

Targeted Capacity Expansion Grants for Jail Diversion Programs

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 a revision from the Office of Management and Budget (OMB) for the data collection on the Jail Diversion and Trauma Recovery (JDTR) Grants for Jail Diversion Program (OMB No. 0930-0277), which expires on October 31, 2012. These grants fund the diversion of individuals with mental illness from the criminal justice system to mental health treatment and appropriate services. The Jail Diversion grants awarded in Funding Year (FY) 2008, FY2009 and FY2010 includes a special focus on trauma informed services and the identification of veterans as a priority population.

CMHS is requesting OMB approval for the continuation of data collection with the instruments approved under OMB No. 0930-0277 for data collection by the jail diversion programs funded in FY2008, FY2009 and FY2010. The following data collection forms are included under this request: Baseline Interview (Attachment A), 6-Month Interview (Attachment B), 12-Month Interview (Attachment C), Event Tracking Screen (Attachment D), Baseline Person Tracking Information Form (Attachment E), Service Use Data Collection Form (Attachment F), Arrest Data Collection Form (Attachment G), Example of a Consent Form (Attachment H) and Follow-up Interview Reminder Letter (Attachment I).

The only revision to the OMB package is a reduction in burden hours. The reduction in burden hours has occurred because six of the thirteen projects are ending data collection in CY2013, and therefore will only have one year of data collection. The remaining seven grantees will conclude data collection in CY2014, and therefore will only collect two years of data.

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 (TCE) 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".

Historical Background

The TCE *Jail Diversion Program* is congressionally mandated under the Public Health Service Act, section 520G. It is coordinated with the Department of Justice's solicitation "Mental Health Court Grants Program," authorized in P.L. 106-515, Part V, Section 2201. The overall goal of this collaboration is to improve policy and practice for addressing the needs of persons with a mental illness or co-occurring mental health and substance abuse disorders who become involved with the criminal justice system. The term "jail diversion" refers to programs that divert

individuals with mental illness and often co-occurring disorders in contact with the justice system from jail and provide linkages to community-based treatment and support services. The individual thus avoids or spends a significantly reduced time in jail and/or lockups on the current charge or on violations of probation resulting from previous charges. Over the past decades, jail diversion programs have been offered as a viable and humane solution to the criminalization and inappropriate criminal detention of individuals with mental disorders. Diverting certain individuals from jail to community-based mental health treatment has been heralded for its potential benefits to the criminal justice system, the community, and the diverted individual.

Grantees build service capacity by developing and implementing a strategic plan for creating a service delivery system for jail diverted persons, building the infrastructure to support the service delivery system, and providing treatment services directly or by arranging for them to be provided. Treatment services must be based on the best known practices and include case management, Assertive Community Treatment, medication management, integrated mental health and substance abuse treatment, psychiatric rehabilitation, and gender based trauma services. Grantees coordinate with social service agencies to ensure that life skills training, housing placement, vocational training, job placement, and health care are available to diverted persons.

For the 13 grantees funded in FY2008, FY2009 and FY 2010, the focus of the program is to support local implementation and statewide 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. This two-pronged approach is necessary because diversion occurs locally in cities and counties where jails are operated and mental health services are delivered. However, policies and funding at the State level dramatically impact those local operations and services. The State approach will bring together government officials who develop and define State policies and funding with stakeholders who are impacted by the untreated trauma of veterans to develop knowledge dissemination and application strategies for the entire State. Grantees are also required to screen, assess, and treat clients for trauma and, in recognition of the dramatically higher prevalence of trauma related illnesses among veterans and the increasing number of combat veterans returning from duty PTSD and other mental illnesses, this program prioritizes eligibility for veterans.

Working with local communities, the State Mental Health Agencies (SMHAs) will determine the most suitable site or sites within the State to implement pilot projects to divert veterans and others with PTSD from jail to community based trauma-integrated services. Project participants must be adults involved in the criminal justice system with a priority given to veterans. Participants may be recruited from single or multiple intercept points along the justice continuum including first contact with law enforcement, initial detention, court hearings and community corrections. For those who are incarcerated, funds may be used only to prepare inmates for reentry prior to release.

