

Proposed Project

“Youth Knowledge, Attitudes, and Feedback to Inform Choose Respect Implementation” (OMB no. 0920–0816 exp. 6/30/2012)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

A revision of approved OMB# 0920–0816 is requested to reflect adjustments in the age of youth who will participate in the focus group studies and surveys (11–14 will become 11–18). The revision requests permission to ask knowledge and attitude questions at some of the focus groups.

Over a three-year period, NCIPC seeks to understand youths’ (ages 11 to 18) knowledge and attitudes regarding healthy and unhealthy relationships, and obtain their feedback regarding message development/placement, creative executions, appropriate partners, and other similar issues, to inform ongoing implementation and evaluation of the Choose Respect campaign, an initiative intended to

promote youth awareness of and participation in healthy dating relationships. Communication research indicates that campaign planning implementation must employ a consumer-oriented approach to ensure that program messages/materials, and their placement, can successfully gain the attention of and resonate with the intended audience. To that end, the NCIPC proposes conducting further planning, implementation, and evaluation research that enlists the involvement and support of youth. The proposed information collection will inform message and materials development and provide interim and ongoing feedback to campaign planners regarding the implementation and progress of the campaign.

The proposed data collection will enlist geographically, culturally/ racially/ethnically, and socio-economically diverse groups of young people to complete: (1) Ten-minute online surveys, with 200 respondents, up to four times per year; and (2) up to 36 in-person focus groups, with up to eight participants each (or more smaller discussion groups with fewer people per

group), twice per year. Online surveys will reduce the potential burden for young people as Web-based formats are convenient and consistent with the way they communicate and spend their leisure time.

Online surveys—Each Web-based survey will involve a different group of tweens/teens. The burden table shows time to screen parents and youth, as well as the actual time to complete the survey (rows 4–6).

In-person focus groups—First and second focus groups will involve different groups of young people. The focus groups will be segmented by age and gender, as indicated. Other variables for segmentation may include, but not be limited to, geography, language, and culture/race/ethnicity. The burden table shows time to screen parents and youth, as well as the actual time for focus groups and a waiting room survey (rows 1–3). The assumption is that two parental contacts will be needed to successfully recruit one respondent for each type of study. There are no costs to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

| Type of respondents | Data collection type | Number of respondent | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|---|--|----------------------|------------------------------------|--|--------------------|
| Parents of boys and girls, ages 11 to 18 and youth ages 11 to 18. | Focus Group Screening Instrument for Parents and Youth. | 576 | 2 | 5/60 | 96 |
| Youths ages 11 to 18 | Focus Group Waiting Room Survey | 288 | 2 | 5/60 | 48 |
| Youths ages 11 to 18 | Focus Group Moderator’s Guide (participation in focus group). | 288 | 2 | 1.5 | 864 |
| Parents of boys and girls, ages 11 to 18. | Online Survey Email Invitation AND Online Survey Screening Instrument for Parents. | 400 | 4 | 5/60 | 133 |
| Youths ages 11 to 18 | Online Survey Screening Instrument for Youth. | 400 | 4 | 3/60 | 80 |
| Youths ages 11 to 18 | Online Survey | 200 | 4 | 10/60 | 133 |
| Total | | | | | 1354 |

Kimberly S. Lane,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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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 Children’s Bureau Grantee.

Cluster: Supporting Evidence-Based Home Visiting Programs to Prevent Child Maltreatment (EBHV).

OMB No.: New Collection.

Description

The Administration for Children and Families (ACE), U.S. Department of Health and Human Services (HHS), is proposing this cross-site evaluation data collection activity to identify successful strategies for adopting, implementing, and sustaining high-quality home visitation programs to prevent child maltreatment. An evaluation study will address four domains: (1) Systems change to develop infrastructure, (2) fidelity to evidence-based models, (3)

costs of home visiting programs, and (4) family and child outcomes (via a review of grantee analysis reports). A process study will focus on the broader grant initiative to understand how programs plan and develop the infrastructure needed to support home visitation services and how they ensure service quality.

Information will be collected through biennial site visits, web based data entry, a data quality progress table, a relationship questionnaire completed by participants and home visitors, and a grantee-partner network survey. In particular, site visits will include interviews with key grantee staff and

stakeholders involved in the execution of the grant and in the efforts to make system changes. Grantees will complete systems web-based data entry on goals and operations every six months while agencies implementing home visiting

programs associated with the grantee will utilize the fidelity/cost Web-based data entry to provide EBHV program, provider, and participant characteristic along with yearly data on costs of home visiting programs.

Respondents

EBHV grantee and key staff (evaluators, home visitors and supervisors), partners, implementing agencies, home visiting participants, and home visitors.

ANNUAL BURDEN ESTIMATES

| Instrument | Annual Number of respondents | Number of responses per respondent | Average burden hour per response | Estimated annual burden hours |
|---|------------------------------|------------------------------------|----------------------------------|-------------------------------|
| EBHV grantee and key staff-partner interview guide | 249 | 2 | 1.60 | 797 |
| EBHV grantee systems web-based data entry | 17 | 2 | 1.00 | 34 |
| EBHV agency fidelity/cost web-based data entry | 50 | 12 | 9.00 | 5,400 |
| EBHV grantee data quality progress table | 17 | 4 | 4.25 | 289 |
| Participant-home visitor relationship questionnaire | 4,716 | 2 | 0.25 | 2,358 |
| Home visitor-participant relationship questionnaire | 4,716 | 2 | 0.25 | 2,358 |
| EBHV grantee-partner network survey | 142 | 2 | 0.42 | 119 |

Estimated Total Burden Hours:
11,355.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: OPREinfocollection@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, 2009.

Seth F. Chamberlain,

OPRE Reports Clearance Officer.

Editorial Note: This document was received in the Office of the Federal Register on Thursday, April 15, 2010.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2010 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of intent to award a Single Source Grant to Link2Health Solutions, Inc.

SUMMARY: This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) intends to award approximately \$478,000 (total costs) for up to two years to Link2Health Solutions, Inc. This is not a formal request for applications. Assistance will be provided only to Link2Health Solutions, Inc. based on the receipt of a satisfactory application that is approved by an independent review group.

Funding Opportunity Title: SM-10-013.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 520(A) of the Public Health Service Act, as amended.

Justification: Only an application from Link2Health Solutions will be considered for funding under this announcement. Two-year funding has become available to assist SAMHSA in responding to the growing and pressing need to provide resources for individuals stressed by the nation's current economic crisis. It is considered most cost-effective and efficient to supplement the existing grantee for the National Suicide Prevention Lifeline and to build on the existing capacity and infrastructure within its network of crisis centers.

Link2Health Solutions is in the unique position to carry out the activities of this grant announcement because it is the current recipient of SAMHSA's cooperative agreement to manage the National Suicide Prevention Lifeline. As such, Link2Health Solutions has been maintaining the network communications system and has an existing relationship with the networked crisis centers.

The crisis centers that comprise the National Suicide Prevention Lifeline are a critical part of the nation's mental health safety net. Many crisis centers are experiencing significant increases in calls. The National Suicide Prevention Lifeline crisis centers require assistance to continue to play their critical role in providing support as well as emergency services to suicidal callers during these challenging economic times. In addition, the National Suicide Prevention Lifeline crisis centers are community resources that need to be utilized to reach out to those in their communities most at risk, including those currently impacted severely by the economy.

Contact: Shelly Hara, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Room 8-1095, Rockville, MD 20857; telephone: (240) 276-2306; E-mail: shelly.hara@samhsa.hhs.gov.

Toian Vaughn,

SAMHSA Committee Management Officer.

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