

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical 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 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: National Institute of General Medical Sciences Special Emphasis Panel; Review of INBRE Applications.

Date: October 23, 2018.

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

Agenda: To review and evaluate grant applications.

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

Contact Person: Saraswathy Seetharam, Scientific Review Officer, Office Scientific Review, National Institute of General Medical Sciences, National Institutes Health, 45 Center Drive, Room 3AN18, Bethesda, MD 20892, 301-594-2763, seetharams@nigms.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: September 20, 2018.

Melanie J. Pantoja,

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

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 Client/ Participant Outcome Measures

(OMB No. 0930-0285)—Revision

SAMHSA is requesting approval to add 13 questions to its existing Adult Measure data collection tool, and seven questions to its Child/Caregiver Measure data collection tool, for Center for Mental Health Services (CMHS) grantees. These additional questions are related to specific outcomes for specific grant programs. Grantees will be required to answer no more than four of the new questions, in addition to the existing questions on the data collection instruments. Currently, the information collected from this instrument is entered and stored on SAMHSA's Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 (GPRMA) reporting requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMHSA and its Centers will use the data collected for annual reporting required by GPRMA, to describe and understand changes in outcomes from baseline to follow-up to discharge. SAMHSA's report for each fiscal year will include actual results of performance monitoring for the three preceding fiscal years. Information collected through this request will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with SAMHSA-specific performance domains, and to assess the accountability and performance of its discretionary grant programs. The

additional information collected through this request will allow SAMHSA to improve its ability to assess the impact of its programs on key outcomes of interest and to gather vital diagnostic information about clients served by CMHS discretionary grant programs.

Changes have been made to add a total of 13 questions to the existing Adult tool, and seven questions to the Child/Caregiver tool. Questions will be selected by SAMHSA based on the specific goals and characteristics of the grant program. The 13 questions added to the Adult tool are:

(1) Behavioral Health Diagnoses— Please indicate patient's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below.

(2) [For client] In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?

(3) [For grantee] In the past 30 days, how compliant has the client been with their treatment?

(4) [For grantee] Did the client screen positive for a mental health or co-occurring disorder?

a. Mental health disorder.

b. Co-occurring disorder.

(i) If client screened positive, was the client referred to the following types of services?

(1) Mental health services.

(2) Co-occurring services.

(ii) If client was referred to services, did they receive the following services?

(1) Mental health services.

(2) Co-occurring services.

(5) [For client] Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through the [insert grantee name] program has helped me to avoid further contact with the police and the criminal justice system.

(6) [For client] In the past 30 days, how many times have you:

(i) Been to the emergency room for a physical health care problem?

(ii) Been hospitalized for a physical health care problem?

(7) [For grantee] Please indicate which type of funding source(s) that was (were) used to pay for the services provided to this client since their last interview. (Check all that apply):

(a) Current SAMHSA grant funding.

(b) Other federal grant funding.

(c) State funding.

(d) Client's private insurance.

(e) Medicaid/Medicare.

(f) Other (Specify): _____.

(8) [For client] Did the program provide the following: