decoy operation. If the answer is yes, the question asks for the number of licensees subject to random checks, and the number who failed.

Under the existing question asking for the total amount of fines imposed on retail establishments for furnishing alcohol to minors, a sub-question has been added requesting the dollar amounts of the smallest fine imposed and the largest fine imposed. Similarly, under the existing question asking for the total number of suspensions imposed on retail establishments for furnishing violations, a sub-question has been added asking the shortest and longest period of suspension, in days. These questions will help to establish the median for fines and days of suspension so as to provide a more accurate picture of enforcement efforts in the States.

Part II

In Part II, the question regarding ''specific'' underage drinking prevention programs and the question regarding ''related'' underage drinking prevention programs have been combined, and the references to ''specific'' and ''related'' have been eliminated. States no longer need to categorize their programs as one or the other and need only list their programs.

In the section asking for a description of each program, the existing survey asked for an estimate of how many youth, parents, and/or caregivers were served by the program. This section has been revised to ask whether the program is aimed at a specific, countable population, or the general population. For programs that are aimed at the general population, the question of how many youth, parents, and/or caregivers were served has been eliminated.

Also in the section asking for a description of each program, the existing survey asked for the time period for each program. This question has been eliminated.

The question on best practices has been clarified. A multiple choice answer has been added that asks for the source of the State's best practices standards: Federal agency(ies); State agency(ies); Non-governmental agency(ies), or Other [please describe].

To ensure that the *State Survey* obtains the necessary data while minimizing the burden on the States, SAMHSA has conducted a lengthy and comprehensive planning process. It has sought advice from key stakeholders (as mandated by the STOP Act) including hosting an all-day stakeholders meeting, conducting two field tests with State officials likely to be responsible for completing the *State Survey,* and investigating and testing various *State Survey* formats, online delivery systems, and data collection methodologies.

Based on these investigations, SAMHSA has decided to collect the required data using an electronic file distributed to States via email. The *State Survey* will be sent to each State Governor's office and the Office of the Mayor of the District of Columbia, for a total of 51 survey respondents. Based on the experience from the last two years of administering the *State Survey,* it is anticipated that the State Governors will designate staff from State agencies that have access to the requested data (typically State Alcohol Beverage Control [ABC] agencies and State Substance Abuse Program agencies). SAMHSA will provide both telephone and electronic technical support to State agency staff and will emphasize that the States are only expected to provide data that is readily available and are not required to provide data that has not already been collected. The burden estimate below takes into account these assumptions.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/ respondent	Burden/ response (hours)	Annual burden (hours)
State Questionnaire	51	1	17.7	902.7

Written comments and recommendations concerning the proposed information collection should be sent by September 24, 2012 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.

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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: Target Capacity Expansion grants for Jail Diversion Programs—(OMB No. 0930–0277)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) has implemented the Targeted Capacity Expansion Grants for Jail Diversion Programs, the Jail Diversion and Trauma Recovery Program represents the current cohort of grantees. The Program currently collects client outcome measures from program participants who agree to participate in the evaluation. Data collection consists of interviews conducted at baseline, six and twelve intervals, as well the collection of data on participants from existing program records.

The current proposal requests the continuation of the data collection instruments previously approved by OMB. The only revision requested is a reduction in the respondent burden hours.

The following tables summarize the burden for the data collection.

CY 2013 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Hourly rate	Total hour cost
Client Interviews for FY2008, FY2009, FY2010							
Baseline (at enrollment)	462	1	462	0.95	439	$7.25	$3,182
6 months	370	1	369	0.92	340	7.25	2,465
12 months	313	1	313	0.92	288	7.25	2,090
Sub Total	*1,145*		*1,145*		*1,067*		*7,737*
Record Management by FY2008, 2009, 2010 Grantee Staff							
Events Tracking	13	500	6,500	0.03	195	15	2,925
Person Tracking	13	50	650	0.1	36	15	540
Service Use	13	50	650	0.17	110.5	15	1,658
Arrest History	13	50	650	0.17	110.5	15	1,658
Sub Total	*52*		*8,450*		*452*		*6,780*
FY2008, FY2009, and FY2010 Grantees							
Interview and Tracking data submission	13	12	48	0.17	8	25	200
Overall Total	*1,210*		*9,643*		*1,527*		*17,642*

CY 2014 ANNUAL REPORTING BURDEN

Data collection activity	Number of respondents	Responses per respondent	Total responses	Average hours per response	Total hour burden	Hourly rate	Total hour cost
Client Interviews for FY2009 and 2010 Grantees							
Baseline (at enrollment)	293	1	293	0.83	243.19	$7.25	$1,763
6 months	234	1	234.4	0.92	215.648	7.25	1,563
12 months	253	1	253	0.92	232.76	7.25	1,688
Sub Total	*780.4*		*780.4*		*692*		*5,014*
Record Management by FY2009 and FY2010 Grantee Staff							
Events Tracking	7	500	3,500	0.03	105	15	1,575
Person Tracking	7	50	350	0.1	36	15	540
Service Use	7	50	350	0.17	59.5	15	893
Arrest History	7	50	350	0.17	59.5	15	893
Sub Total	*28*		*4,550*		*260*		*3,900*
FY2009 and FY2010 Grantees							
Interview and Tracking data submission	7	12	48	0.17	8	25	200
Overall Total	*815*		*5,378*		*960*		*9,114*

