

Dated: June 15, 2009.

Jeffrey Shuren,

Associate Commissioner for Policy and Planning.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Cross-Site Evaluation of the Infant Adoption Awareness Training Program for Projects Initially Funded in Fiscal Year 2006-NEW.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), Childrens Bureau (CB), will conduct the Cross-Site Evaluation of the Infant Adoption Awareness Training Program (IAATP). Title XII, subtitle A, of the Childrens Health Act of 2000 (CHA) authorizes the Department of Health and Human Services to make Infant Adoption Awareness Training grants available to national, regional, and local adoption organizations for the purposes of developing and implementing programs that train the staff of public and non-profit private health service organizations to provide adoption information and referrals to pregnant women on an equal basis with all other courses of action included in non-

directive counseling of pregnant women. Participants in the training include individuals who provide pregnancy or adoption information and those who will provide such services after receiving the training, with Title X (relating to voluntary family planning projects), section 330 (relating to community health centers, migrant health centers, and centers serving homeless individuals and residents of public housing), and CHA-funded school-based health centers, receiving priority to receive the training. A total of six organizations were awarded IAATP funding in 2006.

Section 1201(a)(2)(A) of the IAATP legislation requires grantees to develop and deliver trainings that are consistent with the Best Practice Guidelines for Infant Adoption Awareness Training. The IAATP guidelines address training goals, basic skills, curriculum and training structure. A complete description of the guidelines is available at http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/iaatp.htm.

In addition, grantees are required to conduct local evaluation of program outcomes and participate in the national evaluation of the extent to which IAATP training objectives are met. The Infant Adoption Awareness Training Program: Trainee Survey is the primary data collection instrument for the national cross-site evaluation. Respondents will complete the survey prior to receiving training and approximately 90 days after the training to assess the extent to which trainees demonstrate sustained gains in their knowledge about adoption, and to determine the impact of the training on their subsequent work with pregnant women.

1. Do health care workers who participate in the IAATP training: Demonstrate enhanced knowledge, attitudes, skills, and behaviors with respect to adoption counseling following completion of the program? Provide adoption information to pregnant women on an equal basis with other pregnancy planning options? Demonstrate enhanced awareness of community adoption-related resources and refer expectant mothers to them as needed?

2. Are trainees more confident about discussing all three pregnancy planning options (parenting, abortion, and adoption) in a non-directive counseling style than they were prior to participating in the training? Cross-site evaluation data will be collected on an annual basis throughout the five-year funding period. Pre-test and follow-up versions of the survey are expected to require approximately 10 to 15 minutes to complete. Estimated response time for the follow-up survey includes time for respondents to access the Web-based survey, complete the survey online, and electronically submit the survey. Respondents will not need to implement a recordkeeping system or compile source data in order to complete the survey. Where possible, fields in the follow-up version of the survey will be pre-filled with static data from the respondents pre-test (e.g., demographics, agency type) in order to further expedite completion of the survey and minimize respondent burden.

Respondents: Infant Adoption Awareness Program Trainees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
IAATP: Trainee Survey Pre-Test Administration	1,200	1	0.15	180
IAATP: Trainee Survey Follow-Up Administration	1,200	1	0.10	120

Estimated Total Annual Burden Hours: 300.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: October 1, 2008.

Janean Chambers,

Reports Clearance Officer.

Editorial Note: This document was received in the Office of the **Federal Register** on June 17, 2009.

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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.

Proposed Project: Rapid HIV Testing Clinical Information Form for the Minority AIDS Initiative (MAI) for Ethnic and Racial Minorities at Risk for Substance Use and HIV/AIDS—Reinstatement

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), is requesting an OMB review and approval of the Minority AIDS Initiative (MAI) Rapid HIV Testing Clinical Information Form that will be utilized for ethnic and racial minority groups at risk for substance use and HIV/AIDS that are served by CSAT's TCE-HIV grantees. The MAI

Rapid HIV Testing Clinical Information Form would allow SAMHSA/CSAT to collect essential clinical information that will be used for quality assurance, quality performance, and product monitoring on approximately 30,000 rapid HIV test kits to be provided to ethnic and racial minority communities at no cost to the recipient provider organizations. The MAI Rapid HIV Testing Clinical Information Form would support quality of care, provide adequate clinical and product monitoring, and provide appropriate safeguards against fraud, waste and abuse of Federal funds. SAMHSA's approach would avoid unnecessary delay in informing any person potentially adversely affected by a test kit recall or public health advisory. This program is authorized under section 509 of the Public Health Service (PHS) Act [42 U.S.C. 290bb-2].

The goals of SAMHSA's MAI initiative are to: (1) Increase the access by racial and ethnic minority communities to HIV testing, prevention, care, and treatment services; (2) implement strategies and activities specifically targeted to the highest risk and hardest-to-serve populations; (3) reduce the stigma associated with HIV/AIDS screening through outreach and education, and (4) establish collaborations or opportunities for programs and/or activities to be integrated.

The target populations for the initiative are African Americans, Hispanic/Latinos, and other racial and ethnic minorities that are disproportionately impacted by the twin epidemics of HIV/AIDS and substance abuse. Since 1981 approximately 1.7 million people are estimated to have been infected with HIV in the U.S., and

more than 1.1 million are estimated to be living with HIV/AIDS today. Racial and ethnic minorities have been disproportionately affected by HIV/AIDS, and represent the majority of new AIDS cases (70%), new HIV infections (54%), prevalent HIV/AIDS cases (65%), and AIDS deaths (72%) (CDC, 2006). African Americans have been especially affected by HIV/AIDS. More than half of all new HIV infections and half of new AIDS diagnoses occur in African Americans despite their accounting for approximately 12% of the U.S. population. A similar impact exists among Latinos, who represent 14% of the U.S. population but account for 20% of estimated AIDS diagnoses. Together, Asian/Pacific Islanders and American Indian/Alaska Natives represent 1%–2% of new AIDS diagnoses.

The spread of HIV disease in the United States has been partly fueled by the use of illicit drugs. Injection drug use (IDU) is directly related to HIV transmission through the sharing of drug equipment. According to CDC's latest report on 2006 rates, IDUs accounted for 12 percent of estimated new HIV infections. CDC's historical trend analysis indicates that new infections have declined dramatically in this population over time and confirm the substantial evidence to date of success in reducing HIV infections among IDUs. Despite these declines, rates of HIV and AIDS continue to rise among certain groups including men who have sex with men, high risk heterosexual women and ethnic and racial minority groups due to non-IDU drugs and alcohol that interfere with judgment about sexual and other types of behaviors.

The estimated hour burden is presented in the following table:

Form	Number of respondents	Responses/ respondent	Hours/ response	Total hour burden	Hourly wage cost (\$)	Total hour cost (\$)
MAI Rapid HIV Testing Clinical Information Form (at Entry)	20,000	1	.133	2,660	30.00	79,800
MAI Rapid HIV Testing Clinical Information Form (second test)	4,000	1	.133	532	30.00	15,960
Total	20,000	3,192	95,760