Grantees must convene State Advisory Committees (SAC) that should include representatives from State departments of corrections, mental health, rehabilitation, parole and probation, State National Guard, Veterans Affairs, State judiciary, State Medicaid, pilot sites, veterans'

organizations, their families, provider organizations and universities interested in the study and treatment of trauma. The State Advisory Committee must maintain contact with pilot communities, oversee the projects' evaluations and develop and implement plans for Statewide dissemination and implementation.

Grantees must screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

Since the program's inception, 34 grants have been awarded to local programs (FY2002-2007) and six grants have been awarded to states (FY2008) and six were awarded in FY2009, and one grantee was awarded in FY2010.

Contractor's role with respect to the SAMHSA/CMHS TCE jail diversion Grantees

The contractor was funded to conduct the cross-site evaluation of the Jail Diversion and Trauma Recovery program in September 2008. This evaluation has two overarching goals: (1) to determine the extent to which trauma-informed treatment, services and supports implemented through the CMHS Jail Diversion program result in improved client outcomes, particularly for veterans; and (2) to document grantee implementation of screening and treatment strategies in pilot projects statewide.

The evaluation includes two discrete but interrelated pieces: a client outcome evaluation focusing on outcomes across pilot program sites, and a process evaluation documenting the strategies and practices used in the pilot programs and the adoption and expansion of these strategies in the Statewide infrastructure. There are two key sources of data for the client outcomes evaluation: information gathered from clients through individual in-person interviews and information collected through secondary sources on arrests, services, and events. The key sources of data for the process evaluation include semi-annual grantee reports; two face-to-face site visits; and a review of documents and records produced in the state-level change process.

The cross-site evaluator has developed the data collection instruments, distributed them to grantees, and trained grantees on administration. The local evaluators in each State are responsible for gathering the information. The contractor is responsible for receiving the all client-level and secondary data from the grantees, cleaning and managing the data, and conducting statistical analysis. Data from the *Baseline Interview (Attachment A)*, *6-Month Interview (Attachment B)*, *12-Month Interview (Attachment C)*, *Even Tracking Screen (Attachment D)*, *Baseline Person Tracking Information Form (Attachment E)*, *Service Use Data Collection Form (Attachment F)*, *Arrest Data Collection Form (Attachment G)* are reported to the contractor.

2) Purpose and Use of Information

The purpose and use of the tracking and outcome data collected under this program is to meet the congressional mandate to evaluate the program. Grantees must submit tracking data and outcome data monthly. The tracking data is used to measure eligibility screening activity and to monitor evaluation progress. Both of these uses allow for oversight of Grantee funding

utilization. Outcome data, including interview and record review data, will be used to measure the success of the jail diversion programs through changes in mental health, substance use and criminal justice involvement measures.

SAMHSA/CMHS and the contractor will use the TCE Initiative's data collection information to report findings on:

- The breadth and volume of activities (e.g. screening, assessment, evaluations) necessary to identify and enroll people for diversion.
- The determination of those who are eligible/ineligible for diversion and their characteristics.
- The biases in determining who gets diverted.
- Services, including evidence based practices that are most effective in which settings among which populations.
- Improvements expected over time as a result of services received through jail diversion programs include:
 - reduced arrests/less time spent in jail,
 - reduced substance use,
 - higher functioning/improved mental health and/or
 - improved physical health
 - reduced trauma symptoms
 - and expansion of trauma informed services.

It is expected that the information collected through this evaluation will be of particular value to the Grantees, as well as to all levels of government and the private sector.

Data Collection Instruments

a) Client Interviews

The interviews are composed of the following sections.

- *The Government Performance and Results Act (GPRA) measures:*
 - i. Demographics (baseline interview only)
 - ii. Education, employment, and income
 - iii. Drug and Alcohol use
 - iv. Family and living conditions
 - v. Crime and criminal justice status
 - vi. Mental and physical health problems and treatment
- *The CMHS National Outcome Measures (NOMS) measures:*
 - i. Functioning
 - ii. Social Connectedness
- *Lifetime mental health/substance use treatment services.* These brief questions assess client's involvement with the mental health and/or substance abuse service system. Collected at Baseline only. These will provide some descriptive information on program clients that may potentially discriminate between client outcomes and program completion. These items are not collected elsewhere.
- *The CAGE* – This four item instrument is used to assess alcohol dependence. Collected at Baseline only.

