

## Capacity for Alternatives to Restraint and Seclusion (OMB No. 0930-0271)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services has funded a Data Collection and Analysis for the Alternatives to Restraint and Seclusion Grant Program. This contract is an evaluation of SAMHSA's State Incentive Grants to Build Capacity for Alternatives to Restraint and Seclusion. These grants are designed to promote the implementation and evaluation of best practice approaches to reducing the use of restraint and seclusion in mental health facilities. Grantees consist of 8 sites (state mental health agencies), all of which will be implementing interventions in multiple facilities (a

total of 21 facilities). These include facilities serving adults and those serving children and/or adolescents, with various subgroups such as forensic and sexual offender populations.

With input from multiple experts in the field of restraint and seclusion and alternatives to restraint and seclusion, the project created a common core of data collection instruments that will be used for this cross-site project. The facilities will complete three different instruments over a 3-year time period: (1) Facility/Program Characteristics Inventory (information about type of facilities, characteristics of persons served, staffing patterns, and unit specific data); (2) Inventory of Seclusion and Restraint Reduction Interventions; (3) Seclusion and Restraint Event Data Matrix (data about restraint and

seclusion rates within facilities and units). Data will be submitted by the sites electronically via a secured Web site.

The Facility/Program Characteristics Inventory and Inventory of Seclusion and Restraint Reduction Intervention will be collected annually. The Seclusion and Restraint Event Data Matrix will be collected monthly.

The resulting data will help to identify the: (1) Number of programs adopting best practices involving alternative approaches to restraint and seclusion; and (2) program's impact of reducing restraint and seclusion use and adoption of alternative practices. The estimated maximal annual response burden to collect this information is by grant year.

TABLE 1. ESTIMATES OF MAXIMAL ANNUALIZED HOUR BURDEN, BY GRANT YEAR

| Instrument   | No. of respondents                   | Responses per respondent | Total responses | Average hours per response | Total annual burden (hours) |
|--|--------------------------------------|--------------------------|-----------------|----------------------------|-----------------------------|
| <b>Grant Year 1</b>  |                                      |                          |                 |                            |                             |
| Facility/Program Characteristic Inventory .....                    | 21                                   | 1                        | 21              | 2                          | 42                          |
| Inventory of Restraint and Seclusion Reduction Interventions ..... | 21                                   | 1                        | 21              | 8                          | 168                         |
| Seclusion and Restraint Event Data Matrix .....                    | Not given during Year 1 <sup>a</sup> |                          |                 |                            |                             |
| Total Annual .....   | 21                                   | .....                    | .....           | .....                      | 210                         |
| <b>Grant Year 2</b>  |                                      |                          |                 |                            |                             |
| Facility/Program Characteristic Inventory .....                    | Not given during Year 2              |                          |                 |                            |                             |
| Inventory of Restraint and Seclusion Reduction Interventions ..... | 21                                   | 1                        | 21              | 8                          | 168                         |
| Seclusion and Restraint Event Data Matrix .....                    | 21                                   | 29                       | 609             | 8                          | 4,872                       |
| Total Annual .....   | 21                                   | .....                    | .....           | .....                      | 5,040                       |
| <b>Grant Year 3</b>  |                                      |                          |                 |                            |                             |
| Facility/Program Characteristic Inventory .....                    | Not given during Year 3              |                          |                 |                            |                             |
| Inventory of Restraint and Seclusion Reduction Interventions ..... | 21                                   | 2                        | 42              | 8                          | 336                         |
| Seclusion and Restraint Event Data Matrix .....                    | 21                                   | 18                       | 378             | 8                          | 3,024                       |
| Total Annual .....   | 21                                   | .....                    | .....           | .....                      | 3,360                       |

<sup>a</sup> This instrument may be given during Year 1 pending timely OMB approval. If this is the case, some of the responses allotted to Year 2 may be shifted to Year 1 in order to lessen the burden to respondent burden.

