

Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road NW., Washington, DC 20015.

Contact Person: Stacey FitzSimmons, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3114, MSC 7808, Bethesda, MD 20892, 301-451-9956, fitzsimmons@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; PAR-17-275: Mammalian Models for Translational Research.

Date: September 27, 2017.

Time: 11:00 a.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

Contact Person: Careen K Tang-Toth, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6214, MSC 7804, Bethesda, MD 20892, (301)435-3504, tothct@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: August 22, 2017.

Natasha M. Copeland,

Program Analyst, Office of Federal Advisory Committee Policy.

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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.

Proposed Project: Evaluation of the Projects for Assistance in Transition From Homelessness (PATH) Program—New

SAMHSA is conducting the federally mandated Evaluation of the PATH program. The PATH grant program, created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, is administered by SAMHSA's CMHS' Homeless Programs Branch. The PATH

program is authorized under Section 521 *et seq.* of the Public Health Service (PHS) Act, as amended. The SAMHSA PATH program funds each Fiscal Year the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The PATH grantees make grants to local, public and non-profit organizations to provide the PATH allowable services.

The SAMHSA Administrator is required under Section 528 of the PHS Act to evaluate the expenditures of PATH grantees at least once every three years to ensure they are consistent with legislative requirements and to recommend changes to the program design or operations.

The primary task of the PATH evaluation is to meet the mandates of Section 528 of the PHS Act. The second task of the PATH evaluation is to conduct additional data collection and analysis to further investigate the sources of variation in key program output and outcome measures that are important for program management and policy development. The PATH evaluation builds on the previous evaluation which was finalized in 2016 and was conducted as part of the National Evaluation of SAMHSA Homeless Programs. The PATH evaluation will use web surveys, telephone interviews and site visits to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level. Data regarding the outputs and outcomes of the PATH program will be obtained from grantee applications, providers' intended use plans (IUPs) and from PATH annual report data, which is also required by Section 528 of the PHS Act and is approved under OMB No. 0930-0205.

Web Surveys will be conducted with all State PATH Contacts (SPCs) and staff from intermediary and PATH provider organizations. The *Web Surveys* will capture detailed and structured information in the following topics: Selection, monitoring and oversight of PATH providers; populations served; the PATH allowable or eligible services provided; sources for match funds; provision of training and technical assistance; implementation of Evidence Based Practices (EBPs) and innovative practices including SOAR; data reporting, use of data and the Homeless Management Information System (HMIS); and collaboration, coordination and involvement with Continuums of Care (CoCs) and other organizations.

The SPCs for all grantees (n = 56), the Project Directors from the PATH provider organizations (n = 500) and staff from the intermediary organizations (n = 28) will be contacted to complete the web surveys. The *Web Surveys* will be administered once.

Site Visits will be conducted with a purposive sample of PATH grantees and providers to collect more nuanced information than will be possible with the web survey. Semi-structured discussions will take place with the SPCs, grantee staff, PATH provider staff including the Project Director and other key management staffs, outreach workers, case managers and other clinical treatment staff, key stakeholders at the grantee and provider level and consumers. Five grantees will be selected for *Site Visits* and visited within each grantee will be one to two PATH providers. The *Site Visits* will be utilized to collect information regarding: Provider and state characteristics; practices and priorities; context within which the grantees and providers operate; and services available within the areas the providers operate. Also, discussed will be the successes, barriers, and strategies faced by PATH grantees and providers. Focus groups will be held with current or former consumers of the PATH program to obtain consumer perspectives regarding the impact of the programs. The *Site Visits* will be conducted once.

Telephone Interviews will be conducted with a sample of SPCs (n = 28) and intermediary (n = 14) and provider staff (n = 60) to explore through open-ended questions in greater detail, explanations for variations among providers in measures that are important for program management and policy development. The outputs of the PATH program include: The number of persons receiving PATH-funded services, outreached/contacted and enrolled; the number of services provided; and the number of referrals provided. The outcome evaluation will be limited, given limitations in available data and will include the number of persons referred to and attaining substance use treatment, primary health services, job training, educational services, housing services, housing placement assistance, income assistance, employment assistance and medical assistance. The *Telephone interviews* will be conducted once.

