

and Postpartum Women; Recovery Community Services Program—Services; Recovery Oriented Systems of Care; Screening and Brief Intervention and Referral to Treatment (SBIRT), Targeted Capacity Expansion (TCE); TCE/HIV; Treatment Drug Court; and the Youth Offender Reentry Program. SAMHSA uses the performance measures to report on the performance of its discretionary services grant programs. The performance measures information is used by individuals at three different levels: the SAMHSA administrator and staff, the Center administrators and government project officers, and grantees.

SAMHSA and its Centers will use the data for annual reporting required by GPRA and for NOMs comparing baseline with discharge and follow-up data. GPRA requires that SAMHSA's report for each fiscal year include actual results of performance monitoring for the three preceding fiscal years. The additional information collected through this process will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with the specific performance domains that SAMHSA is implementing as the NOMs, to assess the accountability and performance of its discretionary and formula grant programs.

Written comments and recommendations concerning the proposed information collection should be sent by September 29, 2011 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-7285.

Rose Shannon,

Director, Division of Executive Correspondence.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of

information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: National Outcome Measures (NOMs) for Substance Abuse Prevention—(OMB No. 0930-0230)—Revision

This revised instrument will allow SAMHSA to collect information on a new strategic initiative—*Military Families*. The new items will be added to the Center for Substance Abuse Prevention's (CSAP) National Outcome Measures for Substance Abuse Prevention (NOMs). Data are collected from SAMHSA/CSAP grants and contracts where community and participant outcomes are assessed. The analysis of these data helps determine whether progress is being made in achieving SAMHSA/CSAP's mission. The primary purpose of this system is to promote the use among SAMHSA/CSAP grantees and contractors of common National Outcome Measures recommended by SAMHSA/CSAP with significant input from panels of experts and state representatives.

With the addition of new questions regarding military families, there is a proposed new data collection instrument up for comment. Approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Act of 1993 (GPRA) reporting requirements that quantify the effects and accomplishments of its discretionary grant programs which are consistent with OMB guidance, and address goals and objectives outlined in the Office of National Drug Control Policy's Performance Measures of Effectiveness.

CSAP has increased the number of questions in the instrument to satisfy reporting needs. The following paragraphs present a description of the changes made to the information collection. These questions will be contained in new sections in the Services tool.

Military Family and Deployment—CSAP proposes to add the following 6 new items in the adult tool and 3 new items in the youth tool in a new section entitled "Military Family and Deployment."

Adult

1. Have you ever served in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? No, (Skip to #2)

1b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?

1c. Have you ever been deployed to a combat zone?

2. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? No, (Skip to next section)

3. What is the relationship of that person (Service Member) to you?

3b. Has the Service Member experienced any of the following (check all that apply):

- Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)
- Was physically injured during

combat Operations

- Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts
- Died or was killed

Youth

1. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? No, (Skip to next section)

2. What is the relationship of that person (Service Member) to you?

2b. Has the Service Member experienced any of the following (check all that apply):

- Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)
- Was physically injured during

combat Operations

- Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts
- Died or was killed

• *Veteran Family Status and Areas of Deployment*—SAMHSA is interested in collecting data on active duty and veteran military members. Collection of these data will allow CSAP to identify the number of veterans served, deployment status and location, and family veteran status in conjunction with the types of services they may receive. Identifying a participant's veteran status and deployment area allows CSAP and the grantees to monitor these participants and explore whether special services or programs are needed to treat them for substance abuse and other related issues. Identification of veteran status and other military family issues will also allow coordination between SAMHSA and

other Federal agencies in order to provide a full range of services to

veterans. CSAP will also be able to monitor their outcomes and activities

per the NOMS. The total annual burden estimate is shown below:

SAMHSA/CSAP program	Number of grantees	Number of respondents	Responses per respondent	Hours/ response	Total hours
FY 11					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.4	5,760
Capacity:					
HIV/Targeted Capacity	122	31,964	3	0.83	79,590
SPF SIG	51		0		
SPF SIG/Community Level *		765	1	0.83	635
SPF SIG/Program Level *		19,125	3	0.4	22,950
PFS	5		0		
PFS/Community Level *		75	1	0.83	62
PFS/Program Level *		1,875	3	0.4	2,250
PPC	N/A	N/A	N/A	N/A	N/A
FY 12					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.4	5,760
Capacity:					
HIV/Targeted Capacity	122	31,964	3	0.83	79,590
SPF SIG	51		0		
SPF SIG/Community Level *		765	1	0.83	635
SPF SIG/Program Level *		19,125	3	0.4	22,950
PFS	10		0		
PFS/Community Level *		150	1	0.83	125
PFS/Program Level *		3,750	3	0.4	4,500
PPC	50	25,000	1	0.83	20,750
FY 13					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.4	5,760
Capacity:					
HIV/Targeted Capacity	122	31,964	3	0.83	79,590
SPF SIG	35		0		
SPF SIG/Community Level *		525	1	0.83	436
SPF SIG/Program Level *		13,125	3	0.4	15,750
PFS	15		0		
PFS/Community Level *		225	1	0.83	187
PFS/Program Level *		5,625	3	0.4	6,750
PPC	50	25,000	1	0.83	20,750
Annual Average		11,271			18,739

* The Strategic Prevention Framework State Incentive Grant (SPF SIG) and Partnerships for Success (PFS) have a three level evaluation: The Grantee, Community and Program Level. The Grantee level data will be pre-populated by SAMHSA. The use of the Community Level instrument is optional as they relate to targeted interventions implemented during the reporting period. At the program level, items will be selected in line with direct services implemented.

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