

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of General Medical Sciences; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following 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 Institute of General Medical Sciences Special Emphasis Panel; Review of INBRE Applications.

*Date:* October 23, 2018.

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

*Agenda:* To review and evaluate grant applications.

*Place:* Embassy Suites at Chevy Chase Pavilion, 4300 Military Rd. NW, Washington, DC 20015.

*Contact Person:* Saraswathy Seetharam, Scientific Review Officer, Office Scientific Review, National Institute of General Medical Sciences, National Institutes Health, 45 Center Drive, Room 3AN18, Bethesda, MD 20892, 301-594-2763, [seetharams@nigms.nih.gov](mailto:seetharams@nigms.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: September 20, 2018.

**Melanie J. Pantoja,**

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

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**BILLING CODE 4140-01-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: Mental Health Client/ Participant Outcome Measures**

*(OMB No. 0930-0285)—Revision*

SAMHSA is requesting approval to add 13 questions to its existing Adult Measure data collection tool, and seven questions to its Child/Caregiver Measure data collection tool, for Center for Mental Health Services (CMHS) grantees. These additional questions are related to specific outcomes for specific grant programs. Grantees will be required to answer no more than four of the new questions, in addition to the existing questions on the data collection instruments. Currently, the information collected from this instrument is entered and stored on SAMHSA's Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. 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.

SAMHSA and its Centers will use the data collected for annual reporting required by GPRMA, to describe and understand changes in outcomes from baseline to follow-up to discharge. SAMHSA's report for each fiscal year will include actual results of performance monitoring for the three preceding fiscal years. Information collected through this request will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with SAMHSA-specific performance domains, and to assess the accountability and performance of its discretionary grant programs. The

additional information collected through this request will allow SAMHSA to improve its ability to assess the impact of its programs on key outcomes of interest and to gather vital diagnostic information about clients served by CMHS discretionary grant programs.

Changes have been made to add a total of 13 questions to the existing Adult tool, and seven questions to the Child/Caregiver tool. Questions will be selected by SAMHSA based on the specific goals and characteristics of the grant program. The 13 questions added to the Adult tool are:

(1) Behavioral Health Diagnoses— Please indicate patient's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below.

(2) [For client] In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?

(3) [For grantee] In the past 30 days, how compliant has the client been with their treatment?

(4) [For grantee] Did the client screen positive for a mental health or co-occurring disorder?

a. Mental health disorder.

b. Co-occurring disorder.

(i) If client screened positive, was the client referred to the following types of services?

(1) Mental health services.

(2) Co-occurring services.

(ii) If client was referred to services, did they receive the following services?

(1) Mental health services.

(2) Co-occurring services.

(5) [For client] Please indicate the degree to which you agree or disagree with the following statement: Receiving community-based services through the [insert grantee name] program has helped me to avoid further contact with the police and the criminal justice system.

(6) [For client] In the past 30 days, how many times have you:

(i) Been to the emergency room for a physical health care problem?

(ii) Been hospitalized for a physical health care problem?

(7) [For grantee] Please indicate which type of funding source(s) that was (were) used to pay for the services provided to this client since their last interview. (Check all that apply):

(a) Current SAMHSA grant funding.

(b) Other federal grant funding.

(c) State funding.

(d) Client's private insurance.

(e) Medicaid/Medicare.

(f) Other (Specify): \_\_\_\_\_.

(8) [For client] Did the program provide the following:

(a) HIV test?  
 (i) If yes, what was the result?  
 (ii) If result was positive, were you connected to treatment services?  
 (b) Hepatitis B (HBV) test?  
 (i) If yes, what was the result?  
 (ii) If result was positive, were you connected to treatment services?  
 (c) Hepatitis C (HCV) test?  
 (i) If yes, what was the result?  
 (ii) If result was positive, were you connected to treatment services?  
 (9) [For client if HIV status is positive].  
 (a) Did you receive a referral from [grantee] to medical care?  
 (b) Have you been prescribed an antiretroviral medication (ART)?  
 (i) For clients who report being prescribed an ART: In the past 30 days, how often have you taken your ART as prescribed to you?  
 (10) [For client] In the past 30 days:  
 (a) How many times have you thought about killing yourself?  
 (b) How many times did you attempt to kill yourself?  
 (11) [For grantee] Has the client experienced a first episode of psychosis (FEP) since their last interview?  
 (i) If yes, please indicate the approximate date that the client initially experienced the FEP.  
 (ii) If yes, was the client referred to FEP services?  
 (iii) If yes, please indicate the first date that the client received FEP services/treatment.

