assay based on 5-bromo-2'-deoxyuridine (BrdU) incorporation. Toxicology Letters 119(3): 203–208.

Dated: June 16, 2010.

John R. Bucher,

Associate Director, National Toxicology Program.

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BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–09CJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC, or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Promoting HIV Testing among Low Income Heterosexual Young Adult Black Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The lifetime risk of acquiring HIV infection for black men is 1 in 16. Heterosexual transmission is the second highest category for HIV infection among black men, yet we know little about how to successfully access heterosexual black men with HIV prevention and testing messages. CDC is requesting OMB approval for 2 years to collect data for this 3-phase study. The data collection will take place in Queens and Brooklyn, New York.

The purpose of the proposed study is to elicit attitudes about HIV testing among a community-based sample of non-Hispanic black, heterosexual men, ages 18–25, who were recently arrested or who were recently released from jail/prison. The study will develop culturally-tailored and gender-specific educational materials that promote HIV testing among this population. The data collection process will take approximately 2 years.

There will be a screening for each phase, 30 respondents for the one-on-one, 300 respondents for the survey, and 40 for the focus group. In Phase 1, local investigators will conduct qualitative interviews with 20 non-Hispanic black, heterosexual men, ages 18–25, who were recently arrested or who were recently released from jail/prison and meet screening criteria. The interviews will identify their attitudes towards HIV testing, socio-cultural norms, and perceived behavioral control factors that influence HIV testing. The interviews will also elicit their opinions of how to promote HIV testing among their peers. Each interview will last approximately 1.5 hours. During Phase 2, the results from Phase I will be used to identify variables for a survey that will examine attitudes towards HIV testing, socio-cultural norms, and perceived behavioral control factors to HIV testing intentions and behaviors. The survey will include 250 non-Hispanic black heterosexual men, ages 18–25, who meet screening criteria. Each survey will last approximately 30 minutes.

During Phase 3, using Phase 1 and 2 results, educational materials promoting HIV testing among 24 non-Hispanic black heterosexual men will be developed and pilot tested in focus groups of young black men who meet screening criteria to evaluate the acceptability of the materials.

This study will provide important epidemiologic information useful for the development of HIV prevention interventions for young black men.

There is no cost to respondents except for their time. The estimated annualized burden hours are 265.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondents	Average burden per responses (hours)
General public	Screener for one-on-one interviews	30	1	10/60
General public	One-on-one interviews	20	1	1.5
General public	Screener for surveys	300	1	10/60
General public	Surveys	250	1	30/60
General public	Screener for focus groups	40	1	10/60
General public	Focus groups	24	1	2

Dated: June 17, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–15782 Filed 6–28–10; 8:45 am]

BILLING CODE 4163–18–P

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 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: Evaluation of Pregnant and Postpartum Women (PPW) Program

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is funding 11 fiscal year (FY) 2009 Services Grants for the Residential Treatment for Pregnant and Postpartum Women (PPW) Program. The purpose of the PPW Program is to provide cost-effective, comprehensive, residential treatment services for pregnant and postpartum women who suffer from alcohol and other drug use problems, and for their infants and children impacted by the perinatal and environmental effects of maternal substance use and abuse.

Section 508 [290bb–1] of the Public Health Service Act mandates the evaluation and dissemination of findings of residential treatment programs for pregnant and postpartum women. This cross-site accountability assessment will assess project activities implemented for these services.

CSAT is requesting approval for a total of 8,404 burden hours for this new data collection. CSAT is requesting approval for a total of 23 instruments. Of these 23 instruments, 18 instruments are client-level tools and 5 instruments are process-level tools. To examine the effectiveness and impact of the PPW program, the current design includes both client-level outcomes and process evaluation components. The purpose of the outcome evaluation component is to examine the extent to which grantees accomplish the five core goals specified by the PPW program request for applications (RFA). These goals include:

- Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (*e.g.,* inhalants) among pregnant and postpartum women;
- Increase safe and healthy pregnancies; improve birth outcomes; and reduce related effects of maternal drug abuse on infants and children;
- Improve the mental and physical health of the women and children;
- Improve family functioning, economic stability, and quality of life; and
- Decrease involvement in and exposure to crime, violence, sexual and physical abuse, and child abuse and neglect.

In order to help interpret client-level outcomes, the process evaluation will explore what grantees are actually doing, how well they are doing it, any challenges encountered, and strategies grantees used to address them.

Data collection instruments will be used to collect outcome and process data for this cross-site accountability evaluation, program and treatment planning, and local evaluations. For clients, data will be collected from women at four time points (intake, 6-months post-intake, discharge, and 6-months post-discharge), consistent with the GPRA data collection schedule. The schedule for collecting child data is similar to the mothers, with the addition of a 3-month post-intake time point. The following interview instruments will be used for women, fathers/mother's partner, and children:

Women Focused Tools

- BASIS–24® (psychological symptomology).
- Child Abuse Potential Inventory (overall risk for child physical abuse).
- Ferrans and Powers Quality of Life Index (quality of life measure).
- Family Support Scale (helpfulness of sources of support to parents raising a young child).
- Women's Discharge Tool (services received, length of stay, treatment goals achieved).
- Staff Completed Women's Items (pregnancy status, problems and outcomes).
- Items Administered to Women (children residing with mother in treatment, tobacco use, physical abuse and sexual abuse in the past year).

