

Alere Toxicology Services, 450 Southlake Blvd., Richmond, VA 23236, 804-378-9130. (Formerly: Kroll Laboratory Specialists, Inc., Scientific Testing Laboratories, Inc.; Kroll Scientific Testing Laboratories, Inc.)

Clinical Reference Laboratory, Inc., 8433 Quivira Road, Lenexa, KS 66215-2802, 800-445-6917.

Desert Tox, LLC, 5425 E Bell Rd., Suite 125, Scottsdale, AZ 85254, 602-457-5411/623-748-5045.

DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800-235-4890.

Dynacare *, 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519-679-1630. (Formerly: Gamma-Dynacare Medical Laboratories)

ElSohly Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662-236-2609.

LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913-888-3927/800-873-8845. (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)

Laboratory Corporation of America, 1225 NE 2nd Ave., Portland, OR 97232, 503-413-5295/800-950-5295. (Formerly: Legacy Laboratory Services Toxicology MetroLab)

Laboratory Corporation of America Holdings, 7207 N Gessner Road, Houston, TX 77040, 713-856-8288/800-800-2387.

Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908-526-2400/800-437-4986. (Formerly: Roche Biomedical Laboratories, Inc.)

Laboratory Corporation of America Holdings, 1904 TW Alexander Drive, Research Triangle Park, NC 27709, 919-572-6900/800-833-3984. (Formerly: LabCorp Occupational Testing Services, Inc., CompuChem Laboratories, Inc.)

CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group), Laboratory Corporation of America Holdings, 1120 Main Street, Southaven, MS 38671, 866-827-8042/800-233-6339. (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)

MedTox Laboratories, Inc., 402 W County Road D, St. Paul, MN 55112, 651-636-7466/800-832-3244.

Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612-725-

2088. Testing for Veterans Affairs (VA) Employees Only.

Omega Laboratories, Inc.*, 2150 Dunwin Drive, Unit 1 & 2, Mississauga, ON, Canada L5L 5M8, 289-919-3188.

Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800-328-6942. (Formerly: Centinela Hospital Airport Toxicology Laboratory)

Phamatech, Inc., 15175 Innovation Drive, San Diego, CA 92128, 888-635-5840.

US Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755-5235, 301-677-7085. Testing for Department of Defense (DoD) Employees Only

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories continued under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS' NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.

Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory as meeting the minimum standards of the current Mandatory Guidelines published in the **Federal Register**. After receiving DOT certification, the laboratory will be included in the monthly list of HHS-certified laboratories and participate in the NLCP certification maintenance program. DOT established this process in July 1996 (61 FR 37015) to allow foreign laboratories to participate in the DOT drug testing program.

Anastasia D. Flanagan,

Public Health Advisor, Division of Workplace Programs.

[FR Doc. 2024-28147 Filed 11-29-24; 8:45 am]

BILLING CODE 4160-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

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) 276-0361.

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: 988 Suicide & Crisis Lifeline and Crisis Services Program Evaluation—New Package

The Substance Abuse and Mental Health Services Administration (SAMHSA) 988 & Behavioral Health Crisis Coordinating Office (BHCCO) is requesting clearance for the new data collection associated with the evaluation of the SAMHSA 988 Suicide and Crisis Lifeline and Crisis Services Program Evaluation (988 Suicide and Crisis Lifeline Evaluation). The collection of this information is critical to successfully oversee operational response and quality of service through the 988 Suicide and Crisis Lifeline to ensure connections to care for individuals in suicidal crisis or emotional distress contacting in for 988 phone, chat, and text support for connecting local, state/territory, and national outcomes and monitoring contractual obligations for current and future 988 Suicide and Crisis Lifeline grant programs. Much of the information is already embedded in the current 988 Suicide and Crisis Lifeline

network administrator grants, the 988 state and territory grant program, or the 988 Tribal Response grant program.

In 2020, Congress designated the three-digit number, 9–8–8 for the Suicide and Crisis Lifeline, and the Suicide and Crisis Lifeline transitioned to the 3-digit number in July 2022. As a part of the federal government's commitment to addressing the mental health and opioid crises in America, unprecedented Federal resources have been invested to expand crisis centers in support of 988. Since its launch in July 2022, the 988 Suicide & Crisis Lifeline has answered over 9.6 million contacts (SAMHSA, 2024). Progress recognized in 2023 continues in all areas including crisis line features, crisis center supports, and funding. In FY2024, the Biden-Harris administration appropriated nearly \$500 million in new funding opportunities for the 988 Lifeline Administrator and other grantees on State territorial, Tribal and center levels, as part of the commitment to strengthen crisis care nationally. In section 1103(a)(2)(B) of the Consolidated Appropriations Act, 2023 (Pub. L. 117–328), Congress called for enhanced program evaluation, including performance measures to assess program response and improve readiness and performance of the service, including review of each contact to ensure timely connection of service and quality provision in line with evidence-based care. To meet the standards and requirements set forth in the statute, ongoing communication of key outcomes within this OMB request must be received and reviewed to ensure connection and quality of care through the 988 Suicide and Crisis Lifeline.

