

Jail Diversion and Trauma Recovery- Priority to Veterans Program Evaluation

SUPPORTING STATEMENT

A. Justification

1) Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) is requesting approval from the Office of Management and Budget (OMB) for the Semi-Annual Progress Report (SAPR). The SAPR will be used in the CMHS Jail Diversion and Trauma Recovery Program to document the strategies and practices used in the Grantee pilot programs, as well as the adoption and expansion of these strategies in the Statewide infrastructure. A second component of the evaluation examining client outcomes was submitted to OMB on September 14, 2009, under OMB No. 0930-0277.

In 2008, SAMHSA developed the Jail Diversion and Trauma Recovery Program - Priority to Veterans to support local implementation and State-wide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, the program prioritizes services to veterans. There were six States funded under this program in 2008 and six grantees were funded in 2009.

The Jail Diversion and Trauma Recovery Program - Priority to Veterans requires grantees to implement a State infrastructure program linked to a local pilot criminal justice diversion project. Pilot projects must include the following components: Candidates for diversion must be recruited from either single or multiple intercept points along the justice continuum including first contact with law enforcement, initial detention, court hearings, and community corrections; the pilot project(s) must screen program candidates for PTSD and trauma related disorders; the pilot project(s) must divert clients to trauma specific treatment and recovery services that include effective practices; service delivery staff must receive training on trauma informed care, and the pilot project(s) must ensure the delivery of comprehensive support services that include housing, employment, health, mental health, substance abuse treatment and other community support services.

At the State level, the State Mental Health Authority (SMHA) will convene a State Advisory Committee comprised of representatives from State departments of mental health, substance abuse treatment, corrections, parole and probation, as well as State National Guard, Veterans Affairs, State judiciary, State Medicaid, pilot sites, veteran's organizations, their families, provider organizations and universities interested in the study, training and treatment of trauma. The State Advisory Committee will provide oversight of pilot projects' training, diversion, service delivery and local project evaluation. The Committee will also design and implement plans to disseminate knowledge about effective pilot projects and to replicate them in other

communities in the State. Pilot projects bring together community stakeholders to design the local service delivery system and the infrastructure needed to sustain it. At the completion of this phase, grantees will have developed a strategic plan for a trauma informed integrated service system.

Advocates for Human Potential’s (AHP) role with respect to the SAMHSA/CMHS TCE Jail Diversion Grantees

AHP was funded to conduct the cross-site evaluation of the Jail Diversion and Trauma Recovery program in September 2008. All grantees must evaluate the process of planning and implementing the program and participate in a cross-site evaluation of the impact of the program described later in this document. Data collection for Grantees of the Targeted Capacity Expansion Grants for Jail Diversion Programs is mandated under the program’s legislation: Public Health Service Act, Section 520G, 42 USC Sec. 290bb-38 “Grants for Jail Diversion Programs”. The process evaluation, will utilize one data collection instrument: the Semi-Annual Progress Report (SAPR) for data collection.

2) Purpose and Use of Information

The SAPR presents a common framework for capturing program implementation across the Jail Diversion and Trauma Recovery Grantees. The questions are principally open-ended items that cover seven topic areas. The following is a brief description of the types of information that are requested in each section.

1. *Brief Project Overview and Goals.* The purpose of this section is to provide an overall snapshot of the project. Respondents are asked to describe the project and its goals, as well as identify goals that have changed and the impact of the changes in goals.

2. *Project Context.* The purpose of this section is to document the environmental changes that have impacted the project. The types of changes respondents are asked to identify, include: broad economic/social changes; changes in state/local budgets; changes in policies or regulations; changes in state-wide agency operations; changes in services; and changes in leadership.

3. *Estimated Project Spending.* The purpose of this section is to estimate the project spending to allow for a better understanding of the course of spending and how it relates to the expected timeline for project implementation. Respondents are asked to identify the amount spent on state level, pilot level, and evaluation activities, as well as indicate whether this spending is as planned, under expectations or over expectation.

