year national objectives for improving the health of all Americans. Every 10 years, the Department issues a comprehensive set of national public health objectives. To assist with this task for the development of *Healthy People 2020,* the Department utilized a scientific advisory committee, the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. It was recommended that the same process be used to assist with development of *Healthy People 2030* because the Department must create a more focused set of ten-year national disease prevention and health promotion objectives that reflect the Nation's needs and carries stakeholder support. The title for the new committee is the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (the Committee).

Objectives and Scope of Activities. In 1979, HHS established the *Healthy People* initiative to develop a framework for improving the health of all people in the United States. *Healthy People* provides evidence-based, ten-year national objectives for improving the health of all Americans. *Healthy People* offers a strategic agenda to align health promotion and disease prevention activities in communities around the country. The *Healthy People* initiative is grounded in the principle that setting national objective and monitoring progress can motivate action.

The Committee will provide independent advice based on current scientific evidence for use by the Secretary of HHS or a designated representative in the development of *Healthy People 2030.* The Committee will advise the Secretary on the Department's approach for *Healthy People 2030.* Framed around health determinants and risk factors, this approach will generate a focused set of objective that address high-impact public health challenges.

Description of Duties. The work of the Committee is solely advisory in nature. The Committee will perform the single, time-limited task of providing advice regarding creating *Healthy People 2030.* The Committee's duties include providing advice about the *Healthy People 2030* mission statement, vision statement, framework, and organizational structure.

Membership and Designation. The Committee will consist of no more than 13 members. One or more members will be selected to serve as the Chair, Vice Chair, and/or Co-Chairs. The Committee membership may include former Assistant Secretaries for Health and nationally known experts in areas such as biostatistics, business, epidemiology, health communications, health economics, health information technology, health policy, health sciences, health systems, international health, outcomes research, public health law, social determinants of health, special populations, and state and local health public health and from a variety of public, private, philanthropic, and academic settings.

Members will be appointed to the Committee by the Secretary of HHS or a designated representative and invited to serve for the duration of the Committee. All appointed members of the Committee will be classified as special government employees (SGEs).

Administrative Management and Support. The Committee will provide advice to the Secretary of HHS, through the Assistant Secretary for Health (ASH). The ASH will provide oversight for the Committee's function and activities. Management and support services for the Committee will be provided by the Office of Disease Prevention and Health Promotion (ODPHP). ODPHP is a program office within the Office of the Assistant Secretary for Health, which is a staff division in the HHS Office of the Secretary.

To comply with the provisions of FACA, the charters for the 2018 Physical Activity Guidelines Advisory Committee and the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 will be filed with the appropriate Congressional committees and the Library of Congress fifteen calendar days after notice of this action being taken has been published in the **Federal Register**. After the charters have been filed, copies of these documents can be obtained from the ODPHP Web site under the appropriate program headings. Copies of the charters for the two designated committees also can be obtained by accessing the FACA database that is maintained by the Committee Management Secretariat under the General Services Administration. The Web site address for the FACA database is *http://facadatabase.gov/.*

Dated: May 3, 2016.

Karen B. DeSalvo,

Acting Assistant Secretary for Health.

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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: Primary and Behavioral Health Care Integration Evaluation—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) is requesting approval from the Office of Management and Budget (OMB) for new data collection activities associated with their Primary and Behavioral Health Care Integration (PBHCI) program.

This information collection is needed to provide SAMHSA with objective information to document the reach and impact of the PBHCI program. The information will be used to monitor quality assurance and quality performance outcomes for organizations funded by this grant program. The information will also be used to assess the impact of services on behavioral health and physical health services for individuals served by this program. .

Collection of the information included in this request is authorized by Section 505 of the Public Health Service Act (42 U.S.C. 290aa–4)—Data Collection.

SAMHSA launched the PBHCI program in FY 2009 with the understanding that adults with serious mental illness (SMI) experience heightened rates of morbidity and mortality, in large part due to elevated incidence and prevalence of risk factors such as obesity, diabetes, hypertension, and dyslipidemia. These risk factors are influenced by a variety of factors, including inadequate physical activity and poor nutrition; smoking; side effects from atypical antipsychotic medications; and lack of access to health care services. Many of these health conditions are preventable through routine health promotion activities, primary care screening, monitoring, treatment and care management/coordination strategies and/or other outreach programs.

The purpose of the PBHCI grant program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based behavioral health settings. The program's goal is to improve the physical health status of adults with serious mental illnesses (and those with co-occurring substance use disorders) who have or are at risk for co-occurring primary care conditions and chronic diseases.

As the largest federal effort to implement integrated behavioral and physical health care in community behavioral health settings, SAMHSA's PBHCI program offers an unprecedented opportunity to identify which approaches to integration improve outcomes, how outcomes are shaped by the characteristics of the treatment setting and community, and which models have the greatest potential for sustainability and replication. SAMHSA awarded the first cohort of 13 PBHCI grants in fiscal year (FY) 2009, and between FY 2009 and FY 2014, SAMHSA funded a total of seven cohorts comprising 127 grants. An eighth cohort, funded in fall 2015, included 60 new grants.

The data collection described in this request will build upon the first PBHCI evaluation and provide essential data on the implementation of integrated primary and behavioral health care, along with rigorous estimates of its effects on health.

The Center for Behavioral Health Statistics and Quality is requesting clearance for ten data collection instruments and forms related to the implementation and impact studies to be conducted as part of the evaluation:

1. PBHCI grantee director survey
2. PBHCI frontline staff survey
3. Telephone interview protocol
4. On-site staff interview protocol
5. Client focus group guide
6. Data extraction tool for grantee registry/electronic health records (EHRs)
7. Initial client letter for physical exam and health assessment
8. Consent form for client physical exam and health assessment
9. Consent form for client focus group
10. Client physical exam and health assessment questionnaire

The table below reflects the annualized hourly burden.

Respondents/activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Web surveys					
Grantee director	78	2	[b] 149	0.5	[b] 75
Grantee frontline staff survey	782	2	[c] 1,494	0.5	[c] 747
Phone interviews					
Grantee director	60	1	60	1.0	60
Grantee director—site interview	10	2	20	2.0	40
Grantee mental health providers—site interview	40	2	80	1.0	80
Grantee primary care providers—site interview	40	2	80	1.5	120
Grantee care coordinators—site interview	20	2	40	1.5	60
Focus groups					
Focus group participants	120	2	240	1.0	240
Extraction of grantee registry/EHR data	92	11	1,012	8.0	8,096
SMI clients—baseline physical exam and health assessment	2,500	1	2,500	1.0	2,500
SMI clients—follow-up physical exam and health assessment	1,750	1	1,750	1.0	1,750
Comparison group clinic director—coordination [d]	10	1	10	8.0	80
Total	[e] 3,752		7,435		13,848

[a] Hourly wage estimates are based on salary information provided in 10 PBHCI grant proposals representing mostly urban locations across the country and represent an average across responders of each type.

[b] Cohort VI funding ends before the administration of the second survey. Total number of responses excludes the Cohort VI directors, who will not receive the second survey.

[c] Cohort VI funding ends before the administration of the second survey. Total number of responses excludes the Cohort VI frontline staff, who will not receive the second survey.

[d] Includes logistical coordination between the evaluation and site staff to conduct the physical exam and health assessment as well as oversight of client recruitment.

[e] Excludes physical exam and health assessment follow-up respondents.

Written comments and recommendations concerning the proposed information collection should be sent by June 13, 2016 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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