Father and Partner Focused Tools

- Ferrans and Powers Quality of Life Index (quality of life measure).

Child Focused Tools

- Brief Infant Toddler Social and Emotional Assessment (children 12–35 months; social and emotional assessment).
- Child Data Collection Tool (all children; descriptive biopsychosocial measure).
- Children's Discharge Tool (all children; services received, length of stay, treatment goals achieved, whether child lived in the facility).
- CRAFFT (children 11–17; adolescent substance use screen).
- Newborn's Medical Record Audit (childen birth-3 months; birth outcomes).
- Parenting Relationship Questionnaire (children 2–17 years; parent's relationship with child).
- Parenting Stress Index (children 1 month—12 years; parenting stress).
- Social Skills Improvement System (children 3–17 years; social skills).
- Trauma Symptom Checklist for Young Children (3–12 years; trauma symptoms).
- Staff Completed Child Items (children 0–17; prematurity, child's recent primary residence, whether child will reside in treatment with mother).
- Staff Completed Newborn Items (children 0–3 months; prematurity, length of stay in hospital, neonatal intensive care unit (NICU), and treatment for neononatal abstinence syndrome).

Note that all child focused tools are records reviews or administered as maternal interviews with the exception of CRAFFT, which is administered to the children directly.

Process Evaluation Tools

- Biannual Project Director Telephone Interview (interview with grantee project directors to clarify information reported in their biannual progress reports);
- Site Visit Protocol—Client Focus Group (focus groups with clients to gather information about their experience in the program);
- Site Visit Protocol—Clinical Director(s)/Supervisor(s) (interviews with both the director of clinical services for women and the director of clinical services for children to gather more specific information about clinical services);
- Site Visit Protocol—Counselor(s) (interviews with counselors to gather information related to daily treatment operations and their experience in providing services); and
- Site Visit Protocol—Program Director (interview with grantee program directors gather information about overall PPW programmatic issues).

All data will be collected using a combination of observation, records review, questionnaires, and personal interviews. CSAT will use this data for accountability reporting, and program monitoring to inform public policy, research, and programming as they relate to the provision of women's services. Data produced by this study will provide direction to the type of technical assistance that will be required by service providers of women's programming. In addition, the data will be used by individual grantees to support progress report efforts.

The total annualized burden to respondents for all components of the PPW program is estimated to be 8,404 hours. Table A–1 presents a detailed

breakdown of the annual burden for all data collection instruments for all respondents (*i.e.,* mother, child, project staff, partner/father (family members), medical staff, project director, clinical director, counselor, program director). The number of respondents for all child-focused tools is weighted, based on the percentage of children within the appropriate age bracket in the prior PPW evaluation. With the exception of the CRAFFT, all child-focused tools are completed for the child by the mother or project staff. The burden estimates, also summarized in Table A–2, are based on the reported experience of the 2006 cohort, proprietary instrument developer estimates and experience, pre-testing of the additional items completed by staff and administered to women, and pre-testing of process evaluation measures. There are no direct costs to respondents other than their time to participate.

TABLE A–1—DETAILED ANNUAL BURDEN FOR ALL INTERVIEWS AND SURVEYS

Interviews and surveys	Respondent	Number of respondents [1]	Responses per respondent	Total responses	Burden per resp. (hrs.)	Total burden (hrs.)
Child Focused Interviews						
CRAFFT (11–17 yrs) [2]	Child	70	5	350	0.08	28
Brief Infant Toddler Social and Emotional Assessment (12–35 mos) [3].	Mother	141	5	705	0.17	120
Child Data Collection Tool (0–17 yrs) [4]	Mother	440	2	880	0.75	660
Parenting Relationship Questionnaire (2–17 yrs) [5]	Mother	387	5	1,935	0.25	484
Parenting Stress Index (1 month–12 yrs) [6]	Mother	418	10	4,180	0.5	2,090
Social Skills Improvement System (3–17 yrs) [7]	Mother	326	5	1,630	0.42	685
Trauma Symptom Checklist for Young Children (3–12 yrs) [8].	Mother	290	5	1,450	0.33	479
Women Focused Interviews						
BASIS–24®	Mother	440	4	1,760	0.25	440
Child Abuse Potential Inventory	Mother	440	4	1,760	0.33	581
Family Support Scale	Mother	440	4	1,760	0.17	299
Ferrans and Powers Quality of Life Index (Women)	Mother	440	4	1,760	0.17	299
Items Administered to Women	Mother	440	4	1,760	0.17	299
Fathers and Partners Interview						
Ferrans and Powers Quality of Life Index (Partners)	Partner/Father	110	2	220	0.17	37
Staff Completed Items/Record Reviews at 11 Facilities						
Children's Discharge Tool (0–17 yrs) [9]	Project Staff	11	80	880	0.58	510
Women's Discharge Tool	Project Staff	11	40	440	0.58	255
Newborn's Medical Record Audit (0–3 mos) [10]	Medical Staff	11	25	275	0.08	22
Staff Completed Newborn Items	Medical Staff	11	25	275	0.25	69
Staff Completed Child Items (0–17 yrs) [11]	Project Staff	11	400	4,400	0.08	352
Staff Completed Women's Items [12]	Project Staff	11	160	1,760	0.17	299
Process Evaluation						
Biannual Project Director Telephone Interview	Project Director	11	2	22	1	22
Site Visit Protocol—Client Focus Group [13]	Mother	176	1	176	1.5	264
Site Visit Protocol—Clinical Director/Supervisor	Clinical Director/Supervisor.	22	1	22	2	44
Site Visit Protocol—Counselor(s)	Counselor	33	1	33	1	33
Site Visit Protocol—Program Director	Program Director.	11	1	11	3	33
Total		4,701		28,444		8,404

