Contact Person: Reigh-Yi Lin, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Rm. 4152, MSC 7846, Bethesda, MD 20892, 301–827– 6009, lin.reigh-yi@nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Neurodevelopment, Neurodegeneration, and Plasticity.

Date: December 12, 2024.

Time: 9:30 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Robert C Elliott, Ph.D., AB, MS Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5190, MSC 7846 Bethesda, MD 20892 301–435–3009 elliotro@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel Member Conflict: Auditory, Visual and Cognitive Neuroscience.

Date: December 12, 2024. Time: 10:00 a.m. to 8:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Alena Valeryevna Savonenko, Ph.D. Scientific Review Officer Center for Scientific Review National Institutes of Health 6701 Rockledge Drive, Room 1009J Bethesda, MD 20892 (301) 594– 3444 savonenkoa2@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Cancer Therapy.

Date: December 12, 2024.

Time: 12:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant

Agenda: To review and evaluate gran applications.

Address: National Institutes of Health Rockledge I 6705 Rockledge Drive Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Syed M Quadri, Ph.D., IRG Chief, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6210, MSC 7804, Bethesda, MD 20892, 301–435–1211, quadris@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: November 12, 2024.

#### Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–26757 Filed 11–15–24; 8:45 am]

BILLING CODE 4140-01-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **National Institutes of Health**

### National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 1009 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 Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; NIDDK U34 Planning Cooperative Agreement Review Meeting.

Date: February 4, 2025.

Time: 2:00 p.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, NIDDK Democracy II, Suite 7000A 6707 Democracy Boulevard, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Nisan Bhattacharyya, Ph.D., Scientific Review Officer, National Institute of Diabetes and Digestive and Kidney, National Institute of Health, 6701 Democracy Boulevard, Suite 668 Bethesda, MD 20892, 301–451–2405,

nisan.bhattacharyya@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: November 12, 2024.

#### Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–26758 Filed 11–15–24; 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 (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0166.

#### Project: Government Performance and Results Act (GPRA) Client/Participant Outcomes Measure—(OMB No. 0930– 0208)—Revision

SAMHSA is requesting approval for a revision of the CSAT Client-level GPRA instrument to continue the collection of performance and program monitoring data of its substance use services grant programs. Currently, the information collected from this instrument is entered and stored in SAMHSA's Performance Accountability and Reporting System (SPARS). SPARS is a real-time, performance management system that captures information on the substance use services and mental health services delivered through SAMHSA's grant programs across the United States. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMHSA will use the data for annual performance reporting required by GPRA and comparing baseline with discharge and follow-up data. The additional information collected through this process will allow SAMHSA to: (1) report results of these performance outcomes; (2) maintain consistency with SAMHSA-specific performance domains, and (3) assess the performance of its discretionary and formula grant programs.

Currently, there are 379,037 total burden hours in the OMB-approved CSAT Client-level GPRA instrument. SAMHSA is now requesting an increase to 631,682 burden hours. The increase of 252,645 burden hours is due to the following:

• Additional time allocated for interviews, but also improved estimates

of the number of clients who would likely consent to complete the interview; and

• Additional time allocated for administrative collection of data by grantees, including the information that is collected for all clients regardless of whether they completed the clientportion of the interview or not.

The estimated time to complete the baseline, follow-up, and discharge interviews is 45 (0.75) minutes each. This includes the completion of the administrative sections of the tool for all

clients including those who decline an interview. The estimated time to complete the SBIRT program-specific measures was increased from 12 (0.2) minutes to 15 minutes (0.25).

#### TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

| SAMHSA tool  | Number of respondents | Responses per respondent | Total<br>number of<br>responses | Burden<br>hours per<br>response | Total burden hours | Hourly<br>wage <sup>1</sup> | Total hour cost |
|--|-----------------------|--------------------------|---------------------------------|---------------------------------|--------------------|-----------------------------|-----------------|
| Baseline Interview Includes SBIRT Brief TX, Referral to          |                       | _                        |                                 |                                 |                    |                             | <b>*= ***</b>   |
| TX, and Program-specific questions                               | 337,857               | 1                        | 337,857                         | 0.75                            | 253,393            | \$28.89                     | \$7,320,523     |
| Follow-Up Interview with Program-specific questions 2            | 270,286               | 1                        | 270,286                         | 0.75                            | 202,715            | 28.89                       | 5,856,436       |
| Discharge Interview with Program-specific questions <sup>3</sup> | 175,686               | 1                        | 175,686                         | 0.75                            | 131,765            | 28.89                       | 3,806,431       |
| SBIRT Program—Screening Only                                     | 150,296               | 1                        | 150,296                         | 0.17                            | 25,550             | 28.89                       | 738,140         |
| SBIRT Program—Brief Intervention Only Baseline                   | 31,481                | 1                        | 31,481                          | 0.25                            | 7,870              | 28.89                       | 227,364         |
| SBIRT Program—Brief Intervention Only Follow-Up <sup>2</sup>     | 25,184                | 1                        | 25,184                          | 0.25                            | 6,296              | 28.89                       | 181,891         |
| SBIRT Program—Brief Intervention Only Discharge 3                | 16,370                | 1                        | 16,370                          | 0.25                            | 4,093              | 28.89                       | 118,247         |
| CSAT Total   | 1,007,160             |                          | 1,007,160                       |                                 | 631,682            |                             | 18,249,032      |

<sup>&</sup>lt;sup>1</sup>The hourly wage estimate is \$28.89 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 21–1011 Substance Abuse and Behavioral Disorder Counselors = \$28.89/hr. as of May 11, 2023. (http://www.bls.gov/oes/current/oes211011.htm. Accessed on June 20, 2024.)

<sup>2</sup> It is estimated that 80% of baseline clients will complete this interview.

Note: Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

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 information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

#### Alicia Broadus,

Public Health Advisor.

[FR Doc. 2024-26785 Filed 11-15-24; 8:45 am]

BILLING CODE 4162-20-P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Notice of Meeting for the Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC)

**AGENCY:** Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Secretary of Health and Human Services (Secretary) announces a meeting of the Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC). The ISUDCC is open to the public and members of the public can attend the meeting via telephone or webcast only, and not in

person. Agenda with call-in information will be posted on the SAMHSA website prior to the meeting at: https://www.samhsa.gov/about-us/advisory-councils/meetings.

**DATES:** December 11, 2024, 1 p.m.–4 p.m. EST.

**ADDRESSES:** The meeting will be open and held virtually. The meeting can be accessed via Zoom.

### FOR FURTHER INFORMATION CONTACT:

Tracy Goss, ISUDCC Designated Federal Officer, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857; telephone: 240–276–0759; email: Tracy.Goss@samhsa.hhs.gov.

SUPPLEMENTARY INFORMATION: The upcoming meeting will focus on implementation of the ISUDCC's recommendations regarding how the Federal Government can more effectively integrate and coordinate harm reduction approaches across the continuum of prevention, treatment, and recovery policies, programs, and practices. The goal is to build consensus around those that can enhance national efforts to address substance use and substance use disorders and support further reductions in overdose mortality. In addition to discussing these recommendations, the meeting will feature several key presentations:

• Harm Reduction Summit Updates: Presentations will share insights, outcomes, and next steps from the recent Harm Reduction Summit, which focused on advancing harm reduction strategies at a national level.

- Recovery and Harm Reduction Workgroup: A presentation will cover the progress made by the Recovery and Harm Reduction Workgroup, highlighting how recovery-focused harm reduction strategies are being integrated into the broader framework of substance use disorder policy and practice.
- Naloxone Saturation Policy Academy work: An update on the Naloxone Saturation Policy Academy work, an important initiative focused on ensuring access to naloxone, a critical tool in preventing opioid overdose deaths, among groups at highest risk for and most likely to witness an overdose. Three academy cohorts have supported states, communities, and policymakers in developing and implementing effective naloxone distribution strategies. The initiative also includes training and technical assistance to states and local organizations, helping them create robust distribution networks and policies to ensure naloxone is optimally available when needed. This is enhanced by a bimonthly virtual learning collaborative, open to all states, on different topics related to saturation of naloxone and other opioid overdose reversal medications.

This meeting will offer an important opportunity to continue advancing recommendations and key initiatives through the ISUDCC, fostering deeper collaboration to continue addressing substance use and substance use disorders across the nation.

<sup>&</sup>lt;sup>3</sup> It is estimated that 52% of baseline clients will complete this interview. This estimate is based on Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21–06–02–002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.