government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: *https://nccih.nih.gov/about/naccih/,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: December 18, 2015.

Michelle Trout,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2015–32395 Filed 12–23–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the meeting of the Council of Councils.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The open session will be videocast and can be accessed from the NIH Videocasting and Podcasting Web site (*http://videocast.nih.gov*).

A portion of 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 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: Council of Councils.

Open: January 29, 2016.

Time: 8:15 a.m. to 12:00 p.m.

Agenda: Call to Order and Introductions; Announcements; NIH Update; Creation of Sexual and Gender Minority Research Office in DPCPSI; Precision Medicine Initiative—Council's Role in Overseeing the Cohort Advisory Panel; ORIP Strategic Plan Presentation and Discussion.

Place: National Institutes of Health, 9000 Rockville Pike, Building 31, C Wing, 6th Floor, Conference Room 10, Bethesda, MD 20892.

Closed: January 29, 2016.

Time: 12:45 p.m. to 1:45 p.m.

Agenda: Review of grant applications.

Place: National Institutes of Health, 9000 Rockville Pike, Building 31, C Wing, 6th Floor, Conference Room 10, Bethesda, MD 20892.

Open: January 29, 2016.

Time: 1:45 p.m. to 4:00 p.m.

Agenda: Common Fund Concepts (Parts 1 and 2) and Closing Remarks.

Place: National Institutes of Health, 9000 Rockville Pike, Building 31, C Wing, 6th Floor, Conference Room 10, Bethesda, MD 20892.

Contact Person: Franziska Grieder, DVM, Ph.D., Executive Secretary, Director, Office of Research Infrastructure Programs, Division of Program Coordination, Planning, and Strategic Initiatives, Office of the Director, NIH, 6701 Democracy Boulevard, Room 948, Bethesda, MD 20892, *GriederF@mail.nih.gov*, 301–435–0744.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Council of Council's home page at *http://dpcpsi.nih.gov/council/* where an agenda will be posted before the meeting date.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research Generally; 93.39, Academic Research Enhancement Award; 93.936, NIH Acquired Immunodeficiency Syndrome Research Loan Repayment Program; 93.187, Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds, National Institutes of Health, HHS)

Dated: December 17, 2015.

Carolyn Baum,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2015–32396 Filed 12–23–15; 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. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: National Outcomes Evaluation of the Garrett Lee Smith Suicide Prevention Program—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) is requesting clearance for the revision of data collection associated with the previously-approved cross-site evaluation of the Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Program (GLS Suicide Prevention Program), now entitled National Outcomes Evaluation (NOE). The NOE is a proposed redesign of the currently-approved cross-site evaluation (OMB No. 0930–0286; Expiration, January 2017) that builds on prior published GLS evaluation proximal and distal training and aggregate findings from program activities (e. g., Condron et al., 2014; Walrath et al., 2015). As a result of the vast body of information collected and analyzed through the cross-site evaluation of the two GLS Suicide Prevention Programs components—the GLS State/Tribal Program and the GLS Campus Program—SAMHSA has identified areas for additional investigation and the types of inquiry needed to move the evaluation into its next phase.

The NOE aims to address the field's need for additional evidence on the impacts of the GLS Suicide Prevention Program in three areas: (1) Suicide prevention training effectiveness, (2) early identification and referral on subsequent care follow-up and adherence, and (3) suicide safer care practices within health care settings. The evaluation comprises three distinct, but interconnected core studies—Training, Continuity of Care (COC), and Suicide Safer Environment (SSE). The Training and SSE studies also have ''enhanced'' study components. Core study data align with required program

activities across the State/Tribal and Campus programs and provide continuity with and utility of data previously collected (implementation and proximal outcomes). Enhanced components use experimental and quasi-experimental methods (randomized controlled trial [RCT] and retrospective cohort study designs) to truly assess program impacts on distal outcomes (e. g., identifications and referrals, hospitalizations, and suicide attempts and deaths) without undue burden on grantees and youth. This outcome- and impact-focused design reflects SAMHSA's desire to assess the implementation, outcomes, and impacts of the GLS program.

