



Billing Code: 4162-20-P

## 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, & Bungler, 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
<b>TOTAL</b>	<b>1,407</b>		<b>1,407</b>		<b>309.54</b>

(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** e-mail a copy to

**summer.king@samhsa.hhs.gov**. Written comments should be received by [**INSERT DATE 60**

**DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER**].

Summer King  
Statistician

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