

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

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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: Biannual Infrastructure Development Measures for State Adolescent Treatment Enhancement and Dissemination (SAT-ED) and State Youth Treatment Enhancement and Dissemination (SYT-ED) Programs—New

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse

Treatment has developed a set of infrastructure development measures in which recipients of cooperative agreements will report on various benchmarks on a semi-annual basis. The infrastructure development measures are designed to collect information at the state-level and site-level.

The infrastructure development measures are based on the programmatic requirements conveyed in TI-12-006, Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination (SAT-ED) and TI-13-014, Cooperative Agreements for State Youth Treatment Enhancement and Dissemination (SYT-ED).

The purpose of this program is to provide funding to States/Territories/Tribes to improve treatment for adolescents and transitional age youth through the development of a learning laboratory with collaborating local community-based treatment provider sites. Through the shared experience between the State/Territory/Tribe and the local community-based treatment provider sites, an evidence-based practice (EBP) will be implemented, youth and families will be provided services, and a feedback loop will be developed to enable the State/Territory/Tribe and the sites to identify barriers and test solutions through a services component operating in real time. The expected outcomes of these cooperative agreements will include needed changes to State/Territorial/Tribal policies and procedures; development of financing structures that work in the current environment; and a blueprint for States/Territories/Tribes and providers that can be used throughout the State/Territory/Tribe to widen the use of

effective substance use treatment EBPs. Additionally, adolescents (ages 12 to 18), transitional age youth (ages 18 to 24), and their families/primary caregivers who are provided services through grant funds will inform the process to improve systems issues.

Estimates for response burden were calculated based on the methodology (survey data collection) being used and are based on previous experience collecting similar data and results of the pilot study. For emailed biannual surveys, burden estimates of 12.0 hours were used for Project Directors and/or Program Managers and burden estimates of 7.2 hours were used for other project staff members. It is estimated that 13 Project Directors and/or Program Managers and 26 other staff members from Cohort 1 will respond to the emailed survey biannually (i.e., twice each year) for 3 years at an estimated total burden of 2,059.2 hours for Cohort 1. It is estimated that 10 Project Directors and/or Program Managers and 20 other staff members from Cohort 2 will respond to the emailed survey biannually (i.e., twice each year) for 5 years at an estimated total burden of 2,640 hours for Cohort 2. It is estimated that 12 Project Directors and/or Program Managers and 24 other staff members from Cohort 3 will respond to the emailed survey biannually (i.e., twice each year) for 5 years at an estimated total burden of 3,168 hours for Cohort 2. The burden hours of Cohort 1 (2,059.2 hours), Cohort 2 (2,640 hours) and Cohort 3 (3,168 hours) combined comes to a total estimated burden for the emailed biannual survey of 7,867.2 hours.

ESTIMATES OF ANNUALIZED HOUR BURDEN FOR BIENNIAL INFRASTRUCTURE DEVELOPMENT MEASURE

Respondent type	Number of respondents	Responses per respondent	Total responses	Hours per response	Total annual hour burden
Project Director	35	2	70	12.0	840

Written comments and recommendations concerning the proposed information collection should be sent by September 3, 2014 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

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Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Survey of Current and Alumni SAMHSA Fellows of the Minority Fellowship Program (MFP) (OMB No. 0930-0304)—Reinstatement

SAMHSA is requesting Office of Management and Budget (OMB) approval for the conduct of surveys of current and Alumni MFP Fellows. This survey would gather information about current and Alumni MFP Fellows that will help SAMHSA meet its responsibilities under the Government Performance and Results Modernization Act for gathering, analyzing, and interpreting information about government-funded programs such as the MFP.

In 1973, in response to a substantial lack of ethnic and racial minorities in the mental health professions, the Center for Minority Health at the National Institute of Mental Health established the Minority Fellowship Program (MFP). Since its move to SAMHSA in 1992, the MFP has continued to facilitate the entry of minority graduate students and psychiatric residents into mental health careers and has increased the number of psychology, psychiatry, nursing, and social work professionals trained to provide mental health and substance abuse services to minority groups. The MFP, in turn, offers sustained grants to six national behavioral health professional associations: The American Association of Marriage and Family Therapy, the American Nurses Association, the American Psychiatric Association, the American Psychological Association, the Council on Social Work Education, and, as of August 2012, the National Board for Certified Counselors and Affiliates.

Additional associations, such as the International Certification and Reciprocity Consortium and the National Association for Alcoholism and Drug Abuse Counselors, are expected to join the program later this year. Others may join in future years.

The MFP is supported by funds from all three SAMHSA centers: The Center for Mental Health Services (CMHS), the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. SAMHSA's CMHS has funded the development of the MFP surveys.

To assess the performance of the MFP, SAMHSA is requesting OMB approval for the conducting of a survey of current and Alumni MFP Fellows. This survey would gather information about current and Alumni MFP Fellows that will help SAMHSA meet its responsibilities under the Government Performance and Results Modernization Act for gathering, analyzing, and interpreting information about government-funded programs such as the MFP.

This package requests approval of two survey instruments (to be sent to approximately 1,300 Current and Alumni Fellows with an expected response rate of 788 respondents). Two online (Internet based) surveys (with the option for a hard copy mailed through the U.S. Postal Service) will be used with the following stakeholders in the MFP:

1. *Current SAMHSA MFP Fellows* currently receiving support during their doctoral-level training or psychiatric residency will be asked about their experiences in the MFP (from recruitment into the program through their participation in the various activities provided by the Grantees).

2. *MFP Alumni* who participated in the MFP during the time the program was administered by SAMHSA will be

asked about their previous experiences as Fellows in the MFP and also about their subsequent involvement and leadership in their professions.

None of the data collected in the surveys will be redundant with any existing reporting requirements or data sources. Survey data will be obtained to assess the following measures:

1. *Completing the Fellowship Program.* Data on the completion of MFP goals, median and average of time to complete Fellowship goals, and the number of mentors, total mentored hours, and helpfulness of mentorship.

2. *Employment of Past Fellows.* Data on the initial type of employment to include employment in the substance abuse or mental health field in the year after completion of the MFP goals, type of employment situation categories (academia, clinical, etc., by private/public organization), and focus of work on underserved youth and elderly in urban and/or rural settings.

3. *Current Employment Position.* Data on current employment, including employment in the substance abuse or mental health field in the year after completion of the MFP Fellowship goals, type of employment situation categories (academia, clinical, etc., by private/public organization), and focus of work on underserved youth and elderly in urban and/or rural settings.

4. *Improving Skills and Knowledge.* Data on the number of certifications and licensures obtained by Fellows and median and average number of continuing education hours credited.

5. *Number of Contributions to the Field.* Data on the number of presentations at national meetings, professional publications, and national, state, or local honors or citations.

The total annual burden estimate for conducting the surveys is shown below:

Survey name	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total hours
Current SAMHSA MFP Fellows Survey	128	1	128	0.33	42.24
SAMHSA MFP Alumni Survey	660	1	660	0.67	442.20
Totals	788	788	484.44

Written comments and recommendations concerning the proposed information collection should be sent by September 3, 2014 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.

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