4. *Progress on State Level Infrastructure.* The purpose of this section is to track changes in the state level project plans and implementing key components. Respondents are asked to identify components that are part of the state level plan, and describe activities as relevant. The components include: leadership development; key stakeholder involvement; consumer involvement, consensus development; state action planning; knowledge dissemination; pilot

oversight; and expansion of trainings related to trauma specific screening and treatment.

5. *Progress on Pilot Project.* The purpose of this section is to document changes in the pilot projects and record progress in implementing pilot activities. Respondents are asked to describe changes in the plan related to intercept point, location, leadership, staffing, and timeline. This section also asks respondents to identify potential components of the pilot project and rate their implementation. Components include, but are not limited to: leadership development; consumer involvement; client outreach and recruitment; screening for trauma; diversion to treatment; evidence based models; and training on trauma services.

6. *Accomplishments.* The purpose of this section is to track project accomplishments and quantify them, if possible. Among the accomplishments respondents are asked to identify include: state and pilot meetings; number of consumers involved in the project; agencies and staff involved in trauma training; the number and names of organization implementing trauma services related to the project; the expansion of services; and policy changes that may have occurred as a result of the project.

7. *Evaluation.* The purpose of this section is to obtain updates on the progress in meeting the cross-site evaluation requirements. Respondents are asked to describe their plans for meeting each of the cross-site evaluation requirements, including plan for obtaining data; changes to the plan; progress made, obstacles encountered, and technical assistance needs. The cross-site evaluation data requirements include: person tracking data; event tracking data; client interview data; arrest data; and services data. Respondents are also asked to describe their plans for managing data submission, assuring high follow-up rates for the client interviews, and involving consumers in the evaluation.

SAMHSA/CMHS and the AHP will use the TCE Initiative's information from the SAPR to report on:

- strategies and practices used in the pilot programs;
- statewide expansion of the pilot services;
- contextual factors that influence project implementation;
- lessons learned from project implementation;
- system outcomes as they are relevant to the program; and
- challenges and accomplishments, including program sustainability and progress of trauma-informed and jail diversion programs and practices.

3) Use of Information Technology

The SAPR has been set up as an electronic document. Grantees can input their information in the protected fields, and then update/modify the information at the next reporting period. The document can then be submitted via email.

4) Efforts to Identify Duplication

This data collection is significant only to this program and is not collected anywhere else.

5) Involvement of Small Entities

There is no significant impact on small entities or small businesses.

6) Consequences if Information Collected Less Frequently

The information for the SAPR is collected twice a year, rather than quarterly. If it was collected less frequently, there may be changes that occur in the Grantee's work or State context that might not be captured because of the length of time between the event and the reporting period. The proposed frequency should allow for timely identification of problem areas and mid-course corrections as necessary. The SAPR report is combined with the CMHS Continuation Application and Annual Grantee Progress Report so there is no redundancy.

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

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

8) Consultation Outside the Agency

The Federal Register Notice required by 5 CFR 1320.8(d) soliciting comments on the information was published on August 7, 2009, Vol. 74, No. 151, p. 39702. There were no public comments received.

An Evaluation Advisory Committee was established for the cross-site evaluation data collection instruments. The Advisory Committee included SAMHSA/CMHS GPO, AHP, the TAPA Center (the current TA contractor to the program), and 2008 Grantees (including evaluators, program directors/staff, and consumer representatives). A series of conference calls were scheduled and all data collection instruments were presented to the committee for review and comment. Based in the feedback from the Evaluation Advisory Committee, modifications were made to the instruments and final revisions were shared before publishing in the Federal Register. AHP also will provide grantees with trainings and supportive materials on each evaluation component as well as participant protections. Annual meetings between Grantees, federal project officers and AHP project staff review evaluation components and collection efforts.

Organizations and individuals that reviewed the additional sections include the following:

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9)

Payment to Respondents

The respondents are the Grantee Project Directors and members of their staff whom they designate to assist them; there will be no payment to respondents for completing the SAPR.

