

**Project: Project—Division of State Programs—Management Reporting Tool (DSP—MRT) (OMB No. 0930–0354)—Revision**

The Substance Abuse and Mental Health Services Administration (SAMHSA)’s Center for Substance Abuse Prevention (CSAP) aims to address two of SAMHSA’s top substance abuse prevention priorities: Underage drinking (UAD; age 12 to 20) and prescription drug misuse and abuse (PDM; age 12 to 25) through the Division of State Program—Monitoring and Reporting Tool. This data collection will allow all DSP programs to report into a standard tool that aligns with the Strategic Prevention Framework model. This request for data collection includes a revision from a previously approved OMB instrument formally known as Partnerships for Success-Management and Reporting Tool.

Monitoring data on SPF model will allow SAMHSA project officers to systematically collect data to monitor their grant program performance and outcomes along with grantee technical assistance needs. In addition to assessing activities related to the SPF steps, the performance monitoring instruments covered in this statement collect data to assess the following grantee required specific performance measures:

- Number of training and technical assistance activities per funded community provided by the grantee to support communities;
- Reach of training and technical assistance activities (numbers served) provided by the grantee;
- Percentage of subrecipient communities that submit data to the grantee data system;
- Number of sub-recipient communities that improved on one or

more targeted NOMs indicators (Outcome);

- Number of grantees who integrate Prescription Drug Monitoring Data into their program needs assessment.

Changes to this package include the following:

- Standard language for all DSP—MRT questions;
- New disparities module to align with SAMHSA’s monitoring requirements;
- Updated technical assistance section;
- Deletion of cost questions specific to funding amounts and in-kind resources;
- Deletion of advisory council and other workgroup sub-committee questions;
- Addition of Section A specific to SPF-Rx questions;
- Addition of Section B specific to PDO questions;

**ANNUALIZED DATA COLLECTION BURDEN**

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Standard DSP Monitoring Tool .....	117	4	468	3	1,404
Section A: Rx .....	25	2	63	1	42
Section B: PDO .....	23	4	100	1	100
<b>FY2020 Total .....</b>	<b>117</b>	<b>.....</b>	<b>631</b>	<b>.....</b>	<b>1,546</b>

Written comments and recommendations concerning the proposed information collection should be sent by July 12, 2017 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.*

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**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: Mental Health Block Grant Ten Percent Set Aside Evaluation of First Episode Psychosis—NEW**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress through its FY 2016 Omnibus bill, Public Law 114–113, to set aside ten percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based programs that provide treatment for those with early

serious mental illness (SMI) and a first episode psychosis (FEP)—an increase from the previous five percent set aside.

The purpose of this 3-year evaluation is to assess the relationship between fidelity of selected coordinated specialty care (CSC) programs supported with Mental Health Block Grant (MHBG) Ten Percent Set Aside funding and participant outcomes. There are approximately 250 sites implementing CSC programs with MHBG ten percent set aside funding. All 250 sites will be asked to report on their implementation through an online survey. Up to 32 CSC sites across the nation will be recruited to participate in a process and outcome evaluation. The data collection activities for the Mental Health Block Grant Ten Percent Set Aside Evaluation will include the following six data collection tools:

- *Site Survey:* This is a one-time online survey with site directors of all 250 centers using MHBG ten percent set aside funding (not just those included in the evaluation). The survey focuses on how centers across the U.S. are providing services to individuals with First Episode Psychosis (FEP) in their communities.

- **State Mental Health Authority Interview:** This is a one-time semi-structured interview with state mental health leadership in the states where the 32 sites in the evaluation are located. The interview focuses on their thoughts and opinions about context in which CSC programs are implemented within their state and the state’s role in the implementation of the CSC programs.
- **Agency Director/Administrator Interview:** This semi-structured interview will be conducted twice with Agency Director/Administrators at each of the 32 CSC sites in the evaluation about the successes and challenges involved in implementing the CSC program.

