Respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total burden hours
MAI Rapid HIV Testing Clinical Information Form (FY 2008 and FY 2009—63 Grantees)	10,000	1	0.133	1,330
RHT form for 11 HIV program FY 2011 grantees (public health departments)	20,000	1	0.133	2,660
MAI Rapid HIV Testing Clinical Information Form (Re-test)	6,000	1	0.133	798
Total	30,000			4,788

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 8–1099, One Choke Cherry Road, Rockville, MD 20857 or email a copy to *summer.king@samhsa.hhs.gov*. Written comments must be received before 60 days after the date of the publication in the **Federal Register**.

Summer King,

Statistician.

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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: 2013 National Survey on Drug Use and Health—(OMB No. 0930–0110)—Revision

The National Survey on Drug Use and Health (NSDUH) is a survey of the civilian, non-institutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

Data from clinical interviews completed in 2008 were combined with the main interview short scale data to develop a predictive model that was applied to the full main sample to estimate SMI. Follow-up clinical interviews continued to be conducted with NSDUH respondents from 2009 to 2012. Data from these interviews were analyzed annually to update the calibration of the screening measure. To maximize trend validity, this model has been applied to 2009–2011 data. With the completion of 1500 clinical interviews in 2012, SAMHSA will have accumulated a large enough sample (4,500) to update and improve the models. Therefore, the MHSS clinical interviewing will be discontinued in 2013.

For the 2013 NSDUH, a few questionnaire changes are proposed. The instrument has been updated to include new questions on military service, medical marijuana, physician substance use screening, and respondent characteristics.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2013 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. The total annual burden estimate is shown below:

ESTIMATED BURDEN FOR 2013 NSDUH

Instrument	Number of respondents	Responses per respondent	Hours per response	Total burden hours	Hourly wage rate	Annualized costs
Household Screening	145,474	1	0.083	12,074	$14.45	$174,469
Interview	67,500	1	1.000	67,500	14.45	975,375
Screening Verification	5,400	1	0.067	362	14.45	5,231
Interview Verification	10,125	1	0.067	678	14.45	9,797
Total	145,474			80,614		1,164,872

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 8–1099, One Choke Cherry Road, Rockville, MD 20857 or email a copy at *summer.king@samhsa.hhs.gov*.

Written comments must be received before 60 days after the date of the publication in the **Federal Register**.

Summer King,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Proposed Project: National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program: Phase VI (OMB No. 0930–0307)—REVISION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center of Mental Health Services is responsible for the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (Children's Mental Health Initiative—CMHI) that will collect data on child mental health outcomes, family life, and service system development. Data will be collected on 47 service systems, and approximately 6,561 children and families.

Principal changes from the previous Phase VI OMB approval include:

- Addition of nine (9) communities awarded cooperative agreements in FY2010 for data collection.
- Replacement of intake and follow-up questionnaires for the Child Welfare Sector and Comparison Study with an administrative record review form to lessen burden.
- Addition of a brief 8-item Education Sector Caregiver Questionnaire to the Education Sector and Comparison Study to capture family involvement in the development and use of Individualized Education Plans (IEPs).
- Removal of data collection activities for the Alumni Networking Study, the CQI Initiative Evaluation, and the Sustainability Study.

Data collection for this evaluation will be conducted over a five-year period. Child and family outcomes of interest will be collected at intake and during subsequent follow-up sessions at six-month intervals. The length of time that individual families will participate in the study is up to 24 months. The outcome measures include the following: child symptomatology and functioning, family functioning, satisfaction, and caregiver strain. The core of service system data will be collected every 18–24 months throughout the 5-year evaluation period. Service utilization and cost data will be tracked and submitted to the national evaluation every six months using two tools: the Flex Fund Tool and the Services and Costs Data Tool to estimate average cost of treatment per child, distribution of costs, and allocation of costs across service categories. Service delivery and system variables of interest include the following: maturity of system of care development in funded system of care communities, adherence to the system of care program model, and client service experience.

In addition, the evaluation will include one special study: The Sector and Comparison Study will examine in more detail the outcomes and service experience of children from multiple child-serving sectors and, through child-level matching, compare these outcomes with those not receiving system of care services.

Internet-based technology such as data entry and management tools will be used in this evaluation. The measures of the national evaluation address annual Congressional reporting requirements of the program's authorizing legislation, and the national outcome measures for mental health programs as currently established by SAMHSA.

The average annual respondent burden is estimated below. The estimate reflects the average number of respondents in each respondent category, the average number of responses per respondent per year, the average length of time it will take to complete each response, and the total average annual burden for each category of respondent, and for all categories of respondents combined.

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	5-Year average annual burden hours
System of Care Assessment						
Interview Guides A–S	Key site informants	1,081	3	1.00	3,243	649
Child and Family Outcome Study						
Caregiver Information Questionnaire, Revised: Caregiver—Intake (CIQ–RC–I).	Caregiver	6,561	1	0.37	2,406	481
Caregiver Information Questionnaire, Revised: Staff as Caregiver—Intake (CIQ–RS–I).	Staff as Caregiver.					