

Emphasis Panel; SUDEP Centers Without Walls Planning Grants.

Date: August 25, 2011.

Time: 8:30 a.m. to 1:30 p.m.

Agenda: To review and evaluate contract proposals.

Place: Doubletree Hotel Chicago O'Hare Airport-Rosemont, 5460 North River Road, Rosemont, IL 60018.

Contact Person: William C. Benzing, PhD, Scientific Review Officer, Scientific Review Branch, Division of Extramural Research, NINDS/NIH/DHHS/Neuroscience Center, 6001 Executive Blvd., Suite 3208, MSC 9529, Bethesda, MD 20892, 301-496-0660, benzingw@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.853, Clinical Research Related to Neurological Disorders; 93.854, Biological Basis Research in the Neurosciences, National Institutes of Health, HHS)

Dated: July 29, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011-19881 Filed 8-4-11; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Scientific Summit; The Science of Compassion—Future Directions in End-of-Life and Palliative Care

SUMMARY: Notice is hereby given that the National Institute of Nursing Research (NINR), National Institutes of Health (NIH), Department of Health and Human Services, will convene a scientific summit titled "The Science of Compassion—Future Directions in End-of-Life and Palliative Care." The summit is cosponsored by the NIH Office of Rare Diseases Research, the NIH Office of Research on Women's Health, the National Center for Complementary and Alternative Medicine, the National Institute on Aging, and the NIH Clinical Center Department of Bioethics. Portions of the event are supported by the Foundation for the National Institutes of Health and Pfizer.

DATES: The summit will begin Wednesday evening, August 10, 2011, 7 p.m. to 9 p.m. and continue August 11–12.

ADDRESSES: The Summit will be held at the Hyatt Regency in Bethesda, Maryland, located at One Bethesda Metro Center (7400 Wisconsin Avenue), Bethesda, Maryland 20814.

FOR FURTHER INFORMATION CONTACT: To register for the summit, please visit <http://www.ninr.nih.gov/>

ResearchAndFunding/scienceofcompassion.htm. For additional information, please contact Ms. Crystal Esler, NINR, at crystal.esler@nih.gov or 301-496-9629.

SUPPLEMENTARY INFORMATION: Increasing numbers of Americans live for years with serious, advanced illness and then later die from the consequences of these debilitating conditions. There is an urgent need to improve the quality of life for those with life-limiting conditions through increased use of evidence-based end-of-life and palliative care (EOL PC) services. The objectives of this summit are to examine the current status of EOL PC research and practice; propose strategies to overcome barriers and ensure scientific and methodologic rigor in EOL PC research; delineate new action items that galvanize progress in these vital areas of science; and envision and map pathways to ensure a future rich with EOL PC scientific endeavor and achievements. This summit, held in conjunction with NINR's commemoration of its 25th Anniversary, will bring together scientists, EOL PC health professionals, educators, members of professional organizations, and individuals with life-limiting illnesses, as well as their caregivers.

The summit will begin with a Town Hall discussion on the evening of August 10 on the ethics of science at the end-of-life. On August 11–12, the summit will feature keynote presentations, three plenary discussions, and break-out sessions. Leading experts from interdisciplinary fields of research will address a range of EOL PC issues. A special lunch-hour presentation on August 11 will feature a dialogue on parents and clinicians as partners in research. The summit will conclude at 2 p.m. on August 12.

Dated: August 1, 2011.

Lawrence A. Tabak,

Deputy Director, National Institutes of Health.

[FR Doc. 2011-20004 Filed 8-4-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2011 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of intent to award to the National Council for Behavioral Healthcare.

SUMMARY: This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) intends to award approximately \$3,800,000 (total costs) for up to one year to the National Council for Behavioral Healthcare. This is not a formal request for applications. Assistance will be provided only to the National Council for Behavioral Healthcare based on the receipt of a satisfactory application that is approved by an independent review group.

Funding Opportunity Title: SM-11-013.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 520(A) of the Public Health Service Act, as amended.

Justification: Eligibility for this funding opportunity is limited to the National Council for Community Behavioral Healthcare (NCCBH) based on the Council's expertise and existing relationship with the Primary and Behavioral Health Care Initiative (PBHCI) grantees.

The NCCBH, the current Training and Technical Assistance Center for Primary and Behavioral Health Care Initiative (TTA-PBHCI) grantee, has an existing relationship with the 56 PBHCI grantees, for whom half of the technical assistance will be developed. It already has the infrastructure established to provide day-to-day training and technical assistance (both onsite and e-based). The NCCBH also has the contacts and staff required to select and manage selected state-designated entities (SDEs) and provide the required technical assistance to them.

Since supplemental funding is for one-year, it is critical that the applicant be able to quickly and effectively initiate the activities required by the cooperative agreement and the PBHCI HIT grant. The NCCBH has the foundation in place to make the best use of the short period of time available. There is no other organization with the experience or background to ensure that the objectives will be met and accurate outcome measurements will be gathered through performance data. The Council has been involved in providing health information technology information/resources to its 1400+ members and has existing affiliations with IT systems that are acknowledged leaders in the field.

FOR FURTHER INFORMATION CONTACT: Shelly Hara, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Room 8-1095, Rockville, MD 20857; telephone: (240)

276–2321; E-mail:
shelly.hara@samhsa.hhs.gov.

Cathy Friedman,

SAMHSA Public Health Analyst.

