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: National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program: Phase VI—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center of Mental Health Services is responsible for the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (Children's Mental Health Initiative—CMHI) that will collect data on child mental health outcomes, family life, and service system development and performance. Data will be collected on 26 service systems, and approximately 5,541 children and families.

Data collection for this evaluation will be conducted over a five-year period. Child and family outcomes of interest will be collected at intake and during subsequent follow-up sessions at sixmonth intervals. The length of time that individual families will participate in

the study ranges from 12 to 24 months depending upon when they enter the evaluation. The outcome measures include the following: Child symptomatology and functioning, family functioning, satisfaction, and caregiver strain. The core of service system data will be collected every 18-24 months throughout the 5-year evaluation period, with a sustainability survey conducted in years 3 and 5. Service utilization and cost data will be tracked and submitted to the national evaluation every six months using two tools: The Flex Fund Tool and the Services and Costs Data Tool to estimate average cost of treatment per child, distribution of costs, and allocation of costs across service categories. Service delivery and system variables of interest include the following: Maturity of system of care development in funded system of care communities, adherence to the system of care program model, and client service experience. We will also conduct a comprehensive evaluation of the CMHI's data driven technical assistance; this component of the evaluation will employ a mixedmethods approach, combining qualitative and quantitative data to provide a comprehensive assessment of the continuous quality improvement (COI) process in funded system of care communities. Specifically, data will be gathered through three complementary activities: A baseline survey of key constituents in all funded communities; a subsequent monitoring survey administered every two years to the same constituents; and biennial case studies of four selected communities.

In addition, the evaluation will include three special studies: (1) The

sector specific assessment and quasiexperimental comparison study will examine in more detail the outcomes and service experience of children from multiple child-serving sectors and, through child-level matching, compare these outcomes with those not receiving system of care services; (2) The Alumni Network Study will examine the effectiveness of the system of care Alumni Network web site by evaluating end-user satisfaction and usability of the web site and will also assess the collaboration between communities via a Web-based Networking and Collaboration Survey that will measure the nature and extent of the interaction between communities; (3) The Study of State Strategies for Sustainability will examine the state's role in sustaining communities after federal funding ceases and describe effective strategies for sustaining funded systems of care. A short version of the sustainability survey developed for this evaluation will be used to gather this information.

Internet-based technology such as Web-based surveys and data entry and management tools will be used in this evaluation. The measures of the national evaluation address the national outcome measures for mental health programs as currently established by SAMHSA.

The average annual respondent burden is estimated below. The estimate reflects the average number of respondents in each respondent category, the average number of responses per respondent per year, the average length of time it will take to complete each response, and the total average annual burden for each category of respondent, and for all categories of respondents combined.

PHASE VI ESTIMATE OF RESPONDENT BURDEN

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	5-Year aver- age annual burden hours		
System of Care Assessment								
Interview Guide A. Core Agency Representative. Interview Guide B. Project Director. Interview Guide C. Family Representative/Rep- resentative of Family/Ad- vocacy Organizations. Interview Guide D. Program Evaluator. Interview Guide E. Intake Worker. Interview Guide F. Care Co- ordinator.	Key site informants	1828	3	1.00	2,484	497		

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	5-Year aver- age annual burden hours
Interview Guide G. Direct Service Delivery Staff. Interview Guide H. Care Review Participant. Interview Guide I. Caregiver of Child or Youth Served by the Program. Interview Guide L. Direct Service Staff from Other Public Child-Serving Agencies. Interview Guide M. Care Record/Chart Review. Interview Guide N. Other Staff. Interview Guide O. Debriefing Document. Interview Guide P. Youth Respondent. Interview Guide Q. Youth Coordinator. Interview Guide R. Cultural and Linguistic Competence Coordinator. Interview Guide S. Social Marketing Communica-						
tions Manager.						
	Child	d and Family Ou	tcome Study			
Caregiver Information Questionnaire, Revised: Caregiver—Intake (CIQ-RC-I). Caregiver Information Questionnaire, Revised: Staff as Caregiver—Intake	Caregiver Staff as Caregiver.	² 7,550	1	0.37	2,768	554
(CIQ-RS-I). Caregiver Information Questionnaire, Revised: Caregiver—Follow-Up (CIQ-RC-F). Caregiver Information Questionnaire, Revised: Staff as Caregiver—Follow-Up	CaregiverStaff as Caregiver.	7,550	34	0.28	8,557	1,711
(CIQ-RS-F). Caregiver Strain Question-	Caregiver	7,550	5	0.17	6,304	1,261
naire (CGSQ). Child Behavior Checklist 1½-5 (CBCL 1½-5). Child Behavior Checklist 6- 18 (CBCL 6-18).	Caregiver	7,550	5	0.33	12,571	2,514
Education Questionnaire, Revision 2 (EQ–R2).	Caregiver	7,550	5	0.33	12,571	2,514
Living Situations Question- naire (LSQ).	Caregiver	7,550	5	0.08	3,133	627
Behavioral and Emotional Rating Scale—Second Edition, Parent Rating Scale (BERS-2C).	Caregiver	⁴ 6,675	5	0.17	5,574	1,115
Columbia Impairment Scale (CIS).	Caregiver	57,282	5	0.08	3,022	604
Parenting Stress Index (PSI).	Caregiver	⁶ 2,862	5	0.08	1,193	239
Devereux Early Childhood Assessment for Infants (DECA 1–18M).	Caregiver	⁷ 2,176	5	0.08	907	181

