

**SUPPORTING STATEMENT FOR THE TRAINING AND TECHNICAL ASSISTANCE (TTA)  
PROGRAM MONITORING**

**0930-0389 SAMHSA's Training and Technical Assistance Programs Performance**

**Ref ID: 202505-0930-005**

**Check off which applies:**

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

**Check off which applies:**

- New
- Revision
- Reinstatement with Change
- Reinstatement without Change
- Extension
- Emergency
- Existing

**A. JUSTIFICATION**

**1. Circumstances of Information Collection**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking Office of Management and Budget (OMB) approval to revise data collection activities for monitoring SAMHSA's Training and Technical Assistance (TTA) programs performance. This is a renewal of OMB No. 0930-0389. SAMHSA's TTA programs offer information, tools, training, and technical assistance to practitioners in the fields of mental health and substance use.

To achieve its mission, SAMHSA has identified several priority areas to better meet the behavioral health care needs of individuals, communities, and service providers. Strengthening the behavioral health workforce, including through health practitioner training and education, is one of the five main areas of our FY 2023 – FY 2026 Strategic Plan and SAMHSA's TTA programs provide technical assistance and training for healthcare providers to help achieve this priority. SAMHSA has built a national system of resources that are available at no cost, or at most low cost (e.g., payment for continuing education credits, small fees for training taking place at venues that must be rented), to any individual or program wishing to take advantage of them. SAMHSA established the TTA program to

improve our workforce development initiatives. The existing centers will work independently and collaboratively to ensure that training needs of health care providers are met. With these centers, all health care providers and organizations can participate in educational programs that will improve their abilities to serve the needs of Americans with mental health and substance use challenges, and in doing so, we serve all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Jurisdictions.

The TTA programs draw upon the knowledge, experience, and latest research of recognized experts in the field of prevention, treatment, and recovery of mental health and substance use. The TTA programs enhance the knowledge, skills and aptitudes of the workforce by disseminating current health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Health Care Policy and Research, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the TTA programs (1) develop and update state-of-the-art, research-based curricula and professional development training, (2) coordinate and facilitate meetings between key stakeholders, and (3) provide technical assistance to individuals and organizations at the local, regional, and national levels. The intent of the TTA programs is to increase capacity, skills, and expertise in order to enhance delivery of effective mental health and substance use disorder (SUD) treatment and substance use prevention services.

The TTA programs provide ongoing dissemination of research-based knowledge in a number of ways, including through delivering presentations, convening meetings, delivering technical assistance, and conducting trainings. Participants from all these events come from diverse populations, ranging from behavioral health practitioners, primary health care practitioners, community health workers, peer support specialists, criminal justice professionals, educators, community leaders, students, and others.

## **2. Purpose and Use of Information**

SAMHSA's legislative mandate is to increase access to high quality prevention and treatment services and to improve outcomes. Its mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

To support the Agency's mission, SAMHSA's overarching goals are:

- 1) Enhance SAMHSA's ability to collect, capture and maintain high-quality data.
- 2) Conduct robust performance monitoring, evaluation and surveillance.
- 3) Strengthen access to, utilization of, and dissemination of SAMHSA data.
- 4) Expand and strengthen SAMHSA's workforce capacity.

SAMHSA strives to coordinate the development of these goals with other ongoing performance measurement development activities. Below are the measures that relate to the work of TTA programs, which are delineated in the Department of Health and Human Services (HHS) FY 2024 Annual Performance Plan and Report ([FY 2024 Annual Performance Plan and Report | HHS.gov](#))

### Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

- Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally competent healthcare services, while addressing social determinants of health.
- Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families.
- Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care.

### Strategic Goal 3: Strengthen Social Well-being and Economic Resilience

- Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities.
- Objective 3.4: Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence.

Through the proposed data collection forms, SAMHSA will track the number and location of technical assistance, training and other events held by TTA programs; the number of people attending TTA events, including demographic information (e.g., discipline); and the usefulness of TTA events. Data collected through these proposed set of instruments will inform SAMHSA on how TTA program investments are meeting the goals of their respective programs and the goals outlined in the SAMHSA and HHS Strategic Plans.

