

hereby given of a meeting of the National Advisory Council on Drug Abuse.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Advisory Council on Drug Abuse.

*Date:* February 2, 2011.

*Closed:* 8:30 a.m. to 12 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Conference Rooms C & D, Rockville, MD 20852.

*Open:* 12 p.m. to 2:45 p.m.

*Agenda:* This portion of the meeting will be open to the public for announcements and reports of administrative, legislative and program developments in the drug abuse field.

*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Conference Rooms C & D, Rockville, MD 20852.

*Contact Person:* Teresa Levitin, PhD, Director, Office of Extramural Affairs, National Institute on Drug Abuse, NIH, DHHS, Room 4243, MSC 9550, 6001 Executive Boulevard, Bethesda, MD 20892–89550, (301) 443–2755, [tlevitin.nida.nih.gov](mailto:tlevitin.nida.nih.gov).

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: <http://www.drugabuse.gov/NACDA/NACDAHome.html>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos.: 93.279, Drug Abuse and Addiction Research Programs, National Institutes of Health, HHS)

Dated: January 10, 2011.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

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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 at 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: Disaster Technical Assistance Center Disaster Mental Health Needs Assessment and Customer Satisfaction Survey Supporting Statement—NEW

SAMHSA created the SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC) in 2002. SAMHSA DTAC provides technical assistance (TA) to States, Territories, and Federally recognized tribes (hereafter referred to

as 'States'), as well as any behavioral health worker, in response to, and in preparation for, behavioral health (mental health and substance abuse) needs associated with catastrophic events and emergencies, such as natural disasters, bioterrorism, mass criminal victimization, and environmental disasters. In the aftermath of a disaster or other traumatic event, State and local behavioral health agencies can contact SAMHSA DTAC for assistance with the resulting mental health and substance abuse needs. SAMHSA DTAC TA specialists respond by identifying suitable publications and other materials, arranging for the deployment of expert consultants, or coordinating other support services. For Presidentially declared disasters, SAMHSA DTAC assists States that are eligible for a Crisis Counseling Assistance and Training Program (CCP) grant by providing TA related to completing applications, developing a plan of services, and identifying staff needs for the CCP.

SAMHSA is proposing two new data collection efforts: The Disaster Behavioral Health Needs Assessment (DBHNA) and the Customer Satisfaction Survey. The DBHNA will assess the current gaps and needs at the State and local provider levels in disaster behavioral health (DBH) planning and response efforts. The Customer Satisfaction Survey is being conducted to ensure that the TA SAMHSA DTAC provides is on track, applicable, useful, and well received. Both of these proposed data collection efforts will provide feedback on the ongoing needs at the national, State, and local levels and identify areas in which State and local providers require enhanced TA services.

SAMHSA DTAC will be responsible for administering the two data collection instruments and analyzing the data. SAMHSA DTAC will use data from both instruments to inform current and future TA activities and to ensure these activities continue to align with State and local needs.

The components of the data collection are listed and described below, and a summary table of the number of respondents and respondent burden has also been included.

*Disaster Behavior Health Needs Assessment.* The DBHNA will assist SAMHSA DTAC in identifying jurisdictions that need assistance with integrating behavioral health (which includes both mental health and substance abuse services) into their preparedness plans. SAMHSA DTAC will use the DBHNA to identify gaps and trends in crisis counseling planning

across the country and to inform future TA and training for State and local behavioral health authorities so that these gaps can be addressed at the State and local levels. The DBHNA will be administered annually. The information collected will inform the DBH training and TA that SAMHSA DTAC provides. With improved training and TA, SAMHSA DTAC will be better positioned to support States, local providers, and other organizations in their efforts to integrate DBH into “all-hazards” disaster preparedness and response.

There are two versions of the DBHNA: The State/Territory Coordinator Disaster Behavioral Health Needs Assessment and the Local Provider Disaster Behavioral Health Needs Assessment. These DBHNAs will collect information on the current needs and challenges that State coordinators and local providers face when integrating DBH preparedness and response into all-hazards plans. Both versions of the survey will be administered online and will be programmed to include simplified screens and intuitive navigational controls, and both will use branching so that each respondent will be presented with only those questions relevant to his or her State or program.

The State/Territory Coordinator version will be administered to all disaster mental health coordinators, disaster substance abuse coordinators, and DBH coordinators (coordinators responsible for both mental health and substance abuse disaster services) in the

50 States, the U.S. Territories, and the District of Columbia, for a total of 77 participants. Coordinators from the 10 States that have experienced the most federally declared disasters and those from the 10 States that have experienced the fewest federally declared disasters will be asked to provide contact information for up to five local DBH service providers. The local providers from these 20 States will be invited to participate in the Local Provider version (up to a total of 100 local provider participants).

*Customer Satisfaction Survey.* The Customer Satisfaction Survey will collect data from SAMHSA DTAC customers to ensure that the assistance SAMHSA DTAC provides is effective. Specifically, the Customer Satisfaction Survey will collect the experiences and perspectives of (1) those who have requested TA (e.g., behavioral health coordinators, project coordinators, local providers) and (2) those who subscribe to SAMHSA DTAC e-communications. The Customer Satisfaction Survey will assess the following: (1) General familiarity with SAMHSA DTAC services and resources; (2) usage of SAMHSA DTAC services and resources; (3) customer satisfaction with SAMHSA DTAC TA, the SAMHSA DTAC Web site, SAMHSA DBHIS resources, and SAMHSA DTAC e-communication resources; and (4) areas for improvement and enhancement of SAMHSA DTAC services and resources.

Participation in the Customer Satisfaction Survey will be solicited

from all 50 States, the U.S. Territories, and the District of Columbia. The initial survey administration will include individuals who have contacted SAMHSA DTAC for TA from March 2006 through the month prior to the initial data collection initiation. In addition to identifying SAMHSA DTAC TA requestors from March 2006 to the present, SAMHSA DTAC will identify potential participants from the subscription lists for the e-communications *DTAC Bulletin and The Dialogue*. Respondents for subsequent administrations of the SAMHSA DTAC Customer Satisfaction Survey will include those who have requested TA in the 3 months prior to administration and those who are subscribed to the *DTAC Bulletin or The Dialogue* at the time of administration.

Internet-based technology will be used to collect data via Web-based surveys and for data entry and management. The average annual respondent burden is estimated below. The DBHNA is an annual data collection. The Customer Satisfaction Survey will be administered once initially, with subsequent quarterly administrations. Table 1 represents the initial data collection and the burden in the following years. These estimates reflect the average annual number of respondents, the average annual number of responses, the time required for each response, and the average annual burden in hours.

Table 1. Annualized Estimate of Respondent Burden

Type of respondent	Instrument	Number of respondents	Number of responses per respondent	Total number of responses	Hours per response per respondent	Total burden hours
State DBH Coordinator .....	DBHNA (State/Territory Version) .....	77	1	77	1.00	77.0
Local Provider .....	DBHNA (Local Provider Version) .....	100	1	100	0.50	50.0
TA Requestor .....	DTAC Customer Satisfaction Survey	250	1	250	0.25	62.5
e-Communications Recipient ...	DTAC Customer Satisfaction Survey	250	1	250	0.25	62.5
Total .....	.....	677	.....	677	.....	252

Send comments to Summer King, SAMHSA Reports Clearance Officer; Room 8-1099; 1 Choke Cherry Road; Rockville, MD 20857, and e-mail a copy to [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov).

Written comments should be received within 60 days of this notice.

Dated: January 10, 2011.

**Elaine Parry,**  
 Director, Office of Management, Technology, and Operations.

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