

reports will provide the basis for ARRA briefings and reports to the Secretary, the ARRA Implementation Team, the Recovery Act Technical Council, OMB, the Congress, and the public.

(e) Reviewing and coordinating external communications related to ARRA implementation. As the authoritative source for information on ARRA implementation, DPP will work closely with the Office of the Assistant Secretary for Public Affairs (ASPA), STAFFDIVs and OPDIVs on the preparation of all public statements and web communication related to ARRA.

(f) Preparing presentations and briefings on ARRA implementation to the Secretary, OMB, and in consultation, with the Office of the Assistant Secretary for Legislation, the Congress.

(g) Coordinating the preparation of the Implementation Plan required by ARRA and other similar reports to the Congress and OMB.

(h) Convening meetings and workgroups of senior HHS program and business managers in order to coordinate the development of the Recovery Act plans and projects.

#### 4. Division of Project Coordination (DMV3)

The Division of Project Coordination (DPC) is responsible for:

(a) Establishing systems and procedures for coordinating the implementation plans for all relevant projects and activities of the ARRA and preparing guidance to all relevant HHS components specifying the roles and responsibilities of key components.

(b) Coordinating, through its project officers, each project and activity using the project plan designed by DPP as the framework for identifying key tasks, milestones and the matrix of business functions and offices that are involved in implementation.

(c) Identifying and resolving issues arising during implementation using coordination as a primary means for issue resolution.

(d) Preparing status reports against project plans as specified by DPP.

(e) Providing support to the Recovery Act Technical Council and the ARRA Implementation Team.

Dated: March 12, 2009.

**Charles E. Johnson,**

*Acting Secretary.*

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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 on (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: Adult Treatment Drug Court Cross-Site Evaluation for the Substance Abuse and Mental Health Services Administration (SAMHSA)—NEW

SAMHSA's Center for Substance Abuse Treatment (CSAT) is responsible for collecting data from 20 recently funded Adult Treatment Drug Court grantees and clients being served by expansion and/or enhancement grants. The main evaluation question is whether the addition of substance abuse treatment resources increases the positive results of drug courts. SAMHSA's CSAT-funded grantees are required to participate in a cross-site evaluation as a contingency of their award. Data on each drug court and their processes will be collected during three annual site visits. Some data will be obtained through courtroom observations; no questionnaire will be administered to collect observational data. Additional data will be collected through interviews with drug court personnel and focus groups and interviews with drug court clients.

CSAT requests approval for administering questionnaires to drug court personnel. CSAT also requests approval for conducting focus groups with drug court clients and administering questionnaires at 6-months post-discharge from the drug court.

#### Drug Court Team Questionnaire

This questionnaire will be administered to key drug court personnel (e.g., judge, drug court manager and treatment provider) during the three annual site visits to the drug court. This instrument consists of 15 open-ended questions, and will ask respondents about their role and involvement in the drug court process, perceptions of drug courts, and the role of treatment and coercion in drug courts (subject to OMB approval).

#### Drug Court Client Focus Group Questions for Guided Discussion

Focus groups will be conducted during the annual site visits to each drug court. During the focus groups, drug court clients will be asked 12 open-ended questions about their experiences in the drug court program and current efforts towards recovery. Drug court participants will be involved in focus groups on 1 to 3 occasions.

#### Procedural Justice Questionnaire

This instrument contains 13 items and asks drug court clients about their perceptions regarding fair treatment by the judge and drug court team during the drug court process. It is hypothesized that participants who perceive the judge and drug court team as fair will be more compliant with the drug court program, more likely to graduate, and have better substance use and criminal behavior outcomes (e.g., reduced substance use, fewer arrests). This questionnaire will be administered to drug court participants once, during the 6-month post-discharge interview.

#### Correctional Mental Health Screener for Women

A mental health screener for women (CMHS-W) will be administered to gather data on drug court participants' mental health. Many drug court clients have co-occurring disorders (i.e., substance use and mental health disorders). The information gathered during this portion of the in-person drug court client interviews will provide a post-discharge indicator of mental health status and will be used as a moderator variable when assessing client outcomes such as drug use and arrest. This questionnaire will be administered to drug court participants

once, during the 6-month post-discharge interview. The CMHS-W contains eight questions, and six items are common between the men and women's versions of the instrument.

**Correctional Mental Health Screener for Men**

A mental health screener for men (CMHS-M) will be administered to gather data on drug court participants' mental health. Many drug court clients have co-occurring disorders (*i.e.*, substance use and mental health

disorders). The information gathered during this portion of the in-person drug court client interviews will provide a post-discharge indicator of mental health status and will be used as a moderator variable when assessing client outcomes such as drug use and arrest. This questionnaire will be administered to drug court participants once, during the 6-month post-discharge interview. The CMHS-M contains twelve questions and the two instruments have six items in common.

**Treatment Satisfaction Index**

The Treatment Satisfaction Index will ask drug court participants about their satisfaction with treatment received during the drug court program. This 19-item questionnaire will be administered to drug court participants once, during the 6-month post-discharge interview.

The estimated response burden for this data collection is provided in the table below:

ANNUALIZED ESTIMATES OF HOUR BURDEN

	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Drug Court Team Questionnaire .....	240	3	720	.5	120
Drug Court Clients Focus Group Questions for Guided Discussion .....	600	1	600	1.0	600
Drug Court Clients—Interviews .....	816	1	816	.5	408
Procedural Justice Questionnaire .....	816	1	816	.09	73
Correctional Mental Health Screener—Women .....	408	1	408	.08	33
Correctional Mental Health Screener—Men .....	408	1	408	.08	33
Treatment Satisfaction Index .....	816	1	816	.08	65
<b>Total .....</b>	<b>1,656</b>	<b>.....</b>	<b>2,136</b>	<b>.....</b>	<b>1,128</b>

The estimates in this table reflect the maximum burden for participation in the Adult Treatment Drug Court Cross-Site Evaluation. Burden for drug court personnel is aggregated to reflect total burden over the three-year study period. The drug court personnel questionnaire will be administered three times; once during each of three study years. Burden for the drug court clients is annualized. Focus groups and interviews are one-time events. Some drug court clients will participate in both a focus group and 6-month post-discharge interview.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: April 13, 2009.  
**Elaine Parry**,  
*Director, Office of Program Services.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* State Developmental Disabilities Council 5-Year State Plan.

*OMB No.:* 0980-0162.

*Description:* A Plan developed by the State Council on Developmental Disabilities is required by federal

statute. Each State Council on Developmental Disabilities must develop the plan, provide for public comments in the State, provide for approval by the State's Governor, and finally submit the plan on a five-year basis. On an annual basis, the Council must review the plan and make any amendments. The State Plan will be used (1) By the Council as a planning document; (2) by the citizenry of the State as a mechanism for commenting on the plans of the Council; and (3) by the Department as a stewardship tool, for ensuring compliance with the Developmental Disabilities Assistance and Bill of Rights Act, as one basis for providing technical assistance (e.g., during site visits), and as a support for management decision making.

*Respondents:* State Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Developmental Disabilities Council 5-Year State Plan .....	55	1	367	20,185

Estimated Total Annual Burden Hours: 20,185.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information

Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. *E-mail address:* [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it