Dosage Forms per year. A group Dosage Form will be completed for each group session held by the funded programs, and will take approximately eight minutes to complete. A typical grantee

is expected to offer approximately 26 group sessions per year.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Type of respondent activity	Number of respondents	Responses per respondent*	Total responses	Hours per response	Total burden hours
Youth Questionnaire/Single-day service duration	64 240 1,136 1,040 4,314 19,150 138 138	1 2 2 1 2 2 2 1,316 26	64 480 2,158 1,040 8,628 38,300 181,608 3,588	0.2167 0.4333 0.6167 0.2167 0.3833 0.5333 0.0500 0.1333	14 208 1,401 225 3,307 20,425 9,080 478
Total	26,220		235,980		35,139

Written comments and recommendations concerning the proposed information collection should be sent by January 21, 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. 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.

[FR Doc. 2015–32063 Filed 12–21–15; 8:45 am]

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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: Performance Monitoring for Partnerships for Success (PFS)-NEW

The Substance Abuse and Mental **Health Services Administration** (SAMHSA)'s Center for Substance Abuse Prevention (CSAP) aims to address two of SAMHSA's top substance abuse prevention priorities: Underage drinking (UAD; age 12 to 20) and prescription drug misuse and abuse (PDM; age 12 to 25) through the Strategic Prevention Framework Partnerships For Success (SPF–PFS) program. The program is scheduled through September 2018 to systematically collect and maintain community sub-recipient information, quarterly progress reports (QPR) and outcomes data submitted by the PFS grantees through the online Program for Evaluation in Prevention Contract (PEP– C) Management Reporting Tool (MRT). This data collection will place a new emphasis on the SPF-PFS impact on outcomes related to Prescription Drug Misuse, including the prevalence of prescription drug misuse and related consequences such as prescription drug poisonings and overdoses. SAMHSA is requesting approval for data collection through the PEP-C MRT using the instruments listed below:

- Contact Information: This instrument includes sections for Grantee Information, Grantee Staff, Sub-State Information, Community Subrecipient information, and Subrecipient Staff
- QPR: This instrument will gather data related to implementation of the SPF-PFS grant based on the SPF steps

(Assessment, Capacity, Planning, Implementation, and Evaluation).

- Outcome Data: this instrument includes 4 separate sub-instruments that grantees will complete in varying time frames dependent on requirements.
- a. Grantee Target Outcome Data
- b. PFS Selected Grantee-Level Outcome Data
- c. Community-Level Outcome Data for Subrecipients
- d. Substitute Data Source Request

These SPF-PFS performance monitoring measures will primarily be tools for SAMHSA project officers to systematically collect data to monitor grant program performance and outcomes along with grantee technical assistance needs. In addition to assessing activities related to and progress through the SPF steps, the performance monitoring instruments covered in this statement collect data to assess the following grantee required specific performance measures:

- Number of training and technical assistance activities per funded community provided by the grantee to support communities;
- Reach of training and technical assistance activities (numbers served) provided by the grantee;
- Percentage of subrecipient communities that submit data to the grantee data system.

The instruments also collect data to provide information for the following PFS required Government Performance and Results Act (GPRA) measure:

 Number of sub-recipient communities that improved on one or more targeted NOMs indicators (Outcome)

Instrument	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours
Contact Information Quarterly Progress Report Grantee Target Outcome Data Selected Grantee-Level Outcome Data Community Level Outcome Data Substitute Data Source Request	69 69 11 9 58 15	1 4 1 1 1	69 276 11 9 58 15	1 3 1 1 3 1	69 828 11 9 175 15
Total	69		438		1,107

ANNUALIZED DATA COLLECTION BURDEN

Written comments and recommendations concerning the proposed information collection should be sent by January 21, 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. 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 HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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Project: Now is the Time (NITT)— Project AWARE Evaluation—Site Notification and Recruitment—New

SAMHSA is conducting a national evaluation of the Now is the Time

(NITT) initiative, which includes separate programs—NITT Project AWARE (Advancing Wellness and Resilience in Education)-State Educational Agency (SEA), Healthy Transitions, and two Minority Fellowship Programs (Youth and Addictions Counselors). These programs are united by their focus on capacity building, system change, and workforce development.

NITT-Project AWARE, which is the focus of this activity, represents a response to the third and fourth components of President Obama's NITT Initiative: making schools safer and focusing on access to mental health services. NITT-Project AWARE is authorized under Section 520A of the Public Health Service Act, as amended, and addresses the Healthy People 2020 Mental Health and Mental Disorders Topic Area. Project AWARE grantees are required to provide mental health awareness training to adults who interact with youth, create partnerships to connect youth to mental health services, and create a school climate to reduce violence. NITT—Project AWARE grants were made to 20 state education agencies, each of which will partner with 3–5 local education agencies (LEAs or school districts) in their state to plan and implement Project AWARE activities. Project AWARE activities may be implemented in all schools in the district or may be focused on a specific type or number of schools.

The evaluation of NITT—Project AWARE will examine the process, outcomes, and impact of activities by SEA grantees and their LEA and school partners. The study will evaluate the capacity of SEAs to increase awareness of mental health issues among schoolaged youth; provide training for school personnel and other adults who interact with youth to detect and respond to mental illness in children and young adults; connect children, youth, and families/caregivers who may have behavioral health issues with appropriate services; and improve conditions for learning and behavioral

health outcomes for all school-aged youth (grades K–12). At the grantee, district, and school levels, the evaluation will collect data from key staff in all partner organizations. At each Project AWARE and comparison school, annual surveys will be used to collect data from the school principal (or designee), students, and teachers, beginning in spring 2016. The NITT—Project AWARE evaluation will also rely on information collected from existing sources or noted in award requirements.

Site notification and recruitment of Project AWARE grantees and their school and district partners is being conducted for the purpose of enlisting sites for participation in the Project AWARE component of the NITT evaluation. Site notification and recruitment will be conducted in school vear 2015-2016. Data collection is planned to begin in spring 2016. Subsequent OMB packages will be submitted separately for each of the three program evaluations (i.e., Project AWARE, Healthy Transitions, MFP-Youth & Addiction Counselors) in fall 2015, requesting approval for instruments and data collection procedures.

Current activities are focused on notification and recruitment of state grantees, grantee and nongrantee districts, and grantee and nongrantee schools. Each grantee state will be asked to support the evaluation by encouraging the grantee districts to cooperate with the national evaluation contractor when contacted, enlist the participation of grantee schools, and provide access to data available through the district's management information system (MIS). Each grantee district will also be asked to assist the study with identifying and encouraging the participation of comparison (i.e. nongrantee) schools, where possible. For each treatment (i.e., Project AWARE) school, one matched comparison school will be identified that is similar to the treatment school in terms of demographic characteristics and rates of incidents of violence and