

decisions received from SSA either on initial application or on appeal. This password-protected web-based data form will be housed on the SOAR Web site (<http://www.prainc.com/soar>). Use of this form is completely voluntary.

In addition, data from the web-based form can be compiled into reports on

decision results and the use of SOAR core components, such as the SSA-1696 Appointment of Representative which allows SSA to communicate directly with the case manager assisting with the application. These reports will be reviewed by agency directors, SOAR state-level leads, and the national SOAR

Technical Assistance Center and SOAR national evaluation team to quantify the success of the effort overall and to identify areas where additional technical assistance is needed.

The estimated response burden is as follows:

Information source	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hours
SOAR Data Form	800	36	28,800	.25	7,200

Written comments and recommendations concerning the proposed information collection should be sent by September 16, 2011 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 e-mail to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via e-mail, 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.

Cathy J. Friedman,
SAMHSA, Public Health Analyst.

[FR Doc. 2011-20856 Filed 8-16-11; 8:45 am]

BILLING CODE 4162-20-P

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: Children Affected by Methamphetamine in Family Drug Treatment Court—NEW

In 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), provided funding to 12 existing Family Treatment Drug Courts (FTDCs) for enhancement and/or expansion of their FTDC's capabilities to provide psycho-social, emotional and mental health services to children (0-17 years) and their families who have methamphetamine use disorders and involvement in child protective services. This program was authorized in House Report 111-220 accompanying H.R. 3293 in 2010. The Committee language stated that "these grants will support a collaborative approach, including treatment providers, child welfare specialists, and judges, to provide community-based social services for the children of methamphetamine-addicted parents," and were to be awarded to Family Dependency Treatment Drug Courts.

The proposed data collection for the grantees, referred to as the Children Affected by Methamphetamine in Family Treatment Drug Court (CAM-FTDC) project, will provide knowledge about the services needed and provided to these and similar families. The data to be collected by the CAM-FTDC program is SAMHSA's first Federal data collection effort focused specifically on the needs of children whose parents have a substance use disorder and are participating in an FTDC and on effective strategies to address their needs. The information collected through the CAM-FTDC program will benefit SAMHSA by providing an in-depth understanding of the needs of the children and families served by CAM-FTDC. Findings from this program will provide SAMHSA with valuable information regarding appropriate service interventions for this population and, ultimately, inform SAMHSA on how the agency can best meet the needs of future drug endangered children. The

results from this data collection will serve to inform future decisions regarding funding by SAMHSA as well as establish an evidence base for the practices undertaken for other localities and programs implementing Family Treatment Drug Courts.

The evaluation of the CAM-FTDC project will collect data on children, parents/caregivers, family functioning and interagency collaboration. The domains specified in the Request for Applications (RFA) are: (1) Child Outcomes; (2) Parent/Caregiver Outcomes; (3) Family Functioning; and, (4) Interagency Collaboration.

To the greatest extent possible, the data elements are operationally defined using standard definitions in child welfare and substance abuse treatment. *The use of standard data definitions will reduce the data collection burden on grantees as these variables are collected through data collection procedures that currently exist through all publically funded child welfare and substance abuse treatment systems.* The CAM-FTDC performance measures are data currently collected by programs as part of their normal operations (e.g., placement status in child welfare services, substance abuse treatment entry dates). Thus, no primary data collection from clients will be required as the grantees will be abstracting existing data. The information utilized for the North Carolina Family Assessment Scale rating is obtained during the intake interview that sites engage in when determining program eligibility and suitability. If needed, the CAM FTDC staff member may supplement this information by obtaining information from other staff that interact with the client (i.e., the social worker familiar with the family) or during a home visit (if this is part of their program activities).

It should be re-emphasized that the CAM-FTDC projects are expansions or enhancements of FTDC partnerships that currently have existing relationships (and information sharing/

confidentiality agreements) in place. It is through this existing information sharing forum that the CAM grantees will be able to obtain the requisite child welfare and substance abuse treatment performance measures.

The grantees will use electronic abstraction and secondary data collection for elements that are already being collected by counties and States in their reporting requirements of Federally-mandated data. There are five data sources that will be used to collect and report the performance measures: Two Federal child welfare data sets, a Federal substance abuse treatment data

set, the North Carolina Family Assessment Scale, and an interagency collaboration survey administered to CAM FTDC program staff.

Exhibit 1 presents the estimated total cost burden associated with the collection of the CAM-FTDC data elements. The following estimates represent the minimum CAM-FTDC clients required to be served by the CAM-FTDC grantees (i.e., a minimum of 20 methamphetamine-using clients is required in order to have a sufficient number of participants in the program $\times$ 12 grantees). The identified respondent for the annualized hour burden for the

child, parent/caregiver and family functioning elements is the grantee staff person who will extract data from CAM-FTDC client. For the interagency collaboration measure, the respondent is identified as a CAM-FTDC staff member. It is estimated that 10 CAM-FTDC staff members from each of the 12 grantees will complete the interagency collaboration measure. The estimated total cost of the time that will be spent completing data collection is \$18,400 (total number of respondent hours $\times$ \$18.40, the estimated average hourly wages for adults as published by the Bureau of Labor Statistics, 2010).

EXHIBIT 1—ANNUALIZED HOUR BURDEN

Form/instrument	Number of records	Responses per record	Total responses	Hours per response ¹	Total hour burden
CAM Form-Secondary extraction (12 sites $\times$ 20 families)	240	2	480	.5	240
North Carolina Family Assessment Form—Scale-General + Reunification (NCFAS-G+R) (12 sites $\times$ 20 families)	240	2	480	.5	240
Collaborative Capacity Instrument—(CCI) (12 sites $\times$ 10 families)	120	1	120	.33	39.6
Total	600		1,080		519.6

¹ The estimated response burden includes the extractions and uploads to the CAM Form and the North Carolina Family Assessment Form.

Written comments and recommendations concerning the proposed information collection should be sent by September 16, 2011 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 e-mail to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via e-mail, 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.

Cathy J. Friedman,
SAMHSA, Public Health Analyst.

[FR Doc. 2011-20857 Filed 8-16-11; 8:45 am]

BILLING CODE 4162-20-P

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: Triennial Evaluation of the Projects for Assistance in Transition From Homelessness (PATH)—NEW

The Center for Mental Health Services awards grants each fiscal year to each of the States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands from allotments authorized under the PATH program established by Public Law 101-645, 42 U.S.C. 290cc-21 *et seq.*, the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (section 521 *et seq.* of the Public Health Service (PHS) Act). Section 522 of the PHS Act requires that the grantee States and Territories must expend their payments

under the Act solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans' organizations and other community organizations) for the purpose of providing services specified in the Act. Available funding is allotted in accordance with the formula provision of section 524 of the PHS Act.

This submission is for a collection of contextual, process, and outcome information to evaluate the national PATH program. Section 528 of the PHS Act specifies that the Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part. The evaluation shall include recommendations regarding changes in program design or operations.

The proposed data collection includes:

- Interviews with 10 State Path Contacts (SPCs) and an online survey with all 56 SPCs to gather more information on how States plan, solicit, and monitor local providers using PATH funding; the challenges faced in their operating environment, in working with the populations they serve, and the environment in which they work; remaining gaps and needs as well as possible solutions and