

Dated: October 1, 2015.

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*Program Analyst, Office of Federal Advisory Committee Policy.*

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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: National Outcomes Evaluation of the Garrett Lee Smith Suicide Prevention Program—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) is requesting clearance for the revision of data collection associated with the previously-approved cross-site evaluation of the Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Program (GLS Suicide Prevention Program), now entitled National Outcomes Evaluation (NOE). The NOE is a proposed redesign of the currently-approved cross-site evaluation (OMB No. 0930-0286; Expiration, January 2017) that builds on prior published GLS evaluation proximal and distal training and

aggregate findings from program activities (e.g., Condrón et al., 2014; Walrath et al., 2015). As a result of the vast body of information collected and analyzed through the cross-site evaluation of the two GLS Suicide Prevention Programs components—the GLS State/Tribal Program and the GLS Campus Program—SAMHSA has identified areas for additional investigation and the types of inquiry needed to move the evaluation into its next phase.

The NOE aims to address the field's need for additional evidence on the impacts of the GLS Suicide Prevention Program in three areas: (1) Suicide prevention training effectiveness, (2) early identification and referral on subsequent care follow-up and adherence, and (3) suicide safer care practices within health care settings. The evaluation comprises three distinct, but interconnected core studies—Training, Continuity of Care (COC), and Suicide Safer Environment (SSE). The Training and SSE studies also have “enhanced” study components. Core study data align with required program activities across the State/Tribal and Campus programs and provide continuity with and utility of data previously collected (implementation and proximal outcomes). Enhanced components use experimental and quasi-experimental methods (randomized controlled trial [RCT] and retrospective cohort study designs) to truly assess program impacts on distal outcomes (e.g., identifications and referrals, hospitalizations, and suicide attempts and deaths) without undue burden on grantees and youth. This outcome- and impact-focused design reflects SAMHSA's desire to assess the implementation, outcomes, and impacts of the GLS program.

The NOE builds on information collected through the four-stage cross-site evaluation approach (context, product, process, and impact) to further the field of suicide prevention and mental health promotion. Of notable importance, the design now accounts for differences in State/Tribal and Campus program grant funding cycles (i.e., 5-year State/Tribal and 3-year Campus programs), while also establishing continuity with and maximizing utility of data previously collected. Further, the evaluation meets the legislative requirements outlined in the GLSMA to inform performance and implementation of programs.

Eleven data collection activities compose the NOE—two new instruments, three previously-approved instruments, and six previously-approved and improved instruments. As

GLS program foci differ by grantee type, some instruments will apply to either State/Tribal or Campus programs only. Of the 11 instruments, 2 will be administered with State/Tribal and Campus grantees (tailored to grantee type), 6 are specific to State/Tribal grantees, and 3 pertain only to Campus grantees.

#### Instrument Removals

Due to the fulfillment of data collection goals, six currently-approved instruments and their associated burden will be removed. The combined estimated annual burden for these instruments is 4,300 hours. These include the *State/Tribal Training Utilization and Preservation Survey*.

#### (TUP-S) Adolescent Version, Coalition Profile, and Coalition Survey, and the Campus Training Exit Survey (TES) Interview Forms, Life Skills Activities Follow-up Interview, and the Student Awareness Intercept Survey

#### Instrument Continuations

Three instruments will be administered only in OMB Year 1 to finalize data collection for the current cross-site evaluation protocol. Each instrument was previously approved as part of the four-stage approach (OMB No. 0930-0286; Expiration, January 2017) and no changes are being made. These include the *State/Tribal Referral Network Survey (RNS)*, *TUP-S Campus Version*, and *Campus Short Message Service Survey (SMSS)*. Each instrument will be discontinued once the associated data collection requirement has been fulfilled.

#### Instrument Revisions

Six currently-approved instruments will be revised for the NOE. Each of the instruments, or an iteration thereof, has received approval through multiple cross-site evaluation packages cleared by OMB. As such, the information gathered has been, and will continue to be, crucial to this effort and to the field of suicide prevention and mental health promotion.

- **Prevention Strategies Inventory (PSI):** The PSI has been updated to enhance the utility and accuracy of the data collected. Changes capture different strategies implemented and products distributed by grantee programs, the population of focus for each strategy, total GLS budget expenditures, and the percent of funds allocated by the activity type.

