross-site evaluation, measuring behavioral health crisis-related grantee efforts
- **Quarterly Narrative**: brief success stories, current struggles, best practices, or comments related to the data entered that grantees may want to share with their project officers

A3. Uses of Information Technology

Information technology is used to reduce grantee respondent burden. A web-based entry system, SAMHSA's Performance Accountability and Reporting System (SPARS) is currently used and available to all discretionary grant programs for data collection. As a web-based system, SUPRT-P 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. Grantees will log into SPARS to access SUPRT-P.

Electronic submission of 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. Electronic submission also promotes immediate access to the dataset. Once data are entered into SUPRT-P, they are available for access, review, and reporting by all those with access to the system.

A4. Efforts to Identify Duplication

Grantees will not be required to respond to all SUPRT-P indicators; the selection of indicators will be determined on the basis of the grant program purpose, required activities, and objectives. The items collected will be those necessary to assess whether grantees implemented required activities and to monitor grantee performance against goals. SAMHSA solely administers and monitors its discretionary grants programs. SAMHSA is promoting the use of consistent performance measures across all discretionary grant programs. This effort will result in less overlap and duplication, reducing the burden on grantees and supported individuals that can result from overlapping data demands.

A5. Involvement of Small Entities

Individual grantees vary from small entities to large organizations, including community-based organizations, schools and academic institutions, behavioral health providers, state and local government entities, Indian tribes and tribal 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 GPRMA reporting requirements. Therefore, there is no significant impact for small entities.

A6. Consequences if Information Collected Less Frequently

SAMHSA expects that the discretionary grant programs report goals and collect data quarterly and annually based on requirements set forth for specific indicators and grants. Collecting the information less frequently would not allow SAMHSA to properly monitor grantees.

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).

A8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on [date] (FRN number). [placeholder for information regarding number of public comments and reference Attachment B: GPRMA Public Comment Response Matrix]

When revising the tool, SAMHSA reviewed the IPP indicators and consulted staff at CMHS, CSAT, CSAP, and 988 to revise existing IPP indicators and add new indicators and related questions. SAMHSA obtained feedback and consultation regarding the availability of data, methods and frequency of collection, and the appropriateness of data elements.

SAMHSA also completed pretesting with one CMHS grantee, six CSAT grantees, and two 988 grantees, for a total of 9 pretests. Overall, most pretest grantees felt that SUPRT-P indicators will be relatively easy to report. SAMHSA made structural revisions, added indicators, and revised wording of some indicators to improve clarity. These revisions are reflected in the attached tool.

A9. Payment to Respondents

Respondents are the recipients of SAMHSA grants, costs of internal monitoring systems and process to report data to SAMHSA are included in approved project budgets. No cash incentives or gifts will be given to respondents.

A10. Assurance of Confidentiality

Data will be kept private to the extent allowed by law. The privacy of information obtained from grantees will remain private throughout all points in the data collection and reporting processes. However, SAMHSA cannot ensure complete confidentiality of grantee data. All data will be closely safeguarded, and no institutional or individual identifiers will be used in reports. Only aggregated data will be reported. Program-level information will be aggregated to, at least, the level of the grant funding announcement.

A11. Questions of a Sensitive Nature

SUPRT-P will collect and report aggregate, unidentifiable data at the project-level. SAMHSA and its contractors will not receive individual or client records.

A12. Estimates of Annualized Hour Burden

The time to complete the tool is estimated in Table 1. SAMHSA estimates the total burden to grantees to vary according to the complexity and size of the grant program and required activities, taking an average of approximately eight hours each quarter of the year for grantees to collect, compile, and report. This estimate was derived based on experience from implementation of the CMHS IPP indicators and a pretest with one CMHS grantee, six CSAT grantees, and two 988 grantees.

Through the SUPRT-P, SAMHSA expects that the tool will result in a significant decrease in burden for grantees because of the streamlining of questions, not all items will be required at every data collection time point, not all questions will be required for a given grant, and the SUPRT-P incorporates questions for mental health, substance use treatment, and 988 indicators in one tool.

Table 1: Estimates of Annualized Burden

SAMHSA Tool	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Hour Burden	Hourly Wage Cost	Total Cost
SUPRT-P	2,831	4	11,324	10	113,240	$25.82[1]	$2,923,856.80

[1]The hourly wage estimate is $25.82 based on the Occupational Employment and Wages, Mean Hourly Wage rate for Substance Abuse, Behavioral Disorder, and Mental Health Counselors (https://www.bls.gov)

1A13. Estimates of Annualized Cost Burden to Respondents

There will be no capital, start-up, operation, maintenance, nor are there any purchase 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 grantees and to conduct analyses, which generate routine reports from the data collected.

The estimated annualized cost for a contract for SUPRT-P is $2,200,000 and the cost of 3 Full-time Equivalent (FTE) staff (GS-14 100%) responsible for the data collection effort is approximately $396,000 per year. The estimated annualized total cost to the government will be $2,596,000.

A15. Changes in Burden

This is a new data collection request; therefore, there are no changes in burden.

A16. Time Schedule, Analysis and Publication Plans

SAMHSA will utilize the data collected from this data collection activity 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 SAMHSA 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.

Analysis and Publication Plans

Data will be used to report to Congress on the GPRMA as specified in the SAMHSA Annual Justifications of Budget Estimates. The data might also be used for specific comparisons relative to the Office of National Drug Control Policy's National Drug Control Strategic Goals Information will also be used for a wide variety of other oversight, administrative, and statistical purposes of the federal government, state governments, and Congress. Data will be tabulated and analyzed using standard descriptive and statistical analytic techniques and will be published through the reports noted above, as well as through the publication of special analytic studies.