

NHPI communities through equitable Federal funding, grantmaking, and employment opportunities; (v) policies and practices to improve research and equitable data disaggregation regarding AA and NHPI communities; (vi) policies and practices to improve language access services to ensure AA and NHPI communities can access Federal programs and services; and (vii) strategies to increase public-and private-sector collaboration, and community involvement in improving the safety and socioeconomic, health, educational, occupational, and environmental well-being of AA and NHPI communities.

**DATES:** The Commission will meet on May 12, 2022 from 12:30 p.m. to approximately 5:30 p.m. Eastern Time (ET). The confirmed time and agenda will be posted on the website for the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders: <https://www.hhs.gov/about/whiaanhpi/commission/index.html> when this information becomes available.

**LOCATION:** The meeting will be live streamed. Registration is required through the following link: <https://www.eventbrite.com/e/meeting-of-the-presidents-advisory-commission-on-aa-and-nhpis-registration-311578077417>.

**FOR FURTHER INFORMATION CONTACT:** Larissa Bungo, Designated Federal Officer, President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders, U.S. Department of Health and Human Services, Office of the Secretary, Office for Civil Rights, Hubert H. Humphrey Building, Room 515F, 200 Independence Ave. SW, Washington, DC 20201; email: [whiaanhpi@hhs.gov](mailto:whiaanhpi@hhs.gov); telephone: (202) 619-0403, fax: (202) 619-3818.

**SUPPLEMENTARY INFORMATION:** Information is available on the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders website at <https://www.hhs.gov/about/whiaanhpi/commission/index.html>. The names of the 25 members of the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders are available at <https://www.hhs.gov/about/whiaanhpi/commission/commissioners/index.html>.

**Purpose of Meeting:** The President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders, authorized by Executive Order 14031, will meet to discuss full and draft recommendations by the Commission's six Subcommittees on ways to advance equity, justice, and opportunity for Asian American, Native

Hawaiian, and Pacific Islander communities. The Subcommittees are: Belonging, Inclusion, Anti-Asian Hate, Anti-Discrimination; Data Disaggregation; Language Access; Economic Equity; Health Equity; and Immigration and Citizenship Status.

**Background:** Asian American, Native Hawaiian, and Pacific Islander individuals and communities have molded the American experience, and the contributions and achievements of AA and NHPI communities make the United States stronger and more vibrant. The richness of America's multicultural democracy is strengthened by the diversity of AA and NHPI communities and the many cultures and languages of AA and NHPI individuals in the United States, who collectively constitute the fastest growing racial group in the Nation and make rich contributions to our society, our economy, and our culture.

Systemic barriers to equity, justice, and opportunity put the American dream out of reach of many AA and NHPI communities. Many AA and NHPI individuals face persistent disparities in socioeconomic, health, and educational outcomes. Linguistic isolation and lack of access to language-assistance services continue to lock many AA and NHPI individuals out of opportunities. Data collection practices fail to measure and reflect the diversity of AA and NHPI populations. Failure to disaggregate data contributes to enduring stereotypes about Asian Americans as a "model minority" and obscures disparities within AA and NHPI communities.

Tragic acts of anti-Asian violence have increased during the COVID-19 pandemic, casting a shadow of fear and grief over many AA and NHPI communities, in particular East Asian communities. Long before this pandemic, AA and NHPI communities in the United States, including South Asian and Southeast Asian communities, have faced persistent xenophobia, religious discrimination, racism, and violence. At the same time, AA and NHPI communities are overrepresented in the pandemic's essential workforce in healthcare, food supply, education, and childcare, with more than four million AA and NHPIs manning the frontlines throughout the pandemic. Additionally, while they make up just four percent of registered nurses in the U.S., Filipino nurses accounted for 32 percent of nurse lives lost to COVID-19 in 2020.

Many AA and NHPI communities, and in particular Native Hawaiian and Pacific Islander communities, have also been disproportionately burdened by the COVID-19 public health crisis.

Evidence suggests that Native Hawaiians and Pacific Islanders are three times more likely to contract COVID-19 compared to white people and nearly twice as likely to die from the disease. On top of these health inequities, many AA and NHPI workers, families, and small businesses have faced devastating economic losses during this crisis, which must be addressed.

**Public Participation at Meeting:** Members of the public are invited to view the Commission meeting. Registration is required through the following link: <https://www.eventbrite.com/e/meeting-of-the-presidents-advisory-commission-on-aa-and-nhpis-registration-311578077417>. Please note that there will be no opportunity for oral public comments during the meeting of the Commission. However, written comments are welcomed throughout the development of the Commission's recommendations to promote equity, justice, and opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders and may be emailed to [AANHPICommission@hhs.gov](mailto:AANHPICommission@hhs.gov).