- **Training Activity Summary Page (TASP):** New items on the TASP gather information about the use of behavioral rehearsal and/or role-play and resources

provided at trainings—practices that have been found to improve retention of knowledge and skills posttraining. In addition, understanding how skills can be maintained over time with materials provided at trainings (e.g., video reminders, wallet cards, online and phone applications) is an area suggested for further study (Cross et al., 2011).

- Training Utilization and Preservation Survey (TUP–S) 3 and 6-month follow up: The TUP–S has been improved to examine posttraining behaviors and utilization of skills by training participants—factors known to improve understanding of the comprehensive training process and the impact of training on identifications, referrals, and service use. The survey now requests information about training resources received, practice components, trainee participation in role play, and previous suicide prevention trainings attended; experience intervening with a suicidal individual (from QPR evaluation tool), intended use of the training, and referral behaviors; and previous contact and quality of relationships with youth. Broad items about training others, the use/intended use of skills, and barriers/facilitators have been removed. The consent-to-contact form has been modified to add brief items about the trainee and previous identifications/referrals. The TUP–S will be administered at 3 and 6 months post-training to a random sample of training participants via CATI (2000 ST TUP–S 3-mo/600 ST TUP–S 6-mo per year).

- Early Intervention, Referral, and Follow-up Individual Form (EIRF–I): The EIRF–I has been improved to gather initial follow-up information about

youth identified as being at risk as a result of the State/Tribal GLS program (whether or not a service was received after referral). In addition, EIRF–I (1) data elements have been expanded to include screening practices, screening tools, and screening results of youth identified as at-risk for suicide; (2) response options have been expanded/refined (i.e., setting/source of identification, mental health and non-mental health referral locations, and services received); (3) tribal-specific data elements have been added; and (4) sources of information used has been removed.

- EIRF Screening Form (EIRF–S): Data elements have been added to indicate whether State/Tribal screenings were performed at the individual- or group-level. New response options have been added under “screening tool” and “false positive” has been removed.

- Student Behavioral Health Form (SBHF): The SBHF (formerly entitled the MIS) has been expanded and renamed. The Campus form has been enhanced to include referral and follow-up procedure questions (rather than simply counts); numbers screened, identified at risk, receiving suicide-specific services, referred, and receiving follow-up; and age and gender breakdowns of suicide attempts and deaths. Student enrollment/retention items have been removed; these will be obtained through the Integrated Postsecondary Education Data System. The SBHF will require closer involvement with campus behavioral health/health providers to gather data on procedural questions and screenings, risk assessment, services, referrals, and follow-ups.

*Instrument Additions*

Four instruments will augment the evaluation—two are newly developed instruments and two represent new versions of existing instruments.

- TUP–S RCT (Baseline and 12-Month versions): The TUP–S RCT refers to versions administered as part of the Training Study RCT. The RCT collects TUP–S data at baseline (pre-training) and 3, 6, and 12 months after training. Because the surveys are conducted at different times, each version refers the participant to a specific time period. All trainees from States/Tribes participating in the RCT and who consent to be contacted will be surveyed until the desired sample size of 1332 respondents is achieved. The consent-to-contact form will describe the RCT and the 4 assessment periods. The consent-to-contact form will describe the RCT and the 4 assessment periods.

- Behavior Health Provider Survey (BHPS): The BHPS is a new State/Tribal data collection activity and the first to specifically target behavioral health providers partnering with GLS grantees. Data will include information about referrals for at-risk youth, SSE care practices implemented, and client outcomes (number of suicide attempts and deaths). A total of 1–10 respondents from each State/Tribal grantee’s partnering behavioral health provider will participate annually.

The estimated response burden to collect this information associated with the redesigned National Outcomes Evaluation is as follows annualized over the requested 3-year clearance period is presented below:

**TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS**

Type of respondent	Instrument	Number of respondents	Responses per respondent	Total number of responses	Burden per response (hours)	Annual burden (hours)
<b>STATE/TRIBAL INSTRUMENTS</b>						
Project Evaluator .....	PSI .....	43	4	172	0.750	129
Project Evaluator .....	TASP .....	43	4	172	0.250	43
Project Evaluator .....	EIRF-Individual Form .....	43	4	172	0.750	129
Project Evaluator .....	EIRF Screening Form .....	43	4	172	0.750	129
Provider Trainee .....	TUP–S Consent to Contact .....	6,000	1	6000	0.167	1000
Provider Trainee .....	TUP–S 3 Month Version ....	2,000	1	2000	0.500	1000
Provider Trainee .....	TUP–S 6 Month Version ....	600	1	600	0.417	250
Provider Trainee .....	TUP–S RCT BL Version ....	444	1	444	0.417	185
Provider Trainee .....	TUP–S RCT 3 Month Version.	444	1	444	0.500	222
Provider Trainee .....	TUP–S RCT 6 Month Version.	444	1	444	0.417	185
Provider Trainee .....	TUP–S RCT 12 Month Version.	444	1	444	0.417	185
Provider Stakeholder .....	RNS .....	26	1	26	0.667	17
Behavioral Health Provider	BHPS .....	407	1	407	0.750	305

TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS—Continued

Type of respondent	Instrument	Number of respondents	Responses per respondent	Total number of responses	Burden per response (hours)	Annual burden (hours)
<b>CAMPUS INSTRUMENTS</b>						
Project Evaluator .....	PSI .....	56	4	224	0.750	168
Project Evaluator .....	TASP .....	56	4	224	0.250	56
Project Evaluator .....	SBHF .....	56	1	56	0.667	37
Student .....	TUP—S Campus Version .....	167	1	167	0.167	28
Student .....	SMSS .....	734	1	734	0.083	61
Total .....	12,050 .....	.....	12,902	.....	4,129	

\* Rounded to the nearest whole number.

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 December 7, 2015.

**Summer King,**  
*Statistician.*

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**DEPARTMENT OF HOMELAND SECURITY**

[Docket No. ]

**Agency Information Collection Activities: Submission for Review; Information Collection Request for the Department of Homeland Security (DHS), Science and Technology, Project 25 Compliance Assessment Program (P25 CAP)**

**AGENCY:** Science and Technology Directorate, DHS.

**ACTION:** 60-day notice and request for comment.

**SUMMARY:** The Department of Homeland Security (DHS) invites the general public to comment on the renewal of existing data collection forms for the DHS Science and Technology Directorate’s Project 25 (P25) Compliance Assessment Program (CAP): Supplier’s Declaration of Compliance (SDoC) (DHS Form 10044 (6/08)) and Summary Test Report (DHS Form 10056 (9/08)). The attacks of September 11, 2001, and the destruction of Hurricane Katrina made apparent the need for emergency response radio systems that can interoperate, regardless of which organization manufactured the equipment. In response, and per congressional direction, DHS and the National Institute of Standards and Technology (NIST) developed the P25 CAP to improve the emergency response

community’s confidence in purchasing land mobile radio (LMR) equipment built to P25 LMR standards. The P25 CAP establishes a process for ensuring that equipment complies with P25 standards and is capable of interoperating across manufacturers. The Department of Homeland Security needs to be able to collect essential information from manufacturers on their products that have met P25 standards as demonstrated through the P25 CAP. Equipment suppliers will provide information to publicly attest to their products’ compliance with a specific set of P25 standards. Accompanied by a Summary Test Report that substantiates this declaration, the SDoC constitutes a company’s formal, public attestation of compliance with the standards for the equipment. In providing this information, companies will consent to making this information public. In turn, the emergency response community will use this information to identify P25-compliant communications systems. The P25 CAP Program Manager will perform a simple administrative review to ensure the documentation is complete and accurate in accordance with the current P25 CAP processes. This notice and request for comments is required by the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. chapter 35).

**DATES:** Comments are encouraged and will be accepted until December 7, 2015.

**ADDRESSES:** Interested persons are invited to submit comments, identified by docket number, by one of the following methods:

- Email: [John.Merrill@hq.dhs.gov](mailto:John.Merrill@hq.dhs.gov).

Please include docket number DHS- in the subject line of the message.

**FOR FURTHER INFORMATION CONTACT:** John Merrill (202) 254–5604 (Not a toll free number).

**SUPPLEMENTARY INFORMATION:** The SDoC and Summary Test Report forms will be posted on the FirstResponder.gov Web

site at <http://www.firstresponder.gov>. The forms will be available in Adobe PDF format. The supplier will complete the forms electronically. The completed forms may then be submitted via Internet to the FirstResponder.gov Web site.

The Department is committed to improving its information collection and urges all interested parties to suggest how these materials can further reduce burden while seeking necessary information under the Act.

DHS is particularly interested in comments that:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Suggest ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) Suggest ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

**Overview of This Information Collection**

(1) *Type of Information Collection:* Renewal of information collection.

(2) *Title of the Form/Collection:* Science and Technology, Project 25 (P25) Compliance Assessment Program (CAP).

(3) *Agency Form Number, if any, and the applicable component of the Department of Homeland Security sponsoring the collection:* Department of Homeland Security, Science &