

Homeless Individuals-States (CABHI-States); Recovery-Oriented Systems of Care (ROSC); Targeted Capacity Expansion- Peer to Peer (TCE-PTP); Pregnant and Postpartum Women (PPW); Screening, Brief Intervention and Referral to Treatment (SBIRT); Targeted Capacity Expansion (TCE); Targeted Capacity Expansion-Health Information Technology (TCE-HIT); Targeted Capacity Expansion Technology Assisted Care (TCE-TAC); Addiction Technology Transfer Centers (ATTC); International Addiction Technology Transfer Centers (I-ATTC); State Adolescent Treatment Enhancement and Dissemination (SAT-ED); Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts; and Grants for the Benefit of Homeless Individuals-Services in

Supportive Housing (GBHI). Grantees in the Adult Treatment Court Collaborative program (ATCC) will also provide program-level data using the CSAT Aggregate Instrument.

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.

Note changes have been made to add the recovery measure questions to the instrument from the previous OMB approval. The recovery measure questions are:

- How satisfied are you with the conditions of your living space?
- Have you enough money to meet your needs?
- How would you rate your quality of life?
- How satisfied are you with your health?
- Do you have enough energy for everyday life?
- How satisfied are you with your ability to perform your daily activities?
- How satisfied are you with yourself?
- How satisfied are you with your personal relationships?

ESTIMATES OF ANNUALIZED HOUR BURDEN CSAT GPRA CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS

SAMHSA Program title	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours
Baseline Interview Includes SBIRT Brief TX and Referral to TX	179,668	1	179,668	0.52	75,460
Follow-Up Interview ¹	132,954	1	143,734	0.52	60,386
Discharge Interview ²	93,427	1	94,720	0.52	39,782
SBIRT Program—Screening Only ³	594,192	1	594,192	0.13	77,244
SBIRT Program—Brief Intervention Only ⁴ Baseline	111,411	1	111,411	.20	22,282
SBIRT Program—Brief Intervention Only Follow-Up ¹	82,444	1	82,444	.20	16,489
SBIRT Program—Brief Intervention Only Discharge ²	57,934	1	57,934	.20	11,587
CSAT Total	1,252,030		1,252,030		338,748

NOTES:

1. It is estimated that 80% of baseline clients will complete this interview.
2. It is estimated that 52% of baseline clients will complete this interview.
3. The estimated number of SBIRT respondents receiving screening services is 80% of the total number SBIRT participants. No further data is collected from these participants.
4. The estimated number of SBIRT respondents receiving brief intervention services is 15% of the total number SBIRT participants.

Note: Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857, *OR* email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by December 6, 2016.

Summer King,
Statistician.

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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 on (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.

Proposed Project: Minority AIDS Initiative—Survey of Grantee Project Directors—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval to

conduct online surveys of grantee Project Directors. This is a new project request targeting the collection of primary, organizational-level data through an online survey with grantee Project Directors. The grantee programs that will be involved are focused on integrating HIV and Hepatitis primary care, substance abuse, and behavioral health services and include: (1) TI–12–007 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE–HIV) grantees; (2) TI–14–013 Minority AIDS Initiative—Continuum of Care (MAI–CoC) grantees; (3) TI–13–011 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE–HIV: Minority Women) grantees; and (4) TI–15–006 Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE–HIV: High Risk Populations) grantees.

The goals of the grantee programs are to integrate behavioral health treatment, prevention, and HIV medical care services for racial/ethnic minority

populations at high risk for behavioral health disorders and at high risk for or living with HIV. The grantee programs serve many different populations including African American, Hispanic/Latina and other racial/ethnic minorities, young men who have sex with men (YMSM), men who have sex with men (MSM) and bisexual men, adult heterosexual women and men, transgender persons, and people with substance use disorder. Project Director Surveys conducted with grantees are an integral part of evaluation efforts to: (1) Assess the impact of the SAMHSA-funded HIV programs in: Reducing behavioral health disorders and HIV infections; increasing access to substance use disorder (SUD) and mental disorder treatment and care; improving behavioral and mental health outcomes; and reducing HIV-related disparities in four specific grant programs; (2) Describe the different integrated behavioral health and medical program models; and (3) Determine which program types or models are most effective in improving behavioral health and clinical outcomes. SAMHSA will request one web-based survey to be completed by each of the

152 grantee Project Directors. Project Directors may request assistance from another project administrator to help them complete the survey. The web-based survey will be conducted once for grantees in each grant program, in the grantee organization’s final year of TCE–HIV (TI–12–007, TI–13–011, TI–15–006) or MAI CoC (TI–14–013) funding, with an annual average of 50 grantees/100 respondents per year. Project Directors will provide information on their program’s integration of HIV and Hepatitis medical and primary care into behavioral health services and project implementation. While participating in the evaluation is a condition of the grantees’ funding, participating in the survey process is voluntary. The questionnaire is designed to collect information about: Grantee organizational structure, outreach and engagement, services provided through the grant-funded project, coordination of care, behavioral health/medical care integration, funding and project sustainability, staffing and staff development.

The table below is the annualized burden hours:

ESTIMATE OF ANNUAL AVERAGE REPORTING BURDEN: PROJECT DIRECTOR SURVEY

Data collection tool	Number of respondents	Responses per respondent	Hour per response	Total burden hours
Project Director Survey	100	1	1	100

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Substance Abuse and Mental Health
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Proposed Project: SAMHSA
Transformation Accountability (TRAC)
Data Collection Instrument (OMB No.
093–0285)—Revised

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is proposing to modify one of its current Transformation Accountability (TRAC) system data collection tools to include previously piloted recovery measures. Specifically, this revision entails the incorporation of twelve recovery measures into the current CMHS NOMs Adult Client-level Measures for Discretionary Programs Providing Direct Services data collection tool. As part of its strategic initiative to support recovery from mental health and substance use disorders, SAMHSA has been working to develop a standard measure of recovery that can be used as part of its grantee performance reporting activities.

This revision will add eight questions from the World Health Organization’s (WHO) Quality of Life (QOL) to SAMHSA’s existing set of Government