

the USAPIs and to understand whether the CDSMP curriculum needs to be adapted to meet the cultural needs of the USAPIs and if it is feasible to expand the CDSMP program in the USAPIs.

In this evaluation, program participants (people who are enrolled in six-week CDSMP workshops) will be asked to fill out the following voluntary surveys:

- *Chronic Disease Self-Management Workshop Evaluation Form:* This is a survey to assess program participant satisfaction with CDSMP. The survey will be administered once at the end of the six-week CDSMP workshop.
- *Chronic Disease Self-Management Questionnaire:* This is a pre- and post-test for program participants to assess chronic disease related symptoms and health behaviors before CDSMP and at the end of the six-week workshop. The survey will be administered once at the start of the six-week workshop and once at the end of the six-week workshop.

The pre-test surveys and the post-test survey results will be compared.

Program participants will voluntarily complete three surveys over the course of the six-week CDSMP workshop. We anticipate collecting surveys over a three-year period, or 36 months.

The CDC will provide CDSMP leaders in the USAPIs with surveys. CDSMP leaders will administer the voluntary paper-based surveys to participants during the workshops, collect the surveys, and submit the surveys to the CDC.

CDSMP leaders will store surveys in a locked cabinet only accessible to them. They will scan the survey in a secure location on a dedicated server only accessible to the CDSMP leader. The server will have a firewall. CDSMP leaders will encrypt and submit electronic copies of the survey to the CDC.

CDC will maintain the surveys and abstracted data in secure location on a dedicated server only accessible by the evaluation staff, the program

coordinator, and the program assistant. The server will have a firewall. Data will be aggregated and the aggregated data will be used and shared with stakeholders.

Data will not be collected from participants electronically because computers and other electronic data collection methods will not be available at the six-week workshops.

The information collection will involve approximately 190 respondents for a total cost of \$19,501. The estimated cost to participants is \$570. There are a total of three responses, or three surveys, per respondent. Each response will take 10 minutes to complete. The estimated time burden is 95 hours. We do not anticipate capital and start-up costs to respondents and record keepers. We expect an operation and maintenance cost for record keepers, who will print surveys and provide pens for program participants to fill out the survey, which will cost \$11.40 for paper and \$25 for pens.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Program Participant .....	Chronic Disease Self-Management Workshop Evaluation.	190	1	10/60	32
Program Participant .....	Chronic Disease Self-Management Questionnaire (Pre-Post Test).	190	2	10/60	63
Total .....	.....	.....	.....	.....	95

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2018-02134 Filed 2-1-18; 8:45 am]

BILLING CODE 4163-18-P

**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: Networking Suicide Prevention Hotlines—Evaluation of Imminent Risk (OMB No. 0930-0333)—Revision**

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) funds a National Suicide Prevention Lifeline Network ("Lifeline"), 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. This project is a revision of the Evaluation of Imminent Risk and builds on previously approved data collection activities [Evaluation of Networking Suicide Prevention Hotlines Follow-Up Assessment (OMB No. 0930-0274) and Call Monitoring of National Suicide Prevention Lifeline Form (OMB No. 0930-0275)]. The extension data collection is an effort to advance the understanding of crisis hotline utilization and its impact.

The overarching purpose of the proposed Evaluation of Imminent Risk data collection is to evaluate hotline counselors' management of imminent risk callers and third party callers concerned about persons at imminent risk, assess counselor adherence to the *Lifeline Policies and Guidelines for Helping Callers at Imminent Risk of Suicide*, and identify the types of interventions implemented with imminent risk callers. Specifically, the Evaluation of Imminent Risk will collect data, using the Imminent Risk Form-Revised, to inform the network's knowledge of the extent to which counselors are aware of and being guided by Lifeline's imminent risk guidelines; counselors' definitions of imminent risk; the rates of active rescue of imminent risk callers; the types of rescue and non-rescue interventions used; barriers to intervention; and the circumstances in which active rescue is initiated, including the caller's agreement to receive the intervention. To capture differences across centers, the form also collects information on counselors' employment status and hours worked/volunteered, level of education, license status, training status, source of safety planning protocols, and responsibility for follow up.

