

Written comments and recommendations concerning the proposed information collection should be sent by April 15, 2013 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. 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. 2013-06029 Filed 3-14-13; 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. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Evaluation of Emergency Department Crisis Center Follow-Up—New

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) will conduct an evaluation to assess the impact of crisis center follow-up with patients admitted to emergency departments following a suicide attempt.

The overarching purpose of the proposed Evaluation of Emergency Department Crisis Center Follow-up—New is to examine the impact of crisis center follow-up with patients admitted to emergency departments following a suicide attempt on subsequent emergency department readmissions. In total this evaluation effort includes two data collection activities.

Clearance is being requested to abstract patient hospital data and companion crisis center data to examine the impact of crisis center follow-up on readmissions to the emergency department for suicidal behavior. The data collected through this project will ultimately help SAMHSA to understand and direct crisis center follow-up lifesaving initiatives. The data collection activities are described below.

Two funded crisis centers, working in collaboration with two hospital emergency departments, will provide follow-up services to patients seen in

the emergency department following a suicide attempt. Patient data will be collected for patients admitted for a suicide attempt in the two years prior to collaboration between the emergency department and crisis center and for patients admitted for a suicide attempt for the 2-year period after collaboration.

(1) The Hospital Data Abstraction Form will be utilized to collect systematic patient data for patients seen in one of the two participating hospital emergency departments. Information to be abstracted from patient data include: Demographic data, historical data, and subsequent suicidal behavioral and admission data. Data will be de-identified. Hospital staff will review patient data for qualifying (i.e., admission to the emergency department for suicide attempt) records. Records to be reviewed will include emergency department admissions for the two years prior to crisis center and hospital emergency department collaboration and for two years following collaboration. It is expected that a total of 2,000 records will be abstracted by hospital staff and provided to the evaluation team.

(2) The Crisis Center Data Abstraction Form will be utilized to collect systematic crisis center data for patient records for whom hospital data were collected. Data will be de-identified and will only contain a patient identification number to match to the patient ID provided through hospital records.

The estimated response burden to collect this information is as follows annualized over the requested 3-year clearance period is presented below:

TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS

Instrument	Number of respondents	Responses per respondent *	Total number of responses	Burden per response	Annual burden *
Hospital Data Abstraction Form	2	334	667	.04	27
Crisis Center Data Abstraction Form	2	167	333	.04	13
Total	4	40

* Rounded to the nearest whole number.

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[FR Doc. 2013-06004 Filed 3-14-13; 8:45 am]

BILLING CODE 4162-20-P