10) Assurance of Confidentiality

SAMHSA will not receive any individual level data. Additionally, the information collected through the SAPR will be returned through a password protected data file and stored on a secure server where access is limited to the staff directly responsible for the collection.

11) Questions of a Sensitive Nature

There are no questions of a sensitive nature collected in the SAPR. Information focuses on program activities and environmental context.

12) Estimates of the Annualized Hour Burden

The total amount of time that is estimated for completion by all Grantees is 180 hours in CY2010, 360 hours in CY2011, 360 hours in CY2012, and 360 hours in CY2013. The annualized hourly costs to all Grantees are estimated be \$10,080 in CY2010, \$21,600 in CY2011, \$21,600 in CY2012, and \$21,600 in CY2013. The increase in the in the annualized burden estimates is due to fact the SAPR will only be completed once in FY2009 and twice in the following years. The burden estimates, summarized in the following tables, are based on the reported experience of the first 6 SAMSHA/CMHS Grantees contractors in compiling the pilot SAPR. A senior Grantee staff is expected to compile the information from the SAPR at an average salary of \$60/hour. This estimate is based on the budgets submitted by applicants.

FY 2010 Annual Reporting Burden

Data Collection Activity	Number of Respondents₁	Responses per Respondent₃	Total Responses	Average Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
Semi-Annual Progress report	12 ²	1	12	15	180	\$60	\$10,800
<i>OVERALL TOTAL:</i>	<i>12</i>		<i>12</i>		<i>180</i>		<i>\$10,080</i>

1 –The respondents are the State Grantees.

2- The respondents include FY2008 Grantees and anticipated FY2009 Grantees. The SAPR will be completed once by all 12 sites, in March 2010.

3 – The Project Director for each Grantee is responsible for compiling and submitting the SAPR.

FY 2011 Annual Reporting Burden

Data Collection Activity	Number of Respondents₁	Responses per Respondent₂	Total Responses	Average Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
<i>Reporting for FY2008 and anticipated FY2009 Grantees</i>							
Semi-Annual Progress report	12	2	24	15	360	\$60	\$21,600
<i>OVERALL TOTAL:</i>	<i>12</i>		<i>24</i>		<i>360</i>		<i>\$21,600</i>

1 –The respondents are the States.

2 – The Project Director for each Grantee is responsible for compiling and submitting the SAPR

FY 2012 Annual Reporting Burden

Data Collection Activity	Number of Respondents <small>1</small>	Responses per Respondent <small>2</small>	Total Responses	Average Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
Semi-Annual Progress report	12	2	24	15	360	\$60	\$21,600
<i>OVERALL TOTAL:</i>	<i>12</i>		<i>24</i>		<i>360</i>		<i>\$21,600</i>

1 –The respondents are the States.

2 – The Project Director for each Grantee is responsible for compiling and submitting the SAPR

FY 2013 Annual Reporting Burden

Data Collection Activity	Number of Respondents <small>1</small>	Responses per Respondent <small>2</small>	Total Responses	Average Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
Semi-Annual Progress report	12	2	24	15	360	\$60	\$21,600
<i>OVERALL TOTAL:</i>	<i>12</i>		<i>24</i>		<i>360</i>		<i>\$21,600</i>

1 –The respondents are the States.

2 – The Project Director for each Grantee is responsible for compiling and submitting the SAPR

Annualized Reporting Burden

Data Collection Activity	Annualized Number of Respondents	Annualized Total Responses	Annualized Total Hour Burden
Semi-Annual Progress Report	12	21	315

- **Grantee Data Submissions**

Grantees will be responsible for completing and submitting the SAPR bi-annually, once in March and once in October. The SAPR will be emailed to the each Grantee Project Director by the CMHS GPO. The Grantee Project Director will then return the completed SAPR to the CMHS GPO within 45 days. The CMHS GPO then sends the forms to AHP for compilation and analysis.

