

Dated: November 30, 2009.
Randy Grinnell,
Deputy Director, Indian Health Service.
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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: Jail Diversion and Trauma Recovery—Priority to Veterans Program Evaluation—NEW

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Mental Health Services (CMHS) has implemented the Jail Diversion and Trauma Recovery

Program (JDTR)—Priority to Veterans to support local implementation and State-wide expansion of trauma-integrated jail diversion programs to reach individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. JDTR requires grantees to implement a State infrastructure program linked to a local pilot criminal justice diversion project. At the State level, the State Mental Health Authority (SMHA) will convene a State Advisory Committee that provides oversight of pilot projects’ training, diversion, service delivery and local project evaluation, as well as design and implement plans to disseminate knowledge about effective pilot projects and to replicate them in other communities in the State.

CMHS is requesting approval from the Office of Management and Budget (OMB) to implement a data collection document, the Semi-Annual Progress Report (SAPR), to evaluate the implementation, expansion, and sustainability of jail diversion and trauma informed services developed under the JDTR program.

The current proposal requests implementing the Semi-Annual Progress Report (SAPR) to collect information in the following areas:

a. Document the State and pilot level goals for the project;

b. Describe the project environment, including changes that have helped or hindered implementation;

c. Estimate project spending on State, pilot, and evaluation activities;

d. Describe activities and progress on State level infrastructure change components, including barriers to progress;

e. Report on pilot project progress, including activities related to the pilot program, changes to program plans, and barriers to implementation;

f. Describe any project accomplishments, including documenting numbers and types of trainings, as well as any policy changes; and

g. Describe and update progress in meeting cross-site client evaluation requirements.

This information would be collected twice a year: in March and September. Six grantees were awarded 5-year grants in FY 2008 and six more 5-year grants were funded in FY2009. The six FY 2008 grantees piloted the data collection instrument in March of FY 2009. The six additional grantees awarded on September 30, 2009 would commence data collection in March of FY 2010. The burden estimate for completing the SAPR is as follows:

FY 2010 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents ¹	Responses per respondent ²	Total responses	Average hours per response	Total hour burden
Semi-Annual Progress report	12	1	12	15	180
Overall Total	12	.....	12	.....	180

¹ The respondents are the States.

² The Project Director for each Grantee is responsible for compiling and submitting the SAPR.

FY 2011 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents ¹	Responses per respondent ²	Total responses	Average hours per response	Total hour burden
Semi-Annual Progress report	12	2	24	15	360
Overall Total	12	.....	24	.....	360

¹ The respondents are the States.

² The Project Director for each Grantee is responsible for compiling and submitting the SAPR.

FY 2012 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents ¹	Responses per respondent ²	Total responses	Average hours per response	Total hour burden
Semi-Annual Progress report	12	2	24	15	360
Overall Total	12	.....	24	.....	360

¹ The respondents are the States.

² The Project Director for each Grantee is responsible for compiling and submitting the SAPR

FY 2013 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents ¹	Responses per respondent ²	Total responses	Average hours per response	Total hour burden
Semi-Annual Progress report	12	2	24	15	360
Overall Total	12	.....	24	.....	360

¹ The respondents are the States.

² The Project Director for each Grantee is responsible for compiling and submitting the SAPR.

ANNUALIZED REPORTING BURDEN

Data collection activity	Annualized number of respondents	Annualized total responses	Annualized total hour burden
Semi-Annual Progress Report	12	21	315

Written comments and recommendations concerning the proposed information collection should be sent by January 4, 2010 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: November 25, 2009.

Elaine Parry,

Director, Office of Program Services.

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Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Proposed Project: 2010 National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) will conduct the 2010 N-MHSS. This national survey will update the previous biennial mental health facility survey conducted in 2008—the National Survey of Mental Health Treatment Facilities (NSMHTF) under OMB No. 0930-0119. Similar in design to the 2008 NSMHTF, the 2010 N-MHSS will survey all mental health service locations, instead of surveying each mental health organization as a whole. These separate mental health service locations (facilities) are in contrast to mental health organizations which may include multiple facilities (service locations). This survey will be (a) a 100-percent enumeration of all known facilities nationwide that specialize in mental health treatment services, (b) more consumer-oriented in describing services available at each facility location, and (c) patterned after SAMHSA's Office of Applied Studies National Survey of Substance Abuse Treatment Services (OMB No. 0930-0106).

The 2010 N-MHSS will utilize one questionnaire for all mental health facility types including hospitals, residential treatment centers, outpatient clinics, and multi-setting facilities. The information collected will include: intake telephone numbers for services, types of services offered, sources of payment for services, facility caseload characteristics, and facility bed counts, if applicable. This survey will use a multi-mode approach to data collection—mail and web with telephone follow up.

The resulting database will be used to provide both state and national estimates of facility types and their patient caseloads. Information from the 2010 survey will also be used to update SAMHSA's online Mental Health Facility Locator for use by consumers. In addition, data derived from the survey will be published by CMHS in SAMHSA publications such as *Mental Health, United States* and in professional journals such as *Psychiatric Services* and *the American Journal of Psychiatry*. The publication, *Mental Health, United States*, is used by the general public, State governments, the U.S. Congress, university researchers, mental health service providers, and mental health care professionals. The following Table summarizes the estimated response burden for the survey.

ESTIMATED TOTAL RESPONSE BURDEN FOR THE 2010 N MHSS

Facility type	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Public Psychiatric Hospitals	305	1	305	1	305
Private Psychiatric Hospitals	536	1	536	1	536
General Hospitals with Separate Psychiatric Units	1,719	1	1,719	1	1,719
Residential Treatment Centers for Adults	833	1	833	1	833
Residential Treatment Centers for Children	1,191	1	1,191	1	1,191

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