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:* Heart, Lung, and Blood Initial Review Group; Clinical Trials Review Study Section.

*Date:* March 3–4, 2022.

*Time:* 10:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6705 Rockledge Drive, Bethesda, MD 20817 (Virtual Meeting).

*Contact Person:* Keary A. Cope, Ph.D., Scientific Review Officer, Office of Scientific Review/DERA, National Heart, Lung, and Blood Institute, National Institutes of Health, 6705 Rockledge Drive, Room 209–A, Bethesda, MD 20892–7924, (301) 827–7912, *copeka@mail.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: January 12, 2022.

**David W. Freeman,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022–00901 Filed 1–18–22; 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. To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

**Project: Revision of Mental Health Client/Participant Outcome Measures and Infrastructure, Prevention, and Mental Health Promotion Indicators (OMB No. 0930–0285)**

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for revisions to the previously approved instruments and data collection activities for the Government Performance and Results Act (GPRA) Center Mental Health Services (OMB No 0930–0285) that expires on February 28, 2022.

To be fully accountable for the spending of federal funds, SAMHSA requires all programs to collect and report data to ensure that program goals and objectives are met. Data is collected and used to monitor and improve performance of each program and ensure appropriate and thoughtful spending of federal funds.

SAMHSA requests the following revisions to the NOMS Mental Health Client/Participant Outcome measures: (1) Merge the CMHS NOMS Child Client-level Measures for Discretionary Programs data collection instrument with the current CMHS NOMS Adult Client-level Measures for Discretionary Programs data collection instrument; (2) delete questions for data not being utilized for program monitoring and quality improvement; (3) reduce grantee burden by shifting questions for a five-point psychometric response scale to ''Yes'', ''No'', and ''No response/Refused'' responses; (4) modify IDC–10 diagnoses to expand the F 40–48, F60–63, and F90–99 codes to allow for more specificity. Also, add ICD–10 ''Z'' codes to allow for a focus on social determinants of health that may affect the diagnosis, course, prognosis, or treatment of a client/consumer mental disorder; (6) shift reporting NOMS data to baseline assessment, 3-month or 6-month reassessment, and a final clinical discharge assessment; (7) reduce the number of physical health indictors and reporting frequency from quarterly to three points in time (baseline, 3- or 6-month reassessment, clinical discharge).

SAMHSA also requests the following revisions to the Infrastructure, Prevention, and Mental Health Promotion indicators:

(1) Delete four indicators not used by any SAMSHA programs: PD1: The number of policy changes completed as a result of the grant; WD4: The number of changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices/activities; F1: The amount of additional funding obtained for specific mental health-related practices/activities that are consistent with the goals of the grant; and O2: The total number of contacts made through program outreach efforts).

(2) Revise two indicators to provide more clarity A3: The number of communities that enhance health information-sharing for provision of services between agencies and program; and A1: The number of grant project activities in which fidelity is monitored as a result of the grant); and

(3) Add eleven indicators to reflect program developments during the past three years: R2: The number of individuals referred to trauma-informed care services as a result of the grant; R3: The number of individuals referred to crisis or other mental health services for suicidality; S2: The number of individuals screened for trauma-related experiences as a result of the grant; S3: The number of individuals screened for suicidal ideation as a result of the grant; T5: The number of activities modified, adapted, or changed to reflect trauma-informed practices for the population(s) being served by the grant; T6: The number of activities modified, adapted, or changed to reflect culturally appropriate services for the population(s) being served by the grant; T7: As a result of the grant, reduce the percentage of individuals who died by suicide; and T8: As a result of the grant, reduce the number of individuals who attempted suicide).

These changes will lessen grantee burden with data collection and improve capacity to report qualitative performance and quantitative outcomes for all discretionary grant programs, including: Demographic characteristics of clients' served; clinical characteristics of clients' served before, during, and after receipt of services; numbers of clients served; and characteristics of services and activities provided to clients'.

Currently, the information collected from this instrument is entered and stored on SAMHSA's Performance Accountability and Reporting System (SPARS), a real-time, performance management system that captures information on mental health and substance abuse treatment 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 required by GPRMA, to describe and understand changes in outcomes from baseline to follow-up to discharge. SAMHSA and its Centers will use the data for annual reporting comparing baseline with discharge and follow-up data. 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 and formula 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 discretionary grant programs.

The requested changes will result in a reduction of total burden hours. Currently, there are 104,168 total burden hours in the OMB-approved inventory. SAMSHA is requesting a reduction to 68,673 hours or an estimated decrease of 35,494 burden hours. The proposed estimate of time to collect data and complete the instruments is shown in Table 1.

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

| SAMHSA tool | Number of respondents | Responses per respondent | Total responses | Hours per response | Total hour burden |
|---|---|---|---|---|---|
| Client-level baseline interview | 40,280 | 1 | 40,280 | 0.33 | 30,901 |
| Client-level 3- or 6-month reassessment interview | 40,280 | 1 | 40,280 | 0.33 | 30,901 |
| Client-level clinical discharge interview | 6,668 | 1 | 6,668 | 0.33 | 2,200 |
| Section H Physical Health Data Baseline | 39,231 | 1 | 39,231 | .10 | 3,923 |
| Section H Program Specific Data: Baseline, 3- or 6-month reassessment, and clinical discharge | 14,800 | 2 | 29,600 | .08 | 2,368 |
| Subtotal | 141,259 | | 154,059 | | 68,673 |
| Infrastructure development, prevention, and mental health promotion quarterly record abstraction | 942 | 4 | 3,768 | 2.0 | 7,536 |
| Total | 142,201 | | 157,827 | | 104,168 |

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

**Carlos Graham,**

*Reports Clearance Officer.*

[FR Doc. 2022–00858 Filed 1–18–22; 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

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) 276–0361.

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: Assessment of Communities Talk To Prevent Underage Drinking—(OMB No. 0930–0288)—Reinstatement**

The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) is requesting a reinstatement from the Office of Management and Budget (OMB) of information collection regarding the Assessment of *Communities Talk to Prevent Underage Drinking,* which is implemented by the Underage Drinking Prevention Education Initiatives (UADPEI) within CSAP. The most recent data collection was approved under OMB No. 0930–0288, Assessment of the Town Hall Meetings on Underage Drinking Prevention, which expired on May 31, 2020. Revisions were made to the Organizer Survey; it can be completed twice, namely after a round of *Communities Talk* events/activities (activities) from February 2022 to April 2022, and as a follow-up one year later from February 2023 to April 2023. The Organizer Survey—6 month Follow-up and Participant Form (English and Spanish versions) were dropped.

*Changes*

Under the most recent approval, the Organizer Survey consisted of 20 items. Under this revision, the Organizer Survey includes 14 items about the *Communities Talk* initiative and how communities might be carrying out evidence-based strategies to prevent underage drinking (UAD). The following table provides a summary of the changes that were made to the instrument.

| Current question/item | Changes made |
|---|---|
| q1—Date of the Communities Talk event | Question deleted. |
| q2—Enter the location of the Communities Talk event | Question deleted. |
| q3—How long did the Communities Talk event last (*e.g.,* 45 minutes, 1.5 hours)? | Question deleted. |
| q4—How would you characterize the location where the Communities Talk event was held? | New q12. |