

Group, Biobehavioral Mechanisms of Emotion, Stress and Health Study Section.

Date: June 13–14, 2005.

Time: 8:30 a.m. to 6 p.m.

Agenda: To review and evaluate grant applications.

Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road, NW., Washington, DC 20015.

Contact Person: Maribeth Champoux, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3182, MSC 7759, Bethesda, MD 20892, (301) 594–3163, [champoum@csr.nih.gov](mailto:champoum@csr.nih.gov).

Name of Committee: Center for Scientific Review Special Emphasis Panel, Member Conflict: Neurobiology of Addiction II ZRG1 IFCN–A (04).

Date: June 13, 2005.

Time: 1 p.m. to 2:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Christine L. Melchior, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5176, MSC 7844, Bethesda, MD 20892, (301) 435–1713, [melchioc@csr.nih.gov](mailto:melchioc@csr.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: April 28, 2005.

**LaVerne Y. Stringfield,**

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–9048 Filed 5–5–05; 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 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 (301) 443–7978.

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: Call Monitoring of National Suicide Prevention Lifeline Form—NEW**

The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Mental Health Services has funded a National Suicide Prevention Lifeline Network, consisting of a single toll-free telephone number that routes calls from anywhere in the United States to a network of local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources.

To ensure quality, the vast majority of crisis centers conduct on-site monitoring of selected calls by supervisors or trainers using unobtrusive listening devices. To monitor the quality of calls and to inform the development of training for networked crisis centers, the National Suicide Prevention Lifeline proposes to remotely monitor calls routed to seven crisis centers during the shifts of consenting staff. The procedure will be

anonymous, in that neither staff nor callers will be identified on the Call Monitoring Form. The monitor, a trained crisis worker, will code the type of problem presented by the caller, the elements of a suicide risk assessment that are completed by the crisis worker, as well as what action plan is developed with and/or what referral(s) are provided to the caller. No centers will be identified in reports.

During the shifts of consenting crisis staff, a recording will inform callers that some calls may be monitored for quality assurance purposes. Previous comparisons of matched centers that did and did not play the recording found no difference in hang-up rates before the calls were answered or within the first 15 seconds of the calls.

The seven centers to be monitored will be selected based on the geographic regions(s) they serve. Once a center has agreed to participate, the crisis workers will be provided an Informed Consent Form describing the purpose and procedures of the monitoring process and inviting them to participate. The Form also informs workers that they are free to participate or not, that they may withdraw their acceptance to participate at any time, and that if they choose not to participate, no calls during their shift will be monitored.

A total of 180 calls will be monitored during the first 5-month period. One year later, an additional 360 calls will be monitored, yielding a total of 540 monitored calls.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/ respondent	Burden/re-sponse (hours)	Annual burden (hours)
Informed Consent Form .....	180	1	.07	13
National Suicide Prevention Lifeline—Call Monitoring Form .....	180	3	.33	178
Total .....	180	.....	.....	191

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received by July 5, 2005.

Dated: April 29, 2005.

**Anna Marsh,**

*Executive Officer, SAMHSA.*

[FR Doc. 05-9059 Filed 5-5-05; 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 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 (301) 443-7978.

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: National Suicide Prevention Lifeline—Call Log and Crisis Center Survey—NEW**

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services has funded a National Suicide Prevention Lifeline Network, consisting of a single toll-free telephone number that routes calls from anywhere in the United States to a network of local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources.

Through its grantee which is administering the National Suicide Prevention Lifeline Network, SAMHSA developed a Call Log and Crisis Center Survey in an effort to monitor basic trends in calls received and to learn more about the capacities, skills, and unmet needs of the crisis centers

involved in the Network. The completed Call Logs and Surveys will inform the Network's planning around network recruitment strategies, technology, training, marketing, and other network resource development activities. The goal of these efforts is to enhance services provided by networked crisis centers, increase their accessibility to people at risk for suicidal behavior, and optimize public health efforts to prevent suicide and suicidal behavior.

All 104 networked crisis centers will be invited to complete the Call Logs, which will be available in both Web-based and hardcopy formats. Trained crisis counselors will use their judgment as to whether to complete the form at the conclusion of individual calls. Completing the form entails asking callers several basic questions (e.g., zip code, age, how they heard about the Lifeline service). No identifiable information will be collected.

The Web-based Crisis Center Survey, which will be administered only one time, requests information about crisis centers' infrastructure and services. The Survey includes questions about organizational structure, scope of services, telephone technology and equipment, staffing, training, and quality assurance.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/ respondent	Burden/re-sponse (hours)	Annual burden (hours)
National Suicide Prevention Lifeline—Call Log .....	250	4	.03	30
National Suicide Prevention Lifeline: Crisis Center Survey .....	104	1	.33	34
Total .....	354	.....	.....	64

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received by July 5, 2005.

Dated: April 29, 2005.

**Anna Marsh,**

*Executive Officer, SAMHSA.*

[FR Doc. 05-9060 Filed 5-5-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Center for Substance Abuse Treatment; Notice of Meeting**

Pursuant to Public Law 92-463, notice is hereby given of the meeting of the Center for Substance Abuse Treatment (CSAT) National Advisory Council in May 2005.

A portion of the meeting will be open and include discussion of the Center's policy issues, current administrative, legislative, and program developments.

Attendance by the public will be limited to space available. Public comments are welcome. Please communicate with the individual listed below as contact to make arrangements

to comment or to request special accommodations for persons with disabilities.

The meeting will also include the review, discussion, and evaluation of individual grant applications. Therefore a portion of the meeting will be closed to the public as determined by the SAMHSA Administrator, in accordance with Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App. 2, Section 10(d).

Substantive program information and a roster of Council members may be obtained by accessing the SAMHSA Advisory Council Web site ([www.samhsa.gov](http://www.samhsa.gov)), as soon as possible after the meeting or by communicating with the contact whose name and telephone number are listed below. The transcript for the open session will also be available on the SAMHSA Advisory Council Web site by June 10.