• Participant Feedback. These surveys are completed by and collected from a sample of service recipients, not every recipient. A time sampling approach (*e.g.,* soliciting participation from all counseling encounters one week per quarter) will be used. Information collected includes satisfaction with services, perceived improvements in self-functioning, types of exposure, and event reactions.

• CCP Service Provider Feedback. These surveys are completed by and collected from the CCP service providers anonymously at six months and one year postevent. The survey will be coded on several program-level as well as worker-level variables. However, the program itself will be identified and shared with program management only if the number of individual workers was greater than 20.

There are no changes to the Individual Encounter Log, Group Encounter Log, Weekly Tally, and the Assessment and Referral Tools since the last approval. Revisions include the addition of mobile device questions to the Service Provider Feedback Form and minor revisions to the gender question on the Participant Feedback Form and Service Provider Feedback Form.

The table below is the estimates of annualized hour burden.

Form	Number of respondents	Responses per respondents	Hours per responses	Total hour burden
Individual Crisis Counseling Services Encounter Log	200	196	.13	5,096
Group Encounter Log	100	33	.07	231
Weekly Tally Sheet	200	33	.2	1,320
Assessment and Referral Tools	200	14	.25	700
Participant Feedback Survey	1,000	1	.25	250
Service Provider Feedback Survey	100	1	.41	41
Total	1,800			7,638

Written comments and recommendations concerning the proposed information collection should be sent by August 27, 2015 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. 2015–18429 Filed 7–27–15; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVCES

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 project 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 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.

Proposed 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:

Focus Group and Site Visit Estimated Annual Hour Burden:

Activity	Number of respondents	Number of responses annually per respondent	Total responses	Average hours per response	Total burden hours
Focus Group	80	1	80	1.5	120
Site Visits	20	1	20	8	160
Total	100		100		280

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 September 28, 2015.

Summer King,

Statistician.

[FR Doc. 2015–18428 Filed 7–27–15; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Test To Collect Biometric Information at Up to Ten U.S. Airports (''Be-Mobile Air Test'')

AGENCY: U.S. Customs and Border Protection; Department of Homeland Security.

ACTION: General notice.

SUMMARY: U.S. Customs and Border Protection (CBP) intends to conduct a test to collect biometric and biographic information from certain aliens who are departing the United States on selected flights from up to ten identified U.S. airports. This notice describes the test, its purpose, how it will be implemented, the individuals covered, the duration of the test, where the test will take place, and the privacy considerations. This test will not apply to U.S. citizens.

DATES: The test will begin no earlier than July 6, 2015, and will run for approximately one year. The test will be rolled out over this one-year period at up to ten of the following airports: Los Angeles International Airport, Los Angeles, California; San Francisco International Airport, San Francisco, California; Miami International Airport, Miami, Florida; Hartsfield-Jackson Atlanta International Airport, Atlanta, Georgia; Chicago O'Hare International Airport, Chicago, Illinois; Newark Liberty International Airport, Newark, New Jersey; John F. Kennedy International Airport, Jamaica, New York; Dallas Fort Worth International Airport, Dallas, Texas; George Bush Intercontinental Airport, Houston, Texas; and Washington Dulles International Airport, Sterling, Virginia.

FOR FURTHER INFORMATION CONTACT: Edward Fluhr, Assistant Director, Entry/Exit Transformation Office, U.S. Customs and Border Protection, by phone at (202) 344–2377 or by email at *edward.fluhr@cbp.dhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

The US-VISIT Program

The Department of Homeland Security (DHS) established the United States Visitor and Immigrant Status Indicator Technology (US-VISIT) Program in accordance with several federal statutory mandates requiring DHS to create an integrated, automated entry and exit system that records the arrival and departure of aliens, verifies the aliens' identities, and authenticates aliens' travel documents through the comparison of biometric identifiers. Under these various federal statutory mandates, certain aliens may be required to provide biometrics (including digital fingerprint scans, photographs, facial and iris images, or other biometric identifiers [1]) upon arrival in, or departure from, the United States.

On March 16, 2013, US-VISIT's entry and exit operations, including deployment of a biometric exit system, were transferred to U.S. Customs and Border Protection (CBP). See Consolidated and Further Continuing Appropriations Act, 2013, Public Law 113–6, 127 Stat. 198 (2013). The Act also transferred the US-VISIT Program's overstay analysis function to U.S. Immigration and Customs Enforcement (ICE) and its biometric identity management services to the Office of Biometric Management (OBIM), a newly-created office within the National Protection and Programs Directorate. CBP assumed responsibility for operating biometric entry and implementing biometric exit programs on April 1, 2013.

Since the transfer of US-VISIT's entry and exit operations to CBP, CBP has continued to consider ways to collect

[1] As used in this notice, a ''biometric identifier'' is a physical characteristic or other physical attribute unique to an individual that can be collected, stored, and used to verify the identity of a person who presents himself or herself to a CBP officer at the border. To verify a person's identity, a similar physical characteristic or attribute is collected and compared against the previously collected identifier.