The estimated burden for the reporting requirements for the PATH evaluation is summarized in the table below.

ANNUAL BURDEN TABLE

Instrument/activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Web Surveys					
SPC Web Survey	¹ 56	1	56	1	56
PATH Intermediary Web Survey	² 28	1	28	1	28
PATH Provider Web Survey	³ 500	1	500	1	500
Telephone Interviews					
SPC Telephone Interview	⁴ 28	1	28	1	28
PATH Intermediary Telephone Interview	⁵ 14	1	14	1	14
PATH Provider Telephone Interview	⁶ 60	1	60	1	60
Site Visit Interviews					
Opening Session with State Staff	⁷ 25	1	25	2	50
SPC Session	⁸ 5	1	5	2	10
State Stakeholder Session	⁹ 25	1	25	1.5	37.5
Opening Session with PATH Provider Staff	¹⁰ 50	1	50	2	100
PATH Provider PD Session	¹¹ 10	1	10	2	20
PATH Provider Direct Care Staff Session	¹² 50	1	50	2	100
Provider Stakeholder Session	¹³ 50	1	50	1.5	75
Consumer Focus Groups	¹⁴ 100	1	100	1.5	150
Total	1,001		1,001		1,228.5

¹ 1 respondent × 56 SPCs = 56 respondents.

² 1 respondent × 28 Intermediaries = 28 respondents.

³ 1 respondent × 500 PATH providers = 500 respondents.

⁴ 1 respondent × 28 SPCs = 28 respondents.

⁵ 1 respondent × 14 Intermediaries = 14 respondents.

⁶ 1 respondent × 60 PATH providers = 60 respondents.

⁷ 5 respondents × 5 site visits = 25 respondents.

⁸ 1 respondent × 5 site visits = 5 respondents.

⁹ 5 respondents × 5 site visits = 25 respondents.

¹⁰ 5 respondents × 10 site visits (2 providers per state) = 50 respondents.

¹¹ 1 respondent × 10 site visits (2 providers per state) = 10 respondents.

¹² 5 respondents × 10 site visits (2 providers per state) = 50 respondents.

¹³ 5 respondents × 10 site visits (2 providers per state) = 50 respondents.

¹⁴ 10 respondents × 10 site visits (10 Consumers per provider (2 providers per state) = 100 respondents.

Written comments and recommendations concerning the proposed collection should be sent by DATE 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 Services, 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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DEPARTMENT OF HOMELAND SECURITY

U.S. Customs And Border Protection

Notice of Issuance of Final Determination Concerning Country of Origin of Tablet Computers for Health Mobile and Hub Platforms

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: Notice of final determination.

SUMMARY: This document provides notice that U.S. Customs and Border Protection ("CBP") has issued a final determination concerning the country of origin of tablet computers known as Vivify Health Mobile and Hub Platforms. Based upon the facts presented, CBP has concluded in the final determination that for purposes of U.S. Government procurement in the installation of proprietary software on tablet computer does not substantially transform the imported tablet computers.

DATES: The final determination was issued on August 22, 2017. A copy of the final determination is attached. Any party-at-interest, as defined in 19 CFR 177.22(d), may seek judicial review of this final determination within September 27, 2017.

FOR FURTHER INFORMATION CONTACT: Robert Dinerstein, Valuation and Special Programs Branch, Regulations and Rulings, Office of Trade (202-325-0132).

SUPPLEMENTARY INFORMATION: Notice is hereby given that on August 22, 2017, pursuant to subpart B of Part 177, Customs and Border Protection (CBP) Regulations (19 CFR part 177, subpart B), CBP issued a final determination concerning the country of origin of tablet computers which may be offered to the United States Government under an undesignated government procurement contract. This final determination, HQ H284523, was issued at the request of Vivify Health Inc. under procedures set forth at 19 CFR part 177, subpart B, which implements