ANNUALIZED REPORTING BURDEN

Data collection activity	Annualized number of respondents	Annualized total responses	Annualized total hour burden
Baseline (at enrollment)	378	378	243
6 months	302	302	278
12 months	283	283	260
Events Tracking	10	5,000	150
Person Tracking	10	500	36
Service Use	10	500	85
Arrest History	10	500	85

ANNUALIZED REPORTING BURDEN—Continued

Data collection activity	Annualized number of respondents	Annualized total responses	Annualized total hour burden
Interview and Tracking Data Submission	10	48	8
Total Annualized	*1,013*	*7,511*	*1,146*

Written comments and recommendations concerning the proposed information collection should be sent by September 24, 2012 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities Under Emergency Review by the Office of Management and Budget

The Substance Abuse and Mental Health Services Administration (SAMHSA) has submitted the following request (see below) for emergency OMB review under the Paperwork Reduction Act (44 U.S.C. Chapter 35). OMB approval has been requested by August 31, 2012. A copy of the information collection plans may be obtained by calling the SAMHSA Reports Clearance Officer on (240) 276–1243.

Title: Monitoring of National Suicide Prevention Lifeline Form.

Frequency: Annually.

Affected public: Non-Profit Institutions.

SAMHSA is requesting an emergency extension for this data collection. The data collection expires on August 31, 2012 and the Agency has determined that this information must be collected beyond the expiration date. This information is essential to the mission of SAMHSA so that the Agency may monitor the extent to which crisis hotline networks are preventing suicides and saving lives.

SAMHSA cannot reasonably comply with the normal clearance procedures because an unanticipated event has occurred in that additional funds have become available this month to continue this important monitoring effort. This is ongoing monitoring and data collection, as such a disruption in the ability to collect this data would result in lost information.

This emergency request is to extend data collection activities of the Monitoring of National Suicide Prevention Lifeline Form (OMB No. 0930–0274). The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) funds a National Suicide Prevention Lifeline Network (NSPL), consisting of a two 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 this data collection is to continue to monitor calls and gather follow-up information from the callers themselves in order for SAMHSA to understand and direct their crisis hotline lifesaving initiatives.

Clearance is being requested to continue call monitoring and caller follow-up assessment activities; as well as the process (silent monitoring) and impact of motivational training and safety planning (MI/SP) with callers who have expressed suicidal desire (follow-up interviews with callers and counselors). These activities are enumerated below:

(1) To ensure quality, the vast majority of crisis centers conduct on-site monitoring of selected calls by supervisors or trainers using unobtrusive listening devices. To monitor the quality of calls and to inform the development of training for networked crisis centers, the national Suicide Prevention Lifeline proposes to remotely monitor calls routed to sixteen crisis centers during the shifts of consenting staff. The procedures are anonymous in that neither staff nor callers will be identified on the Call Monitoring Form. The monitor, a trained crisis worker, will code the type of problem presented by the caller, the elements of a suicide risk assessment that are completed by the crisis worker as well as what action plan is developed with and/or what referral(s) are provided to the caller. No centers will be identified in the reports.

During the shifts of consenting crisis staff, a recording will inform callers that some calls may be monitored for quality assurance purposes. Previous comparisons of matched centers that did and did not play the recordings found no difference in hang–up rates before the calls were answered or within the first 15 seconds of the calls.

(2) With input from multiple experts in the field of suicide prevention, a telephone interview survey was created to collect data on follow-up assessments from consenting individuals calling the Lifeline network. During year 1 of the proposed three year clearance period, a total of 1,095 callers will be recruited from 18 of the approximately 100 crisis hotline centers that participate in the Lifeline network. Trained crisis workers will conduct the follow-up assessment (''Crisis Hotline Telephone Follow-Up Assessment'') within one month of the initial call. Assessments will be conducted only one time for each client. Strict measures to ensure privacy will be followed. Telephone scripts provide potential participants with standardized information to inform their consent decision. Using the Crisis Hotline Telephone Initial Script, trained crisis counselors will ask for permission to have the staff re-contact the caller. The Crisis Hotline Telephone Consent Script, used at the time of re-contact, incorporates the required elements of a written consent form. The resulting data will measure (a) suicide risk status at the time and since the call, (b) depressive symptoms at follow-up, (c) service utilization since the call, (d) barriers to service access, and (e) the