

42. Marlie Dulaurier, M.D., Columbus, Ohio, Court of Federal Claims No: 14–1138V.
43. Larry Thompson, Lynchburg, Virginia, Court of Federal Claims No: 14–1139V.
44. Richard Greenslade, Ann Arbor, Michigan, Court of Federal Claims No: 14–1140V.
45. Navid Nourani, Tempe, Arizona, Court of Federal Claims No: 14–1142V.
46. Andrew Funk, Tempe, Arizona, Court of Federal Claims No: 14–1143V.
47. Duke Duquette, Uxbridge, Massachusetts, Court of Federal Claims No: 14–1144V.
48. Candace Johnson, Portland, Oregon, Court of Federal Claims No: 14–1145V.
49. Thalia Monsha Stallworth Lewis on behalf of Alton Jerome Lewis, Deceased, Birmingham, Alabama, Court of Federal Claims No: 14–1147V.
50. Billy Whitchurch, Dallas, Texas, Court of Federal Claims No: 14–1148V.
51. Andrea Gasaway, Dallas, Tennessee, Court of Federal Claims No: 14–1149V.
52. Barbara Budgake, Rahway, New Jersey, Court of Federal Claims No: 14–1150V.
53. Douglas A. Dinunzio, Charlotte, North Carolina, Court of Federal Claims No: 14–1151V.
54. Imogene B. Fowler, Tuscaloosa, Alabama, Court of Federal Claims No: 14–1152V.
55. Mary Daniels, Boston, Massachusetts, Court of Federal Claims No: 14–1153V.
56. Amy Junker, Frederick, Maryland, Court of Federal Claims No: 14–1155V.
57. Paula Pasquinelli, Carnegie, Pennsylvania, Court of Federal Claims No: 14–1156V.

[FR Doc. 2014–30402 Filed 12–24–14; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center For Scientific Review; 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.

*Name of Committee:* Cell Biology Integrated Review Group; Nuclear and Cytoplasmic Structure/Function and Dynamics Study Section.

*Date:* January 29–30, 2015.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road NW., Washington, DC 20015.

*Contact Person:* David Balasundaram, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5189, MSC 7840, Bethesda, MD 20892, 301–435–1022, [balasundaram@csr.nih.gov](mailto:balasundaram@csr.nih.gov).

*Name of Committee:* Risk, Prevention and Health Behavior Integrated Review Group; Psychosocial Risk and Disease Prevention Study Section.

*Date:* January 29–30, 2015.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Villa Florence Hotel, 225 Powell Street, San Francisco, CA 94102.

*Contact Person:* Stacey FitzSimmons, Ph.D., MPH, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3114, MSC 7808, Bethesda, MD 20892, (301) 451–9956, [fitzsimmons@csr.nih.gov](mailto:fitzsimmons@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Psychosocial Risk and Disease Prevention.

*Date:* January 29, 2015.

*Time:* 10:30 a.m. to 11:00 a.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Villa Florence Hotel, 225 Powell Street, San Francisco, CA 94102.

*Contact Person:* Kristen Prentice, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3112, MSC 7808, Bethesda, MD 20892, (301) 496–0726, [prenticekj@mail.nih.gov](mailto:prenticekj@mail.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; PAR 13–374 Modeling of Social Behavior.

*Date:* January 29, 2015.

*Time:* 12:00 p.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Jacinta Bronte-Tinkew, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3164, MSC 7770, Bethesda, MD 20892, (301) 806–0009, [brontetinkewjm@csr.nih.gov](mailto:brontetinkewjm@csr.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine;

93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: December 19, 2014.

**Anna Snouffer,**

*Deputy Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2014–30257 Filed 12–24–14; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Notice of Correction for National Institute of Neurological Disorders and Stroke, Interagency Pain Research Coordinating Committee Call for Committee Membership Nominations

The National Institutes of Health (NIH) is correcting a notice previously published in the **Federal Register** on December 15, 2014 (79 FR 74102) and titled “National Institute of Neurological Disorders and Stroke, Interagency Pain Research Coordinating Committee Call for Committee Membership Nominations.” The notice announced that The Department of Health and Human Services (HHS) is seeking nominations for the Interagency Pain Research Coordinating Committee.

NIH is amending the due date for nominations from January 5, 2015, as stated toward the end of the notice, to January 12, 2015. For further information about the meeting, please contact Linda Porter, Ph.D., [porterl@ninds.nih.gov](mailto:porterl@ninds.nih.gov).

Dated: December 16, 2014.

**Walter J. Koroshetz,**

*Acting Director, National Institute of Neurological Disorders and Stroke, National Institutes of Health.*

[FR Doc. 2014–30387 Filed 12–24–14; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. 35). To request a copy of these

documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

### Project: National System of Care Expansion Evaluation—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is requesting approval from the Office of Management and Budget (OMB) for the new collection of data for the National System of Care (SOC) Expansion Evaluation.