The information collected will be used by SAMHSA to conduct an evaluation of the 988 Suicide & Crisis Lifeline and Crisis Services, to ensure individuals in suicidal, mental health and/or substance use crisis can contact 988 Suicide and Crisis Lifeline and are connected to crisis centers providing evidence-based care and are able to receive critical resource referral and linkage, including opportunities for mobile crisis support, crisis receiving and stabilizing facilities, peer respite centers and withdrawal management services. The purpose of the 988 Lifeline and Crisis Services Program Evaluation is to assess the implementation and expansion of the 988 Lifeline in the U.S. The evaluation will provide SAMHSA, grantees, and other interested parties with the information needed to strengthen the Behavioral Health Crisis Services Continuum (BHSCS) for all

people in crisis. The evaluation utilizes multiple studies to conduct the evaluation of the 988 Lifeline and Crisis Services across a 5-year period. The 988 Lifeline and Crisis Services Program Evaluation includes three levels: system-level, client-level, and impact. Embedded within each of the three evaluation levels are inquiries into behavioral health equity to investigate disparities in utilization of 988 Lifeline and BHSCS services and outcomes.

The System-level Evaluation examines the characteristics, collaborations, and structures of the crisis services infrastructure within states, territories, and Tribal jurisdictions that support improved client outcomes. The Systems-level Evaluation includes two studies: the System Composition and Collaboration Study and the System-Level Service Utilization Study. The System Composition and Collaboration Study examines the structure of the 988 Lifeline and the BHSCS at the national, state, territory, and Tribal levels, and the extent to which crisis service agencies work together. The System-level Service Utilization Study investigates whether the 988 Lifeline and BHSCS are successful in creating a behavioral-health-system-first response to crisis events and the resulting reduction in use of non-behavioral health crisis services (e.g., 911, law enforcement, emergency medical services).

The Client-level Evaluation provides critical information about the ways in which the 988 Lifeline and crisis services fulfill their mission to connect those in crisis with the services and supports needed to reduce crisis risk and improve overall behavioral health outcomes. The Client-level Evaluation consists of two studies: The Client-level Service Utilization and Outcome Study and the Client-level Risk Reduction Study. The Client-Level Service Utilization and Outcome Study explores the effectiveness of 988 Lifeline and BHSCSs in linking individuals to referral services following their contact with the crisis system and assesses the relationship between engagement with crisis services and behavioral health outcomes. The Client-Level Risk Reduction Study assesses the efficacy of 988 Lifeline and BHSCS contacts on immediate reductions in risks of suicide, violence toward others, and overdose.

The Impact Evaluation informs SAMHSA's efforts to continue to build the evidence base for suicide prevention and crisis programming. Specifically,

this evaluation will examine the impact of 988 Lifeline and BHSCS on suicide and overdose morbidity and mortality. A quasi-experimental interrupted time series (ITS) design using extant, secondary data sources (e.g., CDC mortality data, Medicaid claims data, data from Healthcare Cost and Utilization Project (HCUP), data from the NSDUH, and SAMHSA's Performance and Accountability Reporting System [SPARS] data) gathered across multiple years to establish longitudinal state-level trends before and after major milestones in the implementation of the 988 Lifeline and BHSCS.

The 988 Lifeline and Crisis Services Program Evaluation engages with the following SAMHSA grant-funded programs that make up the core of the crisis care continuum: 988 State/Territory; 988 Tribal nations; Community Crisis Response Program (CCRP); Crisis Center Follow-Up (CCFU); 988 Administrator; and Certified Community Behavioral Health Clinics (CCBHCs). Additional grant programs which are relevant to the BHSCS, such as the Mental Health Services Block Grant (MHBG), State Opioid Response (SOR), Tribal Opioid Response (TOR), Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG), will be included in portions of the evaluation as relevant. In addition, crisis-providing organizations that are not SAMHSA grantees, especially mobile crisis programs, crisis stabilization units, and CCBHCs will also be engaged to participate in the evaluation.

Ultimately, the purpose of the SAMHSA 988 Suicide & Crisis Lifeline and Crisis Services Program is to build the program's knowledge base of effectiveness by thoroughly describing the implementation, outcomes, and impact of a program meant to reduce deaths by suicide.