In addition, the TTA programs assist HHS and SAMHSA in supporting the adoption of evidence-informed practices by building the capacity of communities and providers to identify, adapt, implement, and evaluate such practices, thereby bridging the gap between knowledge and practice. However, selecting and adopting evidence-based approaches to tackle health, public health, and human services challenges can be a complex undertaking. HHS programs balance requirements to implement high-quality programs with fidelity, while acknowledging the unique needs of specific individuals or populations of focus, recognizing differences in program and community settings and resources, and respecting linguistic or cultural differences. Information collected from the proposed instruments will also assist HHS and SAMHSA to document demographic information about event participants and their self-reported characterization of the usefulness of events to their work. Analyzing such data will suggest which dissemination methods (e.g., brief trainings, longer-term technical assistance) are most effective for different audiences, and, therefore, will help SAMHSA and the TTA programs tailor programming to the unique needs of specific populations. Questions that the TTA programs will consider while examining these data include:

- What are the characteristics of the participants at TTA events?
- Are certain event formats more effective than others in transferring knowledge and skills?
- How is event effectiveness affected by participant type, event format and/or event topic?

### **Event Definitions**

The definitions for the four types of events from which data will be collected are as follows:

**Presentation** - delivery of awareness, information/explanation related to an idea, a practice, or a new product to an audience delivered in person, virtual/webinar, private audience or in a major local or national conference.

**Training** - A training event is defined as a TTA sponsored or co-sponsored event that focuses on teaching of a skill, knowledge, or experience for personal or professional development. Higher education classes must be included in this definition with each course considered as one training event.

**Meeting** - A meeting is defined as a TTA sponsored or co-sponsored event in which a group of people representing one or more agencies, other than the TTA, work cooperatively on a project, a problem, and/or a policy. These groups may be established and ongoing or may exist only to accomplish a single purpose. Included in this definition would be consortia meetings and workgroup meetings. The TTA reports activities as "meetings" only when they are NOT appropriate to report under any other category.

**Technical Assistance** - Technical assistance is defined as a jointly planned consultation generally involving a series of contacts between the TTA and an outside organization/institution. It consists of a negotiated series of activities designed to reach a valued outcome via sharing of information and expertise, instruction, skills training, transmission of working knowledge, consulting services or the transfer of technical guidance or data. This may be a time-limited consultation or an ongoing series of consultations. The TTA programs reports technical assistance at the end of the series of contacts or yearly if contacts are ongoing.

### **Description of Data Collection and Purposes**

Data collected on the forms will be entered into an online system maintained by a SAMHSA contractor. Data entered into this online system are immediately live and accessible to SAMHSA Project Officers for administration purposes. As described above, SAMHSA intends to use the forms to monitor the work of the TTA programs. The data collection instruments include:

- TTA Event Description Form (EDF),
- TTA Post-Event Form,
- TTA Follow-up Form.

**Event description data** will be reported by TTA faculty/staff for all events using the Event Description Form (EDF). The EDF collects event information. The form includes 10 questions of TTA faculty/staff relating to the event focus and format. It allows the TTAs and SAMHSA to track the number and types of events held and what type of primary audience the event is targeting (See Attachment 1).

**Post-event data** will be collected on participants of all events. **TTA Post-Event Form** will be administered immediately following the event. The form includes 16 questions of each individual that participated in the event (Attachment 2). The instrument asks the participants to report on general demographic information, principal employment setting, employment zip code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their practice, if they would recommend the event to a colleague, and how the event could be improved.

**Follow-up data** will be collected 60 days post event on participants of all events that last a minimum of three (3) hours. **TTA Post Event Form** will be administered 60-days after all events that last a minimum of three (3) hours. The form will be administered to a minimum of 25% of participants who consent to participate in the follow-up process. The participants will be randomly chosen from the pool of participants who consented to participate in the follow-up. The includes 13 questions (Attachment 3). The instrument asks the participants to report if the information provided at the event benefited their personal or professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, and how the TTA can improve the events,

