

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Universal Report	1,471	1	1,471	168	247,128
Grant Report	504	1	504	21	10,584
Total	1,975	1,975	257,712

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2017-21844 Filed 10-10-17; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier HHS-OS-0955-0003]

60-Day Notice Template for Request for Generic Clearance for the Collection of Routine Customer Feedback on HHS Communications

AGENCY: U.S. Department of Health and Human Services (HHS).

ACTION: Notice and request for comments. Office of the National Coordinator for Health Information Technology is requesting OMB approval for an extension on the Generic Clearance for the Collection of Routine Customer Feedback by OMB.

SUMMARY: Department of Health and Human Services, The Office of the Secretary (OS), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public to take this opportunity to comment on the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” for approval under the Paperwork Reduction Act (PRA). This collection was developed as part of a Federal Government-wide effort to streamline the process for seeking feedback from the public on service delivery. This notice announces our intent to submit this collection to OMB for approval and solicits comments on specific aspects for the proposed information collection.

DATES: Consideration will be given to all comments received by December 11, 2017.

ADDRESSES: Submit comments by one of the following methods:

- *Web site:* www.regulations.gov.

Direct comments to Docket ID OMB-2010-0021.

- *Email:*

Information.CollectionClearance@hhs.gov.

- *Phone:* (202) 795-7714.

Comments submitted in response to this notice may be made available to the public through relevant Web sites. For this reason, please do not include in your comments information of a confidential nature, such as sensitive personal information or proprietary information. If you send an email comment, your email address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. Please note that responses to this public comment request containing any routine notice about the confidentiality of the communication will be treated as public comments that may be made available to the public notwithstanding the inclusion of the routine notice.

FOR FURTHER INFORMATION CONTACT:

Sherette Funn, *Sherette.funn@HHS.GOV* or (202) 795-7714.

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

Abstract: The proposed information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback

to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as: Timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the Agency's services will be unavailable.

The Agency will only submit a collection for approval under this generic clearance if it meets the following conditions:

- The collections are voluntary;
- The collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
- The collections are non-controversial and do not raise issues of concern to other Federal agencies;
- Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
- Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
- Information gathered will be used only internally for general service improvement and program management purposes and is not intended for release outside of the agency;
- Information gathered will not be used for the purpose of substantially informing influential policy decisions; and
- Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study.

Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population.

This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: the target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

As a general matter, information collections will not result in any new system of records containing privacy information and will not ask questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

Current Actions: Extension of approval for a collection of information.

Type of Review: Extension.

Affected Public: Individuals, households, professionals, public/private sector.

Estimated Number of Respondents:

Below we provide projected average estimates for the next three years:

Average Expected Annual Number of Activities: 7.

Average Number of Respondents per Activity: 350.

Annual Responses: 4,158.

Frequency of Response: Once per request.

Average Minutes per Response: 5.

Burden Hours: 1,041.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. Comments are invited on: (a) Whether the collection of information is 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 collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

All written comments will be available for public inspection at *Regulations.gov*.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Darius Taylor,

Information Collection Clearance Officer.

[FR Doc. 2017-21822 Filed 10-10-17; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Behavioral Health; Youth Regional Treatment Center Aftercare Pilot Project

Announcement Type: New.

Funding Announcement Number:

HHS-2018-IHS-YRTC-0001.

Catalog of Federal Domestic

Assistance Number: 93.933.

Key Dates

Application Deadline Date: October 1, 2017.

Review Date: October 9, 2017.

Earliest Anticipated Start Date: November 1, 2017.

Signed Tribal Resolutions Due Date: October 1, 2017.

Proof of Non-Profit Status Due Date: October 1, 2017.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) Office of Clinical and Preventative Services, Division of Behavioral Health

(DBH), is accepting applications for a cooperative agreement for Youth Regional Treatment Center Aftercare Pilot Projects (Short Title: Youth Aftercare). This program was established by the Consolidated Appropriations Act of 2017, Public Law 115-31, 131 Stat. 135 (2017). This program is authorized by 25 U.S.C. 13, the Snyder Act, and the Indian Health Care Improvement Act, 25 U.S.C. 1665a and 1665g. This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.933.

Background

According to data from the CDC Youth Risk Behavior Surveillance Survey, American Indian and Alaska Native (AI/AN) youth self-report higher rates of illicit substance use when compared to the general population. Substance use among AI/AN youth contributes to an increased risk of negative social problems that can range from delinquency to violence, including higher rates of suicide, and alcohol and drug-related deaths when compared to U.S. all-races (2014 Trends In Indian Health).

The IHS currently funds 11 Youth Residential Treatment Centers (YRTC) that provide a range of clinical services rooted in culturally relevant, holistic models of care. However, once AI/AN youth are discharged from the YRTC, they are faced with leaving a structured environment only to return home to families who may be unprepared to offer the needed support and where aftercare/case management resources can be limited.

Purpose

The purpose of the YRTC Aftercare Pilot Project cooperative agreement is to address the gap in services that occurs when youth are discharged upon successful completion of a YRTC treatment program and return to their home community where necessary support systems may not exist. Insufficient options for continued care at home and in the community significantly decrease the likelihood of a continued journey of wellness for youth exiting the care of an YRTC. This pilot project will develop promising practices between YRTCs and Tribal communities to reduce alcohol and substance use relapse by identifying transitional services that can be culturally adapted to meet the needs of AI/AN youth to increase resiliency, self-coping, and provide support systems. By exploring solutions for how this continuum of care should take place after inpatient treatment, efforts will be made to establish community-based