those that have been conducted in several European countries.

CDC proposes to conduct two surveys to collect this data. The first survey will be a limited roll-out survey and will be conducted in 30 facilities across 10 States in collaboration with State public health authorities and CDC's Emerging Infections Program (EIP). The survey will be conducted on a single day in participating facilities. Infection Control Practitioners in participating facilities, such as infection control personnel, will collect limited demographic and clinical information on a sample of eligible inpatients and, on the same day, EIP site personnel will collect information on HAIs and antimicrobial use for surveyed patients who are on antimicrobial therapy at the time of the survey. The second survey will involve 500 facilities across the same 10 States and use the same methodology. As with the first survey, CDC will collaborate with State public health authorities and EIP sites.

CDC will use the data provided to estimate the prevalence of HAIs and antimicrobial use across this sample of U.S. hospitals as well as to estimate the distribution of infection types, causative organisms, and nature of and rationale for antimicrobial use.

This proposed project supports CDC's Strategic Goal of "Healthy Healthcare Settings," specifically the objectives to "Promote compliance with evidence-based guidelines for preventing, identifying, and managing disease in healthcare settings" and "Prevent adverse events in patients and healthcare workers in healthcare settings." There are no costs to respondents, other than their time to complete the survey.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Infection Control Practitioners—Survey #1	30	83	5/60	208
EIP personnel—Survey #1	10	99	15/60	248
Infection Control Practitioners—Survey #2	500	83	5/60	3,458
EIP personnel—Survey #2	10	1650	15/60	4,125
Total				8,039

Dated: January 22, 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: Addiction Technology Transfer Centers (ATTC) Network Program Monitoring (OMB No. 0930–0216)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) will continue to monitor program performance of its Addiction Technology Transfer Centers (ATTCs). The ATTCs disseminate current health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, Agency for Healthcare Research and Quality, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the ATTCs develop and update state-of-the-art, research-based curricula and professional development training.

Each of the forms is described below. SAMHSA/CSAT is proposing to revise the Event Description and Post-Event forms currently used by the ATTCs. The Follow-Up forms will not be changed. The Pre-Events forms currently in use will be eliminated.

Sixty percent of the forms are administered in person to participants at educational and training events, who complete the forms by paper and pencil. Ten percent of the training courses are online, and thus, those forms are administered online. The remaining thirty percent is made up of 30-day follow-up forms that are distributed to consenting participants via electronic mail using an online survey tool.

(1) The Event Description Form will be revised. The form collects event information. It includes questions regarding the SAMHSA priority areas and cross-cutting principles covered by the content of the event. SAMHSA's priority areas and cross-cutting principles have been revised since this form was approved, so the form will be revised to match the updated priorities and principles. In addition, the Event Description Form asks which of SAMHSA's Technical Assistance Publications (TAPs) and Treatment Improvement Protocols (TIPs) were used during the event. New TIPs and TAPs have been published since the form was approved. Those new TIPs and TAPs will be added to the form.

(2) The Pre-Event Form for meetings, technical assistance events, and training events will be eliminated. The demographic information that was collected on this form will be added to the Post-Event Forms. By incorporating this demographic information on the Post-Event Forms, the Pre-Event Form can be eliminated, thereby reducing the response burden for participants.

(3) The Post-Event Form for all events will be revised. The five current demographic questions will be revised to reflect a more current understanding of the field, and five additional demographic questions will be included.

(4) The Follow-Up Form for all events will remain the same as the ones currently in use by the ATTCs.

Event Description: The event description form asks approximately 10 questions of the ATTC faculty/staff for each of the ATTC events. The approved form asks the event focus, format, and publications to be used in the event. As noted above, it will be revised to reflect updates to SAMHSA's priority areas and cross-cutting principles and the publication of new TIPs and TAPs.

Technical Assistance and Meeting Events Forms

The ATTCs provide technical assistance, which is a jointly planned consultation generally involving a series of contacts between the ATTC and an outside organization/institution during which the ATTC provides expertise and gives direction toward resolving a problem or improving conditions. The ATTCs hold meetings, which are ATTC sponsored or co-sponsored events in which a group of people representing one or more agencies other than the ATTC work cooperatively on a project, problem, and/or a policy. The ATTCs will collect satisfaction measures after each technical assistance and meeting event. The ATTCs will base the Post-Event Form on the approved CSAT Government Performance and Results Act (GPRA) Customer Satisfaction form (OMB # 0930–0197). The only revision to this GPRA form will be that the ATTCs will revise the five current demographic questions asked on this form and include five additional demographic questions. The ATTCs will collect satisfaction measures 30 days after each event by using the approved CSAT Government Performance and Results Act (GPRA) Customer Satisfaction form (OMB # 0930–0197). The ATTCs are eliminating the Technical Assistance and Meeting Pre-Event Forms currently in use.

Post-Event Form for Technical Assistance and Meetings: The Post-Event Information form for technical assistance and meetings asks approximately 25 questions of each individual that participated in the event. The current form asks the participants to report satisfaction with the quality of the event and event materials, and to assess their level of skills in the topic area. The five current demographic questions on the form will be revised to reflect a more current understanding of the field, and five additional demographic questions will be included. The form will ask participants to report demographic information, education, profession, field of study, status of certification or licensure, workplace role, and employment setting.

30-Day Follow-Up Form for Technical Assistance and Meetings: The Follow-up Information Form for technical assistance and meetings asks about 20 questions of about 25 percent of consenting participants. The approved form asks the participants to report satisfaction with the quality of the event materials, to assess their level of skills in the topic area, and to report whether or not they have shared information from the event at their place of work. This form is already approved by OMB and will not be revised (OMB # 0930–0197).

