any other relevant issues. Stakeholders include, but are not limited to: Patients and members of the health advocacy community; basic, translational and clinical scientists at universities and research institutions; health care providers; biotechnology, venture capital and pharmaceutical industry members; colleagues at other NIH institutes, centers and offices; partners at other government agencies (*e.g.* the Food and Drug Administration, other agencies of the Department of Health and Human Services, the Environmental Protection Agency, and the Department of Defense); policy makers and funders; as well as the general public. Organizations are encouraged to submit a single response that reflects the views of their organization and membership as a whole.

To respond to this RFI, please go to *http://grants.nih.gov/grants/rfi/rfi.cfm?ID=50.* To ensure consideration, responses must be submitted by Jan. 8, 2016, 11:59:59 p.m. EST.

General Information

Responses to this RFI are voluntary. Do not include any proprietary, classified, confidential, trade secret or sensitive information in your response. Respondents are advised that the U.S. Government is under no obligation to acknowledge receipt of the information provided and will not provide feedback to respondents. The Government will use the information submitted in response to this RFI at its discretion. The Government reserves the right to use any submitted information on public NIH Web sites, in reports, in summaries of the state of the science, in any possible resultant solicitation(s), grant(s), or cooperative agreement(s), or in the development of future funding opportunity announcements.

This RFI is for information and planning purposes only and shall not be construed as a solicitation, grant, or cooperative agreement, or as an obligation on the part of the Federal Government, the NIH, or individual NIH Institutes and Centers. The Government will not pay for the preparation of any information submitted or for the Government's use of such information. No basis for claims against the Government shall arise as a result of a response to this request for information or from the Government's use of such information.

NCATS looks forward to your input and encourages you to share this RFI document and the information about the upcoming webinars with your colleagues.

Dated: September 25, 2015.

Christopher P. Austin,

Director, National Center for Advancing Translational Sciences (NCATS).

[FR Doc. 2015–24761 Filed 10–7–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed 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. 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 and counselors, clinic-based administrators and clinic-based clients. The estimated annualized burden is summarized below:

Instrument/activity	Number of respondents	Responses per respondent	Total response numbers	Total response numbers	Hours per response	Total burden hours
Baseline data collection (Clients)	500	1	500	500	.42	210
Discharge data collection (Clients)	500	1	500	500	.42	210
6-month post Baseline data collection (Clients)	500	1	500	500	.42	210

Instrument/activity	Number of respondents	Responses per respondent	Total response numbers	Total response numbers	Hours per response	Total burden hours
Interaction Form (Client)	500	1	500	500	.42	210
Treatment Focus Group (Client)	45	2	90	90	1.0	90
Client Sub-total	*2,045*					*930*
Executives and Project Director/Program Manager (Semi-Structured Interviews)	10	1	10	10	.75	7.5
Executives and Project Director/Program Manager (Progress Report)	5	1	5	5	3.0	15
Direct Staff (Semi-Structured Interviews)	10	1	10	10	.75	7.5
Community Collaborators (Semi-Structured Interviews)	10	1	10	10	1.0	5
Staff Sub-total	*35*					*40*
Total	2,080					970

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*. Written comments should be received by December 7, 2015.

Summer King,

Statistician.

[FR Doc. 2015–25661 Filed 10–7–15; 8:45 am]

BILLING CODE 4162–20–P

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: Behavioral Health Information Technologies and Standards—In-Depth Qualitative Data Collection Activity—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and Center for Behavioral Health Statistics and Quality (CBHSQ) are proposing to conduct qualitative data collection activities (*i.e.,* focus group and site visits) to assess health information technology (HIT) adoption practices among SAMHSA grantees. As part of its Strategic Initiative to advance the use of health information technologies to support integrated behavioral health care, SAMHSA has been working to develop questions that will examine HIT adoption by behavioral health service providers who are implementing SAMHSA grant programs. The selected programs are funded by the by the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and (CSAT).

This project seeks to expand data necessary to inform the Agency's strategic initiative that focuses on fostering the adoption of health information technologies in community behavioral health services. The qualitative activities will elicit success stories, challenges to adopting health information technologies, and lessons learned regarding SAMHSA grantee access to and use of health information technology and will provide valuable information to inform the behavioral health information technology literature.

Approval of this data collection effort by the Office of Management and Budget (OMB) will allow SAMHSA to identify the current status of health information technology adoption and use among a select group of grantees who have demonstrated success in at least one of the identified health information technology categories: Certified electronic health records, telehealth technologies, mobile health, and social media-based consumer engagement tools. Data from the focus groups and site visits will allow SAMHSA to enhance the health information technology-related programmatic activities among its grantees by providing data on how health information technologies facilitate the implementation of different types of SAMHSA grants; thereby fostering the appropriate adoption of health information technologies within SAMSHA-funded programs.

Ten (10) respective focus groups and site visit sessions will collect qualitative data to provide a snapshot view of the current state of health information technology adoption. The focus groups will include up to six participations per session and will be representative of the ten Department of Health and Human Services Regions. Site visit participants will be selected from among SAMHSA-funded grant programs and non-profit community behavioral health providers nominated by Project Officers as exemplars in the field of health information technologies, with recognized success in at least one of the four health information technology domain categories.

The proposed ten (10) in-person focus group sessions will not exceed 90-minutes in duration and will be limited to no less than six (6) and no more than (8) participants. The proposed ten (10) in-person site visit sessions will not exceed eight (8) hours in duration and will include, on average two (2) participants at any one time during the visit. The focus group and site visit sessions are expected to occur between the hours of 9:00 a.m. and 5:00 p.m. and will allow sufficient time for food and personal breaks. The total estimated burden to participate in the focus groups is 120 hours. The total estimated burden to participate in the site visits is 160 hours. The following table summarizes the estimated participation burden: