

(N-SSATS) following a pretest of the 2007 questionnaire changes. The request will revise only the N-SSATS-related portion of the DASIS data collection. There will be no changes to the other DASIS components.

The DASIS consists of three related data systems: The Inventory of Substance Abuse Treatment Services (I-SATS); the National Survey of Substance Abuse Treatment Services (N-SSATS), and the Treatment Episode Data Set (TEDS). The I-SATS includes all substance abuse treatment facilities known to SAMHSA. The N-SSATS is an annual survey of all substance abuse treatment facilities listed in the I-SATS. The TEDS is a compilation of client-level admission data and discharge data submitted by States on clients treated in facilities that receive State funds. Together, the three DASIS components provide information on the location, scope and characteristics of all known drug and alcohol treatment facilities in the United States, the number of persons in treatment, and the characteristics of clients receiving services at publicly-funded facilities.

This information is needed to assess the nature and extent of these resources, to identify gaps in services, to provide a database for treatment referrals, and to assess demographic and substance-related trends in treatment.

The request for OMB approval will include changes to the N-SSATS survey and the Mini-N-SSATS. The Mini-N-SSATS is a procedure for collecting services data from newly identified facilities between main cycles of the N-SSATS survey and will be used to improve the listing of treatment facilities in the on-line treatment facility Locator. The request will include the following changes to the 2007 N-SSATS questionnaire, as refined by the pretest findings: modification of the treatment categories to better reflect the practices and terminology currently used in the treatment field; modification of the detoxification question, including the addition of a follow-up question on whether the facility uses drugs in detoxification and for which substances; the addition of questions on treatment approaches and clinical practices; the addition of a question on quality control

procedures used by the facility; and, the addition of a question on whether the facility accepts ATR vouchers and how many annual admissions were funded by ATR vouchers. The request will also include changes to the Mini-N-SSATS questionnaire to add a question on treatment approaches, to modify the treatment categories to reflect more current practices and terminology, and to ask whether the facility accepts ATR vouchers. The remaining sections of the N-SSATS questionnaires will remain unchanged except for minor modifications to wording. The request for OMB approval will include a change in burden hours to include the full three years of N-SSATS and mini-N-SSATS data collection, now that the N-SSATS pretest has been completed. Also, the burden hours for the pretest are being dropped.

No significant changes are expected in the other DASIS activities.

The estimated annual burden for the DASIS activities is as follows:

Note—only the estimates for N-SSATS-related activities are changing.

Type of respondent and activity	Number of respondents	Responses per respondent	Hours per response	Total burden hours
States:				
TEDS Admission data	52	4	6	1,248
TEDS Discharge data	40	4	8	1,280
TEDS Discharge crosswalks	5	1	10	50
I-SATS Update	56	67	.08	300
State Subtotal ¹	56	.....	.....	2,878
Facilities:				
I-SATS update	100	1	.08	8
N-SSATS questionnaire	17,000	1	.67	11,390
Augmentation screener	1,000	1	.08	80
Mini-N-SSATS	700	1	.42	294
Facility Subtotal	19,000	.....	.....	11,772
Total	19,056	.....	.....	14,650

¹ The burden for the listed State activities is unchanged from the currently approved level. Only the burden for N-SSATS and Mini-N-SSATS is changing, and the burden for the N-SSATS pretest, which is now complete, has been removed.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 1, 2006.

Anna Marsh,

Director, Office of Program Services.

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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 will publish periodic summaries of proposed information collection activities. 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: National Outcome Measures (NOMs) for Consumers Receiving Mental Health Services—New

The mission of SAMHSA's Center for Mental Health Services (CMHS) is to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible. Congress created CMHS to bring new hope to adults who have serious mental illnesses and to

children with serious emotional disorders.

The purpose of this proposed data activity is to promote the use of consistent measures among CMHS grantees and contractors funded through the Program of Regional and National Significance (PRNS) and Children's Mental Health Initiative (CMHI) budget lines. The common National Outcome Measures recommended by CMHS are a result of extensive examination and recommendations, using consistent criteria, by panels of staff, experts, and grantees. Wherever feasible, the proposed measures are consistent with or build upon previous data development efforts within CMHS. This activity will be organized to reflect and support the domains specified for SAMHSA's NOMs. The use of consistent measurement for specified

outcomes across CMHS-funded projects will improve the ability of SAMHSA and CMHS to respond to the Government Performance and Results Act (GPRA) and the Office of Management and Budget Program Assessment Rating Tool (PART) evaluations.

A separate data collection form will be used for adults and children but will be parallel in design. NOMs data will be collected at baseline with a periodic reassessment being conducted every six months as long as the client remains in treatment. The proposed data collection will cover eight of the ten domains in NOMs. The Cost-Effectiveness and Evidence-Based Practices domains are under development. Completion of these domains will require input from other sources and is anticipated for Summer 2007.

Domain	Adult		Child	
	Source	Number of items	Source	Number of items
Access/Capacity	SAMHSA Standardized Question	4	SAMHSA Standardized Question 4	4
Functioning	Mental Health Statistics Improvement Program (MHSIP).	8	Youth Services Survey for Families (YSS-F)	6
Stability in Housing	SAMHSA Standardized Question	1	SAMHSA Standardized Question 2	2
Education and Employment.	SAMHSA Standardized Question	3	SAMHSA Standardized Question 2	2
Crime and Criminal Justice.	SAMHSA Standardized Question	1	SAMHSA Standardized Question 1	1
Perception of Care	MHSIP	14	YSS-F	13
Social Connectedness	MHSIP	4	YSS-F	4
Retention ¹	SAMSHA Standardized Question	1	SAMSHA Standardized Question	1
Total Number .....	.....	36	.....	33

In addition to questions asked of clients related to the NOMs domains, programs will be required to abstract

information from client records on the services received.

Following is the estimated annual response burden for this effort.

Type of response	Number of respondents	Data collection per respondents	Hours per data collection	Total hour burden
Client Baseline Assessment	23,575	1	0.333	7,858
Periodic Client Reassessment	8,225	1	0.333	2,742
Chart Abstraction	23,575	1	0.1	2,358
Total	23,575	.....	.....	12,958

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received by August 8, 2006.

Dated: June 1, 2006.
Anna Marsh,
Director, Office of Program Services.
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DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS-2006-0023]

Policy Directorate; Homeland Security Advisory Council

AGENCY: Policy Directorate, Department of Homeland Security.

¹ Retention is measured at the first interview for a continuing consumer (baseline), follow-up interview, and discharge interview. The survey was

modified to include an item in Section K (Services Received) where the provider will indicate whether the consumer received Inpatient Psychiatric Care

within the past 6 months; specifically, item 3 under Treatment Services.