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	5-Year aver- age annual burden hours
Devereux Early Childhood						
Assessment for Toddlers (DECA 18–36M). Devereux Early Childhood						
Assessment (DECA 2– 5Y).						
Preschool Behavioral and Emotional Rating (PreBERS).	Caregiver	2,176	5	0.10	1,088	218
Delinquency Survey, Revised (DS–R).	Youth	8 4,896	5	0.13	3,264	653
Behavioral and Emotional Rating Scale—Second Edition, Youth Rating	Youth	4,896	5	0.17	4,088	818
Scale (BERS–2Y). Gain Quick—R: Substance	Youth	4,896	5	0.08	2,032	406
Problem Scale (GAIN). Substance Use Survey, Re-	Youth	4,896	5	0.10	2,448	490
vised (SUS-R). Revised Children's Manifest	Youth	4,896	5	0.05	1,224	245
Anxiety Scales (RCMAS). Reynolds Adolescent Depression Scale—Second	Youth	4,896	5	0.05	1,224	245
Edition (RADS-2). Youth Information Questionnaire, Revised—Intake	Youth	4,896	1	0.25	1,224	245
(YIQ-R-I). Youth Information Question- naire, Revised—Follow- Up (YIQ-R-F).	Youth	4,896	4	0.25	4,896	979
	<u> </u> 	Service Experien	ce Study			
Multi-Sector Service Con-	Caregiver	7,550	1	0.25	1,888	378
tacts, Revised: Caregiver—Intake (MSSC–RC–I).	Caregiver	7,550	'	0.23	1,000	370
Multi-Sector Service Contacts, Revised: Staff as Caregiver—Intake (MSSC-RS-I).	Staff as Caregiver.					
Multi-Sector Service Con- tacts, Revised: Care- giver—Follow-Up	Caregiver	7,550	4	0.25	7,550	1,510
(MSSC–RC–F). Multi-Sector Service Contacts, Revised: Staff as Caregiver—Follow-Up	Staff as Caregiver.					
(MSSC–RS–F). Cultural Competence and Service Provision Ques- tionnaire, Revised (CCSP–R).	Caregiver	7,550	94	0.13	4,027	805
Youth Services Survey for Families (YSS–F).	Caregiver	7,550	4	0.12	3,533	707
Youth Services Survey (YSS).	Youth	4,896	4	0.08	1,625	325
	Comparison	and Sector Stu	dy: Juvenile Jus	tice		
Court Representative Questionnaire (CRQ).	Court representatives	¹⁰ 212	5	0.50	530	106
Electronic Data Transfer of Juvenile Justice Records.	Key site personnel	212	5	0.03	35	7
	Comparis	son and Sector S	Study: Education	1		
Teacher Questionnaire (TQ)	Teacher	212	5	0.50	530	106

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	5-Year aver- age annual burden hours
School Administrator Ques-	School administrators	212	5	0.50	530	106
tionnaire (SAQ). Electronic Data Transfer of Education Records.	Key site personnel	212	5	0.03	35	7
	Compariso	n and Sector St	udy: Child Welfa	re		
Child Welfare Sector Study Questionnaire—Intake	Care coordinators	212	1	0.50	106	21
(CWSQ-I). Child Welfare Sector Study Questionnaire—Follow-Up	Care coordinators	212	4	0.50	424	85
(CWSQ-F). Electronic Data Transfer of Child Welfare Records.	Key site personnel	212	5	0.03	35	7
		Sustainability	Study			
Sustainability Survey: Brief Form.	Project Director	79	2	0.17	26	5
Sustainability Survey	Providers ¹¹	156 52	2 2	0.75 0.75	234 78	47 16
		CQI Initiative Ev	aluation			
CQI Baseline Survey, Web-	Key site personnel	288	1	0.50	144	29
Based. CQI Monitoring Survey, Web-Based.	Key site personnel	288	2	0.50	288	58
CQI Local Focus Group Guide.	Key site personnel	30	2	1.00	60	12
CQI National Focus Group Guide.	National TA providers	20	2	1.00	40	8
		Alumni Networkii	ng Study			
Networking and Collaboration Survey.	Key site personnel	302	2	0.50	302	60
Alumni Network Web Site Satisfaction Survey.	Key site personnel, National TA providers, Branch staff.	512	2	0.25	256	51
	\$	Services and Cos	sts Study			
Flex Funds Data Dictionary/ Tool.	Local programming staff compiling/entering administrative data on children/youth.	¹² 1,808	133	0.03	179	36
Services and Costs Data Dictionary/Data Entry Ap- plication.	Local evaluator, staff at partner agencies, and programming staff compiling/entering service and cost records on children/youth.	7,550	¹⁴ 100	0.05	37,750	7,550
	Summary of Ar	nualized Burder	n Estimates for 5	Years		
	Number of distinct respondents	Average annual number of responses per respondent	Total annual number of responses	Average 5- year burden per response (hours)	Total annual burden (hours) ¹⁵	
Caregivers Youth Providers/Administrators	550	0.9 0.9 11.4	78,572 38,189 154,678	2.2 1.0 1.0	14,953 4,405 8,798	

