

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration****Center for Substance Abuse Treatment; Notice of Meeting**

Pursuant to Public Law 92–463, notice is hereby given that the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) National Advisory Council will meet on May 18, 2018, 2:00 p.m.–3:00 p.m. (EDT) in a closed teleconference meeting.

The meeting will include discussions and evaluations of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public as determined by the SAMHSA Assistant Secretary for Mental Health and Substance Use in accordance with Title 5 U.S.C. 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, 10(d).

Meeting information and a roster of Council members may be obtained by accessing the SAMHSA Committee website at <http://www.samhsa.gov/about-us/advisory-councils/csat-national-advisory-council> or by contacting the CSAT National Advisory Council Designated Federal Officer; Tracy Goss (see contact information below).

Council Name: SAMHSA's Center for Substance Abuse Treatment National Advisory Council.

Date/Time/Type: May 18, 2018, 2:00 p.m.–3:00 p.m. EDT, Closed.

Place: SAMHSA, 5600 Fishers Lane, Rockville, Maryland 20857.

Contact: Tracy Goss, Designated Federal Officer, CSAT National Advisory Council, 5600 Fishers Lane, Rockville, Maryland 20857 (mail), Telephone: (240) 276–0759, Fax: (240) 276–2252, Email: tracy.goss@samhsa.hhs.gov.

Dated: April 6, 2018.

Carlos Castillo,

Committee Management Officer, SAMHSA.
[FR Doc. 2018–07493 Filed 4–10–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration****Notice of Meeting for the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)—Correction**

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

ACTION: Notice of correction.

SUMMARY: This is a correction to the meeting announcement of the Notice of Meeting for the Interdepartmental Serious Mental Illness Coordinating Committee published on the **Federal Register**, Vol. 83, No. 66/Thursday, April 5, 2018/Notices. FR Doc. 2018–06913. The notice of the meeting should have included the following statement: Members of the public can attend the meeting via telephone or webcast only, and not in person.

The Secretary of Health and Human Services (Secretary), in accordance with section 6031 of the 21st Century Cures Act, announces a meeting of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).

The meeting is open to the public and will include information on federal efforts related to serious mental illness (SMI) and serious emotional disturbance (SED), including data evaluation, and recommendations for action. Committee members will also discuss ISMICC member relationship to implementation workgroups, establishing the prevalence of SMI and SED, communication with non-federal organizations to engage non-federal support for ISMICC, and future meetings.

Committee Name: Interdepartmental Serious Mental Illness Coordinating Committee.

DATES: June 8, 2018/9:00 a.m.–5:00 p.m. (EDT).

ADDRESSES: The meeting will be held at the Hubert H. Humphrey Building, 200 Independence Avenue SW, Room 800, Washington, DC 20201. The meeting can be accessed via webcast at www.hhs.gov/live, or by joining the teleconference at toll-free number 1–888–928–9713, passcode 7160920.

The public comment section is scheduled for 1:00 p.m. Eastern Daylight Time (EDT), and individuals interested in submitting a comment, must notify the Designated Federal Official (DFO), Ms. Pamela Foote, on or before May 24, 2018 via email to: Pamela.Foote@samhsa.hhs.gov.

Two minutes will be allotted for each approved public comment as time permits. Written comments received in advance of the meeting will be included in the official record of the meeting.

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>.

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.

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 HHS; 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 twice per year.

Dated: April 6, 2018.

Carlos Castillo,

Committee Management Officer.

[FR Doc. 2018-07479 Filed 4-10-18; 8:45 am]

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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) 276-1243.

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: Survey of State Underage Drinking Prevention Policies and Practices—(OMB No. 0930-0316)—Revision

The Sober Truth on Preventing Underage Drinking Act (the “STOP Act”) (Pub. L. 109-422, reauthorized in 2016 by Pub. L. 114-255) states that the “Secretary [of Health and Human Services] shall . . . annually issue a report on each state’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.” The Secretary has delegated responsibility for this report to SAMHSA. Therefore, SAMHSA has developed a *Survey of State Underage Drinking Prevention Policies and Practices* (the “*State Survey*”) to provide input for the state-by-state report on prevention and enforcement activities related to underage drinking component of the *Annual Report to Congress on the Prevention and Reduction of Underage Drinking* (“*Report to Congress*”).

The STOP Act also requires the Secretary to develop “a set of measures to be used in preparing the report on best practices” and to consider categories including but not limited to the following:

Category #1: Sixteen specific underage drinking laws/regulations enacted at the state level (*e.g.*, laws prohibiting sales to minors; laws related to minors in possession of alcohol). Note that ten additional policies have been added to the Report to Congress pursuant to Congressional appropriations language or the Secretary’s authority granted by the STOP Act;

Category #2: Enforcement and educational programs to promote compliance with these laws/regulations;

Category #3: Programs targeted to youths, parents, and caregivers to deter underage drinking and the number of individuals served by these programs;

Category #4: The amount that each state invests, per youth capita, on the prevention of underage drinking broken into five categories: (a) Compliance check programs in retail outlets; (b) Checkpoints and saturation patrols that include the goal of reducing and deterring underage drinking; (c) Community-based, school-based, and higher-education-based programs to prevent underage drinking; (d)

Underage drinking prevention programs that target youth within the juvenile justice and child welfare systems; and (e) Any other state efforts or programs that target underage drinking.

Congress’ purpose in mandating the collection of data on state policies and programs through the *State Survey* is to provide policymakers and the public with otherwise unavailable but much needed information regarding state underage drinking prevention policies and programs. SAMHSA and other Federal agencies that have underage drinking prevention as part of their mandate use the results of the *State Survey* to inform federal programmatic priorities, as do other stakeholders, including community organizations. The information gathered by the *State Survey* has established a resource for state agencies and the general public for assessing policies and programs in their own state and for becoming familiar with the programs, policies, and funding priorities of other states.

Because of the broad scope of data required by the STOP Act, SAMHSA relies on existing data sources where possible to minimize the survey burden on the states. SAMHSA uses data on state underage drinking policies from the National Institute of Alcohol Abuse and Alcoholism’s Alcohol Policy Information System (APIS), an authoritative compendium of state alcohol-related laws. The APIS data is augmented by SAMHSA with original legal research on state laws and policies addressing underage drinking to include all of the STOP Act’s requested laws and regulations (Category #1 of the four categories included in the STOP Act, as described above, page 2).

The STOP Act mandates that the *State Survey* assess “best practices” and emphasize the importance of building collaborations with federally recognized tribal governments (“tribal governments”). It also emphasizes the importance at the federal level of promoting interagency collaboration and to that end established the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). SAMHSA has determined that to fulfill the Congressional intent, it is critical that the *State Survey* gather information from the states regarding the best practices standards that they apply to their underage drinking programs, collaborations between states and tribal governments, and the development of state-level interagency collaborations similar to ICCPUD.

SAMHSA has determined that data on Categories #2, #3, and #4 mandated in the STOP Act (as listed on page 2) (enforcement and educational programs;