The NOE builds on information collected through the four-stage cross-site evaluation approach (context, product, process, and impact) to further the field of suicide prevention and mental health promotion. Of notable importance, the design now accounts for differences in State/Tribal and Campus program grant funding cycles (i. e., 5-year State/Tribal and 3-year Campus programs), while also establishing continuity with and maximizing utility of data previously collected. Further, the evaluation meets the legislative requirements outlined in the GLSMA to inform performance and implementation of programs.

Eleven data collection activities compose the NOE—two new instruments, three previously-approved instruments, and six previously-approved and improved instruments. As GLS program foci differ by grantee type, some instruments will apply to either State/Tribal or Campus programs only. Of the 11 instruments, 2 will be administered with State/Tribal and Campus grantees (tailored to grantee type), 6 are specific to State/Tribal grantees, and 3 pertain only to Campus grantees.

Instrument Removals

Due to the fulfillment of data collection goals, six currently-approved instruments and their associated burden will be removed. The combined estimated annual burden for these instruments is 4,300 hours. These include the *State/Tribal* Training Utilization and Preservation Survey (TUP–S) Adolescent Version, Coalition Profile, and Coalition Survey, and the *Campus* Training Exit Survey (TES) Interview Forms, Life Skills Activities Follow-up Interview, and the Student Awareness Intercept Survey.

Instrument Continuations

Three instruments will be administered only in OMB Year 1 to finalize data collection for the current cross-site evaluation protocol. Each instrument was previously approved as part of the four-stage approach (OMB No. 0930–0286; Expiration, January 2017) and no changes are being made. These include the State/Tribal Referral Network Survey (RNS), TUP–S Campus Version, and Campus Short Message Service Survey (SMSS). Each instrument will be discontinued once the associated data collection requirement has been fulfilled.

Instrument Revisions

Six currently-approved instruments will be revised for the NOE. Each of the instruments, or an iteration thereof, has received approval through multiple cross-site evaluation packages cleared by OMB. As such, the information gathered has been, and will continue to be, crucial to this effort and to the field of suicide prevention and mental health promotion.

- Prevention Strategies Inventory (PSI): The PSI has been updated to enhance the utility and accuracy of the data collected. Changes capture different strategies implemented and products distributed by grantee programs, the population of focus for each strategy, total GLS budget expenditures, and the percent of funds allocated by the activity type.
- Training Activity Summary Page (TASP): New items on the TASP gather information about the use of behavioral rehearsal and/or role-play and resources provided at trainings—practices that have been found to improve retention of knowledge and skills posttraining. In addition, understanding how skills can be maintained over time with materials provided at trainings (*e.g.*, video reminders, wallet cards, online and phone applications) is an area suggested for further study (Cross et al., 2011).
- Training Utilization and Preservation Survey (TUP–S) 3 and 6-month follow up: The TUP–S has been improved to examine posttraining behaviors and utilization of skills by training participants—factors known to improve understanding of the comprehensive training process and the impact of training on identifications, referrals, and service use. The survey now requests information about training resources received, practice components, trainee participation in role play, and previous suicide prevention trainings attended; experience intervening with a suicidal individual (from QPR evaluation tool), intended use of the training, and referral behaviors; and previous contact and quality of relationships with youth. Broad items about training others, the use/intended use of skills, and barriers/facilitators have been removed. The consent-to-contact form has been modified to add brief items about the trainee and previous identifications/referrals. The TUP–S will be administered at 3 and 6 months post-training to a random sample of training participants via CATI (2000 ST TUP–S 3-mo/600 ST TUP–S 6-mo per year).
- Early Intervention, Referral, and Follow-up Individual Form (EIRF–I): The EIRF–I has been improved to gather initial follow-up information about youth identified as being at risk as a result of the State/Tribal GLS program (whether or not a service was received after referral). In addition, EIRF–I (1) data elements have been expanded to include screening practices, screening tools, and screening results of youth identified as at-risk for suicide; (2) response options have been expanded/refined (*i.e.*, setting/source of identification, mental health and non-mental health referral locations, and services received); (3) tribal-specific data elements have been added; and (4) sources of information used has been removed.
- EIRF Screening Form (EIRF–S): Data elements have been added to indicate whether State/Tribal screenings were performed at the individual- or group-level. New response options have been added under ''screening tool'' and ''false positive'' has been removed.
- Student Behavioral Health Form (SBHF): the SBHF (formerly entitled the MIS) has been expanded and renamed. The Campus form has been enhanced to include referral and follow-up procedure questions (rather than simply counts); numbers screened, identified at risk, receiving suicide-specific services, referred, and receiving follow-up; and age and gender breakdowns of suicide attempts and deaths. Student enrollment/retention items have been removed; these will be obtained through the Integrated Postsecondary Education Data System. The SBHF will require closer involvement with campus behavioral health/health providers to gather data on procedural questions and screenings, risk assessment, services, referrals, and follow-ups.

