number and webcast live on the Internet. Members of the public who participate using the conference call phone number will be able to listen to the meeting but will not be heard. If you experience any technical problems with the webcast or conference call, please send an email to *helpdeskiacc@gmail.com* or by phone at 415–652–8023.

Individuals who participate in person or by using these electronic services and who need special assistance, such as captioning of the conference call or other reasonable accommodations, should submit a request to the Contact Person listed on this notice at least 5 days prior to the meeting.

Security

In the interest of security, visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit upon entrance to the Neuroscience Center. Also as a part of security procedures, attendees should be prepared to present a photo ID at the meeting registration desk during the check-in process. Pre-registration is recommended. Seating will be limited to the room capacity and seats will be on a first come, first served basis, with expedited check-in for those who are pre-registered.

Meeting schedule subject to change.

Information about the IACC is available on the Web site: *http://www.iacc.hhs.gov*.

Dated: May 30, 2014.

Carolyn Baum,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2014–13026 Filed 6–4–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings 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: Bioengineering Sciences & Technologies Integrated Review Group; Gene and Drug Delivery Systems Study Section.

Date: June 12–13, 2014.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Baltimore Marriott Waterfront, 700 Aliceanna Street, Baltimore, MD 21202.

Contact Person: Amy L Rubinstein, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5152, MSC 7844, Bethesda, MD 20892, 301–408–9754, *rubinsteinal@csr.nih.gov*.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Molecular Targets for Cancer Intervention.

Date: June 30, 2014.

Time: 7:30 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road NW., Washington, DC 20015.

Contact Person: Careen K Tang-Toth, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6214, MSC 7804, Bethesda, MD 20892, (301)435–3504, *tothct@csr.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Pain and Chemosensory Neuroscience.

Date: July 1–2, 2014.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Virtual Meeting).

Contact Person: John Bishop, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5182, MSC 7844, Bethesda, MD 20892, (301) 408–9664, *bishopj@csr.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; RFA–HG–14–001: BD2K–LINCS-Perturbation Data Coordination and Integration Center.

Date: July 2, 2014.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate cooperative agreement applications.

Place: Hilton Garden Inn Bethesda, 7301 Waverly Street, Bethesda, MD.

Contact Person: James J Li, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5148, MSC 7849, Bethesda, MD 20892, 301–806–8065, *lijames@csr.nih.gov*.

Name of Committee: Molecular, Cellular and Developmental Neuroscience Integrated Review Group; Neurogenesis and Cell Fate Study Section.

Date: July 2, 2014.

Time: 9:00 a.m. to 6:30 p.m.

Agenda: To review and evaluate grant applications.

Place: Hilton Washington Embassy Row, 2015 Massachusetts Ave. NW., Washington, DC 20036.

Contact Person: Joanne T Fujii, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4184, MSC 7850, Bethesda, MD 20892, (301) 435–1178, *fujiij@csr.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: May 30, 2014.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2014–13027 Filed 6–4–14; 8:45 am]

BILLING CODE 4140–01–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: 2015 National Survey on Drug Use and Health (OMB No. 0930–0110)—Revision

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, the Office of National Drug Control Policy (ONDCP), Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

In order to continue producing current data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must periodically update aspects of the NSDUH to reflect the

changing substance use and mental health issues and to continue producing current data. CBHSQ has such plans for the 2015 NSDUH survey year to achieve two goals: (1) Revise the questionnaire to address changing policy and research data needs, and (2) modify the survey methodology to improve the quality of estimates and the efficiency of data collection and processing.

Planned revisions for the 2015 NSDUH to the questionnaire, methodology and materials, including an assessment of new computer equipment, were initially tested in 2012 as part of the NSDUH Questionnaire Field Test (QFT) (OMB No. 0930–0334), then further refined and tested again in 2013 during the NSDUH Dress Rehearsal (DR) (OMB No. 0930–0334). As such, most of the changes described herein were successfully tested as part of the QFT and/or DR unless otherwise specified.

