

examination authority and the imposition of reporting and recordkeeping requirements (12 U.S.C. 1467a(b)(2)). This information collection is required in order for prohibited persons to obtain the benefit of becoming, or continuing service as, an institution-affiliated party of an SLHC, and for an SLHC to permit that prohibited person to engage in any conduct or continue any relationship prohibited by section 19(e) of the FDI Act.

As required information, the information submitted can be withheld pursuant to sections (b)(4), (b)(6), and (b)(8) of the Freedom of Information Act (5 U.S.C. 552(b)(4), (b)(6), (b)(8)). The applicability of these exemptions would need to be determined on a case-by-case basis.

Board of Governors of the Federal Reserve System, July 18, 2017.

Margaret McCloskey Shanks,

Deputy Secretary of the Board.

[FR Doc. 2017-15401 Filed 7-21-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: The Early Head Start Family and Child Experiences Survey 2018 (Baby FACES 2018).

OMB No.: 0970-0354.

Description: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to collect descriptive information for the Early Head Start Family and Child Experiences Survey 2018 (Baby FACES 2018). This information collection is to provide nationally representative data on Early Head Start (EHS) programs, centers, classrooms, staff, and families to guide program planning, technical assistance, and research.

The proposed data collection builds upon a prior study (Baby FACES 2009; OMB 0970-0354) that longitudinally followed two cohorts of children through their experience in the program. While that study provided a great deal

of information about program participation over time and about services received by children and families, it did not allow for national level estimates of service quality, nor inferences about children who enter the program after 15 months of age. To fill these knowledge gaps and to answer additional questions about how programs function, the proposed Baby FACES 2018 design will include a cross-section of a nationally representative sample of programs, centers, home visitors, teachers, classrooms, children and families. This will allow nationally representative estimates at all levels at a point in time and will include the entire age span of enrolled children.

The goal of this work is to obtain updated information on EHS programs and understand better how program processes support relationships (e.g., between home visitors and parents, between parents and children, and between teachers and children) which are hypothesized to lead to improved child and family outcomes.

Respondents: Early Head Start program directors, child care center directors, teachers and home visitors, and parents of enrolled children.

ANNUAL BURDEN ESTIMATES

[2 Year Clearance]

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Classroom/home visitor sampling form from EHS staff	587	294	1	.17	50
Child roster form from EHS staff	587	294	1	.33	97
Parent consent form	2,887	1,444	1	.17	245
Parent survey	2,310	1,155	1	.5	578
Parent Child Report (PCR)	2,310	1,155	1	.25	289
Staff survey (Teacher survey and Home Visitor survey)	1,397	699	1	.5	349
Staff Child Report (SCR)	1,097	549	2.5	.25	343
Program director survey	140	70	1	.5	35
Center director survey	493	247	1	.33	82

Estimated Total Annual Burden Hours: 2,068.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *OPREinfocollection@acf.hhs.gov*.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of

having its full effect if OMB receives it within 30 days of publication.

Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.EOP.GOV*, Attn: Desk Officer for the Administration for Children and Families.

Mary Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2017-15427 Filed 7-21-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: 0990-new-30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Office of the Secretary, HHS.
ACTION: 30-Day notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the

Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

DATES: Comments on the ICR must be received on or before August 23, 2017.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 795–7714.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier 0990–new–30D for reference.

Information Collection Request Title: Evaluation of the Certified Community Behavioral Health Clinic Demonstration

OMB No.: 0990–NEW.

Abstract: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (HHS) is requesting Office of Management and Budget (OMB) approval for data collection activities to support the evaluation of the Certified Community Behavioral Health Clinic (CCBHC) demonstration program.

In April 2014, Section 223 of the Protecting Access to Medicare Act (PAMA) mandated the CCBHC demonstration to address some of the challenges of access, coordination, financing, and quality facing community mental health centers (CMHCs) across the country. The CCBHC demonstration is intended to improve the availability, quality, and outcomes of CMHC ambulatory care by establishing a standard definition and criteria for CCBHCs, and developing a new payment system that accounts for the total cost of providing comprehensive services to all individuals who seek care. The demonstration also aims to more fully integrate primary and behavioral health care services; ensure more consistent use of evidence-based practices; and, through enhanced standardized reporting requirements, offer an opportunity to assess the quality of care provided by CCBHCs across the country. The demonstration and its evaluation offer an opportunity to examine the implementation and outcomes of CCBHCs. The evaluation will provide critical information to Congress and the larger behavioral health community about innovative ways CCBHCs are attempting to improve care and the effects of a well-defined, comprehensive

service array on client outcomes and costs.

Need and Proposed Use of the Information: Section 223 of PAMA requires the Secretary of HHS to provide annual reports to Congress that include an assessment of access to community-based mental health services under Medicaid, the quality and scope of CCBHC services, and the impact of the demonstration on federal and state costs of a full range of mental health services. In addition, PAMA requires the Secretary to provide recommendations regarding continuation, expansion, modifications, or termination of the demonstration no later than December 31, 2021. The data collected under this submission will help ASPE address research questions for the evaluation, and inform the required reports to Congress.

Likely Respondents:

- Certified Community Behavioral Health Clinic demonstration grantees, this includes leadership, providers, care managers, and administrative and financial management staff;
- State Medicaid Officials;
- State Mental Health Officials; and
- State Consumer/Family Representatives.

The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Respondents/activity	Number of sites	Number of respondents per site	Responses per respondent	Total responses	Hours per response	Total hour burden
CCBHC site leadership staff—site interview	8	1	1	8	2	16
CCBHC frontline providers—site interview	8	4	1	24	1	24
CCBHC care managers—site interview ..	8	2	1	16	1	16
CCBHC administrative/finance staff—site interview	8	2	1	16	1	16
State Medicaid official—telephone interview	8	2	3	48	1	48
State mental health official—telephone interview	8	2	3	48	1	48
State consumer/family representative—telephone interview	8	2	1	16	1	16
CCBHC site leadership staff—completion of report	76	1	2	152	4	608
Total	132	16	13	178	16	792

Darius Taylor,

Information Collection Clearance Officer.

[FR Doc. 2017-15448 Filed 7-21-17; 8:45 am]

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