(2) Understanding how to do data and safety monitoring; or

(3) Navigating the use of large language models (LLMs) or Super Intelligence (SI) in data and safety monitoring (*e.g.,* how SI is or should not be used in the monitoring process, risk mitigation strategies, reporting use of SI)

(4) Differences in monitoring approaches or considerations for different types of study designs

b. Additional topics for supplemental resources or areas for clarification needed to assist with implementation.

This notice is being published in accordance with a statement made by the NIH Director in NOT–OD–27–006, released on November 2, 2026. The statement can be found at: *https://grants.nih.gov/grants/guide/notice-files/NOT-OD-27-006.html.*

Dated: November 10, 2026.

Matthew J. Memoli,

Principal Deputy Director, National Institutes of Health.

[FR Doc. 2026–23300 Filed 11–16–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Integrative Health; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Complementary and Integrative Health.

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 website: *https://nccih.nih.gov/about/naccih* and through the NIH Videocast web page *https://videocast.nih.gov/.*

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: National Advisory Council for Complementary & Integrative Health.

Date: January 22, 2027.

Closed: 10:00 a.m. to 12:00 p.m. (EST).

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, DEM 2, 6707 Democracy Boulevard, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Open: 12:30 p.m. to 5:15 p.m. (EST).

Agenda: Reports and Updates about Recent and Ongoing NCCIH Led or Involved Activities by NCCIH staff and its Director.

Address: National Institutes of Health, DEM 2, 6707 Democracy Boulevard, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Martina Schmidt, Ph.D., Director, Division of Extramural Activities National Center for Complementary & Integrative Health, NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, (301) 594–3456, *schmidma@mail.nih.gov*.

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their 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.

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 Integrative Health; 93.473, Complementary and Integrative Health—Research Projects; 93.476, Complementary and Integrative Health—Research Centers; 93.48, Complementary and Integrative Health—SBIR/STTR; 93.474, Complementary and Integrative Health—Other Research; 93.483, Complementary and Integrative Health—Training, Individual; 93.485, Complementary and Integrative Health—Training, Institutional; 93.310, Trans-NIH Research Support; 93.310).

Dated: November 10, 2026.

Rosalind M. Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–23374 Filed 11–16–26; 8:45 am]

BILLING CODE 4167–05–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) 276–0361.

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.

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) 276–0361.

Project: GLS State/Tribal Evaluation of the Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program Renewal

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) is requesting clearance for the renewal of data collection associated with the previously approved evaluation of the Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Program (GLS Suicide Prevention Program). The GLS State/Tribal Evaluation is a continuation of the previous evaluation (OMB No. 0930–0286; Expiration, January 31, 2027) that builds on prior published GLS evaluation findings from program

activities (*e.g.,* Condron, Godoy-Garraza, Walrath, McKeon, & Heilbron, 2014; Walrath, Godoy-Garraza, Reid, Goldston, & McKeon, 2015; Godoy-Garraza, Walrath, Kuiper, Goldston, & McKeon, 2018; Condron, Godoy-Garraza, Kuiper, Sukumar, Walrath, & McKeon, 2018; Godoy-Garraza, Kuiper, Goldston, McKeon, & Walrath, 2019; Godoy-Garraza, Kuiper, Cross, Hicks, & Walrath, 2020; Goldston & Walrath, 2023). As a result of the vast body of information collected and analyzed through the previous cross-site evaluation, SAMHSA has identified areas for additional investigation and the types of inquiry needed to move the evaluation into its next phase.

The purpose of the GLS State/Tribal Suicide Prevention Program is to facilitate a comprehensive public health approach to prevent suicide. Passed by Congress in 2004, the Garrett Lee Smith Memorial Act (GLSMA) was the first legislation to provide funding for states, tribes, and institutions of higher education to develop, improve, and evaluate early intervention and suicide prevention programs. GLSMA mandates that the effectiveness of the GLS Suicide Prevention Program be evaluated through both cross-site and local evaluation and reported to Congress.

The GLS State/Tribal Evaluation is designed to gather detailed outcome and impact data to provide SAMHSA with the data and information needed to understand what works, why it works, and under what conditions, relative to program activities.

The purpose of the GLS State/Tribal Evaluation is to build the program's knowledge base by expanding on information gathered through the prior evaluation related to the process, products, context, and impacts of the GLS State/Tribal Program.

The GLS State/Tribal Evaluation includes three evaluation components: the Implementation Evaluation, Outcome Evaluation (comprised of three studies—the Training Study, Youth Study, and Continuity of Care Study), and Impact Evaluation.

Implementation Evaluation

The Implementation Evaluation inventories the array of youth suicide prevention and early intervention strategies implemented by GLS grantees and addresses questions about the types of strategies, services, or products developed and/or implemented, including required and allowable activities and evidence-based practices; implementation settings (*e.g.,* schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations); populations reached; the extent of implementation progress; and whether grantee strategies and activities are delivered in accordance with their work plans. In addition, the evaluation seeks to understand which elements of the National Strategy for Suicide Prevention are being implemented by grantees.

The approach employs methods consistent with the prior GLS evaluations, to enable an assessment of implementation context and progress over time, while focusing on current priorities for evaluation. Primary data collection will provide a comprehensive assessment of current grantee implementation activity at the grantee and program level. Data sources include:

- Prevention Strategies Inventory (PSI)
- Training Activity Summary Page (TASP)

Outcomes Evaluation

Training Study

As described above, prior evaluation indicates that counties where GLS trainings were implemented had lower suicide rates in the year following training events as compared with similar counties that did not have GLS trainings (Walrath et al., 2015; Godoy Garraza et al., 2019). Historically, such trainings focused predominantly on training community gatekeepers (*e.g.,* professionals and community members like parents, teachers, and coaches) to identify and refer youth and young adults at increased risk for suicide to appropriate services. Implementation of gatekeeper training was reported by 93% of state grantees and 97% of tribal grantees in 1 or more years between 2019 and 2026 (SAMHSA, 2026). Given the emphasis on training by grantees, the GLS Evaluation will continue to assess training activities and the related impact.

The Training Study will examine the impact of gatekeeper trainings and aligns with SAMHSA's National Strategy for Suicide Prevention (NSSP) goals 5 and 6 (SAMHSA, 2024). The Training Study will focus on the trainings for clinicians and staff that directly work with youth in crisis (*e.g.,* mental health professionals, staff and volunteers of prevention hotlines and helplines, juvenile justice staff, law enforcement, foster care providers, etc.). The study will focus on two types of training: community gatekeeper trainings that provide essential skills to successfully identify at-risk youth (*e.g.,* QPR, ASIST, safeTALK) and trainings for mental health professionals and clinical staff to identify and manage individuals expressing suicidal thoughts or behaviors (*e.g.,* AMSR and RRSR). To understand the training process and the impact that training has on behaviors, the Training Study will examine training participants' post-training behaviors and utilization of skills. Furthermore, this study will investigate the long-term gains in trainees' skills to identify and manage youth at increased risk for suicide. The study includes core questions about trainings implemented and their proximal outcomes. Three primary data sources inform the Training Study:

- Training Skills Assessment—Post (TSA–P)
- Training Skills Assessment 6- and 12-month follow-up (TSA–F6 and TSA–F12)
- Training Skills Assessment—Phone Simulation (TSA–PS)

All trainees will complete a baseline TSA–P, and a sample of trainees will be invited to complete a TSA–F at 6 and 12 months after the training. In addition, a subset of TSA–P participants will also be invited to participate in the TSA–PS, which will occur approximately 3–6 months after the training.

Youth Study

GLS State/Tribal grantees are expected to implement programs that will increase the number of youth-serving organizations, however, the field has often overlooked youth as partners in research and evaluation designed to improve their outcomes. In addition, youth are not always seen as assets in their communities or experts on topics pertaining to them (Sprague-Martinez et al., 2018; Finn & Checkoway, 1998). Yet, it is important to understand how individuals served by the grant experience the intervention, services, and supports received in addition to understanding the effectiveness of the services.

Positive youth development (PYD) is ''an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people'' (*youth.gov*). PYD builds resilience by enhancing and utilizing young people's positive assets, leadership, and knowledge, and PYD has been found to be associated with psychosocial outcomes, including anxiety, depression, and suicide ideation (Onyeka et al., 2022). A key tenet to PYD is youth engagement in program

development and evaluation. Listening and learning from youth is critical; youth can provide organizations with key insights that help create innovative and effective programs.

The Youth Study seeks to understand, from the youth's perspective, which skills are most useful in the self-management of thoughts, plans, and attempts at suicide; whether self-management skills increase because of the grant activities; and whether positive skills including resilience and stress tolerance are improved through participation in grant activities. The Youth Study will include a Youth Advisory Board to provide oversight and feedback on the evaluation's study design, data collection, and interpretation of findings. For all youth under the age of 18 parental consent and youth assent will be obtained. Youth who are 18 or older will be asked to complete their own consent forms.

Specific data collection instruments include:

- Youth Outcomes and Resiliency Survey (YORS)
- Youth Experience Reflective Journal (YER Journal)

The YORS will be administered at 3-, 6-, and 12-months post enrollment. Youth participating in the YORS will be invited to join the YER Journal study via contact through the YORS data collection activities. The GLS State/Tribal Evaluation team may follow-up with YER Journal where youth will be sent seven daily prompts that can be replied to with text, images, or short videos.

Continuity of Care Study

Best practices recommendations state that gatekeeper trainings must include post-identification protocols, community-specific suicide prevention resources, and supports that are available where the trainee works and/or lives—all of which demand that adequate supports/services are available to at-risk youth. Recommendations for screening include developing response protocols for youth perceived at risk, including imminent risk, to ensure the receipt of immediate guidance and referral—also demanding the availability of adequate services if an at-risk youth is identified. Previous evaluation data tracked three aspects of how grantees respond to youth who are identified as being at risk for suicide: (1) how they are identified, (2) what referral they receive at time of identification, and (3) the first two services they receive. The Continuity of Care study will continue with this data collection to understand the referral patterns and identify potential gaps in the identification, referral, and services receipt process. Furthermore, this study will expand to follow identified youth for a longer period of tracking (6 months) to track their services, additional referrals, and outcomes of additional assessment. This longer period of tracking will facilitate a better understanding of the path at-risk youth follow while receiving care (additional referrals and services), how long care continues, and at what points a youth may drop out of care.

This Continuity of Care Study will assess the practices of GLS State/Tribal grantees related to early identification, referral, and follow-up practices of grantees to ensure youth are not falling through gaps during the follow-up and services receipt process. The goal of this study is to understand the extent to which youth who are identified through a GLS State/Tribal Suicide Prevention program are referred to and receive services in the 6-month period following their identification. In addition to those youth identified as part of the GLS State/Tribal Program, this study seeks to follow up with and understand the care pathway of those youth who were not necessarily identified via the GLS Program but were discharged from an emergency department or inpatient psychiatric unit in the grant service area.

All state and tribal grantees who are participating in the evaluation will participate in continuity of care data collection activities. To understand what grantees are doing to support continuity of care throughout the identification, referral, and treatment process, GLS State/Tribal Evaluation team will use 3 instruments to collect administrative, behavioral health, and grantee respondent data.

The Continuity of Care Study comprises primary and secondary data collection activities—surveys, inventories, and existing data abstractions—to document the GLS-sponsored prevention activities that support and contribute to the early identification, referral, and follow-up of students and youth at risk for suicide.

To understand what grantees are doing, the study will rely on data gathered via the PSI. The PSI gathers the prevention strategies for the early identification, referral, and follow-up of at-risk youth and students; how grantees track and monitor at-risk youth identified through screenings; and the follow-up protocols for each screening activity (*e.g.,* the protocols and tracking tools used to ensure that youth referred for services are followed up with and get to adequate mental health or other support referral sources). Data from the PSI will provide insight about what activities GLS grantees are implementing. Additional data collection instruments for the Continuity of Care Study include:

- Early Identification, Referral, Follow-up, and Treatment—Screening Form (EIRFT–S)
- Early Identification, Referral, Follow-up, and Treatment—Individual Form (EIRFT–I)

To assess if GLS prevention activities are effective in developing and supporting continuity of care, grantee staff will submit EIRFT–I data for each youth identified as at risk. The EIRFT–I collects individual (de-identified) data on initial follow-up, referrals, and details on all services in the 6 months post-identification. The EIRFT–S gathers aggregate information about all screening activities completed as a part of the GLS State/Tribal Program (*e.g.,* the number of youth screened for suicide risk, the number screening positive, and the number confirmed to be at risk after initial positive screening). EIRFT–S forms are completed once per implementation of a screening tool in a group setting, once per month for clinical screenings, and once per month for one-on-one screenings. No personal identifiers are requested on either the EIRFT–I or EIRFT–S forms.

Impact Evaluation

The Impact Evaluation combines data from the Implementation and Outcome Evaluations with relevant secondary data to assess the effects of the GLS State/Tribal Program on suicide morbidity and mortality. The evaluation examines three complementary areas: the overall magnitude, timing, and persistence of program effects; variation in effects across populations, communities, and contextual conditions; and the relationship between variation in program implementation, intermediate outcomes, and longer-term suicide outcomes. These analyses will help identify whether GLS activities are effective, the settings and circumstances in which greater or lesser impacts occur, and the implementation characteristics and pathways associated with improved outcomes.

EXHIBIT 3—GLS STATE/TRIBAL EVALUATION INSTRUMENT LIST WITH ACRONYMS AND STATUS

Attachment	Associated major study component	Acronym	Name	Instrument status
B.1	Implementation Evaluation	PSI	Prevention Strategies Inventory—clean	Revised.
B.2	Outcome Evaluation: Training & Continuity of Care Studies.		Prevention Strategies Inventory—changes marked.	
C.1	Implementation Evaluation	TASP	Training Activity Summary Page—clean	Revised.
C.2			Training Activity Summary Page—changes marked.	
D.1	Outcome Evaluation: Training Study	TSA–P	Training Skills Assessment—Post Training—clean	Revised.
D.2			Training Skills Assessment—Post Training—changes marked.	
E.1	Outcome Evaluation: Training Study	TSA–F	Training Skills Assessment—Follow-up—clean	Revised.
E.2			Training Skills Assessment—Follow-up—changes marked.	
F.1	Outcome Evaluation: Training Study	TSA–PS	Training Skills Assessment—Phone Simulation—clean	Revised.
F.2			Training Skills Assessment—Phone Simulation—changes marked.	
G.1	Outcome Evaluation: Continuity of Care Study	EIRFT–I	Early Identification, Referral, Follow-up, and Treatment—Individual Form—clean.	Revised.
G.2			Early Identification, Referral, Follow-up, and Treatment—Individual Form—changes marked.	
H.1	Outcome Evaluation: Continuity of Care Study	EIRFT–S	Early Identification, Referral, Follow-up, and Treatment—Screening Form—clean.	Revised.
H.2			Early Identification, Referral, Follow-up, and Treatment—Screening Form—changes marked.	
I.1	Outcome Evaluation: Youth Study	YORS	Youth Outcomes and Resiliency Survey—Clean	Revised.
I.2			Youth Outcomes and Resiliency Survey—changes marked.	
J.1	Outcome Evaluation: Youth Study	YER Journal	Youth Experience Reflective Journal—clean	Revised.
J.2			Youth Experience Reflective Journal—changes marked.	

GLS State/Tribal Evaluation Instruments

PSI: the PSI is a web-based survey that captures all GLS State/Tribal program prevention strategies and products. Data include strategy types and products distributed, intended audiences or populations of focus, and expenditures across major categories (*e.g.,* outreach and awareness, gatekeeper training, screening programs). Each major strategy includes sub-strategies, enabling grantees to specify and provide details about the sub-strategy, including implementation setting/location, timeframe, and intended audiences or populations of focus. The PSI is completed by grantee staff each quarter. PSI data inform the Training Study and Continuity of Care Study. Compared to the prior version of the PSI, the revised PSI removes the Behavioral Health Equity module; includes updated response options to align with the 2024 NSSP goals; and expands response options to allow for more relevant reporting of strategies.