- *Behavior and Symptom Identification Scale (BASIS 24)*- This scale is designed to measure symptoms and functional difficulties experienced by consumers seeking mental health services. The scale gives an overall score and scores for six subscales for the following domains of psychiatric and substance abuse symptoms and functioning: Depression and Functioning, Relationships, Self-Harm, Emotional Lability, Psychosis, and Substance Abuse. These questions are included in all three interviews.
- *Traumatic Life Events*. These questions inquire about eight traumatic events that may have cover the range of trauma client are likely to have experienced, including: witnessing or experiencing physical and sexual abuse. These questions are based on the Post-Traumatic Distress Disorder Scale (PDS)¹. In the evaluation its purpose is non-clinical and intended to provide a sense of the level and recentness of trauma in the jail diversion population, and whether experiences may be related to outcomes. Lifetime and recent questions will be asked at baseline, and only questions about recent experiences will be asked at the follow-up interviews.
- *Posttraumatic Stress Checklist* – This scale measures the prevalence and severity of posttraumatic stress symptoms based on DSM-IV criteria. The addition of this scale to each of the three interviews will provide information about the extent of trauma symptoms, as well as the incidence rates of trauma and re-trauma.
- *Military service experience*. These are used to understand the characteristics of the target population of the priority population for the new cohort. This information is collected for descriptive purposes and is only collected at baseline.
- *Military combat experience*. These questions were developed to capture the types of experiences veterans may have encountered while on active duty which may contribute to their mental health symptoms. These questions were adapted from Hoge et al. 2004² and will be asked at the 6-month only.
- *Recovery Enhancing Environment (REE)*- This instrument is designed to collect information on the client’s assessment of their personal recovery by focusing on the quality of their life and their relationships, and not on symptoms. This will be included in all interviews.
- *Services Used* – This section is designed to obtain very basic service use information to be used as a starting point by the data collection staff in conducting the Service Use record review (described below in section c). Grantee staff collects this information at 6 and 12 months only.
- *Interviewer Observation Questions* – Asks the interviewers to report on the respondent’s understanding, cooperativeness and accurateness during the interview process and is collected after each of the three interviews. These questions provide some information regarding the validity of the data collected.

b) Tracking Data

¹ Foa, E. B., Cashman, L., Jaycox, L. H., & Perry, K. (1997). The validation of a self-report measure of PTSD: The Posttraumatic Diagnostic Scale (PDS). *Psychological Assessment*, 9, 445–451

² Hoge et al. 2004. Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *The New England Journal of Medicine*, 351 (1): 13-22.

- Events Tracking Data (Attachment D) – The Events Tracking form was designed to help the funded Jail Diversion sites and SAMHSA count the number of people considered for jail diversion program eligibility and to measure the assessments conducted to screen those potential enrollees. In addition, information on individuals (e.g. charges, sex, race, age) involved in each event is collected (this information is not linked to individuals and is thus not identifiable). Many programs have multiple layers of assessment before enrolling a client in a jail diversion program (though not all sites have each layer), including:
 - i. Initial screening, to determine mental illness and overall potential eligibility for the diversion program. This is usually done by a police officer, jail nurse, booking officer, pretrial services worker or other jail diversion staff person.
 - ii. Subsequent assessment, usually completed by jail diversion case manager, boundary spanner, or non-Ph.D./M.D. clinician, and often focuses on clinical issues.
 - iii. Subsequent Evaluation, usually an intensive psychiatric evaluation done by a Ph.D. clinical psychologist or psychiatrist.
 - iv. Court Decision (in post-booking program), where the court accepts the plan negotiated between client, legal defense and prosecutor (or other relevant parties).

The same instrument may be used for all four assessment points. All of the data collected through Events Tracking form is collected and entered by Grantee staff using information obtained either directly or indirectly from the potential diversion program enrollees.

c) Record Review Data

- Service Use data – The Mental Health and Substance Abuse Service Use Data Collection form (Attachment F) collects information from official sources such as statewide/agency management information systems or other agency records about the types of services received following diversion if available. Types of treatment include: emergency room services, other crisis services (e.g. mobile crisis services), psychiatric inpatient/hospital services, outpatient services, case management services, medication management/monitoring, residential treatment/community living arrangements, detoxification services, vocational/rehabilitation services, community support services (e.g. homeless outreach services, representative payee services), and jail services. Service use data is collected 6 months post-baseline for all major service providers and 1 year post-baseline for all hospitalizations and emergency room usage.
- Arrest and Jail Days data – The Arrest History Data Collection Form (Attachment G) collects pre- and post-diversion arrest information from official sources (such as a statewide criminal justice database). Information collected includes dates of arrests, charges, and jail days occurring one year prior and one year following diversion program entry.

All record review data is collected by Grantee staff through official sources (i.e., directly from service providers or criminal justice databases). The completed forms entered in the QDS Data Entry program. The data encrypted files are submitted to the contractor on an established schedule.

Data collected through this evaluation will have an impact on municipalities in adopting jail diversion strategies through the extension of ideas, concepts, and program models learned from this and other SAMSHA/CMHS funded programs. Information coming out of this evaluation will also be relevant to all of the Grantees, all levels of government, and the private sector. For the FY2008, FY2009 and FY2010 cohorts, the data collected from the program site will help States determine the effectiveness of strategies to divert veterans and others with PTSD from jail to the community based services, develop policies and approaches to trauma training, screening, treatment and recovery statewide. SAMHSA/CMHS and the contractor will disseminate findings to the field through national conference presentations, papers, and journal articles. This dissemination plan will provide municipalities with information regarding development, implementation, and outcomes of jail diversion programs.

3) Use of Information Technology

Grantees collect this data from official sources or self-report data from their programs using Questionnaire Development System (QDS) software. For client interviews, an automated computer assisted interview program was developed by the contractor and distributed to grantees. QDS software has many advantages for data collection, including: security features (User ID and password protection; and data encryption) and features that reduce data entry time and improve data quality (skip patterns; prohibits out-of-range values; defines and codes missing values consistently across all interviews). Data collected from official sources is entered into QDS instrument programs. Encrypted data is transmitted by grantees on a monthly basis to the contractor via email. This data will be compiled in a database, and used to provide information of interest to policy makers, researchers, and communities engaged in developing jail diversion programs.

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

Participation in the cross site evaluation by program participants is voluntary. Each jail diversion program participant is approached to request their consent for participation in the evaluation. Participants who grant consent are interviewed at Baseline (within 7 days of enrollment into the jail diversion program), at 6 months from the Baseline interview (within a 60-day window), and at 12 months (within a 60-day window). This follows the GPRA/NOMS timeframes. The arrest data collection is captured beginning 1 year after diversion program entry. The service use data are collected beginning 6 months after diversion. Client interview

data is submitted electronically to the contractor monthly with completed record review forms submitted at least once annually.

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 June 21, 2012, Vol. 77, No. 121, p. 37426-37428. There were no public comments received.

9) Payment to Respondents

SAMHSA does not provide incentives for data collection activities under this contract.

10) Assurance of Confidentiality

SAMHSA will not receive any individual level data. The contractor has provided telephone and in-person trainings on maintaining privacy protection of client information, as well as in-person training on the client interview, QDS administration, and database management, including appropriate procedures for meeting and maintaining privacy protection. Teleconference training on Institutional Review Board procedures, obtaining appropriate releases from participants that comply with state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA), and insuring privacy protection from interviewers and other Grantee staff were also provided by the contractor. In addition to the trainings, Grantees have been provided materials that cover all of the information presented in the trainings to be used by current Grantee staff for their own reference and to train any new staff regarding privacy protection procedures.