**Authority:** Executive Order 14031. The President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders (Commission) is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. app.), which sets forth standards for the formation and use of federal advisory committees.

**Krystal Ka'ai,**

*Executive Director, White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders and President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders.*

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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) 276-0361.

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: Protection and Advocacy for Individuals With Mental Illness (PAIMI) Final Rule, 42 CFR Part 51 (OMB No. 0930-0172)—Extension**

These regulations meet the directive under 42 U.S.C. 10826(b) requiring the Secretary to promulgate final regulations to carry out the PAIMI Act (42 U.S.C. 10801 *et seq.*). The regulations contain information collection requirements. The Act authorizes funds to support activities on behalf of individuals with significant (severe) mental illness (adults) or significant (severe) emotional impairment (children/youth) as defined by the Act at 42 U.S.C. 10802(4) and 10804(d). Only entities designated by the governor of each State, including the American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Commonwealth of Puerto Rico, U.S. Virgin Islands, District of Columbia (Mayor), and the tribal councils of the American Indian Consortium (the Hopi Tribe and the Navajo Nation located in the Four Corners region of the Southwest), to protect and advocate the rights of persons with developmental disabilities are eligible to receive PAIMI Program grants [*ibid* at 42 U.S.C. at 10802(2)]. These grants are based on a formula prescribed by the Secretary [*ibid* at 42 U.S.C. at 10822(a)(1)(A)].

On January 1, each eligible state protection and advocacy (P&A) system is required to prepare an annual PAIMI Program Performance Report (PPR). Each annual PPR describes a P&A system's activities, accomplishments and expenditures to protect the rights of individuals with mental illness supported with payments from PAIMI program allotments during the most recently completed fiscal year. Each P&A system transmit a copy of its annual report to the Secretary (via SAMHSA) and to the State Mental Health Agency where the system is located per the PAIMI Act at 42 U.S.C. 10824(a). Each annual PPR must provide the Secretary with the following information:

- The number of (PAIMI-eligible) individuals with mental illness served;
- A description of the types of activities undertaken;
- A description of the types of facilities providing care or treatment to which such activities are undertaken;
- A description of the manner in which the activities are initiated;
- A description of the accomplishments resulting from such activities;
- A description of systems to protect and advocate the rights of individuals with mental illness supported with payments from PAIMI program allotments;
- A description of activities conducted by states to protect and advocate such rights;
- A description of mechanisms established by residential facilities for individuals with mental illness to protect such rights;
- A description of the coordination among such systems, activities, and mechanisms;
- Specification of the number of public and nonprofit P&A systems established with PAIMI program allotments; and
- Recommendations for activities and services to improve the protection and advocacy of the rights of individuals with mental illness and a description of the need for such activities and services that were not met by the state P&A

systems established under the PAIMI Act due to resource or annual program priority limitations.

Each PAIMI grantee's annual PPR must include a separate section, prepared by its PAIMI Advisory Council (PAC), that describes the council's activities and its assessment of the state P&A system's operations per the PAIMI Act at 42 U.S.C. 10805(7).

In 2017, SAMHSA included the annual PAIMI PPR in the Web-based Block Grant Application System (WebBGAS). WebBGAS, SAMHSA's electronic data system, is used to collect grantee information for the following reasons:

- (1) To meet the OMB requirements for data collection for mandatory (formula) grant programs;
- (2) To comply with the annual program reporting requirements of the PAIMI Act, 42 U.S.C. 10801 *et seq.* and the PAIMI Rules 42 CFR part 51;
- (3) To simplify the submission of PAIMI Program data by the state P&A systems;
- (4) To meet the Government Performance and Results Act (GPRA) requirements;
- (5) To comply with the Government Accountability Office (GAO) evaluation recommendations that SAMHSA obtain information that closely measures the actual outcomes of the programs it funds;
- (6) To reduce the grantee data collection burden by removing information that did not facilitate evaluation of a PAIMI grantee's programmatic and financial management systems;
- (7) To provide immediate access to the PAIMI program data used to prepare a section of the Secretary's biennial report to the President, Congress, and National Council on Disability in accordance with the *Developmental Disabilities Assistance Act of 2000* at 42 U.S.C. 15005. Reports of the Secretary;
- (8) To improve SAMHSA's ability to create reports, analyze trends, and provide timely feedback to the P&A grantees when PPR revisions are needed.