The changes to the questionnaire content for 2015 will include: (a) Revisions to modules for smokeless tobacco, hallucinogens, inhalants, prescription drugs, special drugs, consumption of alcohol, and health care; (b) revisions to the educational attainment response categories; (c) a lower threshold of binge alcohol use for females; (d) a new methamphetamine module; (e) addition of two sexual orientation questions to be asked of adults; and (f) revisions to back-end demographics questions. Also, to aid respondent recall within the questionnaire, prescription drug images and a reference date calendar will display on the computer screen rather than being displayed in hard-copy, paper form.

There are a few additional changes to the questionnaire content for 2015 not tested during the DR, which include: (a) The term ''Molly'' will be added to questions about Ecstasy in the hallucinogens module; (b) routine updates to logic and wording for consistency and to maximize respondent comprehension; and (c) other minor changes to questions throughout the instrument to clarify intent.

Several changes are also planned to the methodology for 2015 in an effort to improve the efficiency of data collection and processing; these were tested during the QFT and DR. A new 7-inch touch screen tablet will be used for screening and interview respondent selection, in addition to a new lightweight laptop used to administer the questionnaire. Also redesigned versions of the lead letter (mailed to respondents prior to being contacted by an interviewer) and a question & answer brochure will be provided to respondents. As necessary, all materials provided to respondents for 2015 will be updated to now reference the U.S. Department of Health and Human Services (instead of U.S. Public Health Service) and any previous mention of the Contractor, Research Triangle Institute, will now appear as RTI International. Due to changes to the questionnaire content, the showcard booklet, which allows respondents to refer to information necessary for accurate responses, will contain fewer showcards.

Along with the new laptop, text to speech (TTS) software is being programmed and tested for implementation within the questionnaire for 2015. TTS uses a computer-generated voice to read text displayed on-screen, rather than relying on the pre-recorded audio files from a human voice used previously with the audio computer-assisted self-interviewing (ACASI) portions of the interview. Though TTS was not tested as part of the QFT or DR, during an evaluation of the software, there were no problems understanding any words or phrases produced by the TTS voices in English or Spanish, so it will be implemented for the 2015 NSDUH unless there is a significant problem shown during testing. If TTS is not implemented, the current method of using pre-recorded audio files will be continued for the 2015 NSDUH.

In addition, interviewers will now have the option of showing a short video via the multimedia capability of the touch screen tablet. The video (approx. 50 seconds in run time) will provide a brief explanation of the study and why participation is important. Also contained within the tablet and new for 2015 is a parental introductory script, designed to be read to a parent or guardian once a youth respondent is selected to complete an interview. This script will standardize the introductory conversations with parent/guardians.

As with all NSDUH/NHSDA (prior to 2002, the NSDUH was referred to as the National Household Survey on Drug Abuse (NHSDA)) surveys conducted since 1999, the sample size of the survey for 2015 will be sufficient to permit prevalence estimates for each of the fifty States and the District of Columbia. The sample design for 2015 will be the same as the design used for 2014 data collection. This design places more sample in the 26 or older age groups to more accurately estimate drug use and related mental health measures among the aging drug use population, and allows for the possible adoption of address-based sampling in the future. The total annual burden estimate is shown in Table 1.

TABLE 1—ANNUALIZED ESTIMATED BURDEN FOR 2015 NSDUH

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Household Screening	125,176	1	125,176	0.083	10,390
Interview	67,507	1	67,507	1.000	67,507
Screening Verification	3,755	1	3,755	0.067	252
Interview Verification	10,126	1	10,126	0.067	678
Total	125,176	.....	125,176	.....	78,827

Written comments and recommendations concerning the proposed information collection should be sent by July 7, 2014 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA_Submission@omb.eop.gov*. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory

Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,

Statistician.