11) Questions of a Sensitive Nature

There are questions of a sensitive nature such as drug and alcohol use that has been approved as GPRA measures under the OMB approval No. 0930-0208, and the trauma questions have been approved under OMB No. 0903-0277. The purpose of data collection is to evaluate the effectiveness of jail diversion programs, and a focus of the new cohort of grantees is developing trauma informed services. Program clients are approached to request their consent to participate in the interview. Each Grantee must develop procedures to obtain informed consent and seek IRB approval for this process. The contractor will provide interviewer training that addresses how to handle questions of a sensitive nature and how to develop safety procedures for that outline how interviewers should handle potentially dangerous or unsafe situations in order to ensure their own physical safety. Additionally, questions about traumatic experiences, in particular military traumatic experiences may be difficult for clients to handle. The contractor has provided training to help grantees develop a safety protocol, to monitor evaluation participants for signs of distress and help connect them to services. An example of a Consent Form currently in use by a Jail Diversion Grantee may be found in attachment H.

12) Estimates of the Annualized Hour Burden

The following tables present the information on the annualized burden for grantees.

The total amount of time that is estimated for completion of the client interview, record management by Grantee staff, and data submissions by the Grantees is 1,527 hours in Continuation Year (CY) 2013 and 960 hours in CY2014. The annualized hourly costs to respondents are estimated be \$17,642 in CY2013, and \$9,114 in CY2014. The annualized burden decreases in FY2014, because the FY2008 cohort of grantees will have completed data collection. The burden estimates, summarized in the following table, are based on the reported experience of previous SAMSHA/CMHS Grantees and contractors in compiling, completing, and reporting this same data for previous funding cohorts of this grant program. More senior Grantee staff is expected to handle the data extraction and submission at an average salary of \$25/hour (as estimated for SAMHSA's Treatment Episode Data Set (TEDS), OMB No. 0930-0106). The minimum wage rate of \$7.25 was used to calculate the hourly burden for client interviews. The estimated wage rate of \$15 for Grantee staff who conducts record management is based on the experience of the GPRA Services (OMB No. 0930-0208).

CY 2013 Annual Reporting Burden

Data Collection Activity	Number Of Respondents	Responses per Respondent	Total Responses	Average Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
<i>Client Interviews for FY2008, FY 2009, FY2010</i>							
Baseline (at enrollment)	462	1	462	0.95	439	\$7.25	\$3,182
6 months	370	1	369.6	0.92	340	\$7.25	\$2,465
12 months	313	1	313.3	0.92	288	\$7.25	\$2,090
<i>Sub Total</i>	<i>1145</i>		<i>1145</i>		<i>1067</i>		<i>\$7,737</i>
<i>Record Management by FY2008, 2009, 2010 Grantee Staff⁴:</i>							
Events Tracking ¹	13	500	6,500	0.03	195	\$15	\$2,925
Person Tracking ²	13	50	650	0.1	36	\$15	\$540
Service Use ³	13	50	650	0.17	110.5	\$15	\$1,658
Arrest History ³	13	50	650	0.17	110.5	\$15	\$1,658
<i>Sub Total</i>	<i>52</i>		<i>8,450</i>		<i>452</i>		<i>\$6,780</i>
<i>FY2008, FY2009, and FY2010 Grantees:</i>							
Interview and Tracking data submission	13	12	48	0.17	8	\$25	\$200
OVERALL TOTAL:	1210		9,643		1,527		\$17,642

1 – The number of responses per respondent for the Events Tracking depends on the design of the jail diversion program and can range from a single screening for eligibility to four separate screenings; here 500 responses represents the average number of responses

2– This estimate is an added burden proportion which is an adjustment reflecting the extent to which programs typically already collect the data items. The formula for calculating the proportion of added burden is: total number of items in the standard instrument, minus the number of core items currently included, divided by the total number of items in the standard instrument. For the Person Tracking program the burden estimate was calculated as follows: 56 times 0.65 (the proportion of added burden) = 36.

3– Record management forms (Service Use and Arrest) are only completed for those evaluation participants who receive both a Baseline interview and at least one follow-up (6 and/or 12 month) interview.

4- Assumes 1 respondent at grantee site is responsible for compiling the information.