**Evaluation Plan and Data Collection Activities.** The purpose of the National SOC Expansion Evaluation is to assess the success of the SOC expansion planning and implementation grants in expanding the reach of SOC values, principles, and practices. These include maximizing system-level coordination and planning, offering a comprehensive array of services, and prioritizing family and youth involvement. In order to obtain a clear picture of SOC expansion grant activities, this longitudinal, multi-level evaluation will measure activities and performance of grantees at three levels essential to building and sustaining effective SOC. The three levels are: jurisdiction, local system, and child and family levels.

Data collection activities will occur through four evaluation components. Each component includes data collection activities and analyses involving similar topics. Each component has multiple instruments that will be used to address various aspects. Thus, there are a total of eight new instruments that will be used to conduct this evaluation. All four evaluation components involve collecting data from implementation grantees, but only the Implementation assessment includes data collection from planning grantees as well.

The four studies with their corresponding data collection activities are as follows:

(1) The Implementation assessment will document the development and expansion of SOC. Data collection activities include: (a) Stakeholder Interviews with high-level

administrators, youth and family representatives, and child agencies to describe the early implementation and expansion efforts of planning and implementation grants, (b) the web-based Self-Assessment of Implementation Survey (SAIS) to assess SOC implementation and expansion at the jurisdictional level over time, and (c) the SOC Expansion Assessment (SOCEA) administered to local providers, managers, clients, and their caregivers to measure SOC expansion strategies and processes implemented related to direct service delivery at the local system level. Implementation grantees will participate in all three of the Implementation assessment data collection activities. Planning grantee participation will be limited to the Stakeholder Interview and the Self-Assessment of Implementation Survey.

(2) The Network Analysis will use Network Analysis Surveys to determine the depth and breadth of the SOC collaboration across agencies and organization. Separate network analysis surveys will be administered at the jurisdiction and local service system levels. The Geographic Information System (GIS) Component will measure the geographic coverage and spread of the SOC, including reaching underserved areas and populations. At the jurisdictional and local service system levels, the GIS component will use office and business addresses of attendees to key planning, implementation and expansion events. At the child/youth and family level, Census block groups (derived from home addresses) will be used to depict the geographic spread of populations served by SOC.

(3) The Financial Mapping Component involves the review of implementation grantees' progress in developing financial sustainability and expansion plans. The Financial Mapping Interview will be conducted with financial administrators of Medicaid Agencies, Mental Health Authorities, mental health provider trade associations, and family organizations. The Benchmark

Component will compare relative rates of access, utilization, and costs for children's mental health services using the Benchmarking Tool and administrative data requested from financial administrators and personnel working with Medicaid Agency and Mental Health Authority reporting and payment systems.

(4) The Child and Family Outcome Component will collect longitudinal data on child clinical and functional outcomes, family outcomes, and child and family background. Data will be collected at intake, 6-months, and 12-months post service entry (as long as the child/youth is still receiving services). Data will also be collected at discharge if the child/youth leaves services before the 12-month data collection point. Data will be collected using the following scales: (a) A shortened version of the Caregiver Strain Questionnaire, (b) the Columbia Impairment Scale, (c) the Pediatric Symptom Checklist-17, (d) Family/Living Situation items, and (e) background information gathered through the Common Data Platform (CDP). Although OMB approval for the CPD has been sought separately under an unrelated contract, this data collection will include *both* youth age 11 to 17 *and* their caregivers whereas CDP includes only one of these respondents (*i.e.*, youth or caregiver).

**Estimated Burden.** Data will be collected from approximately 51 planning and 106 implementation grant jurisdictions and local systems. Data collection for this evaluation will be conducted over a 4-year period.

The average annual respondent burden estimate reflects the average number of respondents in each respondent category, the average number of responses per respondent per year, the average length of time it will take to complete each response, and the total average annual burden for each category of respondent for all categories of respondents combined. Table 1 shows the estimated annual burden estimate by instrument and respondent. Burden is summarized in Table 2.

TABLE 1—ESTIMATED AVERAGE ANNUAL BURDEN

Instrument/Data collection activity	Respondent	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total annual burden hours
<b>Implementation Assessment</b>						
Stakeholder Interviews <sup>a</sup>	Project Director .....	57	1	57	1.6	90
	Family Organization Representative	57	1	57	1.6	90
	Youth Organization Representative ..	57	1	57	1.6	90
	Core Agency Partners <sup>b</sup> .....	287	1	287	1.3	358
SAIS <sup>a</sup> .....	Grant leadership .....	1,540	1.93	2,970	0.82	2,426