13) Estimates of Annualized Cost Burden to Respondents

There are no startup or capital costs, nor are there maintenance costs to the respondents.

14) Estimates of Annualized Cost to the Government

AHP will coordinate, monitor, analyze and report the SAPR data provided by the Grantees to the Government project officer. AHP's budget for the SAPR data collection activities is \$22,296. The Federal Government employee (GS-14, \$77,793) expends 20% of time overseeing the Jail Diversion Trauma Recovery Contract, equaling \$15,558. The total cost to the government for both the AHP evaluation and Federal employee is \$37,854.

15) Changes in Burden

This is a new data collection.

16) Time Schedule, Publication and Analysis Plans

16.a. Time Schedule

Tasks	Dates
OMB Approval:	Pending
Data Collection:	February 2010
Data Collection Ends:	June 2015
Analysis of Data:	July 2015

16.b. Publication Plans

Data will be reported to Congress regarding program performance as specified in the SAMHSA Budget Justification report. In addition, summaries will be presented at annual Grantee meetings in order to provide a performance overview of the entire group of attending Grantees. Furthermore, AHP plans to disseminate information related to the development, implementation and outcomes of this initiative's jail diversion programs through journal articles, monographs/fact sheets and national conferences.

16.c. Analysis Plans

The primary purpose of the SAPR report is to be able to describe the project goals at the pilot and state level, the key contextual factors that may influence the implementation and success of these efforts, and the challenges and accomplishments of implementation efforts, including lessons learned and sustainability. The analysis will principally consist of descriptive summaries of the goals, activities, and implementation status across the states. The areas to be analyzed will include:

- State-level and Project Level Goals- the types and number of goals across Grantees.
- Issues related to Project Context- the types and number of changes that have occurred in the site that have impacted both the State and Pilot project implementation.
- Estimated funding- the amount of grant funds that states are expending on State, pilot, and evaluation activities, including designating whether this is as planned or over/under expectations.
- Progress on State-Level Infrastructure Change- the types of activities and their implementation status related to infrastructure development and change

- Progress on Pilot Project-the implementation status of activities associated with the provision of pilot services, including staffing, services, and number of clients served
- Implementation barriers at the state and pilot levels
- Accomplishments- including the number of meetings held, consumers involved, trainings implemented, agencies involved, expansion beyond pilots, and policies implemented.

17) Display of Expiration Date

The expiration date will be displayed.

18) Exceptions to Certification Statement

This collection complies with the requirements in 5 CFR 1320.9. The certifications are included in this submission.

B. Collection of Information Employing Statistical Methods.

1) Respondent Universe and Sampling Methods

There are twelve programs funded under the CMHS Jail Diversion Trauma Recovery Program. The respondent universe for the SAPR will be all twelve of the Grantee Project Directors funded under this program.

2) Information Collection Procedures

As described earlier, the electronic formatted SAPR reports will be completed by the Grantee Project Director twice a year and emailed to the CMHS GPO. The CMHS GPO will then send the completed forms to AHP for compilation and analysis.

3) Methods to Maximize Response Rates

The response rate for the SAPR is expected to be 100%. There are several reasons for this: the first is because there only twelve Grantees; second, respondents will be sent several electronic reminders, one 30-days in advance of the deadline and one a week before the deadline (see attached sample); and finally, the SAPR has been piloted tested with six grantees and a 100% response rate was achieved, and it is expected that the evaluation will be able to achieve the same follow-up rate with all twelve respondents.

4) Tests of Procedures

As part of the Evaluation Advisory Committee Process, FY2008 Grantees had the opportunity to review and comment on SAPR format. Members of the committee agreed to the inclusion of all items proposed under this OMB submission. The document and follow-up procedures were

piloted in March 2009 with the six FY2008 Grantees and all issues with administration and definitions have been clarified.

5) Statistical Consultants

Contractors/Statistical Consultants:

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List of Attachments:

- A. Semi-Annual Progress Report
- B. Example of Electronic reminder