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 at (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 (IT).

Proposed Project: Youth Programs Evaluation—NEW

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Substance Abuse Treatment (CSAT) is conducting a cross-site external evaluation of three grantee programs that are critical to its youth treatment grants portfolio. The three programs include the 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (SYT–ED), the 2015 and 2016 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation (SYT–I), and the 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning (SYT–P).

Preventing and treating substance use and/or mental health disorders are essential to SAMHSA’s mission to reduce the impact of behavioral health conditions in America’s communities. The specific populations (i.e., adolescents, youth) targeted by the youth programs face a particular set of behavioral health risks and each of the grant programs helps provide targeted services and evidence-based practices. To evaluate the impact and success of SYT program implementation the evaluation includes the following data collection tools:

- **Implementation Interview Guide**
- **Stakeholder Interview Guide**
- **Provider Survey**
- **Focus Group guides**

These data collection tools will provide essential information on each grantee program beyond the performance monitoring data already collected by SAMHSA.

The *Implementation, Sustainability, and Stakeholder Interview Guides* are semi-structured interviews. They are designed to collect data on information related to program implementation facilitators and barriers, infrastructure development, factors related to sustainability, and performance that will inform ongoing recommendations to improve program performance and administration. These interview guides were informed by interview guides used successfully in other evaluations including the SAMHSA Access to Recovery Evaluation, ASPE Medicaid Expansion Evaluation, and the SAMHSA Homeless Programs Evaluations. Each interview is estimated to take approximately one hour. SYT grantees and providers will participate in an interview annually while their program is active. SYT program stakeholders will participate once during the course of their respective grant program. Stakeholders include other organizations or agencies that serve or have a stake hold in helping this population, such as other state/territory/tribe organizations (e.g., child welfare organizations, justice agencies), other community-based providers, or other organizations or agencies that serve or have a stake hold in helping this population, such as other state/territory/tribe organizations (e.g., child welfare organizations, justice agencies), other community-based providers, or community advocacy groups. Grantee programs will be asked to complete the implementation interview annually until the last year of the grant program when they will be asked to complete the sustainability interview. Respondents will include representatives from the grantee, provider and stakeholder organizations involved in the SYT programs.

The *Provider Survey* aims to collect data to help identify program activities and services that are being implemented as part of the SYT grant programs and the impact these activities/services may have on client outcomes and treatment systems. Substance abuse service provider organizations (e.g., treatment facilities implementing evidence-based treatment practices) participating in SYT–ED or SYT–I grants will be asked to participate in the survey. The provider survey will collect data on linkages with the grantee and within the youth substance use treatment system for providing services and a safety net to adolescents, transition age youth, and their families. Topics around grantee dissemination and outreach efforts as well as evidence-based practices, program costs and other training activities will also be explored. The Provider survey is estimated to take approximately 1 hour and SYT–ED provider respondents will complete the survey 2 times, once per year, during the cross-site evaluation while SYT–I provider respondents will complete the survey 3 times, once per year.

The *Focus Group guides* aim to collect the clinicians’ and other direct care staff members’ perspectives in implementing SYT services and the facilitators, barriers and challenges providers encountered. These data will provide valuable contextual data through which to better understand the *Provider Survey* data. Clinicians/staff members are uniquely qualified to answer implementation questions on a client, staff and community level. The *Focus Groups* will allow clinicians/staff members to provide important information around the impact of evidence-based practices in the provider organization and within the community they serve. Clinicians/staff members also will be asked about expectations around evidence-based practices, the effectiveness of implementing evidence-based practices, and the level of engagement from their organization’s leadership and the provider community as a whole.

Each provider in the SYT–ED and SYT–I grantee programs will complete the *Focus Group* once and the estimated time per group is 1.5 hours. For each provider, an average of 6 respondents are expected to join the *Focus Group*.
ESTIMATED ANNUALIZED TOTAL CROSS-PROGRAM DATA COLLECTION BURDEN

<table>
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<tr>
<th>Grantee cohort</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total number of responses</th>
<th>Hours per response a</th>
<th>Total burden hours</th>
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<td>SYT–ED grantees</td>
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<td>286</td>
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<tr>
<td>SYT–I grantees</td>
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<td>1</td>
<td>377</td>
<td>1</td>
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<tr>
<td>SYT–P grantees</td>
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<td>1</td>
<td>104</td>
<td>1</td>
<td>104</td>
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<tr>
<td>Total</td>
<td>767</td>
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<td>767</td>
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<td>767</td>
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</table>

a Hours per response is an average annualized estimate.

ESTIMATED ANNUALIZED TOTAL BURDEN BY DATA COLLECTION INSTRUMENT/ACTIVITY

<table>
<thead>
<tr>
<th>Instrument/activity</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total number of responses</th>
<th>Hours per response a</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
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<td>Sustainability Interviews</td>
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<td>Implementation Interviews</td>
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<td>Stakeholder Interviews</td>
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<td>Provider Survey</td>
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<td>Focus groups</td>
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<td>Total</td>
<td>767</td>
<td></td>
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</tr>
</tbody>
</table>

a Hours per response is an average annualized estimate.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E37–B, Rockville, Maryland 20857. OR email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by June 20, 2016.

Summer King, Statistician.

[FR Doc. 2016–09209 Filed 4–19–16; 8:45 am]
BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–4266–DR; Docket ID FEMA–2016–0001]

Texas; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Texas (FEMA–4266–DR), dated March 19, 2016, and related determinations.

DATES: Effective Date: March 29, 2016.


SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this disaster is closed effective March 29, 2016.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Coral Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households in Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.056, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.059, Hazard Mitigation Grant.

W. Craig Fugate,
Administrator, Federal Emergency Management Agency.

[FR Doc. 2016–09179 Filed 4–19–16; 8:45 am]
BILLING CODE 9111–23–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA–4268–DR; Docket ID FEMA–2016–0001]

Mississippi; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Mississippi (FEMA–4268–DR), dated March 25, 2016, and related determinations.

DATES: Effective Date: April 5, 2016.


SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Mississippi is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of March 25, 2016.

George and Pearl River Counties for Individual Assistance.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Coral Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households in Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.056, Disaster Grants—Public Assistance.