

comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this application.

**ADDRESSES:** Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA\_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: NIH Desk Officer.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments or contact: Dr. Paula Y. Goodwin, Special Assistant to the Director, Office of Extramural Programs, OER, NIH, 6705 Rockledge Drive, Suite 350, Bethesda, MD 20892, or call non-toll-free number (301) 496-9232 or Email your request, including your address to: *OEPMailbox@mail.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** The Office of Extramural Programs (OEP), Office of Extramural Research (OER), National Institutes of Health (NIH), may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the NIH has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

*Proposed collection:* Generic Clearance for Surveys of Customers and Partners of the Office of Extramural Research of the National Institutes of Health—0925-0627—Reinstatement without change—Office of the Director (OD), Office of Extramural Research (OER), Office of Extramural Programs (OEP), National Institutes of Health (NIH).

*Need and Use of Information Collection:* OER develops, coordinates the implementation of, and evaluates NIH-wide policies and procedures for the award of extramural funds. To move forward with our initiatives to ensure

success in accomplishing the NIH mission, input from partners and customers is essential. Quality management principles have been integrated into OER's culture and these surveys will provide customer satisfaction input on various elements of OER's business processes. The approximately 14 (10 quantitative and 4 qualitative) customer satisfaction surveys that will be conducted under this generic clearance will gather and measure customer and partner satisfaction with OER processes and operations. The data collected from these surveys will provide the feedback to track and gauge satisfaction with NIH's statutorily mandated operations and processes. OER/OD/NIH will present data and outcomes from these surveys to inform the NIH staff, officers, leadership, advisory committees, and other decision-making bodies as appropriate. Based on feedback from these stakeholders, OER/OD/NIH will formulate improvement plans and take action when necessary.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 1911.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Number of respondents	Frequency of response	Average time per response (in hours)	Annual hours of burden per survey
<b>Quantitative survey</b>				
Science professionals—applicants, reviewers, Institutional Officials .....	1500	1	20/60	500
Adult science trainees .....	1000	1	20/60	333
General public .....	2500	1	20/60	833
Totals .....	5,000	5000	.....	1,666
<b>Qualitative survey</b>				
Science professionals—applicants, reviewers, Institutional Officials .....	200	1	1	200
Adult science trainees .....	25	1	1	25
General public .....	20	1	1	20
Totals .....	245	245	.....	245

Dated: April 26, 2017.

**Lawrence A. Tabak,**  
Deputy Director, National Institutes of Health.  
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BILLING CODE 4140-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Establishment of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)**

**AGENCY:** Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

**ACTION:** Notice of Establishment of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).

**SUMMARY:** The Secretary of Health and Human Services (Secretary), in accordance with section 6031 of the 21st Century Cures Act, announces the establishment of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). The Secretary designated the Assistant Secretary for

Mental Health and Substance Use as Chair of the ISMICC. This ISMICC will consist of federal members listed below or their designees and non-federal public members.

**DATES:** Established March 15, 2017.

**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).

**SUPPLEMENTARY INFORMATION:**

**I. Background and Authority**

The ISMICC is established 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. The Secretary designated the Assistant Secretary for Mental Health and Substance Use as Chair of the ISMICC. 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. Structure, Membership, and Operation**

This ISMICC will consist of federal members listed below or their designees and non-federal public members.

*Federal Membership:* The ISMICC will be composed of the following federal members or their designees:

- The Secretary;
- 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:* The ISMICC shall also include not less than 14 non-federal public members appointed by the Secretary of which:

- At least two individuals who have received treatment for a diagnosis of a SMI;
- A parent or legal guardian of an adult with a history of SMI or a child with a history of SED;
- A representative of a leading research, advocacy, or service organization for adults with SMI;
- At least two members who are one of the following:
  - A licensed psychiatrist with experience treating SMI;
  - A licensed psychologist with experience in treating SMI or SED;
  - A licensed clinical social worker with experience treating SMIs or SEDs; or
  - A licensed psychiatric nurse, nurse practitioner, or physician's assistant with experience in treating SMIs or SEDs.
    - A licensed mental health professional with a specialty in treating children and adolescents with a SED;
    - A mental health professional who has research or clinical mental health experience in working with minorities;
    - A mental health professional who has research or clinical mental health experience in working with medically underserved populations;
    - A state certified mental health peer support specialist;
    - A judge with experience in adjudicating cases related to criminal justice or SMI;

- A law enforcement officer or corrections officer with extensive experience in interfacing with adults with a SMI, children with SED, or individuals in a mental health crisis; and

- An individual with experience providing services for homeless individuals and working with adults with SMI, children with a SED, or individuals in a mental health crisis.

The term of office of a non-federal member of the ISMICC shall be for three years, subject to reappointment to serve for one or more additional three year terms. If a vacancy occurs in the ISMICC among the members, the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed. Initial appointments shall be made in such a manner as to ensure that the terms of the members not all expire in the same year. The ISMICC is required to meet twice per year. The Substance Abuse and Mental Health Services Administration shall provide orientation and training for new members of the ISMICC for their effective participation in the functions of the ISMICC.

A separate **Federal Register** Notice will be posted to solicit nominations for the non-federal members of the ISMICC.

Dated: April 13, 2017.

**Carlos Castillo,**

*Committee Management Officer, SAMHSA.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies**

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

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITF) currently certified to meet the standards of the Mandatory Guidelines