

Written comments should be received by January 8, 2016.

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: Quarterly Progress Reporting and Annual Indirect Services Outcome Data Collection for the Minority Substance Abuse/HIV Prevention Program (MAI)—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is requesting approval from the Office of Management and Budget (OMB) for the collection of quarterly progress information and annual community-level outcome data from CSAP's Minority AIDS Initiative (MAI) programs.

This data collection effort supports two of SAMHSA's 6 Strategic Initiatives: Prevention of Substance Abuse and Mental Illness and Health Care and Health Systems Integration. The

grantees funded by the MAI and included in this clearance request are:

- Minority Serving Institutions (MSI) in Partnerships with Community-Based Organizations (CBO): 84 grantees funded up to three years;
- Capacity Building Initiative (CBI): 74 grantees funded up to five years.

MSI CBO grantees are Historically Black Colleges/Universities, Hispanic Serving Institutions, American Pacific Islander Serving Institutions, or Tribal Colleges/Universities in partnership with community based organizations in their surrounding communities. MSI CBO grantees are required to provide integrated substance abuse (SA), Hepatitis C (HCV), and HIV prevention services to young adults. The CBI grantees are community-level domestic, public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes and tribal organizations, and urban Indian organizations. CBI grantees will use grant funds for building a solid infrastructure for integrated SA, HIV, and HCV prevention service provision and implementing evidence-based prevention interventions using SAMHSA's Strategic Prevention Framework (SPF) process. The target population for the CBI grantees will be at-risk minority adolescents and young adults. All MAI grantees are expected to provide leadership and coordination on the planning and implementation of the SPF and to target minority populations, as well as other high risk groups residing in communities of color with high prevalence of SA and HIV/AIDS.

The MAI grantees are expected to provide an effective prevention process, direction, and a common set of goals, expectations, and accountabilities to be adapted and integrated at the community level. Grantees have substantial flexibility in choosing their individual evidence-based programs, but must base this selection on and build it into the five steps of the SPF. These SPF steps consist of assessing local needs, building service capacity specific to SA and HIV prevention services, developing a strategic prevention plan, implementing evidence-based interventions, and evaluating their outcomes. Grantees are also required to provide HIV and HCV testing and counseling services and referrals to appropriate treatment options. Grantees must also conduct ongoing monitoring and evaluation of their projects to assess program effectiveness including Federal reporting of the Government Performance and Results Act (GPRA) of 1993, The GPRA Modernization Act of 2010, SAMHSA/CSAP National

Outcome Measures (NOMs), and the Department of Health and Human Services Core HIV Indicators.

The primary objectives of this data collection effort are to:

- Ensure the correct implementation of the five steps of the SPF process by maintaining a continuous feedback loop between grantees and their POs;
- Promptly respond to grantees' needs for training and technical assistance;
- Assess the fidelity with which the SPF is implemented;
- Collect aggregate data on HIV testing to fulfill SAMHSA's reporting and accountability obligations as defined by the Government Performance and Results Modernization Act (GPRA Modernization Act) and HHS's HIV Core Measures;
- Assess the success of the MAI in reducing risk factors and increasing protective factors associated with the transmission of the Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV) and other sexually-transmitted diseases (STD);
- Measure the effectiveness of evidence-based programs and infrastructure development activities such as: outreach and training, mobilization of key stakeholders, substance abuse and HIV/AIDS counseling and education, testing, referrals to appropriate medical treatment, and other intervention strategies (e.g., cultural enrichment activities, educational and vocational resources, motivational interviewing & brief interventions, social marketing, and computer-based curricula);
- Investigate intervention types and features that produce the best outcomes for specific population groups;
- Assess the extent to which access to health care was enhanced for population groups and individuals vulnerable to behavioral health disparities residing in communities targeted by funded interventions;

These objectives support the four primary goals of the National HIV/AIDS Strategy which are: (1) Reducing new HIV infections, (2) increasing access to care and improving health outcomes for people living with HIV/AIDS, (3) reducing HIV-related disparities and health inequities, and (4) achieving a coordinated national response to the HIV epidemic.

