

increasing the number of culturally competent master's level behavioral health professionals and addiction counselors serving children, adolescents, and populations in transition to adulthood (ages 16–25) in an effort to increase access to, and quality of, behavioral health care for these age groups. The NITT–MFP—Youth program funded five grantees to each support up to 48 master's level fellows per year committed to addressing the behavioral health needs of at risk children, adolescents, and transition-age youth (ages 16–25). The NITT–MFP—Addiction Counselors program funded two grantees to each support up to 30 master's level fellows per year in their final year of addiction counseling university programs, with a focus on providing culturally sensitive addiction counseling to underserved youth in the 16–25 age group.

The NITT–MFP evaluation is designed to assess the level of success of the grantees in meeting the programs' goals and identify the factors that contribute to differences among grantees in levels of success. The evaluation includes both process and outcome evaluation components and will be

supported by the data collection efforts described below. The information to be collected is necessary to (a) assess the effectiveness of the grantees' program recruitment strategies, (b) describe the services that the programs offer, and (c) assess whether NITT–MFP is meeting its goal of increasing the skilled workforce by increasing the number of behavioral health providers and addiction counselors providing services to underserved children, adolescents, and transition-age youth, particularly among racially/ethnically diverse populations.

About 4 to 5 months after completion of their fellowship, a subset of fellow alumni will be asked to participate in the *NITT–MFP Fellow Interview*. These telephone interviews will collect detailed qualitative information on fellows' experiences that are not possible to collect in a survey. The interview is timed to collect fellows' impressions of their fellowship experiences before too much time has passed, as well as their initial labor market outcomes. The information collected will be used to assess the NITT–MFP program factors associated with employment and other post-fellowship outcomes. The interviewees

will be asked to describe (1) their program, how they learned about it, and what led them to apply; (2) the effects of the program on their interest in working with at risk children, adolescents, and transition age youth from racially and ethnically diverse backgrounds (and for MFP–AC fellows, in the area of addiction counseling); (3) whether the program improved their understanding of and ability to provide culturally competent services; (4) whether they completed their fellowship and the effects of the stipend on their education and career; (5) their current employment setting, and, if in behavior health services, the characteristics of their client population; (6) the role that their fellowship played in their job interests and job search; and (7) their satisfaction with the fellowship program and assessment of its impact on their career and professional activities. A maximum of 66 fellow alumni are expected to complete the *NITT–MFP Fellow Interview* per year; respondents will complete the telephone interview one time.

ANNUALIZED BURDEN HOURS

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
NITT–MFP Fellow Interview .....	66	1	66	1	66

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 2–1057, One Choke Cherry Road, Rockville, MD 20857 OR email her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by February 26, 2016.

Summer King,  
Statistician.

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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: Violence Intervention To Enrich Lives (VITEL) Supplement—NEW**

This data collection is to study the intersection of intimate partner violence (IPV) and trauma for women with HIV, at risk for HIV, and at risk for substance use disorders (SUDs) VITEL provides supplemental funding to existing SAMHSA Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE–HIV: Minority Women) grantees. These activities will be conducted with five grantees and include: (1) Administration of baseline, discharge and 6-month post-baseline surveys of clients receiving IPV screening and referral services, (2) focus groups with clients receiving IPV and SUD services, (3) documentation of IPV service and other referral service(s) engagement, and (4) semi-structured

interviews with VITEL program staff and partner/collaborating staff supporting IPV services.

The goals of the VITEL program are (1) reduce IPV through screening and referrals, (2) reduce risky behaviors that lead to new HIV infections and SUDs, (3) increase access to care and improve health outcomes for people living with HIV and AIDS, (4) reduce HIV-related health disparities resultant from IPV screening tool implementation, and (5) determine the feasibility of integrating IPV screening in behavioral health settings. 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 VITEL program implementation and activities, and client outcomes. A mixed-method approach (e.g., surveys, 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, SUD recovery), determine which program models and what type and amount of client exposure to services contribute to significant changes in IPV,

SUD, and HIV risk behaviors of the targeted populations, and determine the impact of VITEL services on providers, clients, and communities.

