

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: FASD Diagnosis and Intervention Programs in the Fetal Alcohol Spectrum Disorder (FASD) Center of Excellence—New

Since 2001, SAMHSA's Center for Substance Abuse Prevention has been

operating a Fetal Alcohol Spectrum Disorder (FASD) Center of Excellence which addresses FASD mainly by providing trainings and technical assistance; and developing and supporting systems of care that respond to FASD using effective evidence based practices and interventions.

Currently the integration of evidence-based practices into service delivery organizations is being accomplished through subcontracts. One such intervention which integrates diagnosis and intervention strategies into existing service delivery organizations is the FASD Diagnosis and Intervention programs targeting children 0–18 years of age. The Diagnosis and Intervention programs use the following 11 data collection tools.

DESCRIPTION OF INSTRUMENTS/ACTIVITY FOR THE DIAGNOSIS AND INTERVENTION PROGRAMS

Instrument/Activity	Description
Screening and Diagnosis Tool	The purpose of the screening and diagnosis tool is to determine eligibility to participate in the SAMHSA FASD Center Diagnosis and Treatment Intervention. The form includes demographic, screening, and diagnostic data.
Positive Monitor Tracking	The Positive Monitor Tracking form is to monitor the outcome of placing a child (ages 0–3 years) on a positive monitor.
Services Child is Receiving at the time of the FASD Diagnosis.	The Services Child is Receiving at the time of the FASD Diagnosis form is to record services the child is receiving at the time of an FASD diagnosis.
Services Planned and Provided based on Diagnostic Evaluation.	The Services Planned and Provided based on Diagnostic Evaluation form is to record services planned and received based on the diagnostic evaluation.
Services Delivery Tracking Form	The Services Delivery Tracking form is for the services provided during every visit.
End of Intervention/Program Improvement Measure—Case Manager.	The End of Intervention/Program Improvement Measure—Case Manager form is for the case manager to report on the overall improvement in the child as a result of receiving services.
End of Intervention/Program Improvement Measure—Parent/Guardian.	The End of Intervention/Program Improvement Measure—Parent/Guardian form is for the parent/guardian to report on the overall improvement in the child as a result of receiving services.
End of Intervention/Program Customer Satisfaction with Service.	The End of Intervention/Program Customer Satisfaction with Service form is to determine customer satisfaction (parents) with the SAMHSA FASD Center Diagnosis and Intervention project.
Outcome Measures (Children 0–7 years)	The Outcome Measures (Children 0–7 years) form is an outcomes measure checklist used to record measures every six months from start of service to end of service, at end of intervention, at 6 months follow-up, and 12 months follow-up.
Outcome Measures (Children 8–18 years)	The Outcome Measures (Children 8–18 years) form is an outcomes measure checklist used to record measures every six months from start of service to end of service, at end of intervention, at 6 months follow-up, and 12 months follow-up.
Lost to follow-up	The Lost to follow-up form is used if the child is no longer accessible for follow-up.

Eight subcontracts were awarded in February 2008 to integrate the FASD Diagnosis and Intervention program within existing service delivery organization sites. Using an integrated service delivery model all sites are screening children using an FASD screening tool, obtaining a diagnostic evaluation, and providing services/interventions as indicated by the diagnostic evaluation. Specific

interventions are based upon the individual child's diagnosis. Six of the sites are integrating the FASD Diagnosis and Intervention projects either in a child mental health provider setting or in a dependency court setting and serve children ages 0–7 years. Two of the sites are delinquency courts and serve children 10–18 years of age.

Data collection at all sites involves administering the screening and diagnosis tool, recording process level

indicators such as type and units of service provided; improvement in functionality and outcome measures such as school performance, stability in housing/placement, and adjudication measures (10–18 yrs only). Data will be collected at baseline, monthly, every six months from start of service to end of service, at end of intervention, at 6 months follow-up, and 12 months follow-up.

ESTIMATED ANNUALIZED BURDEN HOURS

Instrument/Activity	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours per collection
<i>Client Surveys: Children 0–7:</i>				
Screening and Diagnosis Tool	1400	1	0.17	238
Positive Monitor Tracking	450	1	0.03	14
Services Child is Receiving at the time of the FASD Diagnosis	750	1	0.17	128
Services Planned and Provided based on Diagnostic Evaluation	750	1	0.33	248
Services Delivery Tracking Form	750	12	0.08	720
End of Intervention/Program Improvement Measure—Case Manager	750	1	0.02	15
End of Intervention/Program Improvement Measure—Parent/Guardian	750	1	0.02	15
End of Intervention/Program Customer Satisfaction with Service	750	1	0.03	23
Outcome Measures (Children 0–7 years)	750	3	0.08	180
Lost to follow-up	135	1	0.03	4
<i>Client Surveys: Children 8–18:</i>				
Screening and Diagnosis Tool	100	1	0.17	17
Services Child is Receiving at the time of the FASD Diagnosis	50	1	0.17	9
Services Planned and Provided based on Diagnostic Evaluation	50	1	0.33	17
Services Delivery Tracking Form	50	12	0.08	48
End of Intervention/Program Improvement Measure—Case Manager	50	1	0.02	1
End of Intervention/Program Improvement Measure—Parent/Guardian	50	1	0.02	1
End of Intervention/Program Customer Satisfaction with Service	50	1	0.03	2
Outcome Measures (Children 8–18 years)	50	3	0.08	12
Lost to follow-up	15	1	0.03	1
TOTAL	7,700	45	—	1,693

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1044, One Choke Cherry Road, Rockville, MD 20857 AND e-mail her a copy at summer.king@samhsa.hhs.gov. Written comments should be received within 60 days of this notice.

Dated: November 4, 2009.

Elaine Parry,

Director, Office of Program Services.

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Proposed Project: Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application Guidance and Instructions FY 2011–2013 and Regulations (OMB No. 0930–0080)—Revision

Sections 1921 through 1935 of the Public Health Service Act (U.S.C. 300x–21 to 300x–35) provide for annual allotments to assist States to plan, carry out and evaluate activities to prevent and treat substance abuse and for related activities. Under the provisions of the law, States may receive allotments only after an application is submitted and approved by the Secretary, DHHS. For the Federal fiscal years (FY) 2011–FY 2013 Substance Abuse Prevention and Treatment (SAPT) Block Grant application cycles, SAMHSA will provide States with revised application guidance and instructions to implement changes made in accordance with recommendations from the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and their member States in

the revisions and clarification of data reporting requirements and instructions.

During negotiations with the States resulting in agreement on the National Outcome Measures (NOMs) for substance abuse treatment and prevention, SAMHSA pledged to the States to:

1. Reduce respondent burden;
2. Work with the States to improve performance management of the SAPT Block Grant;
3. Improve the availability, timeliness, and quality of data available to Federal, State, and provider administrators of block grant funded programs.

This revision of the Uniform Application and Regulation for the SAPT Block Grant takes additional steps toward implementing these commitments. SAMHSA, in consultation with NASADAD, has provided States the ability to reduce their application burden by consolidating the FY 2011–FY 2013 State Plan into a 3-year plan. With the exception of the projected annual budget form, States only would be expected to submit any proposed revisions to its approved three-year plan but would otherwise not have to resubmit a State Plan during FY 2012 and FY 2013. Individual States may reduce their respondent burden further by selecting the option of using SAMHSA pre-populated tables for Section IVa and IVb. The data for these tables would be drawn from SAMHSA data sets known as Drug and Alcohol Services Information System (DASIS) Treatment Episode Data Set (TEDS) and