

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Heart, Lung, and Blood Institute; Notice of Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors, NHLBI.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Heart, Lung, and Blood Institute, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors, NHLBI.

*Date:* June 11, 2018.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 10, 6th Floor, Room 6S233, 10 Center Drive, Bethesda, MD 20892.

*Contact Person:* Robert S. Balaban, Ph.D., Scientific Director, Division of Intramural Research National Institutes of Health, NHLBI Building 10, 4th Floor, Room 1581, 10 Center Drive, Bethesda, MD 20892, 301-496-2116, [balabanr@nhlbi.nih.gov](mailto:balabanr@nhlbi.nih.gov).

Information is also available on the Institute's/Center's home page: <https://www.nhlbi.nih.gov/node/80103>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: May 15, 2018.

**Michelle D. Trout,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2018-10679 Filed 5-18-18; 8:45 am]

**BILLING CODE 4140-01-P**

**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: Division of State Programs—Management Reporting Tool (DSP-MRT) (OMB No. 0930-0354)—Revision**

The Substance Abuse and Mental Health Services Administration's

(SAMHSA) Center for Substance Abuse Prevention (CSAP) aims to monitor several substance abuse prevention programs through the DSP-MRT, which reports data using the Strategic Prevention Framework (SPF). Programs monitored through the DSP-MRT include: SPF-Partnerships for Success, SPF- Prescription Drugs, Prescription Drug Overdose, and First Responder-Comprehensive Addiction and Recovery Act. This request for data collection includes a revision from a previously approved OMB instrument.

Monitoring data using the SPF model will allow SAMHSA's project officers to systematically collect data to monitor their grant program. In addition to assessing activities related to the SPF steps, the performance monitoring instruments covered in this statement collect data to assess the following grantee required specific performance measures:

- Number of training and technical assistance activities per funded community provided by the grantee to support communities
- Number of training and technical assistance activities (numbers served) provided by the grantee
- Number of subrecipient communities that improved on one or more targeted National Outcome Measures
- Number of grantees who integrate Prescription Drug Monitoring Program (PDMP) data into their program needs assessment
- Number of naloxone toolkits distributed

Changes to this package include the following:

- Inclusion of Intervention names in the standard tool
- Inclusion of Community outcomes reporting
- Inclusion of questions on training services requested and referrals/receiving treatment services in the PDO/FR-CARA supplemental section

**ANNUALIZED DATA COLLECTION BURDEN**

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Standard DSP Monitoring Tool .....	117	4	468	3	1,404
Section A: Rx .....	25	2	63	1	42
Section B: PDO/FR CARA .....	23	4	100	1	100
Section C: PFS .....	71	1	71	3	213
<b>FY2020 Total .....</b>	<b>117</b>	<b>.....</b>	<b>702</b>	<b>.....</b>	<b>1,759</b>

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](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by July 20, 2018.

**Summer King,**  
Statistician.

[FR Doc. 2018-10716 Filed 5-18-18; 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**

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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: Projects for Assistance in Transition From Homelessness (PATH) Program Annual Report (OMB No. 0930-0205)—Revision**

The Center for Mental Health Services awards grants each fiscal year to each of the states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands from allotments authorized under the PATH program established by Public Law 101-645, 42 U.S.C. 290cc-21 *et seq.*, the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (section 521 *et seq.* of the Public Health Service (PHS) Act) and the 21st Century Cures Act (114-255 Pub. L). Section 522 of the PHS Act and the 21st Century Cures Act require that the grantee states and territories must expend their payments under the Act solely for making grants to political subdivisions of the state, and to nonprofit private entities (including community-based veterans' organizations and other community organizations) for the purpose of providing services specified in the Act. Available funding is allotted in accordance with the formula provision of section 524 of the PHS Act.

This submission is for a revision of the current approval of the annual grantee reporting requirements. Section

528 of the PHS Act and the 21st Century Cures Act specify that not later than January 31 of each fiscal year, a funded entity will prepare and submit a report in such form and containing such information as is determined necessary for securing a record and description of the purposes for which amounts received under section 521 were expended during the preceding fiscal year and of the recipients of such amounts and determining whether such amounts were expended in accordance with statutory provisions.

The proposed changes to the PATH Annual Report are as follows:

*1. Reporting on Contacts*

To ensure that all contacts made by PATH providers are reflected in the report, a new question has been added that reports out on all contacts provided during the reporting period. The previous PATH Annual Report only reported on contacts through the date of enrollment.

*2. Referrals Provided*

To align with the HMIS Data Standards, all PATH Referral response categories are now included in the PATH Annual Report.

*3. HMIS Data Standards Updates*

When needed, field response options and questions have been updated to align with the most recent version of the HMIS Data Standards.

The estimated annual burden for these reporting requirements is summarized in the table below.

Respondents	Number of respondents	Responses per respondent	Burden per response (hrs.)	Total burden
States .....	56	1	20	1,120
Local provider agencies .....	487	1	15	7,305
<b>Total .....</b>	<b>543</b>	<b>.....</b>	<b>.....</b>	<b>8,425</b>

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57B, Rockville, MD 20857 OR email her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by July 20, 2018.

**Summer King,**  
Statistician.

[FR Doc. 2018-10717 Filed 5-18-18; 8:45 am]

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**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[Docket No. USCG-2018-0488]

**Notice of Public Workshop on Consistent Implementation of Regulation 14.1.3 of MARPOL Annex VI (Global 0.50% Sulfur Cap)**

**AGENCY:** Coast Guard, DHS.

**ACTION:** Notice of meeting.

**SUMMARY:** The United States Coast Guard and United States Environmental Protection Administration will conduct a public workshop in Washington, DC in preparation for the upcoming intersessional working group meeting of the International Maritime Organization (IMO) on consistent implementation of regulation 14.1.3 of MARPOL Annex IV (Global 0.50% Sulfur Cap). The purpose of this meeting will be to consider the issues that will be discussed at that intersessional working group meeting.