

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: Cross-Site Evaluation for the Benefit of Homeless Individuals (GBHI)—NEW

SAMHSA's Center for Substance Abuse Treatment (CSAT) is conducting a cross-site external evaluation of the impact of the Grants for the Benefit of Homeless Individuals (GBHI) program. GBHI is a Targeted Capacity Expansion grant program that links substance abuse and mental health treatment with

housing and other needed services and expands and strengthens these services for people with substance use and co-occurring mental health problems who are homeless. The national cross-site evaluation will assess the effectiveness, efficiency and sustainability of the GBHI project services for client abstinence, housing stability, homelessness, and related employment, criminal justice and services outcomes, as well as lessons learned to inform future efforts.

The CSAT GBHI Client Interview—Baseline and the CSAT GBHI Client Interview—6-Month Follow-up have been developed to assess program impact on client outcomes based on review of the literature and consultation with a panel of national experts, GBHI grantees and SAMHSA. The CSAT GBHI Client Interview is composed of questions unique from the Government Performance and Results Act (GPRA) Tool that measure the outcomes of interest and subpopulations of focus: homelessness, housing, treatment history, readiness to change, trauma symptoms, housing and treatment choice, burden and satisfaction, military service, employment, and criminal justice involvement. Immediately following the SAMHSA-required administration of the GPRA CSAT Discretionary Services Client Level Tool, which is completed by enrolled accepted clients for each grantee project at baseline and 6-month follow-up, the paper and pencil CSAT GBHI Client Interview will be administered face-to-

face by the GPRA interviewer.

Questions regarding perception of care and treatment coercion will be self-administered by participating clients and returned to the interviewer in a sealed envelope to be included in the full package mailed to the cross-site evaluation coordinating center by the interviewer. Client participation is voluntary; non-cash incentives will be given at baseline worth a \$10 value and at 6-month follow-up worth a \$25 value. Clients will be assigned unique identifiers by local projects; responses will be recorded on a fill-in-the-bubble answer sheet, mailed by the grantee project to the cross-site evaluation coordinating center, and scanned into a secure dataset. This process will eliminate the need for data entry, reduce cost and data entry error, and ensure confidentiality for cross-site data.

The CSAT GBHI Stakeholder Survey will be conducted with GBHI program stakeholders via a web survey to assess the types of stakeholder partnerships involved in the GBHI program and the barriers and strategies developed to overcome barriers to facilitate the implementation and sustainability of project activities under the GBHI program. Each survey respondent will be issued a username and password to login to and complete the secure web-based survey. The web-based survey format will reduce burden on the respondent and minimize potential for measurement error.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Instrument/activity	Number of respondents	Number of responses per respondent	Total number of responses	Average burden per response	Total burden hours per collection
CSAT GBHI Client Interview:					
Baseline Data Collection	5,885	1	5,885	.33	1,942
6-month Follow-up Data Collection (80% of baseline)	4,708	1	4,708	.40	1,883
CSAT GBHI Stakeholder Survey	648	1	648	.28	181
Total	11,241	.....	11,241	.....	4,006

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

Dated: July 27, 2010.

Elaine Parry,

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 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: Program Evaluation for Assertive Adolescent & Family Treatment (AAFT) Program—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) has implemented the Assertive Adolescent and Family Treatment (AAFT) program to promote the adoption of evidence-based practices by community providers in the area of adolescent substance use treatment. The AAFT program provides evidence-based substance use services to adolescents and their families, as well as to transition-age youth (TAY), caregivers, and their families/mentors. This program is based on evidence that families/caregivers are an integral part of the treatment process and their inclusion in services increases the likelihood of successful treatment and reintegration of adolescents/TAYs into their communities following treatment. AAFT requires grantees to implement the Adolescent Community Reinforcement Approach (A-CRA) coupled with Assertive Continuing Care (ACC) to provide treatment that is context-specific, family-centered, and community-based. Grantees are also required to use the Global Appraisal of Individual Needs (GAIN) as the common assessment instrument across programs to improve intake assessment, clinical interpretation, monitoring, and data management. The GAIN is used for