Clearance is being requested for *one activity* to assess the knowledge, actions, and practices of counselors to aid callers who are determined to be at imminent risk for suicide and who may

require active rescue. This evaluation will allow researchers to examine and understand the actions taken by counselors to aid imminent risk callers, the need for active rescue, the types of interventions used, and, ultimately, improve the delivery of crisis hotline services to imminent risk callers. A total of seven centers will participate in this evaluation. Thus, SAMHSA is requesting OMB review and approval of the Imminent Risk Form-Revised.

Crisis counselors at seven participating centers will record information discussed with imminent risk callers on the Imminent Risk Form-Revised, which does not require direct data collection from callers. As with previously approved evaluations, callers will maintain anonymity. Participating counselors will be asked to complete the form for 100% of their imminent risk calls. At centers with high call volumes, data collection may be limited to designated shifts. This form requests information in 15 content areas, each with multiple sub-items and response options. Response options include open-ended, yes/no, Likert-type ratings, and multiple choice/check all that apply. The form also requests demographic information on the caller, the identification of the center and counselor submitting the form, and the date of the call. Specifically, the form is divided into the following sections: (1) Counselor information, (2) center information, (3) call characteristics (*e.g.*,

line called, language spoken, participation of third party), (4) suicidal desire, (5) suicidal intent, (6) suicidal capability, (7) buffers to suicide, (8) interventions agreed to by caller or implemented by counselor without caller's consent, (9) whether imminent risk was reduced enough such that active rescue was not needed, (10) interventions for third party callers calling about a person at imminent risk, (11) whether supervisory consultation occurred during or after the call, (12) barriers to getting needed help to the person at imminent risk, (13) steps taken to confirm whether emergency contact was made with person at risk, (14) outcome of attempts to rescue person at risk, and (15) outcome of attempts to follow-up on the case. The form also includes an Additional Counselor Training section that counselors complete only when applicable. This section includes one new question specifically related to the use of the Lifeline Simulation Training System. The form will take approximately 15 minutes to complete and will be completed by the counselor after the call. It is expected that a total of 440 forms will be completed by 116 counselors over the two-year data collection period.

The estimated response burden to collect this information is annualized over the requested two-year clearance period and is presented below:

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

Instrument	Number of respondents	Responses/ respondent	Total responses	Hours per response	Total burden hours
National Suicide Prevention Lifeline—Imminent Risk Form-Revised .....	116	1.9	220	.26	57

Send comments to Summer King, SAMHSA Reports Clearance Officer, SAMHSA, 5600 Fishers Lane, Room 15E57B, Rockville, MD 20857 OR email a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by April 3, 2018.

**Summer King,**  
*Statistician.*

[FR Doc. 2018-02107 Filed 2-1-18; 8:45 am]

**BILLING CODE 4162-20-P**

**DEPARTMENT OF THE INTERIOR**

**Fish and Wildlife Service**

[FWS-HQ-MB-2017-N164; 91100-3740-GRNT 7C]

**Announcement of Public Meeting via Teleconference; North American Wetlands Conservation Council**

**AGENCY:** Fish and Wildlife Service, Interior.

**ACTION:** Notice of meeting/ teleconference.

**SUMMARY:** The North American Wetlands Conservation Council will meet via teleconference to select U.S. small grant proposals for reporting to the Migratory Bird Conservation Commission under the North American

Wetlands Conservation Act. This teleconference is open to the public, and interested persons may present oral or written statements.

**DATES:**

*Teleconference:* The teleconference is scheduled for February 22, 2018, at 2 p.m. Eastern Standard Time.

*Participation:* Contact the Council Coordinator for the call-in information (see **FOR FURTHER INFORMATION CONTACT**) no later than February 14, 2018.

*Presenting Information During the Teleconference:* If you are interested in presenting information, contact the Council Coordinator no later than February 14, 2018.

*Submitting Information:* To submit written information or questions before the Council meeting for consideration during the meeting, contact the Council