

(12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 10, 2009.

**A. Federal Reserve Bank of Chicago** (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Van Financial Corp., Breda, Iowa*; to become a bank holding company by acquiring at least 80 percent of Breda Savings Bank, Breda, Iowa.

**B. Federal Reserve Bank of St. Louis** (Glenda Wilson, Community Affairs Officer) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *BCC Bancshares, Inc., Hardin, Illinois*; to become a bank holding company by acquiring 100 percent of Bank of Calhoun County, Hardin, Illinois.

Board of Governors of the Federal Reserve System, June 12, 2009.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E9-14202 Filed 6-16-09; 8:45 am]

BILLING CODE 6210-01-S

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-09-0604]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of

the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

#### Proposed Project

School Associated Violent Death Surveillance System (0920-0604)—Reinstatement—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC) proposes to maintain a system for the surveillance of school-associated homicides and suicides. The system will rely on existing public records and interviews with law enforcement officials and school officials. The purpose of the system is to (1) estimate the rate of school-associated violent death in the United States and (2) identify common features of school-associated violent deaths. The system will contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

Violence is the leading cause of death among young people, and increasingly recognized as an important public health and social issue. In 2006, over 3,200 school aged children (5 to 18

years old) in the United States died violent deaths due to suicide, homicide, and unintentional firearm injuries. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. NCIPC conducted the first scientific study of school-associated violent deaths during the 1992-99 academic years to establish the true extent of this highly visible problem. Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence associated with schools. Until NCIPC conducted the first nationwide investigation of violent deaths associated with schools, public health and education officials had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death.

The system will draw cases from the entire United States in attempting to capture all cases of school-associated violent deaths that have occurred. Investigators will review public records and published press reports concerning each school-associated violent death. For each identified case, investigators will also interview an investigating law enforcement official (defined as a police officer, police chief, or district attorney), and a school official (defined as a school principal, school superintendent, school counselor, school teacher, or school support staff) who are knowledgeable about the case in question. Researchers will request information on both the victim and alleged offender(s)—including demographic data, their academic and criminal records, and their relationship to one another. They will also collect data on the time and location of the death; the circumstances, motive, and method of the fatal injury; and the security and violence prevention activities in the school and community where the death occurred, before and after the fatal injury event.

There are no costs to the respondents other than their time.

## ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
School Officials .....	35	1	60/60	35
Police Officials .....	35	1	60/60	35
Total .....	.....	.....	70	.....

Dated: June 11, 2009.

**Maryam I. Daneshvar,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. E9-14224 Filed 6-16-09; 8:45 am]

BILLING CODE 4163-18-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: Garrett Lee Smith Campus Case Studies Funded Through the Garrett Lee Smith Memorial Suicide Prevention and Early Intervention Programs—New

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) is conducting up to six campus case studies with Garrett Lee Smith Memorial (GLS) Suicide Prevention and Early Intervention Campus Program grantees. The GLS Campus Case Studies (CCS) build upon campuses' existing local evaluation being implemented and funded through the GLS grant program. The goal of the CCS is to understand how a public health approach is successfully applied as a model for campus suicide prevention efforts, and will explore, in a systematic manner: The suicide prevention related infrastructures and supports (e.g., clinical and non-clinical) that exist on up to six selected GLS-funded campuses; the various student-level factors that are related to suicide prevention efforts (e.g., protective factors, coping strategies, social norms, and facilitators and barriers to student

access and receipt of behavioral healthcare); campus interdepartmental collaboration and the relationship between various efforts to promote student mental health and wellness; and the extent to which the campus infrastructures and supports promote and address these factors.

The data collected through this project will contribute to the knowledge base regarding a successful model for suicide prevention that integrates multiple prevention programs targeting risk and protective behaviors which place students at risk for a host of negative mental and physical health outcomes correlated with suicide, including violence, stress, untreated depression and mental illness, and academic failure. The strategies targeting various populations on campus will also be discussed, as well as the campus policies and procedures which facilitate campus efforts related to mental health promotion and crisis response. The CCS design includes three data collection strategies: (1) Case study key informant interviews (CSIs); (2) focus groups with students, faculty, and staff; and (3) an Enhanced Module to the OMB-approved Suicide Prevention Exposure, Awareness and Knowledge Survey—Student Version (OMB No. 0930-0286) administered to a sample of students. Data collection is planned to commence in fall 2008. CCS activities will be implemented on up to six GLS-funded campuses.

The following describes the specific data collection activities and the data collection instruments to be used, followed by a summary table of the number of respondents and the respondent burden:

- *Enhanced Module for the SPEAKS.* The Enhanced Module will be added to the OMB-approved Suicide Prevention Exposure, Awareness, and Knowledge Survey (SPEAKS)—Student Version (OMB No. 0930-0286). The Enhanced Module examines coping strategies, help-seeking behaviors, awareness of available mental health services, and risk and protective factors across the student population. Questions include the availability of resources to provide

assistance to those at risk for suicide; the types of coping strategies they use when experiencing stress; from whom, if anyone, they would seek help; if they have dealt with mental health issues, sought help, and experienced trauma; and their use of protective factors. The Enhanced Module is Web-based and includes multiple-choice, Likert-scale, and yes/no questions. The Enhanced Module includes 16 items and will take approximately 10 minutes to complete. The Enhanced Module will be administered at each campus once in conjunction with the SPEAKS—Student Version to a random sample of 200 students.

- *Student Focus Group Moderator's Guide.* This component will assess student risk and protective factors related to mental health, help-seeking behaviors, and knowledge of prevention activities on campus and their perceived effectiveness. This will help researchers more fully understand student-level factors in relation to population-level factors addressed by the Enhanced Module for the SPEAKS. Questions address stressors that different groups of students face while in college, barriers to seeking help, attitudes and stigma related to seeking help, and the accessibility of the campus counseling center. Six of the following seven groups of students will participate in focus groups on each campus, as decided by the campus: (1) First-year students, (2) athletes, (3) international students, (4) Lesbian, Gay, Bisexual, and Transgender (LGBT) students, (5) Greek life students, (6) graduate students, and (7) residential advisors/peer educators. Recruitment will be conducted by campus project staff. Focus groups will include a maximum of 9 students. Thus, the total number of student focus group participants will not exceed 324. Groups will last approximately 90 minutes.

- *Faculty/Staff Focus Group Moderator's Guide.* The faculty and staff focus groups will assess the campus' approach to prevention, attitudes and stigma around student mental health and wellness on campus, campus infrastructure supports for students who need mental health help, and the