

Date: November 19–20, 2012.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road, NW., Washington, DC 20015, Inese Z. Beitins, MD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6152, MSC 7892, Bethesda, MD 20892, 301–435–1034, beitinsi@csr.nih.gov.

Name of Committee: AIDS and Related Research Integrated Review Group; AIDS Molecular and Cellular Biology Study Section.

Date: November 19, 2012.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Ritz Carlton Hotel, 1150 22nd Street, NW., Washington, DC 20037.

Contact Person: Kenneth A Roebuck, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5214, MSC 7852, Bethesda, MD 20892, (301) 435–1166, roebuckk@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Fellowship: Cell Biology, Developmental Biology and Bioengineering.

Date: November 19, 2012.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Doubletree Hotel Bethesda, (Formerly Holiday Inn Select), 8120 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Alexander Gubin, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4196, MSC 7812, Bethesda, MD 20892, 301–435–2902, gubina@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Oral Microbiology and Cell Biology.

Date: November 19, 2012.

Time: 10:30 a.m. to 1:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Priscilla B Chen, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4104, MSC 7814, Bethesda, MD 20892, (301) 435–1787, chenp@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: October 16, 2012.

Melanie J. Gray,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2012–25838 Filed 10–19–12; 8:45 am]

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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: Adult Treatment Court Collaborative Program Evaluation—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) have jointly implemented the Adult Treatment Court Collaborative (ATCC) Program. SAMHSA launched the ATCC program in 2011 form new collaborations between specialty courts and treatment systems to effect community-level systems transformation and establish networks that expand access to treatment among those involved in the criminal justice system. CMHS and CSAT are requesting approval from the Office of Management and Budget (OMB) to implement data collection activities to determine the degree to which grantees individually and collectively meet the goals of the program, including the impact of program activities on systems and clients.

The current proposal requests the implementation of new data collection efforts to support the Evaluation of the ATCC Program. Three sets of data collection activities are proposed, for a total of six instruments. Specifically it requests:

1. Adding “Supplemental Client” measures to gather client level data on program participants at baseline and six-month follow-up to assess client outcomes and better compare and contrast programs based on characteristics. The annual baseline data are collected on new individuals admitted to the program. The proposed measures include:

- a. Questions about housing stability, one about recency of homelessness and the number of days homeless in the past

6 months. Administered at baseline only.

- b. Questions about lifetime incidence of arrests and incarceration, including total time spent in jail/prison and prior experience with specialty courts. Administered at baseline only.

- c. Treatment History for mental health and substance use disorders. Administered at baseline only.

- d. Questions on trauma events to document adult, childhood, and recent trauma. Lifetime questions administered at baseline only and recent at six month.

- e. Questions on trauma symptoms using the Post-Traumatic Disorder Checklist-Civilian (PCL–C) to document trauma diagnosis and change over time. Administered at baseline and six month.

- f. Questions on mental health symptoms using the Brief Symptom Inventory–18 (BSI–18) to document mental health diagnosis and change over time. Administered at baseline and six month.

- g. Questions on procedural justice and perceptions of fairness by program clients. Administered at six month only.

- h. Questions about behavioral health treatment services to document service receipt. Administered at six month only.

2. Adding three instruments to collect record review data from Grantees.

- a. Screening/Eligibility—Information on individuals referred to the program for screening/eligibility determination, client diagnosis, and the outcome of the screen (eligible/not eligible), to determine the scope of individuals considered for the program.

- b. Program Participation/Service Referral—Information on the treatment/service referrals made to clients enrolled in the programs, to determine the range and scope of services provided in the program network, as well discharge data to determine the conditions under which clients complete the programs.

- c. Information on the arrests in the 12-months pre and post program entry, including the nature of the arrest, to document recidivism.

3. Adding the Collaborative Survey to gather information on collaboration and program implementation from key project stakeholders. This instrument will be administered once annually, to five to eight stakeholders in each project site. This tool has sections of the questions tailored to address the respondents' specific roles in the grant program (e.g. project directors, judges, clinicians) and includes an assessment of the activities of the collaborative.

The following tables summarize the burden for data collection.

CY 2013 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden
<i>Supplemental Client Interviews:</i>					
Baseline (at enrollment)	624	1	624	0.25	156
6 months	499	1	499	0.25	125
<i>Sub Total</i>	624	.....	1,123	.....	281
Collaborative Survey	77	1	77	1	77
<i>Record Management:</i>					
Secondary Data—(Screening/admission) ³	11	489	5,382	0.25	1,346
Secondary Data—(Arrest data) ³	11	40	440	0.25	110
Secondary Data—(Participation/service use)	11	57	627	0.25	157
<i>Sub Total</i>	11	586	6,449	.....	1,613
<i>Overall Total:</i>	712	.....	7,649	.....	1,971