[Note: Total burden is annualized over a 5-year period]

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	5-Year aver- age annual burden hours
Total Summary	13,274		271,439		28,156	

¹ An average of 23 stakeholders in up to 26 grant communities will complete the System of Care Assessment interview. These stakeholders will include site administrative staff, providers, agency representatives, family representatives, and youth.

² Number of respondents across 26 grantees (5223), in addition to 318 children/families from the comparison sample. Average based on a 5 percent attrition rate at each data collection point.

³Number of responses per respondent is five over the course of the study (once every 6 months for 24 months, with one baseline/intake response, and 4 follow-up responses).

⁴ Approximate number of caregivers with children over age 5, based on Phase IV data submitted as of 12/08. Also includes 318 children/families from the comparison sample.

⁵ Approximate number of caregivers with children 3 and older, based on Phase IV data submitted as of 12/08. Also includes 318 children/families from the comparison sample.

⁶Approximate number of caregivers with either: (1) Children served at the roughly 7 early childhood-focused communities, for whom the instrument is required; or (2) children aged 0 to 12 at other communities, where the instrument is optional (we estimate that ½ of caregivers will be administered the instrument when it is optional). Estimates are based on Phase IV data submitted as of 12/08.

⁷Approximate number of caregivers with either: (1) Children served at the roughly 7 early childhood-focused communities, for whom the instrument is required; or (2) children aged 0 to 5 at other communities, where the instrument is optional (we estimate that ½ of caregivers will be administered the instrument when it is optional). Estimates are based on Phase IV data submitted as of 12/08.

⁸ Based on Phase IV finding that approximately 63 percent of the children in the evaluation were 11 years old or older. Also includes 318 children/families from the comparison sample.

⁹ With the exception of the MSSC–R, respondents only complete Service Experience Study measures at follow-up points. See Footnote #3 for the explanation about the average number of responses per respondent.

¹⁰ Approximate number of children/families in each sector, for the Sector and Comparison Study. This includes cases within the communities, as well as within the comparison sample.

¹¹ For each community, 1 respondent will be a caregiver and 3 respondents will be administrators/providers.

12 Assumes that each community will use flexible funds expenditures on average for approximately one quarter of the children/youth enrolled.

¹³ Assumes that three expenditures, on average, will be spent on each child/youth receiving flexible fund benefits.

14 Assumes that each child/youth in system of care communities and in the comparison sample will have 100 service episodes, on average.

15 Total Annual Burden (hours) is the product of Number of Distinct Respondents × Average Annual Number of Responses per Respondent × Average 5-Year Burden per Response (hours).

Written comments and recommendations concerning the proposed information collection should be sent by September 10, 2009 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–5806.

Dated: August 5, 2009.

Elaine Parry,

Director, Office of Program Services. [FR Doc. E9–19228 Filed 8–10–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: ACF Uniform Project Description.

OMB No.: 0970–0139.

Description: The Administration for Children and Families (ACF) has more than 50 discretionary grant programs. The proposed information collection form would be a uniform discretionary application form eligible for use by grant applicants to submit project information in response to ACF program announcements. ACF would use this information, along with other OMB-

approved information collections, to evaluate and rank applicants and protect the integrity of the grantee selection process. All ACF discretionary grant programs would be eligible but not required to use this application form. The application consists of general information and instructions; the Standard Form 424 series that requests basic information, budget information and assurances; the Project Description requesting the applicant to describe how these objectives will be achieved; along with assurances and certifications. Guidance for the content of information requested in the Project Description is found in OMB Circular A-102 and 45 CFR Part 74.

Respondents: Applicants for ACF Discretionary Grant Programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
UPD	6,752	1	40	270,080

Estimated Total Annual Burden Hours: 270,080

Additional Information: Copies of the proposed collection may be obtained by

writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn*: ACF Reports Clearance Officer. All requests should be identified by the title of the