Written comments and recommendations concerning the proposed information collection should be sent by September 17, 2008 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: August 11, 2008.  
**Elaine Parry,**  
*Acting Director, Office of Program Services.*  
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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:* Evaluation of the Native American Rehabilitation Association of the Northwest, Inc. (NARA-NW) Native Youth Suicide Prevention Program (NYSP) funded through the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program—New.

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) is conducting an evaluation of program activities being conducted for a 2005-funded Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program grantee. This evaluation effort is planned for the Native Youth Suicide Prevention Program of the Native American Rehabilitation Association of the Northwest, Inc. (NARA-NW) in

Oregon, and builds upon their existing local evaluation that is being implemented and funded through the GLS grant program. The data collected through this evaluation will address the process and impact of program activities for Tribal youth in Oregon. The purpose of the proposed evaluation is to evaluate intermediate- and long-term outcomes associated with suicide prevention program activities being implemented with nine Tribes that NARA-NW serves. The following describes the specific data collection activities and the data collection instruments to be used, followed by a summary table of the number of respondents and the respondent burden:

- Native American Rehabilitation Association of the Northwest, Inc. (NARA-NW) Oregon Native Youth Survey. This component of the evaluation will assess suicide-related risk and protective factors at the individual, family, school, and community levels. The survey will be administered to a convenience sample of 300 youth in targeted communities. Survey participants will be drawn from the estimated 840 eligible youth members in these nine Tribal communities. The exact number of youth recruited from any given Tribe will depend on the size of the youth population, the success of recruitment activities, and the availability of parents/guardians from whom informed consent can be obtained. The survey includes questions related to risk and protective factors at the individual, family, school, and community levels. Risk factors measured by the survey include alienation, rebelliousness, early and persistent antisocial behavior, drug and alcohol abuse in the home, criminal and violent behavior, poverty,

neighborhood cohesion, and community drug use, violence and crime. The survey questions and format were derived primarily from State and Federal surveys currently in use with this population. Additional questions on protective factors were developed by NARA-NW evaluators. The survey includes 110 multiple choice, Likert scale, and open-ended questions which will take approximately 45 minutes to complete.

- Native Youth Suicide Prevention Program Focus Group Moderators Guide. This component will assess the degree to which prevention activities sponsored by Tribes' grant programs had an impact on various risk and protective factors and will help researchers more fully understand the community context in which the Oregon Native Youth Survey is administered. Questions address the degree to which youth feel supported by their community and build on the list of risk and protective factors covered in the survey. One focus group per participating Tribe (for a total of up to nine focus groups) will be conducted in FY 2008. Youth, ages 12-19, who participated in one of the prevention activities undertaken by the Native Youth Suicide Prevention Program in their tribal community, will be recruited for each focus group. Recruitment will be conducted in collaboration with the agency/community group that sponsored the prevention activity. A group of up to 12 participants per participating Tribe will be randomly selected from the pool of eligible youth participants with the informed consent of their parents. The total number of focus group participants will not exceed 72. Groups will last approximately 90 minutes.

ANNUALIZED BURDEN: RESPONDENTS, RESPONSES AND HOURS

| Measure name      | Number of respondents | Number of responses/respondent | Hours/response | Response burden |
|-------------------|-----------------------|--------------------------------|----------------|-----------------|
| Survey .....      | 300                   | 1                              | 0.75           | 225             |
| Focus group ..... | 72                    | 1                              | 1.5            | 108             |
| Total .....       | 372                   | .....                          | .....          | 333             |

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: August 11, 2008.

**Elaine Parry,**

*Acting Director, Office of Program Services.*

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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

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*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:* Garrett Lee Smith Campus Case Studies funded through the Garrett Lee Smith Youth Suicide Prevention and Early Intervention Programs—New.