The Quarterly Progress Reporting (QPR) Tool is a modular instrument structured around the SPF. Each section or module corresponds to a SPF step with an additional section dedicated to cultural competence and efforts to address behavioral health disparities, which is an overarching principle of the

framework guiding every step. Grantees provide quarterly reports of their progress through the SPF. Each quarter's report consists of updates to the module(s) corresponding to the SPF steps that the grantee worked on during that quarter. Grantees are required to report on their activities, accomplishments, and barriers associated with cultural competence and reduction of health disparities twice a year, as part of the second- and fourth-quarter progress reports. Data on HIV/HCV testing and hepatitis vaccination are reported only in the aggregate (e.g. numbers tested and percent of tests that were positive). No individual-level information is collected through this instrument.

The Indirect Services Outcomes Data Tool collects annual data on community-level outcome measures. These data typically come from existing sources such as ongoing community surveys and administrative data collected by local agencies and institutions such as law enforcement, school districts, college campuses, hospitals, and health departments. The data are submitted to SAMHSA in the

form of community-level averages, percentages, or rates, and are used to assess the grantees' success in changing community norms, policies, practices, and systems through environmental strategies and information dissemination activities. As with the QPR, no individual-level information is collected through this instrument.

The third data collection instrument for which approval is being sought is intended to collect FY 2015 data on the HIV testing activities of the grantees. It will be used once only, immediately after the system goes online, in order to collect data for two of the seven HHS Core Indicators that SAMHSA/CSAP has agreed to report. Although this statement refers to it as a separate instrument for purposes of clarity in burden estimation, it has the same data fields as the HIV Testing Implementation section of the main Quarterly Progress Report tool and differs only in its reporting timeframe.

Although the main purpose of this data collection effort is to provide a standard and efficient system for SAMHSA's project officers to maintain a feedback loop with the grantees that

they manage and to respond to training and technical assistance needs in a timely fashion, the data will also be incorporated into the national cross-site evaluation. By combining this grantee-level implementation information and community-level outcome data with participant-level pre-post data, SAMHSA will be able to identify interventions and intervention combinations that produce the most favorable outcomes at the individual and community levels, and to investigate the interaction between participant- and grantee-level factors in predicting positive outcomes.

Respondent burden has been limited to the extent possible while allowing SAMHSA project officers to effectively manage, monitor, and provide sufficient guidance to their grantees, and for the cross-site evaluation to reliably assess program outcomes and successful strategies. The following table displays estimates of the annualized burden for data collected through the Quarterly Progress Reporting and Indirect Services outcomes data collection tools.

ESTIMATES OF ANNUALIZED HOUR BURDEN
EXHIBIT 1—TOTAL ESTIMATED ANNUALIZED BURDEN BY INSTRUMENT

| Type of respondent activity | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours | Wage rate | Total hour cost |
|--|-----------------------|--------------------------|-----------------|--------------------|--------------------|-----------|-----------------|
| Quarterly Progress Report | 158 | 4 | 632 | 4 | 2,528 | \$21.79 | \$55,085 |
| Indirect Services Outcomes | 158 | 1 | 158 | 2 | 316 | 21.79 | 6,886 |
| HIV Testing Retrospective Reporting Tool ... | 50 | 1/3 | 16.67 | 0.25 | 4.17 | 21.79 | 91 |
| Total | 158 | | 806.67 | | 2,848 | | 62,062 |

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 2–1057, One Choke Cherry Road, Rockville, MD 20857 or email her a copy at summer.king@samhsa.hhs.gov. Written comments should be received by January 8, 2016.

Summer King,
Statistician.

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DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG–2013–0864]

Certificate of Alternative Compliance for the M/V LEIGH ANN MORAN, 1261986

AGENCY: Coast Guard, DHS.

ACTION: Notice.

SUMMARY: The Coast Guard announces that a Certificate of Alternative Compliance was issued for the Uninspected Towing Vessel LEIGH ANN MORAN as required by statute.

DATES: The Certificate of Alternative Compliance was issued on September 28, 2015.

ADDRESSES: The docket for this notice is available for inspection or copying at

the Docket Management Facility (M–30), U.S. Department of Transportation, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue SE., Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also find this docket on the Internet by going to <http://www.regulations.gov>, inserting USCG–2011–0508 in the “Keyword” box, and then clicking “Search.”

FOR FURTHER INFORMATION CONTACT: If you have questions on this notice, call LT Steven Melvin, District Nine, Prevention Branch, U.S. Coast Guard, telephone 216–902–6343. If you have questions on viewing or submitting material to the docket, call Renee V. Wright, Program Manager, Docket Operations, telephone 202–366–9826.

SUPPLEMENTARY INFORMATION: