

follow-up. Barriers to implementing the follow-up, as well as types of deviation from the site's follow-up plan will also be assessed. Open-ended questions about what led to deviations from the site's follow-up plan will also be included. In total, it is expected that counselors will complete the questionnaire for each of the calls that were monitored.

(4) Researchers will begin conducting follow-up interviews with callers approximately 6 weeks after the initial call to the center. This follow-up telephone interview ("*MI/SP Caller Follow-up Interview*") will be conducted to collect information on demographic characteristics, gather caller feedback on the initial call made to the center,

suicide risk status at the time of and since the call, current depressive symptomatology, follow through with the safety plan and referrals made by the crisis counselor, and barriers to service. Taking into account attrition and the number of callers who do not give consent, it is expected that the total number of follow-up interviews conducted by the research team will not exceed 885. The *MI/SP Caller Initial Script* protects the privacy of callers by asking the caller how and when they want to be contacted, and what type of message (if any) can be left on an answering machine or with the person picking up the telephone. The caller also has the option of not providing contact information to the crisis center

if he/she prefers to call the evaluation team back directly. The telephone script used when the evaluation team contacts the participant for their follow-up interview (*MI/SP Caller Follow-up Consent Script*, see Attachment H) includes (1) the fact that the information collection is sponsored by an agency of the Federal Government, (2) the purpose of the information collection and the uses which will be made of the results, (3) the voluntary nature of participation, and (4) the extent to which responses will be held confidential.

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

TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS

Instrument	Number of respondents	Number of responses per respondent*	Hours/response	Response burden*
National Suicide Prevention Lifeline—Call Monitoring Form	10	44	.58	249
Crisis Hotline Telephone Initial Script	365	1	.08	29
Crisis Hotline Telephone Consent Script	365	1	.17	62
Crisis Hotline Telephone Follow-up Assessment	365	1	.67	245
MI/SP Silent Monitoring Form	10	37	.58	214
MI/SP Caller Initial Script	368	1	.08	29
MI/SP Caller Follow-up Consent Script	368	1	.17	63
MI/SP Caller Follow-up Interview	295	1	.67	198
MI/SP Counselor Consent	75	1	.08	6
MI/SP Counselor Attitudes Questionnaire	75	1	.25	19
MI/SP Counselor Follow-up Questionnaire	175	2	.17	89
Total	2,471			1,181

* Rounded to the nearest whole number.

Written comments and recommendations concerning the proposed information collection should be sent by May 20, 2009 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: April 13, 2009.

Elaine Parry,

Director, Office of Program Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Criteria for Vaccination Requirements for U.S. Immigration Purposes [Correction]

A notice "Criteria for Vaccination Requirements for U.S. Immigration Purposes" was published in the **Federal Register** on April 8, 2009 (74 FR 15986). This notice is corrected as follows: On page 15986 second column, under **DATES**, second sentence should read: Comments received after May 8, 2009, will be considered to the extent possible.

Dated: April 13, 2009.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Interagency Autism Coordinating Committee.

The meeting will be open to the public, with attendance limited to space availability, and will be accessible by videocast. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should inform the Contact Person listed below at least 5 business days in advance of the meeting.

Name of Committee: Interagency Autism Coordinating Committee (IACC).

Date: May 4, 2009.

Time: 9 a.m. to 4 p.m.