CY 2014 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden
<i>Supplemental Client Interviews:</i>					
Baseline (at enrollment)	682	1	682	0.25	171
6 months	546	1	546	0.25	137
<i>Sub Total</i>	682	.....	1,228	.....	308
Collaborative Survey	77	1	77	1	77
<i>Record Management:</i>					
Secondary Data—(Screening/admission)	11	489	5,379	0.25	1,345
Secondary Data—(Arrest data)	11	45	495	0.25	124
Secondary Data—(Participation/service use)	11	57	627	0.25	157
<i>Sub Total</i>	11	586	6,501	.....	1,625
<i>Overall Total:</i>	770	.....	7,806	.....	2,011

CY 2015 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden
<i>Supplemental Client Interviews:</i>					
Baseline (at enrollment)	682	1	682	0.25	171
6 months	546	1	546	0.25	137
<i>Sub Total</i>	682	.....	1,228	.....	308
Collaborative Survey	77	1	77	1	77
<i>Record Management:</i>					
Secondary Data—(Screening/admission)	11	489	5,379	0.25	1,345
Secondary Data—(Arrest data)	11	45	495	0.25	124
Secondary Data—(Participation/service use)	11	57	627	0.25	157
<i>Sub Total</i>	11	586	6,501	.....	1,625
<i>Overall Total</i>	770	.....	7,806	.....	2,011

TOTAL ANNUALIZED BURDEN

Data collection activity	Annualized number of respondents	Annualized total responses	Annualized total hour burden
<i>Supplemental Client Interviews:</i>			
Baseline	662	662	166
6 month	530	530	133
<i>Sub-total</i>	662	1192	299
Collaborative Survey	77	77	77

TOTAL ANNUALIZED BURDEN—Continued

Data collection activity	Annualized number of respondents	Annualized total responses	Annualized total hour burden
<i>Record Management:</i>			
Screening Data	11	5,382	1,346
Arrests	11	477	119
Program Participation	11	627	157
<i>Sub-Total</i>	11	6,486	1,622
<i>Total Annualized</i>	750	7,755	1,998

Written comments and recommendations concerning the proposed information collection should be sent by November 21, 2012 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,
Statistician.

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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

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Project: National Survey of Substance Abuse Treatment Services (N-SSATS) (OMB No. 0930-0106)—Revision

The Substance Abuse and Mental Health Services Administration

(SAMHSA) is requesting a revision of the Drug and Alcohol Services Information System (DASIS) data collection (OMB No. 0930-0106), which expires on December 31, 2012. The request includes a name change for this OMB No. from "DASIS" to the "National Survey of Substance Abuse Treatment Services (N-SSATS)," since N-SSATS is the main survey component from the prior collection included in this request. N-SSATS provides both national and state-level data on the numbers and types of patients treated and the characteristics of facilities providing substance abuse treatment services. It is conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) to meet the specific mandates for annual information about public and private substance abuse treatment providers and the clients they serve.

This request includes:

- Collection of N-SSATS, which is an annual survey of substance abuse treatment facilities; and
- Updating of the associated substance abuse facility universe, now named the Inventory of Behavioral Health Services (I-BHS) (previously the Inventory of Substance Abuse Treatment Services (I-SATS)). The I-BHS includes all substance abuse treatment facilities known to SAMHSA. In addition, the inventory is being expanded to include mental health treatment facilities, making it a "behavioral health" inventory.

The information in I-BHS and N-SSATS is needed to assess the nature and extent of these resources, to identify gaps in services, and to provide a database for treatment referrals. Both I-BHS and N-SSATS are components of the Behavioral Health Services Information System (BHSIS) (previously DASIS), a system name change reflecting SAMHSA's emphasis on a more integrated behavioral health treatment system.

The request for OMB approval will include a request to update the I-BHS facility listing on a continuous basis and

to conduct the N-SSATS and the between cycle N-SSATS (N-SSATS BC) in 2013, 2014, and 2015. The N-SSATS BC is a procedure for collecting services data from newly identified facilities between main cycles of the survey and will be used to improve the listing of treatment facilities in the online Substance Abuse Treatment Locator.

Planned Changes

I-BHS: As described above, the I-BHS database has been expanded to include mental health treatment facilities. The I-BHS Online forms, the I-BHS facility application form, and the augmentation screener questionnaire include a new question to determine if the facility provides mental health treatment services.

N-SSATS: The full N-SSATS will be conducted in alternate years, rather than every year as in the past, with an abbreviated N-SSATS questionnaire to update the Treatment Locator conducted in the interim years. Approval is requested for the following changes from 2012 to 2013 in the N-SSATS questionnaire:

A new question has been added to determine if the facility provides mental health treatment services. This question will help identify facilities that provide both substance abuse and mental health treatment services.

A question on the primary focus of the facility was dropped because it was found to be too subjective and less useful than asking directly about the services the facility provides. The new question will identify facilities that provide mental health treatment services.

New items have been added to determine if the facility offers treatment for gambling disorders, Internet use disorders or other non-substance abuse disorders.

A question on special programs was reformatted to reduce burden. The question previously had two parts, one to determine if particular kinds of clients were accepted at the facility and another to determine if the facility had