

programs by enhancing the use of research-informed practices in early childhood. Finally, the Committee will be asked to provide recommendations on the overall Head Start research agenda, including—but not limited to—how the Head Start Impact Study fits within this agenda. The Committee will provide advice regarding future research efforts to inform HHS about how to guide the development and implementation of best practices in Head Start and other early childhood programs around the country.

The Department will give close attention to equitable geographic distribution and to minority and gender representation in making appointments to the Committee, so long as the effectiveness of the Committee is not diminished.

**II. Copies of the Charter**

To obtain a copy of the Committee’s Charter, submit a written request to the above contact.

**Carmen R. Nazario,**  
*Assistant Secretary for Children and Families.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–10–0696]

**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**

HIV Prevention Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations (PEMS)—Revision—(OMB No. 0920–0696 exp. 8/31/2010)—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

This is a revision of a data collection that is being incrementally implemented. The currently approved collection under the HIV Prevention Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations (PEMS, 0920–0696) was approved on August 22, 2007, for three years (until August 31, 2010). This revision includes a request to change the title to “National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data”. The purpose of this request is to collect standardized HIV prevention program monitoring and evaluation data from health department and community-based organization (CBO) grantees. Standardized data on agencies, program plans, HIV testing, health education/risk reduction, health communication/public information, and partner services has begun during the three years of the previous approval. Analysis and reporting of these data to stakeholders, including HHS and Congress, has also begun and the intent is to continue both data collection and reporting on an ongoing basis.

Per HIV prevention cooperative agreements, CDC requires non-

identifying, client-level, standardized evaluation data from health department and CBO grantees to: (1) More accurately determine the extent to which HIV prevention efforts have been carried out, what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided, and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet these data needs; and (3) be accountable to stakeholders by informing them of efforts made and use of funds in HIV prevention nationwide.

Although CDC received evaluation data from grantees prior to the PEMS, the data received previously were insufficient for evaluation and accountability. Furthermore, there was not standardization of required evaluation data from both health departments and CBOs. Changes to the evaluation and reporting process were necessary to ensure CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed the PEMS (now NHM&E) variables through consultation with representatives from health departments, CBOs, and national partners (e.g., The National Alliance of State and Territorial AIDS Directors, Urban Coalition of HIV/AIDS Prevention Services, and National Minority AIDS Council).

Respondents will collect, enter, and report general agency information, program model and budget data, and client demographics and behavioral risk characteristics. (Data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry.) Agencies will submit data quarterly. There are no costs to respondents. The total estimated annual burden hours are 298,660.

**ESTIMATE OF ANNUALIZED BURDEN**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health jurisdictions .....	65	4	138
Health jurisdictions (CTR-scan) .....	30	4	616
Health jurisdictions (CTR non-scan) .....	35	4	439
Health jurisdictions (Training) .....	65	4	10
Community-Based Organizations .....	300	4	84
Community-Based Organizations (CTR) .....	100	4	30
Community-Based Organizations (Training) .....	300	4	10

Dated: June 16, 2010.  
**Maryam I. Daneshvar,**  
*Reports Clearance Officer, Centers for Disease Control and Prevention.*  
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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: Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV)—NEW**

This data collection is to study the risk and protective factors related to substance use and HIV. The primary purpose of the Project is to conceptualize, plan, and implement a multi-site valuation to investigate the process, outcome, and effect of substance abuse treatment and HIV/AIDS services provided by 48 SAMHSA grantees. The grantees' focus is on enhancing and expanding substance abuse treatment and/or outreach and pretreatment services in conjunction with HIV/AIDS services in African American, Hispanic/Latino, and other racial and ethnic minority communities. A multi-stage approach has been used to develop the appropriate theoretical framework, conceptual model, evaluation design and protocols, and data collection instrumentation. Process and outcome measures have been developed to fully capture community and contextual conditions, the scope of the TCE-HIV Grantee program implementation and activities, and client outcomes. A mixed-method approach (survey, semi-structured

interviews, focus groups) will be used, for example, to examine collaborative community linkages established between grantees and other service providers (e.g., primary health care, medical services for persons living with HIV/AIDS, substance abuse recovery support services), determine which program models and what type and amount of client exposure to services contribute to significant changes in substance abuse and HIV/AIDS risk behaviors of the targeted populations, and determine the impact of the TCE-HIV services on providers, clients, and communities.

The process data collection for the project will be conducted bi-annually (i.e., every other year during the 4-year period) and the client outcome data collection is ongoing throughout the project and will be collected at baseline/intake, discharge and 6 months post baseline/intake for all treatment clients. The respondents are clinic-based social workers and counselors (e.g., social workers, licensed alcohol and drug counselors, licensed clinical professional counselors, licensed clinical social workers), clinic-based administrators and clinic-based clients.

**TCE-HIV MULTI-SITE DATA COLLECTION BURDEN FOR CLIENTS, GRANTEE STAFF, AND COLLABORATORS**

Instrument/Activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Baseline data collection (clients) .....	4,800	1	4,800	.42	2,016
Discharge data (clients) .....		1	4,800	.42	2,016
6 months post baseline data collection (clients) .....		1	3,840	.42	1,613
Treatment focus group Year 2 (client) .....		1	360	1.0	360
Treatment focus group year 4 (client) .....		1	360	1.0	360
<b>Client Subtotal .....</b>	<b>4,800</b>	<b>.....</b>	<b>14,160</b>	<b>.....</b>	<b>6,365</b>
<b>Annualized Client Total .....</b>	<b>1,600</b>	<b>—</b>	<b>4,720</b>	<b>—</b>	<b>2,122</b>
Project Director/Program Manager (Semi-Structured Interviews) .....	96	2	192	.75	144
<b>Annualized PD/PM Total .....</b>	<b>32</b>	<b>—</b>	<b>64</b>	<b>—</b>	<b>48</b>
Grantee Direct Services Staff (Semi-Structured Interviews) .....	432	2	864	1.0	864
<b>Annualized Service Staff Total .....</b>	<b>144</b>	<b>—</b>	<b>288</b>	<b>—</b>	<b>288</b>
Treatment Dosage Form (Completed by program staff) .....	4,800	1	4,800	.25	1,200
<b>Annualized Dosage Total .....</b>	<b>1,600</b>	<b>—</b>	<b>1,600</b>	<b>—</b>	<b>400</b>
Community Collaborators (Semi-Structured Interviews) .....	240	2	480	1.0	480
<b>Annualized Collaborators Total .....</b>	<b>80</b>	<b>—</b>	<b>160</b>	<b>—</b>	<b>160</b>
<b>TOTAL .....</b>	<b>10,368</b>	<b>.....</b>	<b>20,496</b>	<b>.....</b>	<b>9,053</b>
<b>Annualized Totals (3-year clearance for project) .....</b>	<b>3,456</b>	<b>—</b>	<b>6,832</b>	<b>—</b>	<b>3,018</b>