TASP: the TASP is a web-based survey collecting aggregate-level training data from all State/Tribal grantees. Data include information about the type of training delivered; the number of online trainings completed, train-the-trainer events held, and booster trainings that follow the initial training; the number and roles of training participants; and the setting of the training, including ZIP code where the training is held (for use in analysis of GLS program impact). The TASP also assesses intended outcomes, such as making referrals, training staff or community members to intervene, or providing direct services to youth who may be at-risk for suicide. The TASP also collects information about the inclusion of behavioral rehearsal or role-play and resources provided to trainees to improve understanding of how skills can be maintained over time with materials provided at trainings. A TASP is completed by grantee program staff within 2 weeks of each in-person training activity and quarterly for virtual training activities. The revised TASP includes expanded primary setting options to better reflect trainings completed in Tribal settings and additional response options for training curricula delivered.

TSA–P: the TSA–P is a web-based survey to assess trainee confidence in identifying and managing youth at risk for suicide after participation in a GLS-sponsored training event. All trainees are invited to complete the TSA–P at the conclusion of all training events. The instrument assesses baseline confidence following the training, knowledge of suicide prevention, confidence in identifying and managing suicidal youth, and pretraining behaviors related to identifying and managing youth at risk of suicide. As part of the TSA–P, trainees complete a consent-to-contact web form indicating their willingness to be contacted by the GLS State/Tribal Evaluation team to participate in the TSA–F and TSA–PS. If a trainer is unable to administer the survey or consent-to-contact form electronically, or a trainee does not have access to a mobile device or computer, they may also complete the survey and consent-to-contact form on paper. The grantee will submit completed paper surveys to the GLS State/Tribal Evaluation team through direct data entry into the Suicide Prevention Data Center (SPDC) within 2 weeks of the training event. Once the GLS National State/Tribal team receives consent to contact, they will create a random sample of participants for the phone simulation and the 6- and 12-month follow-up surveys. The TSA–P has been updated so the sectors align with changes to the TASP and role options are expanded (based on ''other'' reported role categories in previous rounds of data and feedback from grantees). The TSA–P has also updated demographic question answer options.

TSA–F: The TSA–F is a follow-up web-based survey to assess trainees' sustained confidence and skills in identifying and managing youth at risk for suicide, as well as experience with managing at-risk youth since training (interventions with youth, additional training, etc.). The survey is administered to a sample of training participants at 6- and 12-months after the initial TSA–P is completed. The TSA–P has been updated so the sectors align with changes to the TASP and TSA–P.

TSA–PS: The TSA–PS is a follow-up phone simulation using a standardized interaction to assess trainee skills in

identification and management of a youth in suicidal crisis. A random subsample of training participants who completed the initial TSA–P are contacted by the evaluation team to participate in a simulated conversation portrayed by a trained actor. These simulations occur between 3 and 6 months following their initial training. The simulated conversation between the training participant and actor last approximately 10 to 30 minutes. In total, sessions are scheduled for 45 minutes to allow for consent, instructions, and a debrief. These phone sessions are administered via a video call and recorded for additional post-simulation scoring and analysis. All sessions are attended by the training participant, an actor, and an evaluation team member (observer), who will be responsible for facilitating the interaction, administering the consent, scoring the interaction (both in real time and based on the recording), and providing a short debrief to the training participant. The revised TSA–PS includes an updated youth scenario.

EIRFT–I: the web-based EIRFT–I gathers data for each at-risk youth identified as a result of the GLS program (via a GLS-trained gatekeeper, a GLS-sponsored screening identification, or an acute or crisis care setting, such as an emergency room or inpatient psychiatric treatment). Initial screening, referral, and follow-up information (whether a service was received after referral or not) is obtained along with details on all services received in the 3 months following identification. Data can be extracted from case or clinical records or other existing data sources, including any organizational staff, community members, or family members who make a mental health identification and referral. Respondents include grantee program staff and service providers representing all grantees in all funding years. Grantee program staff enter EIRFT–I data on an ongoing basis. No personal identifiers are requested on the EIRFT–I. The revised EIRFT–I includes updated response options to reflect grantee feedback as well as to improve consistency and clarity, streamlined skip logic, reduced follow-up data collection, updated instructions to reflect changes made, and minor changes to item numbering and grammar.