diagnosis and to assist in placement, treatment planning, local evaluation, and continuous quality improvement for programs. In supporting AAFT and to ensure that each implementation activity required by AAFT is implemented well and with fidelity, CSAT has provided, through Chestnut Health Systems, a package of implementation supports, including manual-assisted training in and certification for clinical staff on A-CRA and ACC, training/certification in GAIN, monitoring/coaching/mentoring/support for clinicians and supervisors, implementation calls and monthly progress reports, and topical workgroups that share ideas and resources among grantees. The overarching objective of the multi-site, Assertive Adolescent and Family Treatment (AAFT) process and outcome evaluation is to assess and document the process of implementation in the 2009 cohort of AAFT grantees and to explore the role that implementation supports play in how well these programs evolve.

CSAT is requesting approval from the Office of Management and Budget (OMB) to implement three versions of a data collection document, the AAFT Implementation Survey, to gather longitudinal data (end of each of 3 project years) from a range of grantee personnel to evaluate the implementation, expansion, and sustainability of adolescent substance use services developed under the AAFT program.

The current proposal requests implementing the AAFT Implementation Surveys to collect information in the following areas:

a. Attitudes toward evidence-based practices generally, and AAFT model components in particular (e.g., attitudes toward using a treatment manual, achieving certification);

b. Grantee involvement with the implementation supports provided by Chestnut Health Systems and their reactions to those implementation supports;

c. Perceived changes in clinical practice/behavior indicating movement toward full A-CRA/ACC implementation;

d. Perceived barriers encountered in implementation and compensatory strategies;

e. Report on project progress, including activities related to the AAFT program, changes to program plans, project accomplishments, and efforts to plan for sustainability of the program.

This information would be collected annually, at the end of each project year. The surveys three versions are tailored to address the respondents' roles in the grant (Principal Investigator/Program Director, Clinical Supervisor/Clinician, and Evaluator/Data Manager). Staffing patterns at each grantee site vary greatly; therefore, the estimate includes the total number of respondents for each category based on initial grantee proposals. The goal is to conduct surveys with approximately 21 administrators, 56 clinical staff, and 28 evaluators/data managers. The total number of respondents—105 individuals—represent project staff at three distinct levels across 14 grantee sites.

The burden estimate for completing the Annual Program Survey is as follows:

ANNUAL REPORTING BURDEN—SUMMARY TABLE

Data collection activity	Number of respondents ¹	Responses per respondent ²	Total responses	Average hours per response	Total hour burden	Wage rate (hourly)	Total hour cost (\$)
CY 2010–12 Annual Reporting Burden							
AAFT Implementation Survey—Principal Investigator/Program Director	21	1	21	0.75	15.75	50	787.50
AAFT Implementation Survey—Clinical Supervisor/Clinician	56	1	56	0.75	42	26	1092.00
AAFT Implementation Survey—Evaluator/Data Manager	28	1	28	0.75	21	15	315.00
Annual Total	105	.....	105	.....	78.75	.....	2,194.50

¹ Represents project staff at three distinct levels—administrators, clinical staff, evaluators—across 14 grantee sites. Number of respondents is an average of respondents per role based on staffing patterns described in grantee proposals.

² The AAFT Implementation Survey will be completed once by respondents at all 14 sites at the end of each project year.

Send comments to Summer King, SAMHSA Reports Clearance Officer, OAS, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. Written comments should be received by October 1, 2010.

Dated: July 27, 2010.

Elaine Parry,

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: 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: Assessment of the Town Hall Meetings on Underage Drinking Prevention—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), is proposing a revision to the information collection regarding the Assessment of the Town Hall Meetings (THMs) on Underage Drinking (UAD) Prevention. The current data collection has approval under OMB #0930-0288, which expires on January 31, 2011. Revisions were made to the Town Hall Meeting Feedback Form, now being referred to as the Organizers Survey; the data collection method; and the number of respondents. Additionally, CSAP is adding a new data collection component titled the Participants Survey, which is the data collection instrument for the participants (or attendees) of the THM events.

