

of the individual from whom the data was collected. Solvers are responsible for compliance with all applicable federal, state, local, and institutional laws, regulations, and policies. These may include, but are not limited to, Health Information Portability and Accountability Act (HIPAA) protections, HHS Protection of Human Subjects regulations, and Food and Drug Administration (FDA) regulations. It is the responsibility of the Solver to obtain approvals (e.g., from an Institutional Review Board), if required. The following links are intended as a starting point for addressing regulatory requirements but should not be interpreted as a complete list of resources on these issues:

HIPAA

Main link: <http://www.hhs.gov/hipaa/index.html>.

Summary of the HIPAA Privacy Rule: <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>.

Summary of the HIPAA Security Rule: <http://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>.

Human Subjects—HHS

Office for Human Research Protections: <http://www.hhs.gov/ohrp/>.

Protection of Human Subjects Regulations: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Institutional Review Boards & Assurances: <http://www.hhs.gov/ohrp/assurances/index.html>.

Human Subjects—FDA

Clinical Trials: <http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/default.htm>.

Office of Good Clinical Practice: <http://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/OfficeofScienceandHealthCoordination/ucm2018191>.

Consumer Protection—Federal Trade Commission

Bureau of Consumer Protection: <https://www.ftc.gov/tips-advice/business-center/privacy-and-security>.

Dated: December 2, 2016.

Lawrence A. Tabak,
Deputy Director, National Institutes of Health.
[FR Doc. 2016-29436 Filed 12-8-16; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Nursing Research; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Advisory Council for Nursing Research.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the 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 Advisory Council for Nursing Research.

Date: January 24–25, 2017.

Open: January 24, 2017, 1:00 p.m. to 4:45 p.m.

Agenda: Discussion of Program Policies and Issues.

Place: National Institutes of Health, Building 31, 6th Floor, C Wing, Room 6, 31 Center Drive, Bethesda, MD 20892.

Closed: January 25, 2017, 9:00 a.m. to 1:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6th Floor, C Wing, Room 6, Building 31, 31 Center Drive, Bethesda, MD 20892.

Contact Person: Marguerite Littleton Kearney, Ph.D., R.N., FAAN, Director Division of Extramural Science Programs, National Institute of Nursing Research, National Institutes of Health, 6701 Democracy Boulevard, Room 708, Bethesda, MD 20892-4870, 301-402-7932, marguerite.kearnet@nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested Person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on

campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit. Information is also available on the Institute's/Center's home page: <http://www.ninr.nih.gov/aboutninr/nacnr#.VxaCIE0UWpo>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.361, Nursing Research, National Institutes of Health, HHS)

Dated: December 2, 2016.

Sylvia L. Neal,
Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2016-29460 Filed 12-8-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; 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 on (240) 276-1243.

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: National Resource Center for Mental Health Promotion and Youth Violence Prevention—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) will conduct an annual assessment of the performance of

the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC). The NRC will collect the information needed to conduct the annual assessment of NRC training and technical assistance activities for the SS/HS and Project LAUNCH programs, as well as the field-at-large. There are four instruments included in this package for approval: (1) Needs Assessment, (2) Site Visit Assessment, (3) Annual Performance Assessment, and Case Study Interview. The NRC is required contractually to report its performance to SAMHSA on an annual basis.

Through a cooperative agreement, SAMHSA is funding the NRC to support the training and technical assistance (T/TA) needs of two SAMHSA grant programs: The Safe Schools/Healthy Students Program (SS/HS) and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). In addition, the NRC is funded to disseminate resources and provide technical assistance to the general field of mental health promotion and youth violence prevention. On an annual basis, this encompasses two needs assessment focus groups, 36 needs assessment surveys, 14 site visit assessment interviews, 42 site visit assessment surveys, 183 annual performance assessment surveys, and 55 case study interviews.

As a condition of its cooperative agreements with SS/HS and Project LAUNCH, the NRC is required to collect and report on its performance to SAMHSA on an annual basis, using measures that document its T/TA activities, its outputs, and changes in grantee capacity. For SAMHSA to meet its obligations under the Government Performance and Results Modernization

Act of 2010 (GPRA), the NRC is also required to collect and report on three national outcome measures: (1) The number of individuals who have received training in prevention or mental health promotion; (2) the number and percent of individuals who have demonstrated improvement in their knowledge, attitudes, and/or beliefs, related to prevention or mental health promotion; and (3) the number of individuals contacted through NRC outreach requirements.

Data collection efforts will focus on two groups: (a) Project LAUNCH grantees (project directors) and their local community partners and (b) SS/HS grantees (state project coordinators) and their local education agency representatives. Assessment data will be collected through four methods: Annual grantee needs assessments, assessments of annual grantee site visits, an annual performance assessment survey, and annual case studies interviews of grantees and their local partners.

Needs assessment. For Project LAUNCH, a total of two focus groups of resource specialists (five per focus group), and 36 surveys (one per grantee) will be conducted annually to assess the annual training and technical assistance (T/TA) needs of grantees. The results will be reported in annual needs assessment reports, submitted to NRC leadership to support annual T/TA planning. Needs assessments are not planned for SS/HS grantees, because they are nearing the end of their grant cycle.

Site visit assessment. The CAT will gather information regarding the quality and impact of the NRC's T/TA site visits through interviews with seven SS/HS and seven Project LAUNCH grantees. We also conduct an online survey with up to 42 state or local partners of

grantees (3 per grantee) who participated in the SS/HS or Project LAUNCH site visits. The results will be reported in grant-specific reports, submitted to NRC leadership to inform and improve NRC's T/TA approach with each grantee.

Annual performance assessment. This online performance assessment survey will survey seven SS/HS state project coordinators and 36 Project LAUNCH project directors and up to 140 state and local partners on an annual basis. Survey questions will focus on the content, dosage, and value of T/TA services provided over the previous year. The findings will be reported in annual performance assessment reports to the NRC and to SAMHSA for accountability and T/TA improvement purposes.

T/TA case studies. All seven SS/HS project directors and a purposive sample of four Project LAUNCH state project coordinators (11 total), as well as their assigned resource specialists (11 total) and three partners per grantee (33 total), will be interviewed by phone to learn more about specific ways in which the NRC has been instrumental in building grantee capacity over the last year. These new data will be combined with other collected data (such as the needs assessment findings and performance assessment survey data) to tell short, grantee-specific stories of how the combination of NRC services and contextual factors may have affected the choice and success of NRC efforts.

The average annual respondent burden for the proposed data collection is estimated below. The estimates reflect the average number of respondents, the average annual number of responses, the time it will take for each response, and the average annual burden.

TABLE 1—ESTIMATED ANNUAL RESPONDENT BURDEN

Form name	Number of respondents	Responses per respondent	Total responses per year	Hours per response	Total annual hour burden
Needs Assessment Focus Groups	10	1	10	1	10
Needs Assessment Surveys	36	1	36	.33	11.88
Site Visit Assessment Interview	14	1	14	.75	10.5
Site Visit Assessment Survey	42	1	42	.33	13.86
Annual Performance Survey	183	1	183	.5	91.5
Case Study Interview	55	1	55	.75	41.25
	340	5	340	178.99

Note: Across the seven SS/HS grants, there are a total of 7 grantees (project directors) and 32 partners.

There are a total of 39 respondents across the seven SS/HS grants. In FY 2016, there were 36 grants across Project LAUNCH. In addition to the PL state project coordinator, we will collect information from three partners: the young child wellness coordinator, the young child wellness expert, and the young child wellness partner. We assume that there will be seven SS/HS and seven Project LAUNCH site visits per year.

Send comments to Summer King,
SAMHSA Reports Clearance Officer,

5600 Fishers Lane, Room 15E57-B,
Rockville, Maryland 20857, OR email a

copy to summer.king@samhsa.hhs.gov.

Written comments should be received by February 7, 2017.