Table 2: Data Collection Instruments

| <b>Form</b>                                     | <b>Timeline</b>  | <b>Type of Information</b>  |
|---|--|---|
| <b>TTA Faculty/Staff</b>                        |  |   |
| TTA Event Description Form (EDF) (Attachment 1) | Prior to each event  | Type of event and what type of primary audience the event is targeting  |
| <b>Participants</b>                             |  |   |
| TTA Post-Event Form (Attachment 2)              | Completion of each event   | The form asks the participants to report on general demographic information, principal employment setting, employment zip code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their practice and if they would recommend the training to a colleague.                          |
| TTA Follow-up Form (Attachment 3)               | 60 days after completion of events that last at least three hours (random sample of 25% of consenting event participants only) | The form asks participants to report if the information provided in at the event benefited their professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, and how the TTA can improve the events. |

### **3. Use of Information Technology**

Approximately 20 (twenty) percent of the TTA performance monitoring instruments will be administered in person to participants at TTA events, who complete the forms by paper and pencil. The Technology Transfer Centers (TTC), comprised of the ATTC and PTTC, with SAMHSA’s approval, have developed a form processing solution, using Teleform software (made by Cardiff), an Optical Mark Recognition (OMR) software. The software reads the marks in the bubbles on the form and automatically converts the participant's answers into the electronic format needed in order for it to be accepted by the SAMHSA’s Performance Accountability and Reporting System (SPARS) system maintained by SAMHSA’s contractor.

Approximately 80 (eighty) percent of the TTA performance monitoring instruments will be administered online. This includes the post-event and the 60-day follow-up instruments that will be distributed to consenting participants via electronic mail.

All data collected will be managed in electronic databases. The TTA programs are responsible for data collection and entry for their events. Data collected on all the instruments are entered/transferred into the online database maintained by SAMHSA's contractor. Once data are entered into the system, they are available to SAMHSA for review. These data can also be downloaded by the TTA programs for their use.

#### **4. Efforts to Identify Duplication**

The data to be collected are unique and are not otherwise available.

#### **5. Involvement of Small Entities**

Participation in the TTA program monitoring will not be a significant burden on small businesses or small entities or on their workforces.

#### **6. Consequences If Information Collected Less Frequently**

Comparisons of data are crucial for SAMHSA and the TTA programs so that they can adequately monitor the effectiveness of events and make necessary adjustments if needed in order to meet the measures outlined in Part 2 above. SAMHSA has limited the frequency of data collection. The TTAs will only be collecting information at the end of events and, just for those events greater than three hours, at 60-days post event.

All of the information collected from participants is critical for assessing the effectiveness of TTAs' events. Without this information, SAMHSA will be unable to:

- Determine whether TTAs are meeting the participant and event targets required by the funding announcement which applies to each program.
- Identify gaps in the provision of training and technical assistance for specific communities.

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

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

SAMHSA is in the process of updating the data collection tools. While working towards this new collection, SAMHSA is requesting to extend the time period for data collection using the currently approved tools without change to the tools. As a result, SAMHSA also requests exemption from the OMB Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity for this request to renew without change.

#### **8. Consultation Outside the Agency**

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on XXXX (XX FR XXXX). No comments were received in response to this notice.

**9. Payment to Respondents**

Some TTA sites may provide minimal payment for completion of the Follow-up forms. This varies across the TTA programs due to regional and local differences. For those TTA sites that do provide payment, survey research literature suggests that monetary incentives have a strong positive effect on response rates and no known adverse effect on reliability.

**10. Assurance of Confidentiality**

The information will be kept private to the extent required by law. Both the Post-Event and Follow-Up forms are anonymous, with no personal identifiers collected from participants. In order to contact participants for the Follow-Up form, TTA sites would separately collect and maintain confidential contact information including email address and/or mailing address of participants.

**11. Questions of a Sensitive Nature**

No forms collect information that is sensitive to individuals.

**12. Estimates of Annualized Hour Burden**

The total annualized burden to an estimated 313,736 respondents for the TTA programs combined monitoring is estimated to be 51,047.40 hours. Burden estimates are based on previous use of related data collection instruments by the TTC Network (from 2022 to 2024). The annualized hourly costs to respondents are estimated to be \$1,474,762.86. Hourly wage information is based on estimated median hourly wages of \$28.89 an hour for Substance Abuse, Behavioral Disorder, and Mental Health Counselors as reported in the Occupational Employment Statistics available from the Bureau of Labor Statistics, U.S. Department of Labor (<https://www.bls.gov/oes/current/oes211018.htm> ). There are no direct costs to respondents for participation aside from their time. Burden estimates are detailed in Table 3. The Event Description Form is filled out by TTA faculty or training staff.

Table 3: Annualized Burden Estimates - TTA programs combined: Substance Abuse, Behavioral Disorder, and Mental Health Counselors: \$1,474,762.86 per year, \$28.89 per hour.

| Type of Respondent                           | Number of Respondents | Responses per Respondent | Total Responses | Hours per Response | Total Annual Burden Hours | Hourly Wage Cost | Total Hour Cost |
|--|-----------------------|--------------------------|-----------------|--------------------|---------------------------|------------------|-----------------|
| <b>TTA Faculty/Staff</b>                     |                       |                          |                 |                    |                           |                  |                 |
| TTA Event Description Form                   | 113                   | 48                       | 5,424           | .16                | 867.84                    | \$28.89          | \$25,071.90     |
| <b>Meeting and Presentations Respondents</b> |                       |                          |                 |                    |                           |                  |                 |
| TTA Post-Event                               | 300,057               | 1                        | 300,057         | .16                | 48,009.00                 | \$28.89          | \$1,386,983.48  |

|                    |                |   |                |     |                  |         |                       |
|--------------------|----------------|---|----------------|-----|------------------|---------|-----------------------|
| Form               |                |   |                |     |                  |         |                       |
| TTA Follow-up Form | 13,566         | 1 | 13,566         | .16 | 2,170.56         | \$28.89 | \$62,707.48           |
| <b>TOTAL</b>       | <b>313,736</b> |   | <b>319,047</b> |     | <b>51,047.50</b> |         | <b>\$1,474,762.86</b> |

### Summary Table

| Instruments                | Number of Respondents | Responses per Respondents | Annual Burden Hours |
|----------------------------|-----------------------|---------------------------|---------------------|
| TTA Event Description Form | 113                   | 48                        | 867.84              |
| TTA Post Event Form        | 300,057               | 1                         | 48,009.00           |
| TTA Follow up Form         | 13,566                | 1                         | 2,170.56            |
| Total                      | 313,736               | 1                         | 51,047.40           |

### 13. Estimates of Annualized Cost Burden to Respondents

There will be no capital, start up, or operation and maintenance costs.

### 14. Estimates of Annualized Cost to the Government

The current annual estimated cost to the government for the TTA programs combined per year is \$61.3 million. This includes grants and cooperative agreements for single or multiple years. Approximately \$128,758 per year represents SAMHSA costs to manage/administrate the TTA program for 90% of one employee (GS-14).

### 15. Changes in Burden

This is a renewal of an existing data collection with updates made to the burden table to reflect the current number of grantees and expected responses.

### 16. Time Schedule. Publication and Analysis Plans

Data collection will occur as individuals participate in TTA-sponsored events. Because this assessment is used to monitor and improve upon the quality of TTA program services, ongoing examination is critical. Fortunately, SAMHSA's electronic database in which the data will be entered allows reports to be run on the data in a quick and timely manner. TTA program sites will, therefore, periodically run such reports to examine their data. Furthermore, each TTA sites must, according to funding requirements, prepare an annual report each fiscal year. In these reports, each TTA sites are required to include a summary report of its performance monitoring data describing whether the site is meeting its annual event and participant targets. The annual reports are completed by TTA program staff and Directors, and are sent to SAMHSA electronically presenting at minimum the following data:

- Total events;
- Total participants;
- Percentages of participants of various races and ethnicities;
- Percentages of participants of each sex;

- Percentages of participant's who identify as American Indian or Alaska Native and their tribe affiliation.
- Percentages of participant's highest degree received.
- Percentages of participant's primary profession (from a list of professions and including an open-ended option to complete, other).
- Percentages of participant's who are students and their status (full time, part-time (not working), part-time (working) and the open-ended option, other).
- Percentages of participant's principal employment setting from a list of professions and including an open-ended option to complete, other).
- Percentages of participant's employment location based on participant employment zip code.
- Percentages of participant's satisfied are you with the overall quality of this event
- Percentages of participant's expectations that this event to benefit my professional development and/or practice.
- Percentages of participant's expectations that the information gained from this event will change current practice.
- Percentages of participant's who would recommend this training to a friend/colleague.

**17. Display of Expiration Date**

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

**18. Exceptions to Certification Statement**

There are no exceptions to the certification statement.