EIRFT–S: the web-based EIRFT–S gathers aggregate information about all screening activities conducted as part of the GLS program. Data include aggregate information on the number of youth screened for suicide risk through the GLS program, and the number that screened positive. EIRFT–S forms are completed once per implementation of a screening tool in a group setting, once per month for clinical screenings, and once per month for one-on-one screenings. For each screening event in which multiple youth are screened at a given time, one EIRFT–S is completed for the event. For one-on-one screenings in a clinical or other setting, one aggregated EIRFT–S is completed per month to reflect screening outcomes of all youth screened during the month. Grantees develop systems locally to gather identification and referral data, including extracting data from existing electronic health records or forms. No personal identifiers are requested on the EIRFT–S. The revised EIRFT–S includes minor changes to response options.

YORS: the YORS is a web-based survey assessing the experience and outcomes of those youth who are served by the GLS Program. The instrument is designed to assess suicidality, positive youth development, satisfaction with services received, youth engagement experience, and family and school dynamics. Youth between the ages of 14–24 will have the option to review a recruitment flyer, scan a QR code, and complete a short interest form. A sample of eligible youth will be enrolled in the Youth Study. The age of the youth respondent will dictate how consent is obtained for the YORS. All youth under the age of 18 who express interest will be asked to have their parent complete consent forms for their participation and the youth will complete an assent form. Youth over the age of 18 will be asked to complete their own consent form. The YORS will be administered at 3-, 6-, and 12-months post enrollment. Revisions to the YORS include updates to the demographic questions.

YER Journal: the YER Journal is a web-based survey consisting of 7 daily journal prompts that youth can respond to with text, a photo or short video. For example, youth may be asked to reflect on a recent experience receiving services. The youth would be asked to submit a photo that represents that experience, followed by a prompt that asks: ''What words come to mind? How did it make you feel?'' The narrative description of what the photo represents will be analyzed using qualitative methodologies. Up to 25 youth will be recruited to participate in the YER Journal each year. Youth participating in the YORS will be invited to join the YER Journal via contact through the YORS data collection activities. For example, a youth may complete their third quarterly YORS follow-up, and be invited to join the YER Journal study simultaneously. Our team will leverage innovative data collection technology to engage youth. Daily prompts will be sent to youth for 7 days post enrollment to discover, for example, which components of what youth are receiving are meaningful and helpful, and how youth may be utilizing skills or services following the initial screening, both in the short and long term. The revised YER Journal includes minor changes to question prompts.

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting ''Currently under 60-day Review—Open for Public Comments'' or by using the search function.

Send comments to SAMHSA PRA, *samhsapra@samhsa.hhs.gov*. Written comments should be received by January 19, 2027.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2026–23350 Filed 11–16–26; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

[Docket No. FWS–R7–ES–2026–4357; FXES111607MRG01–278–FF07CAMM00]

Marine Mammals; Proposed Incidental Harassment Authorization for the Southern Beaufort Sea Stock of Polar Bears During Exploration Activities in the Arctic National Wildlife Refuge 1002 Area Alaska; Draft Environmental Assessment

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of receipt of application; proposed incidental harassment authorization; notice of availability of draft environmental assessment; request for comments.

SUMMARY: We, the U.S. Fish and Wildlife Service, in response to a request under the Marine Mammal Protection Act from the Alaska Industrial Development and Export Authority (AIDEA), propose to authorize nonlethal incidental take by harassment of small numbers of Southern Beaufort Sea (SBS) polar bears (*Ursus maritimus*) for 1 year from the date of issuance of the incidental harassment authorization (IHA). The applicant requested this authorization for take by harassment that may result from activities associated with a seismic exploration