

entered and stored in SAMSHA’s Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. Continued approval of this information collection will allow SAMSHA to continue to meet Government Performance and Results Modernization Act of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMSHA will use the data for annual reporting required by GPRA and comparing baseline with discharge and follow-up data. GPRA requires that SAMSHA’s fiscal year report include actual results of performance monitoring for the three preceding fiscal years. The additional information collected through this process will allow SAMSHA to: (1) Report results of these performance outcomes; (2) maintain consistency with SAMSHA-specific performance domains, and (3) assess the accountability and performance of its discretionary grant programs including a focus on health equity.

In revising the CSAT–GPRA tool, CSAT sought to improve functionality while also eliciting programmatic information that demonstrates impact at the client level. In this way, data from the revised GPRA tool can be used to assess resource allocation and to delineate who we serve, how we serve them, and how the program impacts clients from entry to discharge. The tool reflects CSAT’s desire to elicit pertinent client and program level data that can be used to not only guide future programs and practice, but to also respond to stakeholder, congressional and agency enquiries.

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

SAMSHA tool	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours	Hourly wage ¹	Total hour cost
Baseline Interview Includes SBIRT Brief TX, Referral to TX, and Program-specific questions	179,668	1	179,668	0.6	107,801	\$24.78	\$2,671,309
Follow-Up Interview with Program-specific questions ²	143,734	1	143,734	0.6	86,240	24.78	2,137,027
Discharge Interview with Program-specific questions ³	93,427	1	93,427	0.6	56,056	24.78	1,389,068
SBIRT Program—Screening Only	594,192	1	594,192	0.13	77,245	24.78	1,914,131
SBIRT Program—Brief Intervention Only Baseline	111,411	1	111,411	0.2	22,282	24.78	552,148
SBIRT Program—Brief Intervention Only Follow-Up ²	89,129	1	89,129	0.2	17,826	24.78	441,728
SBIRT Program—Brief Intervention Only Discharge ³	57,934	1	57,934	0.2	11,587	24.78	287,126
CSAT Total	1,269,495	.....	1,269,495	.....	379,037	.....	9,392,537

¹ The hourly wage estimate is \$21.23 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 21–1011 Substance Abuse and Behavioral Disorder Counselors = \$24.78/hr. as of May 11, 2021. (<http://www.bls.gov/oes/current/oes211011.htm>. Accessed on May 11, 2021.)

² It is estimated that 80% of baseline clients will complete this interview.

³ It is estimated that 52% of baseline clients will complete this interview.

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

Send comments to Carlos D. Graham, SAMSHA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–A, Rockville, Maryland 20857, OR email a copy to Carlos.Graham@samhsa.hhs.gov. Written comments should be received by October 1, 2021.

Carlos Graham,

Social Science Analyst.

[FR Doc. 2021–16405 Filed 7–30–21; 8:45 am]

BILLING CODE 4162–20–P

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 (SAMSHA) 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 SAMSHA Reports Clearance Officer on (240) 276–0361.

Project: Revision of Mental Health Client/Participant Outcome Measures and Infrastructure, Prevention, and Mental Health Promotion Indicators (OMB No. 0930–0285)

SAMSHA is requesting approval for revisions to the previously approved instruments and data collection activities for the Government Performance and Results Act (GPRA) Center Mental Health Services (CMHS) (OMB No. 0930–0285) that expires on February 28, 2022.

To be fully accountable for the spending of federal funds, SAMHSA requires all programs to collect and report data to ensure that program goals and objectives are met. Data is collected and used to monitor and improve performance of each program and ensure appropriate and thoughtful spending of federal funds.

SAMHSA requests the following revisions to the National Outcome Measures (NOMS) Mental Health Client/Participant Outcome measures: (1) Merge the CMHS NOMS Child Client-level Measures for Discretionary Programs data collection instrument with the current CMHS NOMS Adult Client-level Measures for Discretionary Programs data collection instrument; (2) delete questions for data not being utilized for program monitoring and quality improvement; (3) reduce grantee burden by shifting questions for a five-point psychometric response scale to “Yes”, “No”, “No response”, or “Not applicable” responses; (4) modify ICD-10 diagnoses to expand the F40-48, F60-63, and F90-99 codes to allow for more specificity. Also, add ICD-10 “Z” codes to allow for a focus on social determinants of health that may affect the diagnosis, course, prognosis, or treatment of a client/consumer mental disorder; (6) shift reporting NOMS data to baseline assessment, 3-month or 6-month reassessment, and a final clinical discharge assessment; (7) reduce the number of physical health indicators and reporting frequency from quarterly to three points in time (baseline, 3- or 6-

month reassessment, clinical discharge) to further reduce grantee burden.

SAMHSA also requests the following revisions to the Infrastructure, Prevention, and Mental Health Promotion indicators: (1) Delete ten indicators not used by any SAMSHA programs (A3, A6, F1, F2, F3, O2, T4, WD1, WD3, and WD4); (2) revise two indicators to provide more clarity (A1 and A5); and (3) add ten indicators to reflect program developments during the past three years (R2, S2, S3, T5, T6, T7, T8, TR2, TR3, and TR4).

These changes will lessen grantee burden with data collection and improve capacity to report qualitative performance and quantitative outcomes for all discretionary grant programs, including: Demographic characteristics of clients served; clinical characteristics of clients served before, during, and after receipt of services; numbers of clients served; and characteristics of services and activities provided to clients.

Currently, the information collected from this instrument is entered and stored on SAMHSA’s Performance Accountability and Reporting System (SPARS), which is a real-time, performance management system that captures information on mental health and substance abuse treatment services delivered in the United States. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 (GPRMA) reporting

requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMHSA will use the data collected for annual reporting required by GPRMA, to describe and understand changes in outcomes from baseline to follow-up to discharge. SAMHSA and its Centers will use the data for annual reporting comparing baseline with discharge and follow-up data. SAMHSA’s report for each fiscal year will include actual results of performance monitoring for the three preceding fiscal years. Information collected through this request will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with SAMHSA-specific performance domains, and to assess the accountability and performance of its discretionary and formula grant programs. The additional information collected through this request will allow SAMHSA to improve its ability to assess the impact of its programs on key outcomes of interest and to gather vital diagnostic information about clients served by discretionary grant programs.

The requested changes will result in a reduction of total burden hours. Currently, there are 104,168 total burden hours in the OMB-approved inventory. SAMHSA is requesting a reduction to 68,673 hours or an estimated decrease of 35,494 burden hours. The proposed estimate of time to collect data and complete the instruments is shown in Table 1.

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

SAMHSA tool	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Client-level baseline interview	40,280	1	40,280	0.33	30,901
Client-level 3- or 6-month reassessment interview	40,280	1	40,280	0.33	30,901
Client-level clinical discharge interview	6,668	1	6,668	0.33	2,200
Section H Physical Health Data Baseline	39,231	1	39,231	.10	3,923
Section H Program Specific Data: Baseline, 3- or 6-month reassessment, and clinical discharge	14,800	2	29,600	.08	2,368
Subtotal	141,259	.....	154,059	.....	68,673
Infrastructure development, prevention, and mental health promotion quarterly record abstraction	942	4	3,768	2.0	7,536
Total	142,201	.....	157,827	.....	104,168

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E57A, Rockville, MD 20852 OR email him a

copy at carlos.graham@samhsa.hhs.gov.

Written comments should be received by October 1, 2021.

Carlos Graham,
Social Science Analyst.

[FR Doc. 2021-16406 Filed 7-30-21; 8:45 am]

BILLING CODE 4162-20-P