

tracks all state costs related to refugee medical assistance and screening.

C. The Unaccompanied Children Programs are directly responsible for providing services to unaccompanied children who are referred to ORR for care pending immigration status, or identified as victims of trafficking. The Unaccompanied Children Programs consists of the Division of Unaccompanied Children Operations, the Division of Planning and Logistics, and the Division of Unaccompanied Children's Health. Unaccompanied Children Programs staff ensures that services are administered in a manner that supports child welfare standards of care and services and complete regular monitoring of service provision. The Deputy Director reports directly to the Director of ORR.

The Division of Operations implements intake and placement decisions for all unaccompanied alien children. The Division supports specialized care through grants and contracts, and also conducts monitoring and inspections of facilities and placement locations in which unaccompanied children reside. The Division also maintains statistical information and data on each child and any actions concerning the child while the child is under ORR's care. The Division ensures consideration of the child's best interest in care and custody decisions. The Division coordinates all decisions related to sponsor reunification, background checks, home assessments, follow-up services, medical assessment and treatment, and repatriation. The Division administers the pro bono legal services and child advocate program and compiles a State-by-State list of professionals or entities qualified to provide the children with a guardian and attorney representational services. The Division also supports grants for services provided to children after their release from ORR care.

The Division of Planning and Logistics oversees the development of a comprehensive annual plan to ensure that Unaccompanied Children Programs are able to accommodate the number of referrals of children to ORR care. The Division prepares plans for anticipated shelter capacity and staffing needs. The Division leads coordination with other federal agencies and management of grants and contracts. If ORR requires temporary shelters to care for unaccompanied children, the Division leads the operational and logistical support for those shelters.

The Division of Health for Unaccompanied Children oversees the provision of health and medical services to unaccompanied children in ORR

care. The Division reviews and approves orders for complex medical procedures and reviews test results for certain medical ailments. The Division also ensures reporting of public health information to the appropriate public health authorities.

III. Continuation of Policy. Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to organizational components affected by this notice within ACF, heretofore issued and in effect on this date of this reorganization are continued in full force and effect.

IV. Delegation of Authority. Pending further delegation, directives or orders by the Director of ORR, all delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

V. Funds, Personnel, and Equipment. Transfer of organizations and functions affected by this reorganization shall be accompanied in each instance by direct and support funds, positions, personnel, records, equipment, supplies, and other resources.

This realignment is effective January 19, 2017.

Date: December 30, 2016.

Sylvia M. Burwell,

Secretary.

[FR Doc. 2017-00301 Filed 1-18-17; 8:45 am]

BILLING CODE 4184-34-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Protecting Our Infants Act Report to Congress

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, in the Department of Health and Human Services (HHS) announces the opening of a docket to obtain public comment on a report to Congress in response to the Projecting Our Infants Act of 2015 (POIA) (Pub. L. 114-91). The POIA mandated HHS to: Conduct a review of planning and coordination activities related to prenatal opioid exposure and neonatal abstinence

syndrome; develop recommendations for the identification, prevention, and treatment of prenatal opioid exposure and neonatal abstinence syndrome; and develop a strategy to address gaps, overlap, and duplication among Federal programs and Federal coordination efforts to address neonatal abstinence syndrome. The POIA further mandates that public comment be sought regarding the proposed strategy and incorporated as appropriate.

DATES: *Comment Close Date:* To be assured consideration, comments on the must be received at one of the addresses provided below, no later than February 21, 2017 at 5:00 p.m. EST.

ADDRESSES: You may submit comments identified by Docket No. [SAMHSA-2016-0004] by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Electronically:* You may submit electronic comments to: POIAcomments@samhsa.hhs.gov.

- *By regular mail:* You may mail written comments to the following address ONLY: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 5600 Fishers Lane, Room 13E49, Rockville, MD 20852 Attn: Docket No. [SAMHSA-2016-0004]. Please allow sufficient time for mailed comments to be received before the close of the comment period.

- *By express or overnight mail:* You may send written comments to the following address ONLY: Substance Abuse and Mental Health Services Administration, Attention: Melinda Campopiano, 5600 Fishers Lane, 13E49, Rockville, MD 20852 Attn: Docket No. [SAMHSA-2016-0004].