The total annualized burden is an estimated 16,724 respondents for the 988 Lifeline and Crisis Services Program Evaluation instruments, with a combined hourly estimate to be 8,006.10 hours. Burden estimates are based on the data collection requirements and the number of respondents. The estimated response burden to collect this information associated with the 988 Lifeline and Crisis Services Program Evaluation is as follows annualized over the requested 3-year clearance period is presented below:

TOTAL ANNUALIZED BURDEN HOURS AND COSTS
[Across the 3-year clearance period]

Type of respondent	Instrument	Number of respondents per year	Responses per respondent	Total number of responses	Burden per response (hours)	Annual burden (hours)	Hourly wage rate (\$)	Total annualized cost (\$)
System Composition and Collaboration Study								
Organizational Staff/Crisis System Administrator ¹ .	SIS	73	1	73	0.75	54.75	\$78.06	\$4,273.79
Organizational Staff/Crisis Agency Manager ² .	CCPS	1034	1	1034	1.00	1,034.00	58.80	60,799.20
Organizational Staff/Crisis Agency Staff ³ .	KII-CS	35	1	35	1.00	35.00	27.46	961.10
Organizational Staff/Crisis Agency Staff ³ .	KII-CS-CSS	13	1	13	0.50	6.50	27.46	178.49
Client-Level Service Utilization and Outcome Study								
Organizational Staff/Crisis Agency Staff ³ .	CCDF	6,000	1	6,000	0.15	900.00	27.46	24,714.00
Parents/Caregivers ⁴	CCDF Parent Supplement.	⁵ 1,560	1	1,560	0.10	156.00	7.25	1,131.00
Client ⁴	CES—Baseline	6,000	1	6,000	0.75	4,500.00	7.25	32,625.00
Client ⁴	CES—3 months	1,500	1	1,500	0.65	975.00	7.25	7,068.75
Client ⁴	CES—6 months	375	1	375	0.65	243.75	7.25	1,767.19
Client ⁴	CES—12 months	94	1	94	0.65	61.10	7.25	442.98
Client-Level Risk Reduction Study								
Client ⁴	C-KII-DC	30	1	30	1.00	30.00	7.25	217.50
Client ⁴	C-KII-TPC	10	1	10	1.00	10.00	7.25	72.50
Total	16,724	8,006.10	134,251.49

¹ BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates mean hourly salary for General and Operations Managers (code 11-1021), <https://www.bls.gov/oes/current/oes111021.htm>.
² BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates mean hourly salary for Social and Community Service Managers (code 11-9151), <https://www.bls.gov/oes/current/oes119151.htm>.
³ BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates mean hourly salary for Counselors, Social Workers, and Other Community and Social Service Specialists (code 21-1000), https://www.bls.gov/oes/current/naics5_541720.htm#29-0000.
⁴ <https://www.usa.gov/minimum-wage>.
⁵ This number represents an estimate based on the average distribution of monthly contacts by modality, cited in Lifeline Performance Metrics (SAMHSA, April 2024), and assumes that 40% of all individuals who contact 988 through chat or text (as cited in Gould et al., 2021 and Pisani et al., 2022) and 20% of those who contact 988 through phone call are below the age of 18.

Send comments to SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E45, Rockville, MD 20852 OR email a copy at samhsapra@samhsa.hhs.gov. Written comments should be received by January 31, 2025.

Alicia Broadus,
Public Health Advisor.

[FR Doc. 2024-28136 Filed 11-29-24; 8:45 am]
BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

U.S. Immigration and Customs Enforcement

[OMB Control Number 1653-0042]

Agency Information Collection Activities; Extension, Without Change, of a Currently Approved Collection; Obligor Change of Address

AGENCY: U.S. Immigration and Customs Enforcement, Department of Homeland Security.

ACTION: 30-Day notice.

SUMMARY: In accordance with the Paperwork Reduction Act (PRA) of 1995 the Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE) will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance. This information collection was previously published in the **Federal Register** on September 18, 2024, allowing for a 60-day comment period. ICE received one unrelated comment. The purpose of this notice is to allow an additional 30 days for public comments. The burden was updated from the 60-day notice due to adjustments in the Agency estimates. **DATES:** Comments are encouraged and will be accepted until January 2, 2025. **ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of the publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: For specific question related to collection activities, please contact Carl Albritton, ERO, (202-497-6755), carl.a.albritton@ice.dhs.gov, U.S. Immigration and Customs Enforcement.

SUPPLEMENTARY INFORMATION: Comments

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information should address one or more of the following four points:

- (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 agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- (3) Enhance the quality, utility, and clarity of the information to be collected; and
- (4) Minimize the burden of the collection of information on those who