

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Institute of Allergy and Infectious 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 Allergy and Infectious Diseases Special Emphasis Panel; Human Leukocyte Antigen (HLA) and Killer-cell Immunoglobulin-like Receptor (KIR) Region Genomics in Immune-Mediated Diseases (U01 Clinical Trial Not Allowed).

Date: February 5, 2025.

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

Agenda: To review and evaluate grant applications.

Place: National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G56, Rockville, MD 20892 (Video Assisted Meeting).

Contact Person: Maryam Rohani, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G56, Rockville, MD 20892, (301) 761-6656, maryam.rohani@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: December 10, 2024.

Lauren A. Fleck,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024-29380 Filed 12-12-24; 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) 276-0361.

Project: SAMHSA Certified Community Behavioral Health Clinic—Expansion (CCBHC-E) Grant Program Evaluation (OMB No. 0930-XXXX)—NEW COLLECTION

In FY 2022, SAMHSA awarded two new cohorts of its CCBHC-Expansion program, one for clinics interested in becoming CCBHCs that need planning and support to come into compliance with CCBHC Certification Criteria, and another for established CCBHCs seeking to expand, improve, and advance their services. The purpose of the CCBHC-E grants is to address problems of access, coordination, and quality of behavioral health care by establishing a standard definition and criteria for organizations certified as CCBHCs to ensure that all service recipients have access to a common set of comprehensive, coordinated services, with the ultimate goal of decreasing disparities in care and outcomes across communities.

SAMHSA is requesting clearance for eleven data collection instruments and forms related to the implementation and impact studies to be conducted as part of an evaluation of these cohorts. Data collected in this evaluation will help SAMHSA assess the degree to which activities at the clinic level and systems level affect the development, implementation, and sustainment of CCBHCs consistent with the certification criteria and the impacts of model adoption on client outcomes.

1. SAMHSA has developed a grantee web survey that will be administered twice to all 298 grant project directors, once during a first option year and again during a third option year. The survey consists of 76 questions the first time it is administered and 68 questions the second time it is administered. The survey includes mostly binary or multiple-choice response options and a limited number of open-ended questions. The survey will enable

respondents to complete the data collection instrument at a location and time of their choice, and its built-in editing checks and programmed skips will reduce response errors. SAMHSA estimates the web survey will take no more than 45 minutes to complete and expects a 100 percent response rate, for a total of 298 completed grantee surveys. Grantees will provide valuable insights into their experience with the CCBHC model; if they are not conducted, SAMHSA will not have adequate information to evaluate the extent to which Planning, Development, and Implementation (PDI) grantees come into full compliance with the certification criteria and Improvement and Advancement (IA) grantees sustain the model in a manner that is consistent with the CCBHC certification criteria.

2. SAMHSA has developed a protocol for annual interviews with all 26 grantee Government Project Officers (GPO)s during three option years. Interviews will last approximately one hour and focus on the types of support grantees need to successfully implement the model in the future and identify specific components of the certification criteria that were challenging for grantees to implement. SAMHSA will offer to conduct individual interviews or meet with groups of GPOs during regularly scheduled meetings. GPOs will provide valuable insights into CCBHC model implementation and factors that facilitate or impede implementation; if they are not conducted, SAMHSA will not glean essential insights into contextual factors that affect implementation of the CCBHC model, including adaptations grantees make to the model to align with their local service delivery system, grantee characteristics that might contribute to successful implementation, and the types of support grantees need to successfully implement the model in the future and the specific components of the certification criteria that were challenging for grantees to implement.

3. SAMHSA has developed a protocol for interviews with representatives from 50 organizations that support adults, youth, and family members with lived experience over the course of the first three option years. Interviews will last approximately one hour. State consumer, youth, and family member organizations will provide valuable insights into their own involvement in the planning and development of the model in respective states, and the perspectives of adults and youth who received CCBHC services and their families on various aspects of the CCBHC model; if they are not conducted, SAMHSA will not

adequately understand how these organizations contributed to the planning and development of the model, how CCBHCs tailored services to the diverse needs of communities, and how people with lived experience might refine the model to fill gaps in care.