- *By hand or courier:* Alternatively, you may deliver (by hand or courier) your written comments ONLY to the following address prior to the close of the comment period: For delivery in Rockville, MD: Substance Abuse and Mental Health Services Administration, Attention: Melinda Campopiano, 5600 Fishers Lane, 13E49, Rockville, MD 20852. To deliver your comments to the Rockville address, call telephone number (240) 276-2701 in advance to schedule your delivery with one of our staff members.

Instructions: To avoid duplication, please submit only one copy of your comments by only one method. All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://www.regulations.gov>, including any

personal information provided. For access to the report or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:

Melinda Campopiano, MD, Chief Medical Officer, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, 13E49, Rockville, MD 20852. Email: POIAcomments@samhsa.hhs.gov. Phone: (240)276-2701.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. Comments received by the deadline will be available for public inspection at the Substance Abuse and Mental Health Service Administration, 5600 Fishers Lane, 13E49, Rockville, MD 20852, Monday through Friday of each week from 8:30 a.m. to 4:00 p.m. To schedule an appointment to view public comments, call (240) 276-2701.

Background: The POIA mandated HHS to: (1) Conduct a review of planning and coordination activities related to prenatal opioid exposure and neonatal abstinence syndrome (Section 2(a) of the Act); (2) develop recommendations for the identification, prevention, and treatment of prenatal opioid exposure and neonatal abstinence syndrome (Section 3 of the Act); and (3) develop a strategy to address gaps, overlap, and duplication among Federal programs and Federal coordination efforts to address neonatal abstinence syndrome (Section 2(b) of the Act). The POIA is available at: <https://www.congress.gov/bill/114th-congress/senate-bill/799>.

In response to this Act, this report provides background information on prenatal opioid exposure and neonatal abstinence syndrome (Part 1), summarizes HHS activities related to prenatal opioid exposure and neonatal abstinence syndrome (Part 2), presents clinical and programmatic evidence and recommendations for preventing and treating neonatal abstinence syndrome (Part 3), and presents a strategy to address the identified gaps, challenges, and recommendations (Part 4).

Public comment is sought for “Part 4: Strategy to Protect Our Infants” (Section 2(b) of the Act) and comments will be incorporated into the strategy as appropriate. The final strategy will be posted on an HHS Web site by May 25, 2017.

Supporting and Related Material in the Docket: The information provided includes:

(1) The Report

Summer King,
Statistician.

[FR Doc. 2017-01180 Filed 1-18-17; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-4291-DR; Docket ID FEMA-2016-0001]

Virginia; Amendment No. 4 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the Commonwealth of Virginia (FEMA-4291-DR), dated November 2, 2016, and related determinations.

DATES: Effective December 19, 2016.

FOR FURTHER INFORMATION CONTACT:

Dean Webster, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646-2833.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the Commonwealth of Virginia is hereby amended to include the following area among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of November 2, 2016.

The independent city of Hampton for Public Assistance.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households in Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050 Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance

(Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

W. Craig Fugate,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2017-01096 Filed 1-18-17; 8:45 am]

BILLING CODE 9111-23-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA-2016-0002; Internal Agency Docket No. FEMA-B-1668]

Changes in Flood Hazard Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice lists communities where the addition or modification of Base Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, or the regulatory floodway (hereinafter referred to as flood hazard determinations), as shown on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports, prepared by the Federal Emergency Management Agency (FEMA) for each community, is appropriate because of new scientific or technical data. The FIRM, and where applicable, portions of the FIS report, have been revised to reflect these flood hazard determinations through issuance of a Letter of Map Revision (LOMR), in accordance with Title 44, Part 65 of the Code of Federal Regulations (44 CFR part 65). The LOMR will be used by insurance agents and others to calculate appropriate flood insurance premium rates for new buildings and the contents of those buildings. For rating purposes, the currently effective community number is shown in the table below and must be used for all new policies and renewals.

DATES: These flood hazard determinations will become effective on the dates listed in the table below and revise the FIRM panels and FIS report in effect prior to this determination for the listed communities.

From the date of the second publication of notification of these changes in a newspaper of local circulation, any person has 90 days in which to request through the community that the Deputy Associate Administrator for Insurance and