TABLE 1—ESTIMATED AVERAGE ANNUAL BURDEN—Continued

Instrument/Data collection activity	Respondent	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total annual burden hours
SOCEA .....	Project Director & Representatives from Family & Youth Organizations.	143	1	143	1.5	215
	Core Agency Rep, Service Providers	429	1	429	1.0	533
	Care Coordinators .....	95	1	95	1.7	162
	Caregivers .....	95	1	95	0.75	106
	Clients 14–21 .....	95	1	95	0.5	48
<b>Network Analysis Survey</b>						
Jurisdiction .....	Grant leadership .....	353	1	353	0.4	147
Local system .....	Local providers of direct services .....	707	1	707	0.4	294
<b>GIS Component: Group Collaborative Events for GIS Analysis Form</b>						
Jurisdiction .....	Grant administrator/Project Director ..	106	4	424	0.25	106
Local system .....	Local administrator/Project Director ..	106	4	424	0.25	106
<b>Financial Mapping and Benchmark Components</b>						
Financial Mapping Interview.	Financial administrators at: Medicaid Agencies & MH Authorities.	97	1	97	2.0	217
	Financial administrators at: Trade associations & Family organizations.	332	1	332	1.5	52
Benchmark Tool ...	Payment/reporting personnel at: Medicaid Agencies & MH Authorities.	24	1	24	40.0	960
<b>Child and Family Outcome Component</b>						
Background Information (CDP) <sup>c</sup> .	Caregivers of clients age 11–17 <sup>d</sup> .....	631	<sup>e</sup> 2.12	1,337	0.37	491
	Clients age 11–17 .....	631	2.12	1,337	0.37	491
Family/Living Information.	Caregivers of clients age 5–17 <sup>f</sup> .....	3,172	2.12	6,725	.05	336
	Clients age 18–21 <sup>g</sup> .....	650	2.12	1,377	.05	69
Caregiver Strain Questionnaire—Short Form.	Caregivers of clients age 5–17 .....	3,172	2.12	6,725	0.12	807
	Clients age 11–21 <sup>h</sup> .....	1,911	2.12	4,051	0.08	324
Columbia Impairment Scale.	Caregivers of clients age 5–17 .....	3,172	2.12	6,725	0.05	336
	Clients age 11–21 .....	1,911	2.12	4,051	0.05	203
Pediatric Symptom Checklist-17.	Site staff .....	28	407	11,261	0.21	2,365
Client record review.						
<b>Total Annual Burden</b>						
All .....	All .....	9,365	.....	56,664	.....	11,958

a. Burden includes planning and implementation grantees.

b. Core agency partners include (1) representatives from MH, child welfare, and juvenile justice and (2) CMHI quality monitors.

c. OMB clearance sought for CDP is limited to the added burden for a second respondent (Caregiver *OR* Client age 11 to 17). For clients age 11 to 17, CDP only collects information from *either* Caregivers *OR* youth. In addition, clearance is requested for the burden only as OMB approval of CDP has been sought separately.

d. Assumes 33% of clients will be age 11 to 17 and that the additional CDP interview for clients age 11 to 17 and their caregiver will be evenly split between clients and caregivers. Evaluation design requires all participating clients age 5 to 17 to have a caregiver participating in the evaluation.

e. Accounts for attrition.

f. Assumes 83% of clients will be age 5 to 17.

g. Assumes 17% of clients will be age 18 to 21.

h. Assumes 50% of clients will be age 11 to 21.

TABLE 2—TOTAL ESTIMATED ANNUAL BURDEN

Instrument/Data collection activity	Number of respondents	Total number of responses	Average annual burden (hours)
Stakeholder Interviews .....	459	459	628

TABLE 2—TOTAL ESTIMATED ANNUAL BURDEN—Continued

Instrument/Data collection activity	Number of respondents	Total number of responses	Average annual burden (hours)
SAIS .....	1,540	2,970	2,426
SOCEA .....	858	858	1,063
Network analysis survey .....	1,060	1,060	442
GIS .....	212	848	212
Financial mapping interview .....	129	129	269
Benchmark Tool .....	24	24	960
Child and family tools (respondent & staff burden) .....	5,083	50,316	5,959
Total .....	9,365	56,664	11,958

Written comments and recommendations concerning the proposed information collection should be sent by January 28, 2015 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov). Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

**Summer King,**  
Statistician.

[FR Doc. 2014–30288 Filed 12–24–14; 8:45 am]

BILLING CODE 4162–20–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

#### Project: Networking Suicide Prevention Hotlines—Evaluation of the Lifeline Policies for Helping Callers at 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 Lifeline Policies for Helping Callers at 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 and revision data collection is an effort to advance the understanding of crisis hotline utilization and its impact.

The overarching purpose of the proposed Evaluation of the Lifeline Policies for Helping Callers at Imminent Risk is to implement data collection to evaluate hotline counselors' management of imminent risk callers and third party callers concerned about persons at imminent risk, and counselor adherence to *Lifeline Policies and Guidelines for Helping Callers at Imminent Risk of Suicide*. Specifically, the Evaluation of the Lifeline Policies for Helping Callers at Imminent Risk will collect data, using a revised imminent risk form, to inform the network's knowledge of the extent to which counselors are aware of and being guided by the Lifeline's imminent risk guidelines; counselors' definitions of imminent risk; the rates of active rescue of imminent risk callers; types of rescue (voluntary or involuntary); barriers to intervention; circumstances

in which active rescue is initiated, including the caller's agreement to receive the intervention, profile of imminent risk callers; and the types of interventions counselors used with them.

Approval 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 eight new centers will participate in this evaluation. Thus, SAMHSA is requesting OMB review and approval of the National Suicide Prevention Lifeline—Imminent Risk Form-Revised.

Crisis counselors at eight new 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. Counselors will be asked to complete the form for 100% of imminent risk callers to the eight centers participating in the evaluation. 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)