DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.


Melanie J. Gray, Program Analyst, Office of Federal Advisory Committee Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

National Institute of Environmental Health Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Environmental Health Sciences Special Emphasis Panel; Studies to Evaluate Early Life Exposure. Dated: December 5, 2012.

Melanie J. Gray, 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: Monitoring of National Suicide Prevention Lifeline (OMB No. 0930–0274)—Revision

This proposed project renewal includes the continuation of previously approved data collection activities Monitoring of National Suicide Prevention Lifeline Form (OMB No. 0930–0274) in an effort to advance the understanding of crisis hotline utilization and its impact. Out of the previously approved 11 data collection instruments and consents, only 6 will be utilized through this revision. The Substance Abuse and Mental Health Services Administration’s (SAMHSA), Center for Mental Health Services (CMHS) funds a National Suicide Prevention Lifeline Network, consisting of a 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. The overarching purpose of the proposed Monitoring of National Suicide Prevention Lifeline—Revision is to examine the impact of motivational training and safety planning (MI/SP) with callers who have expressed suicidal desire (i.e., follow-up interviews with callers and counselors). In total this effort includes three data collection instruments and three associated data collection consents.

Clearance is being requested to continue the previously approved data collection activities to continue caller and counselor follow-up assessment activities which will examine the process and impact of motivational training and safety planning (MI/SP) with callers who have expressed suicidal ideation. The data collected through the renewal of these data collection activities will ultimately help SAMHSA to understand and direct their crisis hotline lifesaving initiatives. The data collection activities are enumerated below.

Funded crisis centers will train counselors to implement an intervention with callers during the initial call to a center, which incorporates aspects of motivational interviewing and safety planning (MI/SP) and utilizes an evidence-based practice model to provide follow-up to callers who have expressed suicidal desire. An assessment of MI/SP fidelity and process measures will be incorporated into the design through the administration of two self-administered questionnaires to crisis center counselors. The impact assessment of MI/SP counselor training will include follow-up telephone interviews with callers to assess their emotions and behaviors following their interaction with the MI/SP trained counselor.

(1) The MI/SP Counselor Attitude Questionnaire attitude questionnaire will be administered to counselors at the conclusion of their MI/SP training and be used as a possible predictor of fidelity of the MI/SP intervention. Information to be gathered includes (a) counselors’ views of the applicability of the MI/SP for preparing them to conduct safety planning and follow up with callers; (b) possible anticipated challenges (i.e., impeding factors) to applying the MI/SP training in their centers; (c) the relationship of the MI/SP model to their centers; (d) the extent to which provided with or obtain adequate resources to enable them to use MI/SP on the job; (e) impeding and facilitating factors; and (f) attitudes about counselors’ self-efficacy to use MI/SP and views on its utility. It is expected that a total of 750 counselors will be trained over the course of 3 years in an effort to maintain 175 counselors at any given time. Thus, a total of 750 counselors are expected to complete this questionnaire during the 3-year data collection period. Prior to collecting data from counselors, crisis counselors must have read and signed the MI/SP Counselor Consent. This form explains the purpose of the data collection, privacy, risks and benefits, what the data collection entails, and participant rights. It is anticipated that 750 consents and questionnaires will be collected by crisis counselors during the 3-year data collection period.

(2) At the end of the call and once the counselor deems the intervention to be complete, counselors will ask all appropriate callers, using the MI/SP Caller Initial Script, for permission to be re-contacted by research staff for a follow-up interview. Counselors will state that the caller may be contacted by the research team if randomly selected for a follow-up call. A total of 1,500 callers across the 3-year data collection period will be provided with the MI/SP Caller Initial Script for their consent to be contacted at a later time.

(3) Counselors will be asked to complete the MI/SP Counselor Follow-up Questionnaire for each call that is eligible. The questionnaire will incorporate an assessment of the outreach, telephonic follow up and/or other strategies that the center has proposed to implement, and whether the counselor was able to implement the center’s site plan as originally conceived. The questionnaire will also include items on the demographic characteristics of the caller, whether contact was successfully made with the caller, whether the caller followed through with the safety plan and/or referral given by the counselor, whether MI/SP was re-implemented during the follow-up contact, whether another follow-up is scheduled, the educational and crisis experience of the person attempting re-contact with the caller, and that person’s prior experience with follow-up. Barriers to implementing the follow-up, as well as types of deviation from the site’s follow-up plan will also be assessed. Open-ended questions about what led to deviations from the site’s follow-up plan will also be included. In total, it is expected that counselors will complete 3,750 questionnaires across the 3-year data collection period.

(4) Researchers will begin conducting follow-up interviews with callers