[1] Data will be collected from women at four time points (intake, 6-months post-intake, discharge, and 6-months post-discharge), consistent with the GPRA data collection schedule. Figures in this table are based on 40 mothers per site with 2 children and 0.25 father/partner per mother. The schedule for collecting child data is similar to the mother's with the addition of a 3-months post-intake time point with selected tools for a total of five time points. All child focused tools are completed by the mother of project staff, with the exception of CRAFFT. For fathers and partners, data will be collected at two points (intake and discharge).

[2] Based on 8% of 880 minor children ages 11 to 17 at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[3] Based on 16% of 880 minor children ages 12–35 months at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[4] Based on 440 mothers having 2 minor children at intake and/or delivery.

[5] Based on 44% of 880 minor children ages 2 to 17 at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[6] Based on 95% of 880 minor children ages 1 month to 12 years (n=836). For simplicity, this calculation assumes that 95% of mothers have two children in this age group and complete the tool for each child at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[7] Based on 37% of 880 minor children ages 3 to 17 at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[8] Based on 33% of 880 minor children ages 3 to 12 at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[9] Based on 1 staff member at each of the 11 programs completing the tool for 80 children at discharge.

[10] Based on 31% of 880 minor children ages 0–3 months at intake or delivery.

[11] Based on 80 minor children per site ages 0 to 17 at intake, 3 months, 6 months, discharge, and 6-months post-discharge.

[12] Based on 1 staff member at each of the 11 programs completing items for 40 women at intake, 6 months, discharge, and 6-months post-discharge.

[13] Based on 2 focus groups with 8 mothers at each site.

TABLE A–2—SUMMARY TOTAL ANNUAL RESPONDENT BURDEN

Respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Mothers	440		19,756		6,700
Family Members	110		220		37
Children (11–17 yrs)	70		350		28
Medical Staff	11		550		91
Project Staff	11		7,480		1,416
Project Director	11		22		22
Clinical Director/Supervisor	22		22		44
Counselor	33		33		33
Program Director	11		11		33
Total	719		28,444		8,404

Note: Total number of respondents represents the number of each type of respondent that will be completing at least *one* tool across eleven sites over one year of data collection. The number of respondents (719) reported on this table differs from Table A–1 total number of respondents (4,701) which reflects completion of *all* tools across eleven sites over one year of data collection.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1044, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received within 60 days of this notice.

Dated: June 22, 2010.

Elaine Parry,

Director, Office of Program Services.

[FR Doc. 2010–15722 Filed 6–28–10; 8:45 am]

BILLING CODE 4162–20–P

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.

Proposed Project: SAMHSA Application for Peer Grant Reviewers (OMB No. 0930–0255)—Extension

Section 501(h) of the Public Health Service (PHS) Act (42 U.S.C. 290aa) directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish such peer review groups as are needed to carry out the requirements of Title V of the PHS Act. SAMHSA administers a large discretionary grants program under authorization of Title V, and, for many years, SAMHSA has funded grants to provide prevention and treatment services related to substance abuse and mental health.

In support of its grant peer review efforts, SAMHSA desires to continue to expand the number and types of reviewers it uses on these grant review committees. To accomplish that end, SAMHSA has determined that it is important to proactively seek the inclusion of new and qualified representatives on its peer review groups. Accordingly SAMHSA has developed an application form for use by individuals who wish to apply to serve as peer reviewers.

The application form has been developed to capture the essential information about the individual applicants. Although consideration was given to requesting a resume from interested individuals, it is essential to have specific information from all applicants about their qualifications. The most consistent method to accomplish this is through completion of a standard form by all interested persons which captures information about knowledge, education, and experience in a consistent manner from all interested applicants. SAMHSA will use the information provided on the applications to identify appropriate peer grant reviewers. Depending on their experience and qualifications, applicants may be invited to serve as either grant reviewers or review group chairpersons.

The following table shows the annual response burden estimate.

Number of respondents	Responses/respondent	Burden/responses (hours)	Total burden hours
500	1	1.5	750