CY 2014 Annual Reporting Burden

Data Collection Activity	Number of Respondents	Responses Per Respondent	Total Responses	Average Hours per Response	Total Hour Burden	Hourly Rate	Total Hour Cost
<i>Client Interviews for FY2009 and 2010 Grantees</i>							
Baseline (at enrollment) ¹	293	1	293	0.83	243.19	\$7.25	\$1,763
6 months ¹	234	1	234.4	0.92	215.648	\$7.25	\$1,563
12 months ¹	253	1	253	0.92	232.76	\$7.25	\$1,688
<i>Sub Total</i>	<i>780.4</i>		<i>780.4</i>		<i>692</i>		<i>\$5,014</i>
<i>Record Management by FY2009 and FY2010 Grantee Staff:</i>							
Events Tracking ²	7	500	3,500	0.03	105	\$15	\$1,575
Person Tracking ³	7	50	350	0.1	36	\$15	\$540
Service Use ⁴	7	50	350	0.17	59.5	\$15	\$893
Arrest History ⁴	7	50	350	0.17	59.5	\$15	\$893
<i>Sub Total</i>	<i>28</i>		<i>4,550</i>		<i>260</i>		<i>\$3,900</i>
<i>FY2009 and FY2010 Grantees:</i>							
Interview and Tracking data submission	7	12	48	0.17	8	\$25	\$200
OVERALL TOTAL:	<i>815.4</i>		<i>5,378</i>		<i>960</i>		<i>\$9,114</i>

1 –FY2008 Grantees will have ended data collection.

2 – The number of responses per respondent for the Events Tracking depends on the design of the jail diversion program and can range from a single screening for eligibility to four separate screenings; here 500 responses represents the average number of responses

3– This estimate is an added burden proportion which is an adjustment reflecting the extent to which programs typically already collect the data items. The formula for calculating the proportion of added burden is: total number of items in the standard instrument, minus the number of core items currently included, divided by the total number of items in the standard instrument. For the Person Tracking program the burden estimate was calculated as follows: 56 times 0.65 (the proportion of added burden) = 36.

4 – Record management forms (Service Use and Arrest) are only completed for those evaluation participants who receive both a Baseline interview and at least one follow-up (6 and/or 12 month) interview.

5- Assumes 1 respondent at grantee site is responsible for compiling the information.

Annualized Reporting Burden

Data Collection Activity	Annualized Number of Respondents	Annualized Total Responses	Annualized Total Hour Burden
Baseline (at enrollment)	378	378	243
6 months	302	302	278
12 months	283	283	260
Events Tracking	10	5,000	150
Person Tracking	10	500	36
Service Use	10	500	85
Arrest History	10	500	85
Interview and Tracking Data Submission	10	48	8
<i>TOTAL ANNUALIZED</i>	<i>1,013</i>	<i>7,511</i>	<i>1,146</i>

Total Annualized Reporting Burden

- Client Interview Data Collection -
For the currently approved forms, there are 117 baseline interview questions and 116 follow-up interview questions (including record management items and excluding GPRA), though there are many skip patterns and questions that may not be applicable to respondents (e.g. military questions)- therefore it is anticipated that the average grantee administration will take 58 minutes for the baseline and 55 minutes for the follow-up per enrollee/participant to administer.
- Record Management by Grantee staff -
There are four management burdens placed on the Grantee staff, these are the same for all Grantees:
 - a) Events Tracking data are managed and entered by the Grantee staff. These data provide counts of the number of people considered for jail diversion program eligibility and measures the number of assessments conducted to screen those potential enrollees. In addition, information on individuals (e.g. charges, sex, race, age) involved in each event is entered into the tracking program (this information is not linked to individuals and is thus not identifiable). All of this information is generally collected through the normal course of business so that the only burden on the staff is data entry into the tracking program. It is estimated that it should take approximately 2 minutes to enter these forms for each participant.
 - b) Person Tracking data are also managed and entered by the Grantee staff. The Person Tracking data helps Grantees to keep track of individuals' interview dates and to record basic information on all individuals who are diverted. Collecting and entering this information should take approximately 6 minutes for each participant. Of the 17 items,

however, 6 are commonly collected by the providers. The resulting Added Burden Proportion is the total number of items in the standard instrument, minus the number of core items currently included, divided by the total number of items in the standard instrument which calculates as follows: $(17-6)/17$, or 0.65.

