

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: Youth Programs Evaluation—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Treatment (CSAT) is conducting a cross-site external evaluation of three grantee programs that are critical to its youth treatment grants portfolio. The three programs include the 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (SYT-ED), the 2015 and 2016 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation (SYT-I), and the 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning (SYT-P).

Preventing and treating substance use and/or mental health disorders are essential to SAMHSA's mission to reduce the impact of behavioral health conditions in America's communities. The specific populations (*i.e.*, adolescents, youth) targeted by the youth programs face a particular set of behavioral health risks and each of the grant programs helps provide targeted services and evidence-based practices. To evaluate the impact and success of SYT program implementation the evaluation includes the following data collection tools:

- *Implementation Interview Guide*
- *Sustainability Interview Guide*
- *Stakeholder Interview Guide*
- *Provider Survey*
- *Focus Group guides*

These data collection tools will provide essential information on each grantee program beyond the performance monitoring data already collected by SAMHSA.

The *Implementation, Sustainability, and Stakeholder Interview Guides* are semi-structured interviews. They are designed to collect data on information related to program implementation facilitators and barriers, infrastructure development, factors related to sustainability, and performance that will inform ongoing recommendations to improve program performance and administration. These interview guides were informed by interview guides used successfully in other evaluations including the SAMHSA Access to Recovery Evaluation, ASPE Medicaid Expansion Evaluation, and the SAMHSA Homeless Programs Evaluations. Each interview is estimated to take approximately one hour. SYT grantees and providers will participate in an interview annually while their program is active. SYT program stakeholders will participate once during the course of their respective grant program. Stakeholders include other organizations or agencies that serve or have a stake hold in helping this population, such as other state/territory/tribe organizations (*e.g.*, child welfare organizations, justice agencies), other community-based providers, or community advocacy groups. Grantee programs will be asked to complete the implementation interview annually until the last year of the grant program when they will be asked to complete the sustainability interview. Respondents will include representatives from grantee, provider and stakeholder organizations involved in the SYT programs.

The *Provider Survey* aims to collect data to help identify program activities and services that are being implemented as part of the SYT grant programs and the impact these activities/services may

have on client outcomes and treatment systems. Substance abuse service provider organizations (*e.g.*, treatment facilities implementing evidence-based treatment practices) participating in SYT-ED or SYT-I grants will be asked to participate in the survey.

The provider survey will collect data on linkages with the grantee and within the youth substance use treatment system for providing services and a safety net to adolescents, transition age youth, and their families. Topics around grantee dissemination and outreach efforts as well as evidence-based practices, program costs and other training activities will also be explored. The Provider survey is estimated to take approximately 1 hour and SYT-ED provider respondents will complete the survey 2 times, once per year, during the cross-site evaluation while SYT-I provider respondents will complete the survey 3 times, once per year.

The *Focus Group guides* aim to collect the clinicians' and other direct care staff members' perspectives in implementing SYT services and the facilitators, barriers and challenges providers encountered. These data will provide valuable contextual data through which to better understand the *Provider Survey* data. Clinicians/staff members are uniquely qualified to answer implementation questions on a client, staff and community level. The *Focus Groups* will allow clinicians/staff members to provide important information around the impact of evidence-based practices in the provider organization and within the community they serve. Clinicians/staff members also will be asked about expectations around evidence-based practices, the effectiveness of implementing evidence-based practices, and the level of engagement from their organization's leadership and the provider community as a whole.

Each provider in the SYT-ED and SYT-I grantee programs will complete the *Focus Group* once and the estimated time per group is 1.5 hours. For each provider, an average of 6 respondents are expected to join the *Focus Group*.

ESTIMATED ANNUALIZED TOTAL CROSS-PROGRAM DATA COLLECTION BURDEN

Grantee cohort	Number of respondents	Responses per respondent	Total number of responses	Hours per response ^a	Total burden hours
SYT-ED grantees	286	1	286	1	286
SYT-I grantees	377	1	377	1	377
SYT-P grantees	104	1	104	1	104
Total	767	767	767

^aHours per response is an average annualized estimate.

ESTIMATED ANNUALIZED TOTAL BURDEN BY DATA COLLECTION INSTRUMENT/ACTIVITY

Instrument/activity	Number of respondents	Responses per respondent	Total number of responses	Hours per response ^a	Total burden hours
Sustainability Interviews	98	1	98	1	98
Implementation Interviews	124	1	124	1	124
Stakeholder Interviews	183	1	183	1	183
Provider Survey	74	1	74	1	74
Focus groups	288	1	288	1	288
Total	767	767	767

^aHours per response is an average annualized estimate.

Written comments and recommendations concerning the proposed information collection should be sent by July 21, 2016 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 email to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via email, 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.

Summer King,
Statistician.

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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: Registration for Behavioral Health Web Site and Resources (OMB No. 0930-0313)—Extension

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting OMB approval for an extension to the Behavioral Health Web site and Resources data collection. SAMHSA is authorized under section 501(d)(16) of the Public Health Service Act (42 U.S.C. 290aa(d)(16)) to develop and distribute materials for the prevention, treatment, and recovery from substance abuse and mental health disorders. To improve customer service and lessen the burden on the public to locate and obtain these materials, SAMHSA has developed a Web site that includes more than 1,400 free publications from SAMHSA and its component Agencies: the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Center for Mental Health Services, the Center for Behavioral Health Statistics and Quality, and other SAMHSA partners, such as the Office of National Drug Control Policy. These products are available to the public for ordering and download. When a member of the public chooses to order hard-copy publications, it is necessary for SAMHSA to collect certain customer information in order to fulfill the request. To further lessen the burden on the public and provide the level of

customer service that the public has come to expect from product Web sites, SAMHSA has developed a voluntary registration process for its publication Web site that allows customers to create accounts. Through these accounts, SAMHSA customers are able to access their order histories and save their shipping addresses. This reduces the burden on customers of having to re-identify materials they ordered in the past and to re-enter their shipping information each time they place an order with SAMHSA. During the Web site registration process, SAMHSA also asks customers to provide optional demographic information that helps SAMHSA evaluate the use and distribution of its publications and improve services to the public.

SAMHSA is employing a web-based form for information collection to avoid duplication and unnecessary burden on customers who register both for an account on the product Web site and for email updates. The web technology allows SAMHSA to integrate the email update subscription process into the Web site account registration process. Customers who register for an account on the product Web site are given the option of being enrolled automatically to receive SAMHSA email updates. Any optional questions answered by the customer during the Web site registration process automatically are mapped to the profile generated for the email update system, thereby reducing the collection of duplicate information.

SAMHSA collects all customer information submitted for Web site registration and email update subscriptions electronically via a series of web forms on the samhsa.gov domain. Customers can submit the web forms at their leisure, or call SAMHSA's toll-free Call Center and an information specialist will submit the forms on their behalf. The electronic collection of information reduces the burden on the respondent and streamlines the data-capturing process. SAMHSA places Web site registration information into a