

indepth information useful for expanding and further enhancing the training and TA provided by SAMHSA DTAC, by SAMHSA DTAC, including tailoring resources to specific needs, providing resources in the most useful formats, and creating new resources to fill certain disaster behavioral health preparedness and response gaps. The NAFI will collect information on the following: (1) Familiarity with SAMHSA DTAC; (2) participant background and experiences; (3) general DBH-related needs; and (4) additional feedback related to specific needs identified in the NAS. This instrument is new under the proposed revision. The NAFI will be administered by telephone.

Participation in the NAFI will be solicited from up to 25 state or territory coordinators who completed the NAS—State/Territory Version and up to 25 local providers who completed the NAS—Local Provider Version. These individuals will be selected in such a manner as to obtain representation from various participants of various state/territory demographics, such as geographic region or frequency of disasters.

*SAMHSA DTAC Customer Satisfaction Survey (CSS)*. The CSS will collect data from SAMHSA DTAC customers to ensure that the assistance SAMHSA DTAC provides is up-to-date, applicable, useful, and well received. Specifically, the CSS will collect the experiences and perspectives of: (1) Those who have requested TA (e.g., behavioral health coordinators, project coordinators, local providers) and (2) those who subscribe to SAMHSA DTAC e-communications. The CSS will assess the following: (1) familiarity with SAMHSA DTAC services and resources; (2) satisfaction with SAMHSA DTAC services and resources; (3) recommendations for enhancement of SAMHSA DTAC services and resources; and (4) participant background and demographics.

Revisions to this effort include modifications to the data collection instrument based on changes in SAMHSA DTAC services, modifications to the satisfaction rating scales to further increase clarity and efficiency of administration, and a reduced administration frequency (the proposed collection is for a twice annual administration as opposed to quarterly).

The CSS will be administered by web and telephone.

Participation in the CSS will be solicited from all 50 states, the U.S. territories, and the District of Columbia. The survey will be administered to individuals who have requested TA within the 6 months prior to administration and those who are subscribed to DTAC's e-communications *SAMHSA DTAC Bulletin* or *The Dialogue* at the time of administration. During each administration, those who participated in the most recent administration of the CSS will be excluded.

Internet-based technology will be used to collect data via web-based surveys for the NAS and the CSS and for data entry and management of all proposed instruments. The average annual respondent burden is estimated below. The NAS instruments will be administered every 2 years. The CSS will be administered every six months. Table 1 represents the initial data collection and the burden for the first year. These estimates reflect the average annual number of respondents, the average annual number of responses, the time required for each response, and the average annual burden in hours.

TABLE 1—ANNUALIZED ESTIMATE OF RESPONDENT BURDEN

| Type of respondent          | Instrument                         | Number of respondents | Number of responses per respondent | Total number of responses | Hours per response per respondent | Total burden hours |
|-----------------------------|------------------------------------|-----------------------|------------------------------------|---------------------------|-----------------------------------|--------------------|
| State DBH Coordinator ..... | NAS (State/Territory Version).     | 77                    | 1                                  | 77                        | 0.50                              | 38.50              |
| Local Provider .....        | NAS (Local Provider Version).      | 150                   | 1                                  | 150                       | 0.50                              | 75.00              |
| State DBH Coordinator ..... | DBHNA (State/Territory Version).   | 25                    | 1                                  | 25                        | 0.75                              | 18.75              |
| Local Provider .....        | DBHNA (Local Provider Version).    | 25                    | 1                                  | 25                        | 0.75                              | 18.75              |
| TA Requestor .....          | DTAC Customer Satisfaction Survey. | 300                   | 1                                  | 300                       | 0.25                              | 75.00              |
| Total .....                 | .....                              | 577                   | .....                              | 577                       | .....                             | 226.00             |

Written comments and recommendations concerning the proposed information collection should be sent by April 14, 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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## 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:* Evaluation of SAMHSA Homeless Programs (OMB No. 0930-0320)—Extension

SAMHSA's Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) is conducting an external evaluation of the impact of the Grants for the Benefit of Homeless Individuals (GBHI) and Services in Supportive Housing (SSH) programs. GBHI/SSH grant programs link substance abuse and mental health treatment with housing and other needed services and expand and strengthen these services for people with substance use and co-occurring mental health problems who are homeless. The national cross-site evaluation will assess the effectiveness, efficiency and sustainability of the GBHI/SSH project services for client abstinence, housing stability, homelessness, and related employment, criminal justice and services outcomes, as well as lessons learned to inform future efforts.

