

Scientific Review Branch, NIAMS/NIH/DHHS, 6701 Democracy Blvd., Rm. 818, Bethesda, MD 20892, [Kathy.Salaita@nih.gov](mailto:Kathy.Salaita@nih.gov). The meeting is closed to the public.

Dated: May 23, 2019.

**Natasha M. Copeland,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2019-11201 Filed 5-29-19; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Advancing Translational Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, 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 cooperative agreement applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the cooperative agreement applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Advancing Translational Sciences Special Emphasis Panel CTSA.

*Date:* June 20, 2019.

*Time:* 8:00 a.m. to 4:00 p.m.

*Agenda:* To review and evaluate cooperative agreement applications.

*Place:* Bethesda Marriott Suites, 6711 Democracy Boulevard, Bethesda, MD 20817.

*Contact Person:* Victor Henriquez, Ph.D., Scientific Review Officer, Office of Scientific Director, National Center for Advancing Translational Sciences (NCATS), National Institutes of Health, 6701 Democracy Blvd., Democracy 1, Room 1080, Bethesda, MD 20892-4878, 301-435-0813, [henriquv@mail.nih.gov](mailto:henriquv@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.350, B—Cooperative Agreements; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: May 23, 2019.

**Natasha M. Copeland,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Notice of Subcommittee Meetings for the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

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

**ACTION:** Notice of subcommittee meetings (virtual).

**SUMMARY:** The Secretary of Health and Human Services (Secretary) announces subcommittee meetings of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).

The meetings are open to the public and can be accessed via telephone only. Agenda with call-in information will be posted on the SAMHSA website prior to the meetings at: <https://www.samhsa.gov/about-us/advisory-councils/meetings>

The meetings will include information on the following focus areas: Data, Access, Treatment and Recovery, Justice, and Finance.

*Committee Name:* Interdepartmental Serious Mental Illness Coordinating Committee (subcommittee meetings)

*Date/Time/Type:* June 20, 2019/1:00 p.m.–2:30 p.m. (EDT)/OPEN/Focus Area 1: Data, June 26, 2019/9:00 a.m.–10:30 a.m. (EDT)/OPEN/Focus Area 2: Access, June 26, 2019/9:00 a.m.–10:30 a.m. (EDT)/OPEN/Focus Area 3: Treatment and Recovery, June 26, 2019/10:45 a.m.–12:15 p.m. (EDT)/OPEN/Focus Area 4: Justice, June 26, 2019/10:45 a.m.–12:15 p.m. (EDT)/OPEN/Focus Area 5: Finance.

**ADDRESSES:** The meetings will be held (virtually) at SAMHSA Headquarters, 5600 Fishers Lane, Rockville, Maryland 20857.

Substantive meeting information and a roster of Committee members is available at the Committee's website <https://www.samhsa.gov/about-us/advisory-councils/smi-committee>.

#### SUPPLEMENTARY INFORMATION:

##### I. Background and Authority

The ISMICC was established on March 15, 2017, in accordance with section 6031 of the 21st Century Cures Act, and the Federal Advisory Committee Act, 5 U.S.C. App., as amended, to report to the Secretary, Congress, and any other relevant federal department or agency on advances in serious mental illness (SMI) and serious emotional disturbance (SED), research

related to the prevention of, diagnosis of, intervention in, and treatment and recovery of SMIs, SEDs, and advances in access to services and support for adults with SMI or children with SED. In addition, the ISMICC will evaluate the effect federal programs related to serious mental illness have on public health, including public health outcomes such as (A) rates of suicide, suicide attempts, incidence and prevalence of SMIs, SEDs, and substance use disorders, overdose, overdose deaths, emergency hospitalizations, emergency room boarding, preventable emergency room visits, interaction with the criminal justice system, homelessness, and unemployment; (B) increased rates of employment and enrollment in educational and vocational programs; (C) quality of mental and substance use disorders treatment services; or (D) any other criteria as may be determined by the Secretary. Finally, the ISMICC will make specific recommendations for actions that agencies can take to better coordinate the administration of mental health services for adults with SMI or children with SED. Not later than 1 (one) year after the date of enactment of the 21st Century Cures Act, and 5 (five) years after such date of enactment, the ISMICC shall submit a report to Congress and any other relevant federal department or agency.