On June 12, 2020, OMB approved SAMHSA's PPR and Advisory Council Report (Control No. 0930-0169, Expiration Date June 30, 2023). The burden estimate for the annual state P&A system reporting requirements for these regulations is as follows:

42 CFR citation	Number of respondents	Responses per respondent	Burden per response (hrs.)	Total annual burden
51.8(a)(2) Program Performance Report .....	57	1	20	<sup>1</sup> 1,140
51.8(a)(8) Advisory Council Report .....	57	1	10	<sup>1</sup> 570
51.10 Remedial Actions: Corrective Action Plans Implementation Status Report .....	5	2	8	80
	5	3	2	30
51.23(c) Reports, materials and fiscal data provided to the PAC .....	57	1	1	57
51.25(b)(2) Grievance Procedures .....	57	1	.5	28.5

42 CFR citation	Number of respondents	Responses per respondent	Burden per response (hrs.)	Total annual burden
Total .....	57	.....	41.5	195.5

<sup>1</sup> Burden hours associated with these reports are approved under OMB Control No. 0930-0169.

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, MD 20857 OR email him a copy at [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@samhsa.hhs.gov). Written comments should be received by June 21, 2022.

Carlos Graham,

*SAMHSA Reports Clearance Officer.*

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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.

#### Project: Center for Substance Abuse Prevention's (CSAP) "Talk. They Hear You." Screen 4 Success Instruments and Consent Form. (Office of Management [OMB] No. 0930-XXXX)

SAMHSA is requesting approval for its "Talk. They Hear You." media campaign's "Screen 4 Success" Consent Form and Screener. The "Talk. They Hear You." campaign aims to reduce underage drinking and substance use among youths under the age of 21 by providing parents and caregivers with information and resources they need to address alcohol and other drug use with their children early. The new "Talk. They Hear You." campaign's "Screen 4 Success" mobile app is an interactive tool to help parents and caregivers, educators, and communities get informed, be prepared, and take action to prevent underage drinking and other drug use. Specifically, it provides these groups with the ability to self-screen and self-manage referrals as a prevention service. Parents have a significant influence in their children's decisions to experiment with alcohol and other drugs.

SAMHSA and its Centers will use the data for annual reporting: (1) Reporting results of the campaign's performance, (2) evaluating the effectiveness of the application and its utility and (3) assessing the accountability and performance of this component and the overall media campaign, including a focus on health equity.

The tools reflect CSAP's desire to elicit pertinent participant level data

that can be used to not only guide future programs and practice, but also respond to stakeholder, congressional and agency inquiries. For a more in-depth review of the screener and consent form, please see Attachments A-C.

This information will be used by SAMHSA to help improve the accountability and performance of its "Talk. They Hear You." program and social media campaign (each of which refer to this component and other resources). Specifically, the program evaluators will use the information collected through this request to generate annual performance reports that assess the impact of this SAMHSA program outcomes. This information will also be used to inform recommendations regarding future programming should the program continue to be funded.

The information collected from these forms is captured by the "Screen 4 Success" mobile app and made available to the "Talk. They Hear You." media campaign evaluators in real time. Approval of this data collection activity will allow SAMHSA to continue to assist those under the age of 21, and parents to screen themselves, the parents and client in identifying individuals that may need further assessment or intervention for the alcohol use, drug use, suicide prevention, and other mental health needs. Many of these issues occur at the same time in youth and require referral to co-occurring programs so there is significant value in screening quickly for all of them at the same time. By implementing this screener, we hope to be able to divert individuals who might be at risk of alcohol dependence and these other problems to effective programs and services.

SAMHSA tool	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours	Estimated hourly wage <sup>1</sup>	Total hour cost
Parent/Guardian Consent .....	100,000	1	100,000	0.04	10,000	\$26.92	\$107,680
Youth Assent Forms .....	100,000	1	100,000	0.04	10,000	26.92	107,680
Screener .....	100,000	1	100,000	0.30	60,000	26.92	807,600
CSAP Total .....	300,000	.....	300,000	.....	38,000	26.92	1,022,960

<sup>1</sup> The information is collected via and online application and does not require project staff to administer the consent or screener. The application has internal checks to ensure appropriate completion. The hourly wage estimate is \$26.92 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 19-4061 Social Science Research Assistants as of 10/21/2021. (<http://www.bls.gov/oes/current/oes211011.htm>. Accessed on October 21, 2021.)