Instrument Additions

Four instruments will augment the evaluation—two are newly developed instruments and two represent new versions of existing instruments.

- TUP–S RCT (Baseline and 12-Month versions): the TUP–S RCT refers to versions administered as part of the Training Study RCT. The RCT collects TUP–S data at baseline (pre-training) and 3, 6, and 12 months after training.

Because the surveys are conducted at different times, each version refers the participant to a specific time period. All trainees from States/Tribes participating in the RCT and who consent to be contacted will be surveyed until the desired sample size of 1332 respondents is achieved. The consent-to-contact form will describe the RCT and the 4 assessment periods. The consent-to-contact form will describe the RCT and the 4 assessment periods.

■ Behavior Health Provider Survey (BHPS): the BHPS is a new State/Tribal data collection activity and the first to specifically target behavioral health providers partnering with GLS grantees. Data will include information about referrals for at-risk youth, SSE care practices implemented, and client outcomes (number of suicide attempts and deaths). A total of 1–10 respondents from each State/Tribal grantee's partnering behavioral health provider will participate annually.

The estimated response burden to collect this information associated with the redesigned National Outcomes Evaluation is as follows annualized over the requested 3-year clearance period is presented below:

TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS

Type of respondent	Instrument	Number of respondents	Responses per respondent	Total number of responses	Burden per response (hours)	Annual burden (hours)
State/Tribal Instruments						
Project Evaluator	PSI	43	4	172	0. 750	129
Project Evaluator	TASP	43	4	172	0. 250	43
Project Evaluator	EIRF–Individual Form	43	4	172	0. 750	129
Project Evaluator	EIRF Screening Form	43	4	172	0. 750	129
Provider Trainee	TUP–S Consent to Contact	6,000	1	6000	0. 167	1000
Provider Trainee	TUP–S 3 Month Version	2,000	1	2000	0. 500	1000
Provider Trainee	TUP–S 6 Month Version	600	1	600	0. 417	250
Provider Trainee	TUP–S RCT BL Version	444	1	444	0. 417	185
Provider Trainee	TUP–S RCT 3 Month Version.	444	1	444	0. 500	222
Provider Trainee	TUP–S RCT 6 Month Version.	444	1	444	0. 417	185
Provider Trainee	TUP–S RCT 12 Month Version.	444	1	444	0. 417	185
Provider Stakeholder	RNS	26	1	26	0. 667	17
Behavioral Health Provider	BHPS	407	1	407	0. 750	305
Campus Instruments						
Project Evaluator	PSI	56	4	224	0. 750	168
Project Evaluator	TASP	56	4	224	0. 250	56
Project Evaluator	SBHF	56	1	56	0. 667	37
Student	TUP–S Campus Version	167	1	167	0. 167	28
Student	SMSS	734	1	734	0. 083	61
Total		12,050		12,902		4,129

* Rounded to the nearest whole number

Written comments and recommendations concerning the proposed information collection should be sent by January 25, 2016 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. 2015–32415 Filed 12–23–15; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

[Docket No. USCBP–2015–0057]

Advisory Committee on Commercial Operations to U.S. Customs and Border Protection (COAC)

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security (DHS).

ACTION: Committee Management; Notice of Federal Advisory Committee Meeting.

SUMMARY: The Advisory Committee on Commercial Operations to U.S. Customs and Border Protection (COAC) will meet on January 13, 2016, in New Orleans, LA. The meeting will be open to the public.

DATES: The Advisory Committee on Commercial Operations to U.S. Customs and Border Protection (COAC) will meet on Wednesday, January 13, 2016, from 1:00 p.m. to 4:00 p.m. CST. Please note that the meeting may close early if the committee has completed its business.

Pre-Registration: Meeting participants may attend either in person or via webinar after pre-registering using a method indicated below:

For members of the public who plan to attend the meeting in person, please register either online at *https://*