

¹³Based 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.

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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: 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

Written comments and recommendations concerning the proposed information collection should be sent by July 29, 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: June 22, 2010.

Elaine Parry,

Director, Office of Program Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-10-10FB]

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 and send comments to Maryam I. Daneshvar, Ph.D., 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

Developing a Sexual consent Norms Instrument—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Sexual violence prevention strategies are increasingly focusing on promoting positive behavioral norms such as safety, equality and respect in relationships, however psychometrically validated measures do not exist for programs to use in evaluating their strategies. This project provides an opportunity to significantly contribute to the literature base and fill a gap in evaluation tools by developing a measure specific to consent norms for use in three populations: college students, late adolescents (ages 15-18) and early adolescents (ages 11-14). Sound measures of sexual consent norms will improve program evaluation efforts and potentially contribute to understanding of effective prevention strategies as well as the etiology of sexual violence perpetration.

The development of these measures will occur in four phases. Phase one will consist of multiple two-hour focus groups of 8-10 participants: 1 with prevention educators, 8 with college students, 8 with late adolescents (ages 15-18) and 8 with early adolescents (ages 11-14). Samples of college students and adolescents will include Asian, Black and African American, Hispanic or Latino, and White students. Half of the college student focus groups will be conducted with students who grew up in the United States; the other half will be conducted with students who came to the United States within the last five years. Focus group participants will be asked to comment on the proposed instruments relevant to their group. Prevention educators will

comment on all three instruments. Comments will be used to refine the measures.

In phase two, 200 Asian, Black and African American, Hispanic or Latino, and White college students and 100 Asian, Black and African American, Hispanic or Latino, and White adolescents will complete the revised instrument appropriate to age group, plus a set of existing instruments that assess related variables, using online data collection methods.

Phase three will consist of multiple two-hour focus groups of 8-10 participants: 2 with prevention educators, 1 with college students, 1 with late adolescents (ages 15-18) and 1 with early adolescents (ages 11-14). Samples of college students and adolescents will include Asian, Black and African American, Hispanic or Latino, and White students as well as students who grew up in the United States and students who came to the United States in the last five years. All focus group participants will be asked to comment on data collected with the revised instruments in their age group. Prevention educators will be asked to comment on data from all age groups. Comments will be used to refine the instrument again, before administering it to larger samples.

In phase four, the refined instruments plus a set of existing instruments that assess related variables will be administered to 500 Asian, Black and African American, Hispanic or Latino, and White college students and 400 Asian, Black and African American, Hispanic or Latino, and White adolescents (200 early adolescents and 200 late adolescents). Data collection will occur via an online survey. These data will be used to examine the psychometric properties of the new instruments.

Findings will be used to demonstrate the adequacy of new instruments for use in racially and ethnically diverse populations of college student and adolescents by sexual assault prevention programs funded through the Rape Prevention and Education Program. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents/form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (in hrs)
Phase I: Focus Group of Prevention Educators	10	1	3	30
Phase I: Focus Group of College Students	10	1	2.5	25
Phase I: Focus Group of Late Adolescents	10	1	3	30
Phase I: Focus Group of Early Adolescents	10	1	3	30