[FR Doc. 2014–13028 Filed 6–4–14; 8:45 am]

BILLING CODE 4162–20–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: Protection and Advocacy for Individuals With Mental Illness (PAIMI) Annual Program Performance Report (OMB No. 0930–0169)—Extension

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act at 42 U.S.C. 10801 et seq., authorized funds to the same protection and advocacy (P&A) systems created under the Developmental Disabilities Assistance and Bill of Rights Act of 1975, known as the DD Act (as amended in 2000, 42 U.S.C. 15001 et seq.]. The DD Act supports the Protection and Advocacy for Developmental Disabilities (PADD) Program administered by the Administration on Intellectual and Developmental Disabilities (AIDD) within the Administration on Community Living. AIDD is the lead federal P&A agency. The PAIMI Program supports the same governor-designated P&A systems established under the DD Act by providing legal-based individual and systemic advocacy services to individuals with significant (severe) mental illness (adults) and significant (severe) emotional impairment (children/youth) who are at risk for abuse, neglect and other rights violations while residing in a care or treatment facility.

In 2000, the PAIMI Act amendments created a 57th P&A system—the American Indian Consortium (the Navajo and Hopi Tribes in the Four Corners region of the Southwest). The Act, at 42 U.S.C. 10804(d), states that a P&A system may use its allotment to provide representation to individuals with mental illness, as defined by section 42 U.S.C. 10802 (4)(B)(iii) residing in the community, including their own home, only, if the total allotment under this title for any fiscal year is $30 million or more, and in such cases an eligible P&A system must give priority to representing PAIMI-eligible individuals, as defined by 42 U.S.C. 10802(4)(A) and (B)(i).

The Children's Health Act of 2000 (CHA) also referenced the state P&A system authority to obtain information on incidents of seclusion, restraint and related deaths [see, CHA, Part H at 42 U.S.C. 290ii–1]. PAIMI Program formula grants awarded by SAMHSA go directly to each of the 57 governor-designated P&A systems. These systems are located in each of the 50 states, the District of Columbia, the American Indian Consortium, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

The PAIMI Act at 42 U.S.C. 10805(7) requires that each P&A system prepare and transmit to the Secretary HHS and to the head of its State mental health agency a report on January 1. This report describes the activities, accomplishments, and expenditures of the system during the most recently completed fiscal year, including a section prepared by the advisory council (the PAIMI Advisory Council or PAC) that describes the activities of the council and its independent assessment of the operations of the system.

The Substance Abuse Mental Health Services Administration (SAMHSA) proposes no revisions to its annual PAIMI Program Performance Report (PPR), including the advisory council section, at this time for the following reasons: (1) AIDD is currently piloting a PADD PPR. The results of the pilot will not be available until October 2014 (FY 2015). (2) when the AIDD/ACL PPR is final, SAMHSA will revise its PPR, as appropriate, for consistency with the annual reporting requirements under the PAIMI Act and Rules [42 CFR Part 51]; (3) SAMHSA will develop a mechanism to facilitate electronic submission of the annual PAIMI PPR and ACR as recommended in the *Evaluation of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program, Phase III. Evaluation Report al Report* (SAMHSA (2011). *Evaluation of the Protection and Advocacy for Individuals With Mental Illness (PAIMI) Program, Phase III. Final Report.* HHS Pub. No. PEP12–EVALPAIMI. Rockville, MD: CMHS, SAMHSA). (4) GPRA requirements for the PAIMI Program will be revised as appropriate to ensure that SAMHSA obtains information that closely measures actual outcomes of programs that it funds and (5) SAMHSA will reduce wherever feasible the current reporting burden by removing any information that does not facilitate evaluation of the programmatic and fiscal effectiveness of a state P&A system. The current report formats will be effective for the FY 2014 PPR reports due on January 1, 2015.

The annual burden estimate is as follows:

	Number of respondents	Number of responses per respondent	Hours per response	Total hour burden
Program Performance Report	57	1	26	1,482
Advisory Council Report	57	1	10	570
Total	57			2,052

Written comments and recommendations concerning the proposed information collection should be sent by July 7, 2014 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA_Submission@omb.eop.gov.* Although commenters are encouraged to