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) is conducting up to six campus cases studies with Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Campus Program grantees. The GLS Campus Case Studies (CCS) build upon campus' existing local evaluation being implemented and

funded through the GLS grant program. The goal of the CCS is to understand how a public health approach is successfully applied as a model for campus suicide prevention efforts, and will explore, in a systematic manner: the suicide prevention related infrastructures and supports (e.g., clinical and non-clinical) that exist on up to six selected GLS-funded campuses; the various student-level factors that are related to suicide prevention efforts (e.g., protective factors, coping strategies, social norms, and facilitators and barriers to student access and receipt of behavioral healthcare); campus interdepartmental collaboration and the relationship between various efforts to promote student mental health and wellness; and the extent to which the campus infrastructures and supports promote and address these factors.

The data collected through this project will contribute to the knowledge base regarding a successful model for suicide prevention that integrates multiple prevention programs targeting risk and protective behaviors which place students at risk for a host of negative mental and physical health outcomes correlated with suicide, including violence, stress, untreated depression and mental illness, and academic failure. The strategies targeting various populations on campus will also be discussed, as well as the campus policies and procedures which facilitate campus efforts related to mental health promotion and crisis response. The CCS design includes three data collection strategies: (1) Case study key informant interviews (CSIs); (2) focus groups with students, faculty, and staff; and (3) an Enhanced Module to the OMB-approved Suicide Prevention Exposure, Awareness and Knowledge Survey—Student Version (OMB No. 0930-0286) administered to a sample of students. Data collection is planned to commence in fall 2008. CCS activities will be implemented on up to six GLS-funded campuses.

The following describes the specific data collection activities and the data collection instruments to be used, followed by a summary table of the number of respondents and the respondent burden:

- **Enhanced Module for the SPEAKS.** The Enhanced Module will be added to the OMB-approved Suicide Prevention Exposure, Awareness, and Knowledge Survey (SPEAKS)—Student Version (OMB No. 0930-0286). The Enhanced Module examines coping strategies, help-seeking behaviors, awareness of available mental health services, and risk and protective factors across the

student population. Questions include the availability of resources to provide assistance to those at risk for suicide; the types of coping strategies they use when experiencing stress; from whom, if anyone, they would seek help; if they have dealt with mental health issues, sought help, and experienced trauma; and their use of protective factors. The Enhanced Module is Web-based and includes multiple-choice, Likert-scale, and yes/no questions. The Enhanced Module includes 16 items and will take approximately 10 minutes to complete. The Enhanced Module will be administered at each campus once in conjunction with the SPEAKS—Student Version to a random sample of 200 students.

- **Student Focus Group Moderator's Guide.** This component will assess student risk and protective factors related to mental health, help-seeking behaviors, and knowledge of prevention activities on campus and their perceived effectiveness. This will help researchers more fully understand student-level factors in relation to population-level factors addressed by the Enhanced Module for the SPEAKS. Questions address stressors that different groups of students face while in college, barriers to seeking help, attitudes and stigma related to seeking help, and the accessibility of the campus counseling center. Six of the following seven groups of students will participate in focus groups on each campus, as decided by the campus: (1) First-year students, (2) athletes, (3) international students, (4) Lesbian, Gay, Bisexual, and Transgender (LGBT) students, (5) Greek life students, (6) graduate students, and (7) residential advisors/peer educators. Recruitment will be conducted by campus project staff. Focus groups will include a maximum of 9 students. Thus, the total number of student focus group participants will not exceed 324. Groups will last approximately 90 minutes.

- **Faculty/Staff Focus Group Moderator's Guide.** The faculty and staff focus groups will assess the campus' approach to prevention, attitudes and stigma around student mental health and wellness on campus, campus infrastructure supports for students who need mental health help, and the general campus climate around mental health and wellness. Faculty and staff will also describe their knowledge of prevention activities on campus and their perceived effectiveness of these efforts. Local campus staff will recruit appropriate respondents for the faculty and staff focus groups to include a maximum of 9 respondents per group. The total number of participants will