DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–1243.

Comments are invited on (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology (IT).

Proposed Project: Screening, Brief Intervention, and Referral to Treatment (SBIRT) Cross-Site Evaluation—New

SAMHSA is conducting a cross-site external evaluation of the impact of programs of screening, brief intervention (BI), brief treatment (BT), and referral to treatment (RT) on patients presenting at various health care delivery units with a continuum of severity of substance use. SAMHSA's SBIRT program is a cooperative agreement grant program designed to help states and Tribal Councils expand the continuum of care available for substance misuse and use disorders. The program includes screening, BI, BT, and RT for persons at risk for dependence on alcohol or drugs. This evaluation will provide a comprehensive assessment of SBIRT implementation; the effects of SBIRT on patient outcomes, performance site practices, and treatment systems; and the sustainability of the program. This information will allow SAMHSA to determine the extent to which SBIRT has met its objectives of implementing a comprehensive system of identification and care to meet the needs of individuals at all points along the substance use continuum.

To evaluate the success of SBIRT implementation at the site level, a web-based survey will be administered to staff in sites where SBIRT services are being delivered—referred to as performance sites. The Performance Site Survey will be distributed to individuals who directly provide SBIRT services and staff who interact regularly with SBIRT providers and patients receiving SBIRT services. The types of staff surveyed will include intake staff, medical providers, behavioral health providers, social workers, and managerial and administrative staff who oversee these staff. Since cross-site evaluation team members will be traveling to selected SBIRT providers and coordinating with state and site administrators on a yearly basis, there is an opportunity to complete a near-census of all SBIRT-related staff at performance sites with a minimal level of burden.

The 78 question web survey includes the collection of basic demographic information, questions about the organization's readiness to implement SBIRT, and questions about the use of health information technology (HIT) to deliver SBIRT services. The demographic questions were tailored from a previous cross-site evaluation survey to fit the current set of cross-site grantees. The organizational readiness questions were developed through a review of the extant implementation science research literature (*e.g.,* Chaudoir, Dugan, & Barr, 2013; Damschroder et al., 2009; Garner, 2009; Greenhalgh, MacFarlane, & Kyriakidou, 2004; Weiner, 2009; Weiner, Belden, Bergmire, & Johnston, 2011). Based on this review, the Organizational Readiness for Implementation Change (ORIC) (Shea, Jacobs, Esserman, Bruce, & Weiner, 2014) and the Implementation Climate Scale (ICS) (Jacobs, Weiner, & Bunger, 2014) were identified as the two most appropriate instruments. In addition to questions from these two instruments, the survey includes questions to assess satisfaction, capacity, and infrastructure to implement SBIRT screening, BI, and BT.

To identify relevant HIT measures, the cross-site evaluation team modified measures from socio-technical frameworks (Kling, 1980), including the DeLone and McClean framework (DeLone & McLean, 2004), the Public Health Informatics Institute Framework (PHII, 2005), and the Human Organization and Technology (Hot)-FIT Framework (Yusof, 2008). Across these three frameworks, the survey captures measures of system availability, information availability, organizational structure and environment, utilization, and user satisfaction.

TOTAL BURDEN HOURS FOR THE PERFORMANCE SITE SURVEY

Respondent	Number of respondents (a)	Number of responses/respondent	Total number of responses	Hours per response (b)	Annual burden hours
Intake/front desk staff	215	1	215	0.22	47.30
Performance site administrators	191	1	191	0.22	42.02
Clinical supervisors	101	1	101	0.22	22.22
Medical providers	571	1	571	0.22	125.62
Behavioral health providers	211	1	211	0.22	46.42
Social workers	118	1	118	0.22	25.96
Total	1,407	.....	1,407	.....	309.54

(a) The maximum number of annual respondents has been based on an estimates from cross-site evaluation site visits.
(b) The average burden per response was estimated based on independent review of the instrument by contractor staff.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 2–1057, One Choke Cherry Road, Rockville, MD 20857 *OR* email a copy to *summer.king@samhsa.hhs.gov.*

Written comments should be received by January 8, 2016.

Summer King,

Statistician.