Training Forms

Trainings are defined as ATTC sponsored or co-sponsored events, mainly focusing on the enhancement of knowledge and/or skills of counselors and other professionals who work with individuals with substance use disorder-related problems. The ATTCs will collect information from training participants at the end of the training event by using a revised version of the currently approved Post-Event Form for training. The current approval for this form is under OMB # 0930–0216. The only revision to this Post-Event Form will be that the ATTCs will revise the five current demographic questions asked and include five additional demographic questions. The ATTCs will collect information from training participants 30 days after the training event by using the same form currently approved for this purpose under OMB # 0930–0216. The Pre-Event Form for training will be eliminated.

Post-Event Form for Training: The Post- Form for Training asks approximately 25 questions of each individual that participated in the training. The approved form asks the participants to report satisfaction with, usefulness of, and quality of the training and training materials as well as to assess their level of skills in the topic area. The five current demographic questions on the form will be revised to reflect a more current understanding of the field, and five additional demographic questions will be included. The form will ask participants to report demographic information, education, profession, field of study, status of certification or licensure, workplace role, and employment setting.

Follow-up Form for Training: The Follow-up Information Form for Training asks about 25 questions of about 25 percent of consenting participants. The approved form asks the participants to report satisfaction with, usefulness of, and quality of the training and training materials as well as to assess their level of skills in the topic area. The form also asks participants to report whether or not they have shared information from the event at their place of work and which, if any, barriers they have encountered to applying the information gained from the training. This form is already approved by OMB and will not be revised (OMB # 0930–0216).

The information collected on the ATTC forms will assist CSAT in documenting the numbers andtypes of participants in ATTC events, describing the extent to which participants reportimprovement in their clinical competency, and which method is most effective in disseminatingknowledge to various audiences. This type of information is crucial to support CSAT incomplying with GPRA reporting requirements and will inform future development of knowledgedissemination activities. In the future, SAMHSA is considering including additional performancemonitoring measures for the ATTC program. More robust measures of the impact of ATTCtraining and technology transfer efforts are being considered.

The chart below summarizes the annualized burden for this project.

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Total annual burden hours
Faculty/staff				
Event Description Form	250	1	.25	62.50
Meeting and Technical Assistance Participants	.....	.....	.....	.....
Post-Event Form	5,000	1	.12	600
Follow-up Form	Covered under CSAT Government Performance and Results Act (GPRA) Customer Satisfaction form (OMB # 0930–0197)			
Training Participants	.....	.....	.....	.....
Post-Event Form	30,000	1	.16	4,800
Follow-up Form	7,500	1	.16	1,200

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Total annual burden hours
Total	42,750			6,662.50

Written comments and recommendations concerning the proposed information collection should be sent by February 26, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–5806.

Dated: January 19, 2010.

Elaine Parry,

Director, Office of Program Services.

[FR Doc. 2010–1572 Filed 1–26–10; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–10–10BA]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

Development and Testing of an HIV Prevention Intervention Targeting Black Bisexually-Active 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

African Americans continue to be disproportionately affected by HIV/AIDS. Results from the National HIV Behavioral Surveillance Project published in the June 2006 Morbidity and Mortality Weekly Reports showed that during 2001–2004, although African-Americans accounted for approximately 13 percent of the population, they accounted for the majority (51 percent) of HIV/AIDS diagnoses in 33 states. Black men who have sex with men (MSM) have been identified as the population segment with the highest rates of HIV infection in the U.S. and as a population in need of new HIV prevention interventions. Previous research indicates that 20% to 40% of Black MSM also have female sex partners. Interventions developed for gay men may not be relevant or appropriate for men who have sex with men and women (MSMW), many of whom do not self-identify as gay and who may need different prevention strategies for their male and female partners. No interventions in the scientific literature with demonstrated efficacy in reducing HIV-related sexual risk behaviors have been developed and evaluated specifically for African-American MSMW. The proposed study is essential for developing effective HIV/AIDS prevention interventions for at-risk African-American MSMW and for informing policies and programs that will more effectively protect them and their partners from infection.

The purpose of the proposed study is to develop and pilot-test three novel behavioral interventions to reduce sexual risk for HIV infection and transmission among African-American MSMW who do not inject drugs. Eligible respondents will be recruited using chain referral sampling techniques. Three study sites (Public Health Management Corporation (PHMC), Nova Southeastern University, and California State University (CSU) at Dominguez Hills) will use a randomized controlled trial to evaluate the effectiveness of the intervention. Respondents will be reimbursed up to a total of $300 for their time and for completing all data collection forms. If these interventions are found to be effective, organizations that implement risk-reduction interventions will be able to use the curricula to intervene with this population more successfully. Ultimately, the beneficiary of this data collection will be African-American MSMW at risk for HIV. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden (in hours)
Prospective Participant	Screening Instrument	1,250	1	5/60	104
Enrolled Participant	Locator Form	750	1	10/60	125
Enrolled Participant-PHMC	Baseline Assessment	250	1	1	250
Enrolled Participant-Nova	Baseline Assessment	240	1	1	240
Enrolled Participant-CSU	Baseline Assessment	260	1	1	260
Enrolled Participant-PHMC	Acceptability Survey	250	6	10/60	250
Enrolled Participant-Nova	Acceptability Survey	240	1	10/60	40