

TABLE 1—ANNUALIZED ESTIMATE OF RESPONDENT BURDEN—Continued

Instrument	Number of respondents	Number of responses per respondent	Total number of responses	Hours per response per respondent	Total burden hours	Hourly wage rate ¹	Total cost
Webinar/Podcast Feedback Form							
Advanced Scheduled Event	750	2	1,500	0.25	375.0	35	13,125.00
Quick-turnaround Event	1,200	1	1,200	0.25	300.0	35	10,500.00
Mobile Application Survey	600	1	600	0.25	150.0	35	5,250.00
Training Feedback Form Follow-Up Interviews	150	1	150	0.50	75.0	35	2,625.00
Webinar Feedback Form Follow-Up Interviews	195	1	195	0.50	97.5	35	3,412.50
Annual Total	4,395		5,145		1,372.5		48,037.50

Written comments and recommendations concerning the proposed information collection should be sent by December 12, 2013 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: 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 Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119)—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), is requesting a revision to the National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119), which expires on June 30, 2015. The N-MHSS provides national and state-level data on the number and characteristics of mental health treatment facilities in the United States, annually, and national and state-level data on the number and characteristics of persons treated in these facilities, biennially.

An immediate need under N-MHSS is to update the information about facilities on SAMHSA's online Behavioral Health Treatment Services Locator (see: <http://findtreatment.samhsa.gov>), which was last updated with information from the abbreviated N-MHSS (N-MHSS-Locator Survey) in 2012. A full-scale N-MHSS will be conducted in 2014 and 2016 to collect (1) the information about facilities needed to update the online Locator, such as the facility name and address, specific services offered, and special client groups served, and (2) additional information including client counts and the demographics of persons treated in these facilities. An abbreviated N-MHSS (N-MHSS-Locator Survey) will be conducted in 2015 to update the information about facilities on the online Locator. A data collection in conjunction with adding new facilities to the online Locator as they become known to SAMHSA is also

being requested. Both the 2015 N-MHSS-Locator Survey and the addition of new facilities to the online Locator will use the same N-MHSS-Locator Survey instrument.

This requested revision seeks to change the content of the currently approved abbreviated N-MHSS (i.e., N-MHSS-Locator) survey instrument, and the previously approved 2010 full-scale N-MHSS (OMB No. 0930-0119) to accommodate two related N-MHSS activities:

(1) collection of information from the total N-MHSS universe of mental health treatment facilities during 2014, 2015, and 2016.; and

(2) collection of information on newly identified facilities throughout the year, as they are identified, so that new facilities can quickly be added to the online Locator.

The survey mode for both data collection activities will be web with telephone follow-up.

The database resulting from the N-MHSS will be used to update SAMHSA's online Behavioral Health Treatment Services Locator and to produce a national directory of mental health facilities on compact disk (CD), both for use by the general public, behavioral health professionals, and treatment service providers. In addition, a data file derived from the survey will be used to produce a summary report providing national and state-level data. The report and a public-use data file will be used by researchers, mental health professionals, State governments, the U.S. Congress, and the general public.

The request for OMB approval will include a request to conduct the full-scale N-MHSS in 2014 and 2016 and an abbreviated N-MHSS-Locator survey in 2015.

The following table summarizes the estimated annual response burden for the N–MHSS:

ESTIMATED ANNUAL RESPONSE BURDEN FOR THE N–MHSS

Type of respondent	Number of respondents	Responses per respondent	Average hours per response	Total burden hours
Facilities in full-scale N–MHSS universe in 2014 and 2016	17,000	1	0.75	12,750
Newly identified facilities in Between-Survey Update in 2014, 2015, and 2016 ¹	1,700	1	0.42	714
Facilities in N–MHSS-Locator Survey universe in 2015	17,000	1	0.42	7,140
Average Annual Total	18,700	1	0.62	11,594

¹ Collection of information on newly identified facilities throughout the year, as they are identified, so that new facilities can quickly be added to the Locator.

Written comments and recommendations concerning the proposed information collection should be sent by December 12, 2013 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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Project: Strategic Prevention Framework State Incentive Grant (SPF SIG) Program (OMB No. 0930–0279)—Reinstatement

SAMHSA's Center for Substance Abuse Prevention (CSAP) is responsible for the evaluation instruments of the Strategic Prevention Framework State Incentive Grant (SPF SIG) Program. The program is a major initiative designed to: (1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; (2) reduce substance abuse related problems; and, (3) build prevention capacity and infrastructure at the State-, territorial-, tribal- and community-levels.

Five Steps Comprise the SPF

Step 1: Profile population needs, resources, and readiness to address the problems and gaps in service delivery.
Step 2: Mobilize and/or build capacity to address needs.

Step 3: Develop a comprehensive strategic plan.

Step 4: Implement evidence-based prevention programs, policies, and practices and infrastructure development activities.

Step 5: Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

An evaluation is currently in process with the SPF SIG Cohorts III, IV and V. The primary objective for this evaluation is to determine the impact of SPF SIG on the reduction of substance abuse related problems, on building state prevention capacity and infrastructure, and preventing the onset and reducing the progression of substance abuse, as measured by the SAMHSA National Outcomes Measures (NOMs). Data collected at the grantee- and community-levels will provide information about process and system outcomes at the grantee and community

levels as well as context for analyzing participant-level NOMs outcomes.

This notice invites comments for reinstatement to the protocol for the ongoing Cross-site Evaluation of the Strategic Prevention Framework State Incentive Grant (SPF SIG) (OMB No. 0930–0279) which expired on 11/30/12. This revision includes two parts:

1. Submission of the instruments for the cross-site evaluation of the SPF SIG Cohorts IV and V: (a) The two-part Community-Level Instrument (CLI Parts I and II); and (b) the two Grantee-Level Instruments (GLI)—the GLI Infrastructure Instrument and the GLI Implementation Instrument.

2. Calculation of burden estimates for Cohorts IV and V, 24 and 10 grantees, respectively, for the 2-part CLI and the 2 GLIs. Per guidance from the previous OMB submission for the GLI and CLI Instruments (OMB No. 0930–0279), the number of items have been reduced, resulting in a reduced burden.

Grantee-Level Data Collection

Two web-based surveys, GLI Infrastructure Instrument and GLI Implementation Instrument, were developed for assessing grantee-level efforts and progress. These instruments gather information about the infrastructure of the grantee's overall prevention system and collect data regarding the grantee's efforts and progress in implementing the Strategic Prevention Framework 5-step process. The total burden for these instruments has been reduced by deleting items that are no longer necessary as baseline data has already been gathered from all grantees. Information for both surveys will be gathered once, at the end of the three year approval period. The estimated annual burden for grantee-level data collection is displayed below in Table 1.