Changes

Under the current approval, SAMHSA/CSAP distributes a brief Town Hall Meeting Feedback Form to all CBOs participating in THM events. This paper-and-pencil based form includes 14 items about the THM event, among which—

- Where, when, and who conducted the meeting;
- Number of attendees;

- Format of the meeting;
 - Participants in the presentations;
 - Actions planned;
 - Media coverage;
 - Composition of the audience;
 - Responses of the attendees;
 - Materials provided;
 - Indications of increased awareness;
- and
- Indications of increased involvement.

Under this revision, SAMHSA/CSAP will provide organizers of THM events with password-protected login information to access the Organizers Survey via the Internet. The Organizers Survey includes 36 items about the THM event. Listed below is a summary of the revisions that were made—

Reworded Topics/Questions

- Date of THM event.
- Location of THM event.
- Organization(s) coordinating the THM event.
- Format/Features of the THM event.
- Promotion of the THM event.
- Participants in the THM event presentations.
- Major actions planned as a result of the THM event.
- Overall satisfaction with the THM event.
- Sharing of any other important features of reactions to the THM event.
- Number/Composition of THM attendees.

Deleted Topics/Questions

- Description of meeting.
- Organization affiliation.
- Overall response of THM event attendees.
- Use of materials from the THM resource kit.
- Indications of increased awareness.
- Indications of increased involvement.

New Topics/Questions

- Indication of whether a THM event was not held and reason why the event was not held.
- Venue in which THM event was held.
- Characterization of the THM event location.
- Duration of the THM event (in hours and minutes).
- Youth involvement in the THM event.
- Topic of THM event, if other than underage drinking.
- Demographics of the participants (age, race, gender).
- Language of the THM event.
- Use of materials from the <http://www.stopalcoholabuse.gov> Web site.
- Participation in THM-related webinars.
- Viewing of online training and requests for technical assistance (TA).
- Satisfaction with training and/or TA received.
- Improved capacity to provide effective UAD services due to training and/or TA received.
- Implementation of training and/or TA recommendations.

- Indication of whether data were collected about the THM event and willingness to share those data with CSAP.

New Data Collection Component

SAMHSA/CSAP will provide organizers of THM events with a unique URL to make available to participants of their THM event. This unique URL provides access to the Participants Survey.

The Participants Survey includes 17 items about the THM event, among which—

- When and where the THM event was held;
- Estimation of the number of attendees at the THM event;
- Perception of increased awareness;
- Indication of reach of the underage drinking prevention messages from the THM event;
- Perception of increased involvement;
- Indication of the most important underage drinking issues facing the community;
- Perception of how well the THM event addressed those issues;
- Appropriateness of the THM event in terms of length and duration;
- Overall assessment of the THM event; and
- Demographics of the participants.

The Organizers Survey will be completed by an estimated 3,400 THM event organizers and will require only one response per respondent. It will take an average of 30 minutes (0.500 hours) to review the instructions and complete the survey. This burden estimate is based on comments from several potential respondents who reviewed the survey and provided comments on how long it would take them to complete it.

The Participants Survey will be completed by an estimated nine participants per THM event and will require only one response per respondent. The estimated number of participant respondents is based on 21 percent of the average of the sum of adult (66,519) and youth (53,554) participants, as reported on the 2008 THM events feedback forms (1,492 forms reported adults as participants and 1,316 forms reported youth as participants) $[(120,073/2,808 = 42.76) \times 0.21 = 8.9798]$. It will take an average of 10 minutes (0.167 hours) to review the instructions and complete the survey. This burden estimate is based on comments from several potential respondents who reviewed the survey and provided comments on how long it would take them to complete it.