The data collection for this program will be conducted quarterly (during this one year supplemental period) and the

client outcome data collection will be ongoing throughout the program and will be collected at baseline, discharge and 6-months post baseline for all treatment clients. The respondents are clinic-based social workers, counselors, administrators, and clinic-based clients.

Instrument/Activity	Number of respondents	Responses per respondent	Total response numbers	Hours per response	Total burden hours
Baseline data collection (Clients) .....	500	1	500	.42	210
Discharge data collection (Clients) .....	400	1	400	.42	168
6-Month post Baseline data collection (Clients) .....	400	1	400	.42	168
Interaction Form (Client) .....	500	1	500	.42	210
Treatment Focus Group (Client) .....	45	2	90	1.0	90
<i>Client Sub-total</i> .....	<i>500</i>	.....	<i>1,890</i>	.....	<i>846</i>
Executives and Project Director/Program Manager (Semi-Structured Interviews) .....	10	1	10	.75	7.5
Executives and Project Director/Program Manager (Progress Report) .....	5	1	5	3.0	15
Direct Staff (Semi-Structured Interviews) .....	10	1	10	.75	7.5
Community Collaborators (Semi-Structured Interviews) .....	10	1	10	1.0	10
<i>Staff Sub-total</i> .....	<i>35</i>	.....	<i>35</i>	.....	<i>40</i>
<b>Total</b> .....	<b>535</b>	.....	<b>1,925</b>	.....	<b>886</b>

Written comments and recommendations concerning the proposed information collection should be sent by January 27, 2016 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov). Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,  
Statistician.

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## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

[Docket No. USCG-2015-0629]

### Collection of Information Under Review by Office of Management and Budget; OMB Control Number: 1625-0003

AGENCY: Coast Guard, DHS.

**ACTION:** Thirty-day notice requesting comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995 the U.S. Coast Guard is forwarding an Information Collection Request (ICR), abstracted below, to the Office of Management and Budget (OMB), Office of Information and Regulatory Affairs (OIRA), requesting an extension of its approval for the following collection of information: 1625-0003, Boating Accident Report. Our ICR describe the information we seek to collect from the public. Review and comments by OIRA ensure we only impose paperwork burdens commensurate with our performance of duties.

**DATES:** Comments must reach the Coast Guard and OIRA on or before January 27, 2016.

**ADDRESSES:** You may submit comments identified by Coast Guard docket number [USCG-2015-0629] to the Coast Guard using the Federal eRulemaking Portal at <http://www.regulations.gov>. Alternatively, you may submit comments to OIRA using one of the following means:

(1) *Email:* [OIRA-submission@omb.eop.gov](mailto:OIRA-submission@omb.eop.gov).

(2) *Mail:* OIRA, 725 17th Street NW., Washington, DC 20503, attention Desk Officer for the Coast Guard.

(3) *Fax:* 202-395-6566. To ensure your comments are received in a timely manner, mark the fax, attention Desk Officer for the Coast Guard.

A copy of the ICR is available through the docket on the Internet at <http://www.regulations.gov>.

[www.regulations.gov](http://www.regulations.gov). Additionally, copies are available from: Commandant (CG-612), Attn: Paperwork Reduction Act Manager, U.S. Coast Guard, 2100 2nd Street SW., Stop 7710, Washington, DC 20593-7710.

**FOR FURTHER INFORMATION CONTACT:** Mr. Anthony Smith, Office of Information Management, telephone 202-475-3532, or fax 202-372-8405, for questions on these documents.

#### SUPPLEMENTARY INFORMATION:

#### Public Participation and Request for Comments

This Notice relies on the authority of the Paperwork Reduction Act of 1995; 44 U.S.C. Chapter 35, as amended. An ICR is an application to OIRA seeking the approval, extension, or renewal of a Coast Guard collection of information (Collection). The ICR contains information describing the Collection's purpose, the Collection's likely burden on the affected public, an explanation of the necessity of the Collection, and other important information describing the Collection. There is one ICR for each Collection. The Coast Guard invites comments on whether this ICR should be granted based on the Collection being necessary for the proper performance of Departmental functions. In particular, the Coast Guard would appreciate comments addressing: (1) The practical utility of the Collection; (2) the accuracy of the estimated burden of the Collection; (3) ways to enhance the quality, utility, and clarity of information subject to the Collection; and (4) ways to minimize the burden of