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: National Heart, Lung, and Blood Institute Special Emphasis Panel,
Household Air Pollution Health Outcomes Trial (UM1).

Date: May 10, 2016.
Time: 11:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Courtyard by Marriott, 5520
Wisconsin Avenue, Chevy Chase, MD 20815.

Contact Person: Kristen Page, Ph.D.,
Scientific Review Officer, Office of Scientific
Review/DERA National Heart, Lung, and
Blood Institute 6701 Rockledge Drive, Room
7185, Bethesda, MD 20892, 301–496–2434,
kristen.page@nih.gov.

(Catalogue of Federal Domestic Assistance
Program Nos. 93.233, National Center for
Sleep Disorders Research; 93.837, Heart and
Vascular Diseases Research; 93.838, Lung
Diseases Research; 93.839, Blood Diseases
and Resources Research, National Institutes
of Health, HHS)

Dated: April 12, 2016. 
Anna Snouffer,
Deputy Director, Office of Federal Advisory
Committee Policy.

[FR Doc. 2016–08800 Filed 4–15–16; 8:45 am]
BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of
Closed Meeting

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 meeting.

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: Center for Scientific
Review Special Emphasis Panel; Member
Conflicts and Continuous Submissions.

Date: April 28, 2016.
Time: 11:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant
applications.

Place: National Institutes of Health, 6701
Rockledge Drive, Bethesda, MD 20892
(Virtual Meeting).

Contact Person: Chee Lin, Center for
Scientific Review, National Institutes of
Health, 6701 Rockledge Drive Room 4128, Bethesda, md 20892, 301–435–1850, lin4@
csr.nih.gov.

This notice is being published less than 15
days prior to the meeting due to the timing
limitations imposed by the review and
funding cycle.

(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: April 12, 2016.

Anna Snouffer,
Deputy Director, Office of Federal Advisory
Committee Policy.

[FR Doc. 2016–08801 Filed 4–15–16; 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: 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: Monitoring of the
National Suicide Prevention Lifeline
(OMB No. 0930–0274) Revision

The Substance Abuse and Mental
Health Services Administration
(SAMHSA) Center for Mental Health
Services (CMHS) is requesting approval
for the revision of data collection
associated with the previously-approved
Monitoring of the National Suicide
Prevention Lifeline (OMB No. 0930–
0274; Expiration, July 31, 2016). The
current request will continue
previously-cleared efforts to evaluate
process and impacts of follow-up
services provided to suicidal
individuals through the National
Suicide Prevention Lifeline Crisis
Center Follow-Up (NSPL Follow-Up)
program.

The NSPL, or Lifeline, is SAMHSA’s
24-hour crisis hotline (1–800–273–
TALK [8255]) that serves as a central
switchboard, seamlessly connecting
callers from anywhere in the U.S. to
the closest of its 165 crisis centers within
the Lifeline network. Since its
inception, the Lifeline has helped more
than 6 million people. In 2008,
SAMHSA launched the NSPL Follow-
up program and began awarding
cooperative agreements to crisis centers
in the Lifeline network to reconnect
with suicidal callers to offer emotional
support and ensure they followed up
with referrals to treatment. In 2013, the
program was expanded to include crisis
center follow-up with any suicidal
individual referred from a partnering
emergency department (ED) or inpatient
hospital.

While previous evaluations of the
NSPL demonstrated that suicidal callers
experienced a reduction in hopelessness
and suicidal intent after contacting the
Lifeline, 43% of suicidal callers
participating in follow-up assessments
reported some recurrence of suicidality
(e.g., ideation, plan, or attempt) since
their crisis call (Gould et al., 2007). Even
so, only about 35% of suicidal
callers set up an appointment and even
fewer had been seen by the behavioral
health care system to which they were
referred (Gould et al., 2007; Kalafat et
al., 2007). Similarly, while several
randomized, controlled trials have
demonstrated that following up by
telephone or letter with patients
discharged from inpatient or ED settings
can reduce rates of repeat suicide
attempts (Vaid et al., 2006), as well as
completions (Fleischman et al., 2008;
Motto & Boström, 2001), suicidal
individuals discharged from EDs rarely
link to ongoing care. As many as 70% of
suicide attempters either never attend
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their first appointment or drop out of
treatment after a few sessions (Knesper et al., 2010). Thus, it is imperative that EDs and inpatient settings link these individuals to follow-up care.

SAMHSA is addressing this need through the NSPL Follow-Up program. The Monitoring of the NSPL will continue to assess whether the NSPL Follow-Up program achieves its intended goals. This revision of the Monitoring of the NSPL represents SAMHSA’s desire to expand this process and impacts evaluation to assess follow-up with clients referred to the Lifeline from partnering inpatient hospitals and EDs and continue to improve the methods and standards of service delivery to suicidal individuals receiving crisis center services. This effort will build on information collected through previous and ongoing NSPL evaluations; expand our understanding of the outcomes associated with the NSPL Follow-Up program; and continue to contribute to the evidence base.

This revision requests approval for the removal of one previously-approved instrument and the continuation and renaming of five previously-approved activities. Six crisis centers funded through the NSPL Follow-Up program in FY 2016 will participate in this effort.

**Instrument Removal**

Due to the completion of the motivational interviewing/safety planning (MI/SP) training and the fulfillment of data collection goals, the currently-approved MI/SP Counselor Attitudes Questionnaire and its associated burden will be removed.

**Instrument and Consent Revisions**

Each of the five instruments and consents associated with the Monitoring of the NSPL was previously approved by OMB (No. 0930–0274; Expiration, July 31, 2016). Revisions include the following: (1) The term “caller” will be replaced with “client” to reflect the change in respondent type to clients referred from partnering EDs and inpatient hospitals rather than callers, and (2) MI/SP will be removed from the titles of all instruments and consents. No other changes are being made.

- The MI/SP Caller Follow-up Interview will be renamed “Client Follow-up Interview.”
- The MI/SP Caller Initial Script will be renamed “Client Initial Script.”
- The MI/SP Caller Follow-up Consent Script will be renamed “Client Follow-up Consent Script.”
- The MI/SP Counselor Follow-up Questionnaire will be renamed “Counselor Follow-up Questionnaire.”
- The MI/SP Counselor Consent will be renamed “Counselor Consent.”

The estimated response burden to collect this information associated with the Monitoring of the NSPL annualized over the requested 3-year approval period is presented below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of respondents</th>
<th>Responses per respondent</th>
<th>Total number of responses</th>
<th>Burden per response (hours)</th>
<th>Annual burden (hours)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Initial Script</td>
<td>217</td>
<td>1</td>
<td>217</td>
<td>.08</td>
<td>17</td>
</tr>
<tr>
<td>Client Initial Script Refusals</td>
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<td>1</td>
<td>53</td>
<td>.02</td>
<td>1</td>
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<tr>
<td>Client Follow-up Consent Script</td>
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<td>1</td>
<td>161</td>
<td>.17</td>
<td>27</td>
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<tr>
<td>Client Follow-up Consent Script Refusals</td>
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<td>1</td>
<td>10</td>
<td>.03</td>
<td>1</td>
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<tr>
<td>Client Follow-up Interview</td>
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<td>1</td>
<td>160</td>
<td>.67</td>
<td>107</td>
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<tr>
<td>Client Follow-up Interview Refusals</td>
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<td>1</td>
<td>.25</td>
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</tr>
<tr>
<td>Counselor Consent</td>
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<td>.08</td>
<td>3</td>
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<tr>
<td>Counselor Follow-up Questionnaire</td>
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<td>15</td>
<td>630</td>
<td>.17</td>
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<td>..........................</td>
<td>1,274</td>
<td>..........................</td>
<td>264</td>
</tr>
</tbody>
</table>

* Rounded to the nearest whole number with 0 rounded to 1.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–B, Rockville, MD, 20857 OR email her a copy at summer.king@samhsa.hhs.gov. Written comments should be received by June 17, 2016.

Summer King,
Statistician.

**DEPARTMENT OF HOMELAND SECURITY**

**U.S. Customs And Border Protection**

**Accreditation of Dixie Services Inc., as a Commercial Laboratory**

**AGENCY:** U.S. Customs and Border Protection, Department of Homeland Security.

**ACTION:** Notice of accreditation of Dixie Services, Inc., as a commercial laboratory.

**SUMMARY:** Notice is hereby given, pursuant to CBP regulations, that Dixie Services, Inc., has been accredited to test petroleum and certain petroleum products for customs purposes for the next three years as of September 9, 2015.

**DATES:** The accreditation of Dixie Services, Inc., as commercial laboratory became effective on September 9, 2015. The next triennial inspection date will be scheduled for September 2018.


**SUPPLEMENTARY INFORMATION:** Notice is hereby given pursuant to 19 CFR 151.12 that Dixie Services, Inc., 1706 First St., Galena Park, TX 77547, has been accredited to test petroleum and certain petroleum products for customs purposes, in accordance with the provisions of 19 CFR 151.12.

Dixie Services, Inc., is accredited for the following laboratory analysis procedures and methods for petroleum and certain petroleum products set forth by the U.S. Customs and Border Protection Laboratory Methods (CBPL) and American Society for Testing and Materials (ASTM):