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Proposed Project: Quarterly Progress Reporting and Annual Indirect Services Outcome Data Collection for the Minority Substance Abuse/HIV Prevention Program (MAI)—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is requesting approval from the Office of Management and Budget (OMB) for the collection of quarterly progress information and annual community-level outcome data from CSAP's Minority AIDS Initiative (MAI) programs.

This data collection effort supports two of SAMHSA's 6 Strategic Initiatives: Prevention of Substance Abuse and Mental Illness and Health Care and Health Systems Integration. The grantees funded by the MAI and included in this clearance request are:

- Minority Serving Institutions (MSI) in Partnerships with Community-Based Organizations (CBO): 84 grantees funded up to three years;
- Capacity Building Initiative (CBI): 74 grantees funded up to five years.

MSI CBO grantees are Historically Black Colleges/Universities, Hispanic Serving Institutions, American Pacific Islander Serving Institutions, or Tribal Colleges/Universities in partnership with community based organizations in their surrounding communities. MSI CBO grantees are required to provide integrated substance abuse (SA), Hepatitis C (HCV), and HIV prevention services to young adults. The CBI grantees are community-level domestic, public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes and tribal organizations, and urban Indian organizations. CBI grantees will use grant funds for building a solid infrastructure for integrated SA, HIV, and HCV prevention service provision and implementing evidence-based prevention interventions using SAMHSA's Strategic Prevention Framework (SPF) process. The target population for the CBI grantees will be at-risk minority adolescents and young adults. All MAI grantees are expected to provide leadership and coordination on the planning and implementation of the SPF and to target minority populations, as well as other high risk groups residing in communities of color with high prevalence of SA and HIV/AIDS.

The MAI grantees are expected to provide an effective prevention process, direction, and a common set of goals, expectations, and accountabilities to be adapted and integrated at the community level. Grantees have substantial flexibility in choosing their individual evidence-based programs, but must base this selection on and build it into the five steps of the SPF. These SPF steps consist of assessing local needs, building service capacity specific to SA and HIV prevention services, developing a strategic prevention plan, implementing evidence-based interventions, and evaluating their outcomes. Grantees are also required to provide HIV and HCV testing and counseling services and referrals to appropriate treatment options. Grantees must also conduct ongoing monitoring and evaluation of their projects to assess program effectiveness including Federal reporting of the Government Performance and Results Act (GPRA) of 1993, The GPRA Modernization Act of 2010, SAMHSA/CSAP National Outcome Measures (NOMs), and the Department of Health and Human Services Core HIV Indicators.

The primary objectives of this data collection effort are to:

- Ensure the correct implementation of the five steps of the SPF process by maintaining a continuous feedback loop between grantees and their POs;
- Promptly respond to grantees' needs for training and technical assistance;
- Assess the fidelity with which the SPF is implemented;
- Collect aggregate data on HIV testing to fulfill SAMHSA's reporting and accountability obligations as defined by the Government Performance and Results Modernization Act (GPRA Modernization Act) and HHS's HIV Core Measures;
- Assess the success of the MAI in reducing risk factors and increasing protective factors associated with the transmission of the Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV) and other sexually-transmitted diseases (STD);
- Measure the effectiveness of evidence-based programs and infrastructure development activities such as: outreach and training, mobilization of key stakeholders, substance abuse and HIV/AIDS counseling and education, testing, referrals to appropriate medical treatment, and other intervention strategies (*e.g.,* cultural enrichment activities, educational and vocational resources, motivational interviewing & brief interventions, social marketing, and computer-based curricula);
- Investigate intervention types and features that produce the best outcomes for specific population groups;
- Assess the extent to which access to health care was enhanced for population groups and individuals vulnerable to behavioral health disparities residing in communities targeted by funded interventions;

These objectives support the four primary goals of the National HIV/AIDS Strategy which are: (1) Reducing new HIV infections, (2) increasing access to care and improving health outcomes for people living with HIV/AIDS, (3) reducing HIV-related disparities and health inequities, and (4) achieving a coordinated national response to the HIV epidemic.

The Quarterly Progress Reporting (QPR) Tool is a modular instrument structured around the SPF. Each section or module corresponds to a SPF step with an additional section dedicated to cultural competence and efforts to address behavioral health disparities, which is an overarching principle of the