Summer King,
Statistician.

[FR Doc. 2016-29531 Filed 12-8-16; 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

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: Services Accountability Improvement System—(OMB No. 0930-0208)—Revision

The Services Accountability Improvement System (SAIS) is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. A wide range of client and program information is captured through SAIS for approximately 650 grantees. 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.

Based on current funding and planned fiscal year 2016 notice of funding announcements (NOFA), the CSAT programs that will use these measures in fiscal years 2016 through 2018 include: Access to Recovery (ATR) 3 and 4; Adult Treatment Court Collaborative (ATCC); Enhancing Adult Drug Court Services, Coordination and Treatment (EADCS); Offender Reentry Program (ORP); Treatment Drug Court (TDC); Office of Juvenile Justice and Delinquency Prevention—Juvenile Drug Courts (OJJDP-JDC); HIV/AIDS Outreach Program; Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV); Addictions Treatment for the Homeless (AT-HM); Cooperative Agreements to Benefit Homeless Individuals (CABHI); Cooperative Agreements to Benefit Homeless Individuals—States (CABHI—States); Recovery-Oriented Systems of Care (ROSC); Targeted Capacity Expansion—Peer to Peer (TCE-PTP); Pregnant and Postpartum Women (PPW); Screening, Brief Intervention and Referral to Treatment (SBIRT); Targeted Capacity Expansion (TCE); Targeted Capacity Expansion—Health Information Technology (TCE-HIT); Targeted Capacity Expansion Technology (TCE-TAC); Addiction Technology Transfer Centers (ATTC); International Addiction Technology Transfer Centers (I-ATTC); State Adolescent Treatment Enhancement and Dissemination (SAT-ED); Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts; and Grants for the Benefit of

Homeless Individuals—Services in Supportive Housing (GBHI). Grantees in the Adult Treatment Court Collaborative program (ATCC) will also provide program-level data using the CSAT Aggregate Instrument.

SAMHSA and its Centers will use the data for annual reporting required by GPRA and for NOMs comparing baseline with discharge and follow-up data. GPRA requires that SAMHSA's report for each fiscal year include actual results of performance monitoring for the three preceding fiscal years. The additional information collected through this process will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with the specific performance domains that SAMHSA is implementing as the NOMs, to assess the accountability and performance of its discretionary and formula grant programs.

Note changes have been made to add the recovery measure questions to the instrument from the previous OMB approval. The recovery measure questions are:

- How satisfied are you with the conditions of your living space?
- Have you enough money to meet your needs?
- How would you rate your quality of life?
- How satisfied are you with your health?
- Do you have enough energy for everyday life?
- How satisfied are you with your ability to perform your daily activities?
- How satisfied are you with yourself?
- How satisfied are you with your personal relationships?

ESTIMATES OF ANNUALIZED HOUR BURDEN CSAT GPRA CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS

SAMHSA Program title	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours
Baseline Interview Includes SBIRT Brief TX and Referral to TX	179,668	1	179,668	0.52	75,460
Follow-Up Interview ¹	132,954	1	143,734	0.52	60,386
Discharge Interview ²	93,427	1	94,720	0.52	39,782
SBIRT Program—Screening Only ³	594,192	1	594,192	0.13	77,244
SBIRT Program—Brief Intervention Only ⁴ Baseline	111,411	1	111,411	.20	22,282
SBIRT Program—Brief Intervention Only Follow-Up ¹	82,444	1	82,444	.20	16,489
SBIRT Program—Brief Intervention Only Discharge ²	57,934	1	57,934	.20	11,587
CSAT Total	1,252,030	1,252,030	338,748

Notes:

¹ It is estimated that 80% of baseline clients will complete this interview.

² It is estimated that 52% of baseline clients will complete this interview.

³ The estimated number of SBIRT respondents receiving screening services is 80% of the total number SBIRT participants. No further data is collected from these participants.

⁴ The estimated number of SBIRT respondents receiving brief intervention services is 15% of the total number SBIRT participants.

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