- c) Service Use forms collect information about the types and number of services received following diversion and is obtained directly from provider records. These forms are estimated to take approximately 10 minutes to complete for each participant.
- d) Arrest History forms collect pre- and post-diversion arrest information from provider records and include dates of arrests, charges and jail days occurring one year prior and one year following diversion. These forms are estimated to take approximately 10 minutes to complete for each participant.

- Grantee Data Submissions –
Grantees are responsible for submitting data regularly. To reduce data entry time and cost, computer assisted interviewing is utilized for client interviews. Data collected via computer assisted software will be securely transferred by email. For any interviews conducted on paper, grantees will enter into the software using the data entry module and send to the contractor electronically. For the Arrest, Service, and Events Tracking- these will entered into the QDS software and electronically submitted to the contractor monthly. The Person Tracking data this involves extracting and emailing data from the Tracking database bi-monthly. It is estimated that these submissions take approximately 10 minutes monthly.

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

The prime contractor, with its subcontractors Cloudburst Consulting Group, coordinates, monitors, collects, reports and analyzes the data provided by the Grantees and submits a monthly report to the Government project officer. Contractor also provides Grantee sites with training and supportive materials on each evaluation component as well as participant protections. The budget for the evaluation activities is \$413,659. The Federal Government employee (GS-14, \$77,793) expends 20% of time overseeing the Jail Diversion Trauma Recovery Contract, equaling \$15,558. The annualized cost to the government is \$429,217.

15) Changes in Burden

Currently the annualized burden is 3,014 hours/year in the OMB inventory. The program is requesting a reduction in the average burden to 1,146 hours/year. This adjustment is due to fewer respondents than anticipated and the completion of data collection. A smaller number of grantees funded among the FY2010 cohort than anticipated in the previous OMB request; the FY2008 will be tapering and ending data collection in CY2013 and FY2009 grantees will be tapering and ending data collection in CY2014.

16) Time Schedule, Publication and Analysis Plans

16.a. Time Schedule

Tasks	Dates
OMB Approval:	Pending
Data Collection:	Immediately upon OMB approval
Data Collection Ends:	July 2014
Analysis of Data:	August 2014

16.b. Publication Plans

Tracking and outcome data will be collected from each JDTR Grantee. Data will be reported to Congress regarding program performance as specified in the SAMHSA Budget Justification report. In addition, data summaries will be presented at annual Grantee meetings in order to provide a performance overview of the entire group of attending Grantees. Furthermore, the contractor 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 cross-site evaluation data collection effort is to provide program monitoring and oversight. There are three categories of evaluation questions that this program expects to address through its data analysis: Descriptive, Individual Change and Overall Outcomes.

Descriptive– This type of analyses will consist of counts, frequency distributions and basic aggregate tests (such as t-tests and Chi-square tests) using Tracking, Interview and Service Use data. These analyses will address questions such as:

- i. What volume of activities (e.g. screening, assessment, evaluations) goes into identifying people for diversion? (Events Tracking)
- ii. How many people are determined eligible/ineligible for jail diversion and what are their characteristics (demographic and criminal justice)? (Events Tracking)
- iii. How many people are enrolled in the diversion programs and what are their characteristics (demographic, criminal justice and mental health)? (Person Tracking)
- iv. How many program enrollees agree to participate in the evaluation and what are their characteristics (demographic, education, employment, drug/alcohol use, criminal justice and mental/physical health)? (Interviews)
- v. What services do people who are diverted receive? (Service Use)

As required, SAMSHA/CMHS reports on the characteristics of the participants seen in its grant portfolios to the Department of Health and Human Services and the Office of Management and Budget. Also CMHS will provide SAMHSA with program monitoring reports to use for performance review, improvement and oversight.

Individual Change – Analysis of these data will consist of a pre/post measurement methodology so that the individual acts as his own control. This methodology will be implemented in the following manner:

- i. For interview data, consenting participants will receive a baseline interview within seven days of enrollment in the jail diversion program followed by 6 and 12 month

- follow-up interviews. Change within each participant across the time period will then be determined by examining the difference in scores on the mental health, substance use and other outcome measures between the baseline and 6 and 12 month interviews.
- ii. For Arrest History, criminal justice data will be collected both one year prior and one year post enrollment in the diversion program. Change within each participant across time will then be determined by comparing the number and type of criminal justice events and the amount of jail time occurring before and after enrollment.