4. SAMHSA has developed a protocol for interviews with a sample of 120 grantee project directors during option years 1 and 3 (*i.e.*, approximately 60 interviews in both years). Interviews will last approximately one hour. Grantees will provide valuable insights into CCBHC model implementation nuances that cannot be captured via the grantee survey alone; if they are not conducted, SAMHSA will not adequately understand how grantees initially plan to use funding to develop or improve CCBHC program-specific activities in response to the community needs assessment, and successes and challenges expanding services and increasing access to care, and how they eventually progress toward meeting the goals of Continuous Quality Improvement (CQI) efforts and plans for sustainability.

5. SAMHSA has developed a protocol for interviews with clinic leadership from a sample of 50 strategically selected grantees for site visits during the first three option years. Positions of leadership include project directors, medical directors, and/or quality improvement directors. Interviews will last approximately one hour. Clinic leaders will provide valuable insights into understanding their experiences and perspectives as they implement the CCBHC model; if they are not conducted, SAMHSA will not adequately understand the more granular, on-the-ground impacts of model implementation.

6. SAMHSA has developed a protocol for interviews with frontline clinic staff from a sample of 50 strategically selected grantees for site visits. Clinic

staff positions include mental health and substance use providers, case managers, and peer mentors/support personnel. Interviews will last approximately one hour. Clinic staff will provide valuable insights into understanding their experiences and perspectives as the site implements the CCBHC model; if they are not conducted, SAMHSA will not adequately understand the impacts of model implementation from the perspective of the clinic staff.

7. SAMHSA has developed a protocol for interviews with representatives of CCBHC partners from a sample of 50 strategically selected grantees for site visits, including designated collaborating organizations (DCOs) and Opioid Treatment Programs (OTPs). Interviews will last approximately one hour. Clinic partner organizations will provide valuable insights into understanding their experiences and perspectives; if they are not conducted, SAMHSA will not adequately understand how partnerships with DCOs and OTPs function, how care is coordinated between entities, and how CCBHCs maintain clinical responsibility for DCO services.

8. SAMHSA has developed a protocol for focus groups with people 18 and older who receive CCBHC services from a sample of 50 strategically selected grantees for site visits. Focus groups will last approximately one hour and consist of 8–10 adult clients, who will provide valuable insights into understanding their experience of CCBHC services; if they are not conducted, SAMHSA will not be able to adequately synthesize and present similar or different perspectives among diverse stakeholders from a common clinic.

9. SAMHSA has developed a protocol for focus groups with people under 18 who receive CCBHC services. Focus groups will last approximately one hour

and consist of 8–10 youth clients, who will provide valuable insights into understanding their experience of CCBHC services; if they are not conducted, SAMHSA will not be able to adequately synthesize and present similar or different perspectives among diverse stakeholders from a common clinic.

10. SAMHSA has developed a protocol for focus groups with parents and caregivers of youth who receive CCBHC services. Focus groups will last approximately one hour and consist of 8–10 parents and caregivers of youth clients, who will provide valuable insights into understanding their experience of CCBHC services; if they are not conducted, SAMHSA will not be able to adequately synthesize and present similar or different perspectives among diverse stakeholders from a common clinic.

11. SAMHSA has developed a protocol for in-person interviews with a sample of clients who receive CCBHC services. The interview consists of 33 questions and will take place on no more than three occasions at the same time as National Outcomes Measures (NOMs) data collection. Interviews will last approximately 15 minutes. If they are not conducted, the evaluation team will not have adequate information to evaluate longitudinal changes in client-level outcomes pertaining to substance use, mental health symptomology and functioning, and recovery, as these dimensions are not captured in the NOMs data with sufficient sensitivity to detect change over time. It is essential to obtain information directly from the clients of CCBHC services to understand how implementation of the model affects their access to care and experiences with care.

The estimated response burden is as follows:

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours	Average hourly wage	Total hour cost burden ^a
Grantee survey	298	2	0.75	447	\$59.07	\$26,404.29
GPO interviews	26	3	1	78	45.85	3,576.30
Consumer & family member organization interviews	50	1	1	50	29.14	1,457.00
Grantee phone/virtual interviews	120	1	1	120	59.07	7,088.40
Clinic leadership interviews	^b 150	1	1	150	59.07	8,860.50
Clinic staff interviews	^c 250	1	1	250	49.19	12,297.50
Clinic partner interviews	^d 150	1	1	150	61.26	9,189.00
Adult client focus groups	^e 500	1	1	500	22.26	11,130.00
Youth client focus groups	^f 400	1	1	400	N/A	N/A
Parents/caregivers of youth clients focus groups	^g 400	1	1	400	22.26	8,904.00

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours	Average hourly wage	Total hour cost burden ^a
Client interview	45,700	3	0.25	34,275	22.26	762,961.50
Total	^b 47,999	36,820	851,868.50

^a Total respondent cost is calculated as number of respondents × number of responses per respondent × average burden per response in hours × average hourly wage.

^b 3 respondents per site × 50 site visits = 150 total respondents.

^c 5 respondents per site × 50 site visits = 250 total respondents.

^d 3 respondents per site × 50 site visits = 150 total respondents.

^e 10 respondents per site × 50 site visits = 500 total respondents.

^f 8 respondents per site × 50 site visits = 400 total respondents.

^g 8 respondents per site × 50 site visits = 400 total respondents.

^h Estimated number of total unique respondents; some respondents, such as project directors, will overlap across the data collection activities.

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.

Krishna Palipudi,

Social Science Analyst.

[FR Doc. 2024–29359 Filed 12–12–24; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG–2024–0381]

Collection of Information Under Review by Office of Management and Budget; OMB Control Number 1625–0078

AGENCY: Coast Guard, DHS.

ACTION: Thirty-day notice requesting comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 the U.S. Coast Guard is forwarding an Information Collection Request (ICR), abstracted below, to the Office of Management and Budget (OMB), Office of Information and Regulatory Affairs (OIRA), requesting an extension of its approval for the following collection of information: 1625–0078, Credentialing and Manning Requirements for Officers of Towing Vessels; without change. Our ICR describes the information we seek to collect from the public. Review and comments by OIRA ensure we only impose paperwork burdens commensurate with our performance of duties.

DATES: You may submit comments to the Coast Guard and OIRA on or before January 13, 2025.

ADDRESSES: Comments to the Coast Guard should be submitted using the Federal eRulemaking Portal at <https://www.regulations.gov>. Search for docket number [USCG–2024–0381]. Written comments and recommendations to OIRA for the proposed information collection should be sent within 30 days of publication of this notice to <https://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.

A copy of the ICR is available through the docket on the internet at <https://www.regulations.gov>. Additionally, copies are available from: Commandant (CG–6P), Attn: Paperwork Reduction Act Manager, U.S. Coast Guard, 2703 Martin Luther King Jr. Ave. SE, Stop 7710, Washington, DC 20593–7710.

FOR FURTHER INFORMATION CONTACT: A.L. Craig, Office of Privacy Management, telephone 202–475–3528, fax 202–372–8405, or email hqs-dg-m-cg-61-pii@uscg.mil for questions on these documents.

SUPPLEMENTARY INFORMATION:

Public Participation and Request for Comments

This notice relies on the authority of the Paperwork Reduction Act of 1995; 44 U.S.C. 3501 *et seq.*, chapter 35, as amended. An ICR is an application to OIRA seeking the approval, extension, or renewal of a Coast Guard collection of information (Collection). The ICR contains information describing the Collection’s purpose, the Collection’s likely burden on the affected public, an explanation of the necessity of the Collection, and other important

information describing the Collection. There is one ICR for each Collection.

The Coast Guard invites comments on whether this ICR should be granted based on the Collection being necessary for the proper performance of Departmental functions. In particular, the Coast Guard would appreciate comments addressing: (1) the practical utility of the Collection; (2) the accuracy of the estimated burden of the Collection; (3) ways to enhance the quality, utility, and clarity of information subject to the Collection; and (4) ways to minimize the burden of the Collection on respondents, including the use of automated collection techniques or other forms of information technology. These comments will help OIRA determine whether to approve the ICR referred to in this Notice.

We encourage you to respond to this request by submitting comments and related materials. Comments to Coast Guard or OIRA must contain the OMB Control Number of the ICR. They must also contain the docket number of this request, USCG–2024–0381, and must be received by January 13, 2025.

Submitting Comments

We encourage you to submit comments through the Federal eRulemaking Portal at <https://www.regulations.gov>. If your material cannot be submitted using <https://www.regulations.gov>, contact the person in the **FOR FURTHER INFORMATION CONTACT** section of this document for alternate instructions. Documents mentioned in this notice, and all public comments, are in our online docket at <https://www.regulations.gov> and can be viewed by following that website’s instructions. We review all comments received, but we may choose not to post off-topic, inappropriate, or duplicate comments that we receive. Additionally, if you go to the online docket and sign