[FR Doc. 2011–19860 Filed 8–4–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Indian Alcohol and Substance Abuse Memorandum of Agreement Between U.S. Department of Health and Human Services (DHHS), U.S. Department of the Interior (DOI), and U.S. Department of Justice (DOJ)

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Memorandum of Agreement (MOA).

SUMMARY: This serves as notice that the Department of Health and Human Services (DHHS), the Department of the Interior (DOI), and the Department of Justice (DOJ), have entered into a Memorandum of Agreement (MOA), pursuant to the Indian Alcohol and Substance Abuse Treatment Act of 1986 (the Act), as amended by the Tribal Law and Order Act of 2010 (TLOA).

DATES: This is effective on July 29, 2011.

FOR FURTHER INFORMATION CONTACT:

Dennis O. Romero, MA, Director (Acting), Office of Indian Alcohol and Substance Abuse, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), 1 Choke Cherry Road, Room 7–1111, Rockville, MD 20857, Phone: 240–276–2495, Fax: 240–276–1120, E-mail: dennis.romero@samhsa.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

DHHS, DOI, and DOJ have entered into a MOA pursuant to the Act, Title IV, Subtitle C of Public Law 99–570 (25 U.S.C. 2401 *et seq.*), as amended by TLOA, Title II of Public Law 111–211. The MOA is being published in the **Federal Register** in accordance with specific provisions of the Act, codified at 25 U.S.C. 2411.

The Secretaries of DOI and DHHS executed the original MOA (published at 52 FR 9709 (Mar. 26, 1987)) pursuant to the 1986-enacted version of the Act. Subsequent updates to that original MOA were executed as between DOI's

Bureau of Indian Affairs (BIA) and DHHS' Indian Health Service (IHS). Section 241 of TLOA amended the Act by, among other things, incorporating a coordinating role for DHHS' Substance Abuse and Mental Health Services Administration (SAMHSA), and also by adding DOJ to the pre-existing Federal partnership (between DOI and DHHS) on Indian alcohol and substance abuse issues.

The present MOA—developed in accordance with the TLOA amendments to the Act—commits the Departments to, among other things, align and coordinate Federal efforts and resources to determine the scope of the alcohol and substance abuse problems faced by American Indians and Alaska Natives, identify the resources and programs of each Federal department that would be relevant to a coordinated effort to combat alcohol and substance abuse among American Indians and Alaska Natives, and coordinate existing Federal department programs with those established under the Act.

Upon publication of the MOA in the **Federal Register**, the Office of Indian Alcohol and Substance Abuse within the DHHS' Center for Substance Abuse Prevention, working in conjunction with the DOI's BIA, shall provide a copy of the MOA to each federally recognized Indian tribe.

Development of the MOA. As required by the Act codified at 25 U.S.C. 2411(c), DHHS, DOI, and DOJ (collectively, the “MOA partners”) were to “consult with and solicit the comments of” American Indian and Alaska Native individuals, organizations, tribes, and villages, as well as alcohol and substance abuse treatment professionals in developing an MOA. The MOA partners gathered and reviewed consultation feedback from TLOA consultations, beginning with a consultation sponsored by DOI in October, 2010. The partners also sought additional input—including through the dissemination of an MOA draft—during a period lasting from the fall of 2010 through the spring and early summer of 2011.

A draft of the MOA was distributed to tribes for discussion and comment during the TLOA consultation at the Interdepartmental Tribal Justice, Safety and Wellness Session 12 in Palm Springs, California. On December 8, 2010, the draft MOA was published via multiple Web sites for a comment period lasting through January 14, 2011. These Web sites included the Web sites of the National Indian Health Board, the National Congress of American Indians, the National Council of Urban Indian Health, and the Native American Center of Excellence. During the same week of

December 2010, SAMHSA distributed the draft MOA to all federally-recognized tribes to solicit comments. An MOA Workgroup composed of Federal MOA partner representatives was organized and, charged with the development and drafting of the MOA, solicited comments from Federal subject matter experts from across the Federal Government during March and April of 2011. Comments were received from a number of interested parties: Indian tribes, individuals, and organizations, United States Attorneys serving multiple jurisdictions, and Federal subject matter experts working in areas involving substance abuse and mental health, health care, juvenile justice, crime victim assistance, and social services and other supports for children and families. These comments were carefully reviewed, analyzed, and considered in the development of the MOA.

Some commenters expressed support for the MOA concept, but had general comments regarding the process for its development, or its content. More than one commenter expressed general satisfaction with the content of the MOA draft circulated, but also offered comments on other aspects of Federal/tribal coordination on Indian alcohol and substance abuse initiatives and other programs focused on children and families. Other commenters made specific suggestions for content and structure of the MOA. A general discussion of comments received and how issues raised are addressed, including through changes made to the MOA, follows below.

Tribal Action Plans. Commenters focused with some frequency on the Tribal Action Plan (TAP) and TAP-related provisions in the MOA. Multiple comments in this regard focused on the MOA language derived from 25 U.S.C. 2412(e) of the Act, which states, in relevant part, that, for “any Indian tribe” that has not elected to adopt a tribal resolution to establish a TAP “within 90 days after [the MOA's publication] in the **Federal Register**” the Federal Government must initiate action to assist such tribe by “identify[ing] and coordinat[ing] available programs and resources in support of tribal alcohol and substance abuse programs and initiatives. Comments from tribes expressed concerns that Federal versus tribal accountabilities regarding the TAPs were unclear and that there needed to be more information about plans for implementation—and associated Federal resources—in this area. Related to this issue of what the Federal role and accountability would be in the