##### II. Membership

This ISMICC consists of federal members listed below or their designees, and non-federal public members.

*Federal Membership:* Members include, The Secretary of Health and Human Services; The Assistant Secretary for Mental Health and Substance Use; The Attorney General; The Secretary of the Department of Veterans Affairs; The Secretary of the Department of Defense; The Secretary of the Department of Housing and Urban Development; The Secretary of the Department of Education; The Secretary of the Department of Labor; The Administrator of the Centers for Medicare and Medicaid Services; and The Commissioner of the Social Security Administration.

*Non-Federal Membership:* Members include, 14 non-federal public members appointed by the Secretary, representing psychologists, psychiatrists, social workers, peer support specialists, and other providers, patients, family of patients, law enforcement, the judiciary, and leading research, advocacy, or service organizations. The ISMICC is required to meet at least twice per year.

**FOR FURTHER INFORMATION CONTACT:** Pamela Foote, Substance Abuse and

Mental Health Services Administration, 5600 Fishers Lane, 14E53C, Rockville, MD 20857; telephone: 240-276-1279; email: [pamela.foote@samhsa.hhs.gov](mailto:pamela.foote@samhsa.hhs.gov)

Dated: May 24, 2019.

**Carlos Castillo,**

Committee Management Officer.

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**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 at (240) 276-1112.

*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: Regulations To Implement SAMHSA's Charitable Choice Statutory Provisions—42 CFR Parts 54 and 54a**

(OMB No. 0930-0242)—Extension

Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65), as amended by the Children's Health Act of 2000 (Pub. L. 106-310) and Sections 581-584 of the Public Health Service Act (42 U.S.C. 290kk *et seq.*, as added by the Consolidated Appropriations Act (Pub. L. 106-554)), set forth various provisions which aim to ensure that religious organizations are able to compete on an equal footing for federal funds to provide substance abuse services. These provisions allow

religious organizations to offer substance abuse services to individuals without impairing the religious character of the organizations or the religious freedom of the individuals who receive the services. The provisions apply to the Substance Abuse Prevention and Treatment Block Grant (SABG), to the Projects for Assistance in Transition from Homelessness (PATH) formula grant program, and to certain Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant programs (programs that pay for substance abuse treatment and prevention services, not for certain infrastructure and technical assistance activities). Every effort has been made to assure that the reporting, recordkeeping and disclosure requirements of the proposed regulations allow maximum flexibility in implementation and impose minimum burden.

No changes are being made to the regulations or the burden hours.

Information on how states comply with the requirements of 42 CFR part 54 was approved by the Office of Management and Budget (OMB) as part of the Substance Abuse Prevention and Treatment Block Grant FY 2019-2021 annual application and reporting requirements approved under OMB control number 0930-0168.

42 CFR citation and purpose	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hours
<b>Part 54—States Receiving SA Block Grants and/or Projects for Assistance in Transition From Homelessness (PATH)</b>					
Reporting:					
96.122(f)(5) Annual report of activities the state undertook to comply 42 CFR part 54 (SABG).	60	1 .....	60	1	60
54.8(c)(4) Total number of referrals to alternative service providers reported by program participants to States (respondents):					
SABG .....	6	23 (avg.) .....	135	1	135
PATH .....	10	5 .....	50	1	50
54.8(e) Annual report by PATH grantees on activities undertaken to comply with 42 CFR part 54.	56	1 .....	56	1	56
Disclosure:					
54.8(b) State requires program participants to provide notice to program beneficiaries of their right to referral to an alternative service provider:					
SABG .....	60	1 .....	60	.05	3
PATH .....	56	1 .....	56	.05	3
Recordkeeping:					
54.6(b) Documentation must be maintained to demonstrate significant burden for program participants under 42 U.S.C. 300x-57 or 42 U.S.C. 290cc-33(a)(2) and under 42 U.S.C. 290cc-21 to 290cc-35.	60	1 .....	60	1	60
Part 54—Subtotal .....	115	.....	477	.....	367

**Part 54a—States, Local Governments and Religious Organizations Receiving Funding Under Title V of the PHS Act for Substance Abuse Prevention and Treatment Services**

Reporting:					
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