

Written comments and recommendations concerning the proposed information collection should be sent by January 9, 2017 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: SAMHSA Transformation Accountability (TRAC) Data Collection Instrument (OMB No. 093-0285)—Revised

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is proposing to modify one of its current Transformation Accountability (TRAC) system data collection tools to include previously

piloted recovery measures. Specifically, this revision entails the incorporation of twelve recovery measures into the current CMHS NOMs Adult Client-level Measures for Discretionary Programs Providing Direct Services data collection tool. As part of its strategic initiative to support recovery from mental health and substance use disorders, SAMHSA has been working to develop a standard measure of recovery that can be used as part of its grantee performance reporting activities.

This revision will add eight questions from the World Health Organization's (WHO) Quality of Life (QOL) to SAMHSA's existing set of Government Performance and Results Act (GPRA) measures along with four additional measures that support the WHO QOL-8. Data will be collected at two time points—at client intake and at six months post-intake. These are two points in time during which SAMHSA grantees routinely collect data on the individuals participating in their programs.

The WHO QOL-8 will assess the following domains using the items listed below:

Question No.	Item	Domain
1	How would you rate your quality of life?	Overall quality of life.
2	How satisfied are you with your health?	Overall quality of life.
3	Do you have enough energy for everyday life?	Physical health.
4	How satisfied are you with your ability to perform your daily living activities?	Physical health.
5	How satisfied are you with yourself?	Psychological.
6	How satisfied are you with your personal relationships?	Social relationships.
7	Have you enough money to meet your needs?	Environment.
8	How satisfied are you with the conditions of your living place?	Environment.

The revision also includes the following recovery-related performance measures:

Question No.	Item
9	During the past 30 days, how much have you been bothered by these psychological or emotional problems? (This question will be placed in the instrument following the K6 questions for proper sequence).
10	I have family or friends that are supportive of my recovery.
11	I generally accomplish what I set out to do.
12	I feel capable of managing my health care needs.

Approval of these items by the Office of Management and Budget (OMB) will allow SAMHSA to further refine the Recovery Measure developed for this

project. It will also help determine whether the Recovery Measure is added to SAMHSA's set of required performance measurement tools

designed to aid in tracking recovery among clients receiving services from the Agency's funded programs.

TABLE 1—ANNUALIZED RESPONDENT BURDEN HOURS, 2016–2019

Type of response	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Client-level baseline interview	55,744	1	55,744	0.58	32,332
Client-level 6-month reassessment interview ¹	44,595	1	44,595	0.58	25,865
Client-level discharge interview ²	16,723	1	16,723	0.58	9,699

TABLE 1—ANNUALIZED RESPONDENT BURDEN HOURS, 2016–2019—Continued

Type of response	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
PBHCI—Section H Form Only Baseline	14,000	1	14,000	.08	1,120
PBHCI—Section H Form Only Follow-Up ³	9,240	1	9,240	.08	739
PBHCI—Section H Form Only Discharge ⁴	4,200	1	4,200	.08	336
HIV Continuum of Care Specific Form Baseline	200	1	200	0.33	66
HIV Continuum of Care Follow-Up ⁵	148	1	148	0.33	49
HIV Continuum of Care Discharge ⁶	104	1	104	0.33	34
Subtotal	144,954	144,954	70,240
Infrastructure development, prevention, and mental health promotion quarterly record abstraction ⁷	982	4.0	3,928	2.0	7,856
Total	145,936	148,882	78,096

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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Project: Minority AIDS Initiative—Survey of Grantee Project Directors—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval to conduct online surveys of grantee Project Directors. This is a new project request targeting the collection of primary, organizational-level data through an online survey with grantee Project Directors. The grantee programs that will be involved are focused on integrating HIV and Hepatitis primary care, substance abuse, and behavioral health services and include: (1) TI–12–007 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE–HIV) grantees; (2) TI–14–013 Minority AIDS Initiative—Continuum of Care (MAI-CoC) grantees; (3) TI–13–011 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE–HIV: Minority Women) grantees; and (4) TI–15–006 Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for

HIV/AIDS (TCE–HIV: High Risk Populations) grantees.

The goals of the grantee programs are to integrate behavioral health treatment, prevention, and HIV medical care services for racial/ethnic minority populations at high risk for behavioral health disorders and at high risk for or living with HIV. The grantee programs serve many different populations including African American, Hispanic/Latina and other racial/ethnic minorities, young men who have sex with men (YMSM), men who have sex with men (MSM) and bisexual men, transgender persons, and people with substance use disorder. Project Director Surveys conducted with grantees are an integral part of evaluation efforts to: (1) Assess the impact of the SAMHSA-funded HIV programs in: Reducing behavioral health disorders and HIV infections; increasing access to substance use disorder (SUD) and mental disorder treatment and care; improving behavioral and mental health outcomes; and reducing HIV-related disparities in four specific grant programs; (2) Describe the different integrated behavioral health and medical program models; and (3) Determine which program types or models are most effective in improving behavioral health and clinical outcomes.

SAMHSA will request one web-based survey to be completed by each of the 152 grantee Project Directors. Project Directors may request assistance from another project administrator to help them complete the survey. The web-based survey will be conducted once for grantees in each grant program, in the grantee organization's final year of TCE–HIV (TI–12–007, TI–13–011, TI–15–006) or MAI CoC (TI–14–013) funding, with an annual average of 50 grantees/100 respondents per year. Project Directors will provide information on their program's integration of HIV and Hepatitis medical and primary care into

¹ It is estimated that 66% of baseline clients will complete this interview.

² It is estimated that 30% of baseline clients will complete this interview.

³ It is estimated that 74% of baseline clients will complete this interview.

⁴ It is estimated that 52% of baseline clients will complete this interview.

⁵ It is estimated that 52% of baseline clients will complete this interview.

⁶ It is estimated that 52% of baseline clients will complete this interview.

⁷ Grantees are required to report this information as a condition of their grant. No attrition is estimated.

NOTE: Numbers may not add to the totals due to rounding and some individual participants completing more than one form.