The Client Interview—Baseline and the Client Interview—6-Month Follow-up have been developed to assess program impact on client outcomes

based on review of the literature and consultation with a panel of national experts, grantees and SAMHSA. The Client Interview is comprised of questions (unique from the Government Performance and Results Act (GPRA) Client-Level Tool and the National Outcome Measures (NOMS) Client-Level Measures) that measure the outcomes of interest and subpopulations of focus: homelessness, housing, treatment history, readiness to change, trauma symptoms, housing and treatment choice, burden and satisfaction, military service, employment, and criminal justice involvement. Immediately following the SAMHSA-required administration of the GPRA/NOMS client-level tools, which are completed by enrolled accepted clients for each grantee project at baseline and 6-month follow-up, the paper and pencil Client Interview will be administered face-to-face by the GPRA/NOMS interviewer. Questions regarding perception of care and treatment coercion will be self-administered by participating clients and returned to the interviewer in a sealed envelope to be included in the full package mailed to the evaluation

coordinating center by the interviewer. Client participation is voluntary; non-cash incentives will be given at baseline worth a \$10 value and at 6-month follow-up worth a \$25 value. Clients will be assigned unique identifiers by local projects; responses will be recorded on a fill-in-the-bubble answer sheet, mailed by the grantee project to the evaluation coordinating center, and scanned into a secure dataset. This process will eliminate the need for data entry, thereby reducing cost and potential for data entry error, and ensuring privacy for evaluation data.

The Stakeholder Survey will be conducted with GBHI/SSH program stakeholders via a web survey to assess the types of stakeholder partnerships involved in the GBHI/SSH programs and the barriers and strategies developed to overcome barriers to facilitate the implementation and sustainability of project activities under the GBHI/SSH programs. Each survey respondent will be issued a username and password to login to and complete the secure web-based survey. The web-based survey format will reduce burden on the respondent and minimize potential for measurement error.

#### ESTIMATE OF ANNUALIZED BURDEN HOURS

| Instrument/Activity                                 | Number of respondents | Number of responses per respondent | Total number of responses | Average burden per response | Total burden hours per collection |
|---|-----------------------|------------------------------------|---------------------------|-----------------------------|-----------------------------------|
| Client Interview:                                   |                       |                                    |                           |                             |                                   |
| Baseline Data Collection .....                      | 5,885                 | 1                                  | 5,885                     | .33                         | 1,942                             |
| 6-Month Follow-up Data Collection (80% of baseline) | 4,708                 | 1                                  | 4,708                     | .40                         | 1,883                             |
| Stakeholder Survey .....                            | 648                   | 1                                  | 648                       | .28                         | 181                               |
| <b>TOTAL .....</b>                                  | <b>11,241</b>         | <b>.....</b>                       | <b>11,241</b>             | <b>.....</b>                | <b>4,006</b>                      |

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Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

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#### DEPARTMENT OF HOMELAND SECURITY

##### U.S. Customs and Border Protection

##### Agency Information Collection Activities: Foreign Trade Zone Annual Reconciliation Certification and Record Keeping Requirement

**AGENCY:** U.S. Customs and Border Protection, Department of Homeland Security.

**ACTION:** 30-day notice and request for comments; extension of an existing collection of information: 1651-0051.

**SUMMARY:** U.S. Customs and Border Protection (CBP) of the Department of Homeland Security will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act: Foreign Trade Zone Annual Reconciliation Certification and Record Keeping Requirement. This is a proposed extension of an information collection that was previously approved. CBP is proposing that this information collection be extended with a change to the burden hours. This document is published to obtain comments from the public and affected agencies. This proposed information collection was previously published in