- **Coordinated Specialty Care (CSC) Staff Interview:** This semi-structured interview will be conducted twice with CSC Staff at each of the 32 CSC sites in the evaluation about the successes and challenges involved in implementing the CSC program.
- **Coordinated Specialty Care (CSC) Participant Interview:** This semi-structured interview will be conducted twice with participants involved in programs at the 32 CSC sites in the evaluation. The purpose of the interview is to gather participant input on how CSC programs are operating and their thoughts and opinions about successes and challenges while participating in the CSC program.

- **Fidelity Interview:** This interview will be conducted twice during the evaluation with up to four CSC staff at each site. The phone interview is designed to be used in conjunction with the First Episode Psychosis Fidelity Scale (FEPS-FS) to examine whether elements of CSC are implemented at the sites.

In addition, each site will provide the evaluation team with administrative data on participant demographics and outcomes (e.g., employment status, educational status, diagnosis, living situation, quality of life, symptoms).

TABLE 1—ESTIMATED BURDEN HOURS

Respondent	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden (in hours)
State Department of Mental Health Representative: Telephone Interview .....	32	1	32	2.0	64
CSC Site Directors across the country: Online survey .....	250	1	250	0.2	50
Evaluation CSC Site: Program Director on-site interview ...	64	1	64	2.0	128
Evaluation CSC Site: Program Staff on-site interview .....	192	1	192	2.0	384
Evaluation CSC Site: Program Staff Fidelity Telephone Interview .....	64	4	256	4.0	1,024
Evaluation CSC Site: Program Staff data submission .....	32	18	576	5.0	2,880
Evaluation CSC Site: Program Participant on-site interview .....	128	1	128	1.0	128
<b>Total .....</b>	<b>762</b>	<b>.....</b>	<b>1,498</b>	<b>.....</b>	<b>4,658</b>

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**Summer King,**  
*Statistician.*  
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**INTERNATIONAL TRADE COMMISSION**

[Investigation No. 731–TA–638 (Fourth Review)]

**Stainless Steel Wire Rod From India DETERMINATION**

On the basis of the record<sup>1</sup> developed in the subject five-year review, the United States International Trade Commission (“Commission”) determines, pursuant to the Tariff Act of 1930 (“the Act”), that revocation of the antidumping duty order on stainless steel wire rod from India would be likely to lead to continuation or recurrence of material injury to an industry in the United States within a reasonably foreseeable time.

**BACKGROUND**

The Commission, pursuant to section 751(c) of the Act (19 U.S.C. 1675(c)), instituted this review on December 1, 2016 (81 FR 86728) and determined on March 6, 2017 that it would conduct an expedited review (82 FR 16231, April 3, 2017).

The Commission made this determination pursuant to section 751(c) of the Act (19 U.S.C. 1675(c)). It

completed and filed its determination in this review on June 6, 2017. The views of the Commission are contained in USITC Publication 4695 (June 2017), entitled *Stainless Steel Wire Rod from India: Investigation No. 731–TA–638 (Fourth Review)*.

By order of the Commission.  
 Issued: June 6, 2017.

**Lisa R. Barton,**  
*Secretary to the Commission.*  
 [FR Doc. 2017–12037 Filed 6–9–17; 8:45 am]  
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**INTERNATIONAL TRADE COMMISSION**

[Investigation No. 337–TA–951]

**Certain Lithium Metal Oxide Cathode Materials, Lithium-Ion Batteries for Power Tool Products Containing Same, and Power Tool Products With Lithium-Ion Batteries Containing Same; Notice of the Commission’s Determination To Rescind a Limited Exclusion Order**

**AGENCY:** U.S. International Trade Commission.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the U.S. International Trade Commission has determined to rescind

<sup>1</sup>The record is defined in sec. 207.2(f) of the Commission’s Rules of Practice and Procedure (19 CFR 207.2(f)).