Once individual difference scores are calculated, central tendency measures and frequency distributions will be utilized to examine how individuals have changed over the 6 and 12 months on specific measures. Tables will be constructed to summarize participant outcome changes across 6 and 12 months.

Overall Outcomes – The analyses discussed above will provide insight into the process behind jail diversion programs and how these programs are affecting individuals on specific measures. The Cross-site evaluation is, however, also interested in examining the following broader evaluation question that considers how the many different levels work together:

Do people who are diverted improve over time as a result of services received through the jail diversion program as measured by:

- i. reduced arrests/less time spent in jail
- ii. reduced substance use
- iii. obtained housing
- iv. higher psychological functioning
- v. decreased trauma symptoms
- vi. improved mental health and/or
- vii. improved physical health
- viii. decreased trauma symptoms
- ix. client's assessment of personal recovery.

In order to answer this broad-based question, the contractor expects to utilize regression techniques in an attempt to predict which factors (demographics, treatment history, trauma history, service use, arrest history etc.) are related to and/or contribute to positive mental health, substance use and criminal justice outcomes in both the short-term (6 months) and the long-term (12 months).

The new sections of the client interview will also provide information on:

- 1.) *Lifetime Mental Health and Substance Use Treatment questions*- will provide descriptive information on the treatment history of clients, factors which may discriminate between client outcomes and program participation.
- 2.) *Military Service and Military Combat Experiences*- will provide descriptive information on program clients, and may identify factors that discriminate between client outcomes and program participation. Further, veterans are a priority population for the new cohorts of grantees, and it will therefore be important to be able to identify the extent to which programs were able to serve this population, strategies for service provision, and

characteristics of program that successfully engage veterans. The information on military combat experiences will help the program describe the types and extent of trauma experienced by veterans.

- 3.) *Recovery Markers (REE)*- will provide information on the client's assessment of their personal recovery, including the quality of life, social relationships, sense of meaning and sense of well-being. This instrument will provide a way to measure changes in the client's life that focuses on the quality of their life and not on symptoms.

Analysis collected through the gathered through the client interview will provide insight into the following areas:

1) *Identification of traumatic experiences and symptoms:*

- The incident rates of trauma and re-trauma; military trauma; and relationship to childhood trauma;
- The extent (severity)of specific trauma symptoms;
- Which factors are (and are not) related to trauma and re- trauma (e.g., substance use, homelessness
- How targeting individual-specific symptom profiles can inform the use of appropriate evidence-based interventions.

2) *Examination of individual change across the participation period –*

- The changing patterns of trauma incidence, symptoms and symptom severity during enrollment in a jail diversion program;
- The relationship of trauma symptom severity and trauma with other mental health and criminal justice outcomes during the participation period;
- The relationship between trauma experience and PTSD symptoms in the jail diversion population;
- The role of evidence-based interventions in mitigating trauma symptoms and re-trauma across time.
- The extent to which trauma symptoms influence the treatment needs and responses of individuals relative to other mental health symptoms assessed in the evaluation (e.g., BASIS 24);
- The relationship between client assessment of Recovery (REE) and improvements in symptoms (e.g. BASIS 24; PCL).

3) *Informing treatment plans in jail diversion programs –*

- Traumatic Events – Research has shown that earlier trauma, especially childhood sexual abuse, increases risk of later trauma and symptoms of posttraumatic stress over the lifetime (3, 4, 5).
- Clients' assessment of Recovery as a new marker for program feedback.

17) Display of Expiration Date

The expiration date will be displayed.

3 Burnam, M.A., Stein, J.A., Golding, J.M., & Seigel, J.M. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, 56(6), 843-850.

4 Nishith, P., Mechanic, M.B., & Resick, P.A. (2000). Prior interpersonal trauma: The contribution to current PTSD symptoms in female rape victims. *Journal of Abnormal Psychology*, 109(1), 20-25.

5 Polusny, M.A. & Folette, V.M. (1995). Long term correlates of child sexual abuse. *Applied & Preventive Psychology*, 4(3), 143-166.

18) Exceptions to Certification Statement

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