

**ESTIMATES OF ANNUALIZED HOUR BURDEN—CMHS CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS—
Continued**

Type of response	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Hourly wage cost	Total hour cost
Infrastructure development, prevention, and mental health promotion quarterly record abstraction	942	4	3,768	4	15,072	35 ⁵	527,520
Total	16,623				29,298		740,910

¹ Based on minimum wage.

² Based on an estimate that it will be possible to conduct discharge interviews on 40 percent of those who leave the program.

³ Chart abstraction will be conducted on 100 percent of those discharged.

⁴ This is the maximum additional burden if all consumers complete the baseline and periodic reassessment interviews.

⁵ To be completed by grantee Project Directors, hence the higher hourly wage.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 8–1099, 1 Chokey Cherry Road, Rockville, MD 20857 or e-mail her a copy at summer.king@samhsa.hhs.gov. Written comments should be received within 60 days of this notice.

Dated: June 8, 2011.

Elaine Parry,

Director, Office of Management, Technology and Operations.

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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) 276–1243.

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 Substance Abuse Prevention—(OMB No. 0930–0230)—Revision

This revised instrument will allow SAMHSA to collect information on a new strategic initiative—*Military Families*. The new items will be added to the Center for Substance Abuse Prevention's (CSAP) National Outcome Measures for Substance Abuse Prevention (NOMs). Data are collected from SAMHSA/CSAP grants and contracts where community and participant outcomes are assessed. The analysis of these data helps determine whether progress is being made in achieving SAMHSA/CSAP's mission. The primary purpose of this system is to promote the use among SAMHSA/CSAP grantees and contractors of common National Outcome Measures recommended by SAMHSA/CSAP with significant input from panels of experts and state representatives.

With the addition of new questions regarding military families, there is a proposed new data collection instrument up for comment. Approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Act of 1993 (GPRA) reporting requirements that quantify the effects and accomplishments of its discretionary grant programs which are consistent with OMB guidance, and address goals and objectives outlined in the Office of National Drug Control Policy's Performance Measures of Effectiveness.

CSAP has increased the number of questions in the instrument to satisfy

reporting needs. The following paragraphs present a description of the changes made to the information collection. These questions will be contained in new sections in the Services tool.

Military Family and Deployment—CSAP proposes to add the following 6 new items in the adult tool and 3 new items in the youth tool in a new section entitled “Military Family and Deployment.”

Adult

1. Have you ever served in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? No, (Skip to #2)
 - 1a. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?
 - 1c. Have you ever been deployed to a combat zone?
2. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from the Armed Forces, Reserves, or the National Guard? No, (Skip to next section)
3. What is the relationship of that person (Service Member) to you?
 - 3b. Has the Service Member experienced any of the following (check all that apply):
 - Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)
 - Was physically Injured during Combat Operations
 - Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts
 - Died or was killed

Youth

1. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? No, (Skip to next section)
2. What is the relationship of that person (Service Member) to you?

- 2b. Has the Service Member experienced any of the following (check all that apply):
- Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)
 - Was physically injured during combat operations
 - Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts
 - Died or was killed
 - *Veteran Family Status and Areas of Deployment*—SAMHSA is interested in

collecting data on active duty and veteran military members. Collection of these data will allow CSAP to identify the number of veterans served, deployment status and location, and family veteran status in conjunction with the types of services they may receive. Identifying a participant's veteran status and deployment area allows CSAP and the grantees to monitor these participants and explore whether special services or programs are

needed to treat them for substance abuse and other related issues. Identification of veteran status and other military family issues will also allow coordination between SAMHSA and other Federal agencies in order to provide a full range of services to veterans. CSAP will also be able to monitor their outcomes and activities per the NOMS. The total annual burden estimate is shown below:

SAMHSA/CSAP program	Number of grantees	Number of respondents	Responses per respondent	Hours/ response	Total hours
FY 11					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.4	5,760
Capacity:					
HIV/Targeted Capacity	122	31,964	3	0.83	79,590
SPF SIG	51	765	0	0.83	635
SPF SIG/Community Level *		19,125	3	0.4	22,950
SPF SIG/Program Level *		5	0		
PFS		75	1	0.83	62
PFS/Community Level *		1,875	3	0.4	2,250
PFS/Program Level *		N/A	N/A	N/A	N/A
PPC					
FY 12					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.4	5,760
Capacity:					
HIV/Targeted Capacity	122	31,964	3	0.83	79,590
SPF SIG	51	765	0	0.83	635
SPF SIG/Community Level *		19,125	3	0.4	22,950
SPF SIG/Program Level *		10	0		
PFS		150	1	0.83	125
PFS/Community Level *		3,750	3	0.4	4,500
PFS/Program Level *		50	1	0.83	20,750
PPC					
FY 13					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.4	5,760
Capacity:					
HIV/Targeted Capacity	122	31,964	3	0.83	79,590
SPF SIG	35	525	0	0.83	436
SPF SIG/Community Level *		13,125	3	0.4	15,750
SPF SIG/Program Level *		15	0		
PFS		225	1	0.83	187
PFS/Community Level *		5,625	3	0.4	6,750
PFS/Program Level *		50	1	0.83	20,750
PPC					
Annual Average		11,271			18,739

* The Strategic Prevention Framework State Incentive Grant (SPF SIG) and Partnerships for Success (PFS) have a three level evaluation: The Grantee, Community and Program Level. The Grantee level data will be pre-populated by SAMHSA. The use of the Community Level instrument is optional as they relate to targeted interventions implemented during the reporting period. At the program level, items will be selected in line with direct services implemented.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 8–1099, 1 Choke Cherry Road, Rockville, MD 20857 or e-mail her a copy at summer.king@samhsa.hhs.gov. Written comments should be received within 60 days of this notice.

Dated: June 8, 2011.

Elaine Parry,
Director, Office of Management, Technology
and Operations.

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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) 276–1243.

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: Services Accountability Improvement System— (OMB No. 0930–0208)—Revision

This revised instrument will allow SAMHSA to collect information on two new strategic initiatives—*Trauma and Violence and Military Families*. The new items will be added to the Services Accountability Improvement System (SAIS), which is a real-time, performance management system that

captures information on the substance abuse treatment and mental health services delivered in the United States. A wide range of client and program information is captured through SAIS for approximately 600 grantees. Substance abuse treatment facilities submit their data on a monthly and even a weekly basis to ensure that SAIS is an accurate, up-to-date reflection on the scope of services delivered and characteristics of the treatment population. Over 30 reports on grantee performance are readily available on the SAIS Web site. The reports inform staff on the grantees' ability to serve their target populations and meet their client and budget targets. SAIS data allow grantees information that can guide modifications to their service array.

With the addition of new questions regarding military families, experiences with trauma, and experiences with violence GFA, there is a proposed new data collection instrument up for comment. Approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Act of 1993 (GPRA) reporting requirements that quantify the effects and accomplishments of its discretionary grant programs which are consistent with OMB guidance.

CSAT has increased the number of questions in the instrument to satisfy reporting needs. The following paragraphs present a description of the changes made to the information collection. These questions will be contained in new sections in the GPRA tool.

Section H. Violence and Trauma—CSAT proposes to add the following 6 items in a new section entitled “Violence and Trauma”.

1. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)? No, (skip to next section)

2. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present that you:

2a. Have had nightmares about it or thought about it when you did not want to?

2b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

2c. Were constantly on guard, watchful, or easily startled?

2d. Felt numb and detached from others, activities, or your surroundings?

3. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

• **Experiences with Violence and Trauma—**One of SAMHSA's 10 Strategic Initiatives is trauma and violence. In order to capture this information, CSAT is adding six new questions to be asked of respondents. This information will help in SAMHSA's overall goal of reducing the behavioral health impacts of violence and trauma by encouraging substance abuse treatment programs to focus on trauma-informed services.

Section L. Military Family and Deployment—CSAT proposes to add the following 6 new items in a new section entitled “Military Family and Deployment”.

1. Have you ever served in the Armed Forces, in the Reserves, or the National Guard [select all that apply]? No, (Skip to #2)

1b. Are you currently on active duty in the Armed Forces, in the Reserves, or the National Guard [select all that apply]?

1c. Have you ever been deployed to a combat zone?

2. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? No, (Skip to next section)

3. What is the relationship of that person (Service Member) to you?

3b. Has the Service Member experienced any of the following (check all that apply):

- ☐ Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)
- ☐ Was physically injured during combat Operations
- ☐ Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts
- ☐ Died or was killed

• **Veteran Family Status and Areas of Deployment—**SAMHSA is also interested in collecting data on active duty and veteran military members. Collection of these data will allow CSAT to identify the number of veterans served, deployment status and location, and family veteran status in conjunction with the types of services they may receive. Identifying a client's veteran status and deployment area allows CSAT and the grantees to monitor these clients and explore whether special services or programs are needed to treat them for substance abuse and other related issues. Identification of veteran status and other military family issues will also allow coordination between SAMHSA and other Federal agencies in order to provide a full range of services to veterans. CSAT will also be able to monitor their outcomes and activities per the NOMS. The total annual burden estimate is shown below: