

would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Cancer Institute Special Emphasis Panel; SBIR Stem Cell Anticancer Agents.

*Date:* April 15–16, 2014.

*Time:* 8:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate contract proposals.

*Place:* Bethesda North Marriott Hotel & Conference Center, 5701 Marinelli Road, Bethesda, MD 20852.

*Contact Person:* Joyce C. Pegues, Ph.D., Scientific Review Officer, Special Review and Logistics Branch, Division of Extramural Activities, National Cancer Institute, NIH, 9609 Medical Center Drive, Room 7W248, Rockville, MD 20850, 240–276–6375, [peguesj@mail.nih.gov](mailto:peguesj@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS).

Dated: January 8, 2014.

**Melanie J. Gray,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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**BILLING CODE 4140–01–P**

## 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: SAMHSA Disaster Technical Assistance Center Disaster Behavioral Health Needs Assessment and Customer Satisfaction Survey (OMB No. 0930–0325)—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval for a revision to the data collection associated with the SAMHSA Disaster Technical Assistance Center (DTAC) Disaster Behavioral Health Needs Assessment and Customer Satisfaction Survey (OMB No. 0930–0325), which expires on June 30, 2014. The data collection instruments include the Disaster Behavioral Health Needs Assessment (NAS)—State/Territory Version, the NAS—Local Provider Version, the Disaster Behavioral Health Follow-Up Interview Guide (NAFI), and the SAMHSA DTAC Customer Satisfaction Survey (CSS). All of the proposed data collection efforts will provide feedback on the overall effectiveness of SAMHSA DTAC's services, ongoing needs at the national level, and areas that require enhanced technical assistance (TA) services.

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

A 3-year clearance is being requested *to continue the previously cleared data collection activities*. 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 Surveys (NAS).* The NAS will assist SAMHSA DTAC in identifying the current needs of states, territories, federally recognized tribes, and local organizations and agencies as they integrate disaster behavioral health (DBH) into all-hazards disaster planning and response. There are two instruments under the NAS—the NAS—State/Territory Version and the NAS—Local Provider Version. The NAS will assess the current gaps and needs at the state, territory, and local provider levels in disaster behavioral health (mental health and substance abuse) planning and response efforts and preferred

methods for receiving training to address these needs. Revisions to these data collection efforts include eliminating unnecessary questions, collapsing questions to ease respondent burden, changing or adding questions and response options to address DBH needs identified through previous administrations of the NAS instruments, and revising the administration to occur every two years instead of annually. Both NAS instruments will be administered online and will be programmed to include simplified screens and intuitive navigational controls.

The NAS—State/Territory 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 will be asked to provide contact information for up to 10 local DBH service providers with whom they work. These local providers will be invited to participate in the NAS—Local Provider Version. SAMHSA DTAC anticipates inviting approximately 250 local providers to participate across a representative sample of the states and U.S. territories.

Disaster Behavioral Health Needs Assessment Follow-Up Interviews (NAFI). The NAFI will allow SAMHSA DTAC to gain a more nuanced understanding of the needs identified in the NAS. SAMHSA DTAC will use the NAFI to delve deeper into current DBH needs and specific findings from the NAS to identify gaps and trends in disaster behavioral health preparedness and response across the country and inform future TA for state, territory, and local behavioral health authorities. The instrument is designed to collect in-depth information useful for expanding and further enhancing the training and TA provided by SAMHSA DTAC, by SAMHSA DTAC, including tailoring resources to specific needs, providing resources in the most useful formats, and creating new resources to fill certain disaster behavioral health preparedness and response gaps. The NAFI will collect information on the following: (1) Familiarity with SAMHSA DTAC; (2) participant background and experiences; (3) general DBH-related needs; and (4) additional feedback related to specific needs identified in the NAS. This instrument is new under the proposed revision. The NAFI will be administered by telephone.

Participation in the NAFI will be solicited from up to 25 state or territory coordinators who completed the NAS—State/Territory Version and up to 25 local providers who completed the NAS—Local Provider Version. These individuals will be selected in such a manner as to obtain representation from various participants of various state/territory demographics, such as geographic region or frequency of disasters.

*SAMHSA DTAC Customer Satisfaction Survey (CSS).* The CSS will collect data from SAMHSA DTAC customers to ensure that the assistance SAMHSA DTAC provides is up-to-date, applicable, useful, and well received. Specifically, the CSS 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 CSS will assess

the following: (1) Familiarity with SAMHSA DTAC services and resources; (2) satisfaction with SAMHSA DTAC services and resources; (3) recommendations for enhancement of SAMHSA DTAC services and resources; and (4) participant background and demographics.

Revisions to this effort include modifications to the data collection instrument based on changes in SAMHSA DTAC services, modifications to the satisfaction rating scales to further increase clarity and efficiency of administration, and a reduced administration frequency (the proposed collection is for a twice annual administration as opposed to quarterly). The CSS will be administered by web and telephone.

Participation in the CSS will be solicited from all 50 states, the U.S. territories, and the District of Columbia. The survey will be administered to individuals who have requested TA

within the 6 months prior to administration and those who are subscribed to DTAC’s e-communications *SAMHSA DTAC Bulletin* or *The Dialogue* at the time of administration. During each administration, those who participated in the most recent administration of the CSS will be excluded.

Internet-based technology will be used to collect data via web-based surveys for the NAS and the CSS and for data entry and management of all proposed instruments. The average annual respondent burden is estimated below. The NAS instruments will be administered every 2 years. The CSS will be administered every six months. Table 1 represents the initial data collection and the burden for the first year. 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	Hourly wage rate (\$)	Total cost (\$)
<b>Disaster Behavioral Health Needs Assessment Survey (study years one and three only)</b>								
State DBH Coordinator.	NAS (State/Territory Version).	77	1	77	0.50	38.50	\$34.15	\$1,314.78
Local Provider .....	NAS (Local Provider Version).	150	1	150	0.50	75.00	24.95	1,871.25
<b>Disaster Behavioral Health Needs Assessment Follow-Up Interviews (study years one and three only)</b>								
State DBH Coordinator.	DBHNA (State/Territory Version).	25	1	25	0.75	18.75	34.15	640.31
Local Provider .....	DBHNA (Local Provider Version).	25	1	25	0.75	18.75	24.95	467.81
<b>Customer Satisfaction Survey</b>								
TA Requestor .....	DTAC Customer Satisfaction Survey.	300	1	300	0.25	75.00	35.00	2,625.00
Total .....	.....	577	.....	577	.....	226.00	.....	6,919.15

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](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by March 17, 2014.

**Summer King,**  
Statistician.

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**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[Docket No. USCG–2013–0966]

**Distant Water Tuna Fleet Vessels—Manning Exemption Guidance**

**AGENCY:** Coast Guard, DHS.

**ACTION:** Notice of availability and request for comments.

**SUMMARY:** Pursuant to section 421 of the Coast Guard and Marine Transportation Act (CGMTA) of 2006, section 904 of the

2010 Coast Guard Authorization Act, and section 701 of the CGMTA of 2012, the Coast Guard announces the availability of CG–CVC Policy Letter 13–04, Distant Water Tuna Fleet (DWTF) Vessels Manning Exemption Guidance. The Coast Guard also requests public comments on the manning exemption criteria and eligibility, and on the process for obtaining a manning exemption approval letter.

**DATES:** Comments and related material must either be submitted to our online docket via <http://www.regulations.gov> on or before February 13, 2014 or reach