(12) [For client] How often does a member of your team interact with you?  
 (13) [For client] If the client indicated that they were enrolled in school: During the past 30 days of school, how many days were you absent for any reason?  
 The seven (7) questions being added to the Child/Caregiver tool are:  
 (1) Behavioral Health Diagnoses— Please indicate patient’s current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD–10–CM) codes listed below.  
 (2) [For client] In the past 30 days:  
 (a) How many times have you thought about killing yourself?  
 (b) How many times did you attempt to kill yourself?  
 (3) [For grantee] Please indicate which type of funding source(s) was (were) used to pay for the services provided to this client since their last interview.  
 (a) Current SAMHSA grant funding.  
 (b) Other federal grant funding.  
 (c) State funding.  
 (d) Client’s private insurance.  
 (e) Medicaid/Medicare.  
 (f) Other (Specify): \_\_\_\_\_.  
 (4) [For client] Please indicate your agreement with the following statement: As a result of treatment and services received, my (my child’s) trauma and/or loss experiences were identified and addressed.  
 (5) [For client] Please indicate your agreement with the following statement:

As a result of treatment and services received for trauma and/or loss experiences, my (my child’s) problem behaviors/symptoms have decreased.  
 (6) [For client] Please indicate your agreement with the following statement: As a result of treatment and services received, I (my child has) have shown improvement in daily life, such as in school or with family or friends.  
 (7) [For grantee] Please provide the following health information:  
 (a) Systolic blood pressure.  
 (b) Diastolic blood pressure.  
 (c) Weight.  
 (d) Height.  
 (e) Waist Circumference.  
 SAMHSA is also seeking approval to increase the number of individuals reporting physical health information in the Adult tool. SAMHSA is requesting approval to extend the collection of some physical health indicators to an additional 5,000 adult clients in SAMHSA grant programs annually, including a sample of clients receiving services from SAMHSA’s Certified Community Behavioral Health Clinic Expansion (CCBHC–E) grant program. SAMHSA is also requesting approval to increase the frequency of reporting of physical health data from annually or semi-annually, to quarterly to be consistent with current recommendations for metabolic monitoring.

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

SAMHSA Tool	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Adult client-level baseline interview .....	46,121	1	46,121	0.67	30,901
Adult client-level 6-month reassessment interview .....	30,901	1	30,901	0.67	20,704
Adult client-level discharge interview .....	13,836	1	13,386	0.67	9,270
Child/Caregiver client-level baseline interview .....	12,681	1	12,681	0.67	8,496
Child/Caregiver client-level 6-month reassessment interview .....	8,496	1	8,496	0.67	5,692
Child/Caregiver client-level discharge interview .....	3,804	1	3,804	0.67	2,549
Section H Physical Health Data Baseline .....	20,000	1	20,000	.25	5,000
Section H Physical Health Data Follow-Up .....	14,800	3	44,800	.25	11,100
Section H Physical Health Data Discharge .....	10,400	1	10,400	.25	2,600
Subtotal .....	58,802	.....	190,639	.....	96,312
Infrastructure development, prevention, and mental health promotion quarterly record abstraction .....	982	4.0	3,928	2.0	7,856
Total .....	59,784	.....	194,567	.....	104,168

Written comments and recommendations concerning the proposed information collection should be sent by October 26, 2018 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of

comments, and to avoid potential delays in OMB’s receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA\_Submission@omb.eop.gov*. Although commenters are encouraged to send their comments via email,

commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory

Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

**Summer King,**  
Statistician.

[FR Doc. 2018-20887 Filed 9-25-18; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS-2018-0029]

### Privacy Act of 1974; System of Records

**AGENCY:** Department of Homeland Security.

**ACTION:** Notice of a modified system of records.

**SUMMARY:** In accordance with the Privacy Act of 1974, the Department of Homeland Security (DHS) proposes to modify a current DHS system of records titled, "DHS/All-016 Correspondence Records System of Records." This system of records allows the Department to collect and maintain correspondence records. The Department is updating this system of records to reflect changes to the categories of individuals, categories of records, and routine uses. Specifically, these changes include expanding the categories of individuals to include third party subjects of correspondence who may not be the sender or recipient. The Department is also expanding the categories of records to permit the collection of an individual's phone number, call and customer service center records, receipt number, case numbers relevant to the correspondence, and account IDs associated with correspondence between the Department and the responding party. DHS is updating routine use (E) and adding routine use (F) to comply with new policies pertaining to data breach procedures. The Department is making non-substantive edits to the routine uses to align with previously published Department systems of records notices (SORNs). Lastly, this notice includes non-substantive changes to simplify the formatting and text of the previously published notice. This modified system will be included in the DHS inventory of record systems.

**DATES:** Submit comments on or before October 26, 2018. This modified system will be effective upon publication. New or modified routine uses will become effective October 26, 2018.

**ADDRESSES:** You may submit comments, identified by docket number DHS-2018-0029 by one of the following methods:

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

- *Fax:* 202-343-4010.

- *Mail:* Philip S. Kaplan, Chief Privacy Officer, Privacy Office, Department of Homeland Security, Washington, DC 20528-0655.

*Instructions:* All submissions received must include the agency name and docket number DHS-2017-0029. All comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided.

*Docket:* For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:** For general and privacy questions, please contact: Philip S. Kaplan, [Privacy@hq.dhs.gov](mailto:Privacy@hq.dhs.gov), 202-343-1717, Chief Privacy Officer, Privacy Office, Department of Homeland Security, Washington, DC 20528-0655.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

DHS is updating this Department-wide SORN under the Privacy Act for DHS correspondence records. DHS will use this system to collect and maintain correspondence records submitted by the general public, DHS personnel, and others. This SORN does not apply to correspondence related to Freedom of Information Act (FOIA) or Privacy Act requests, or to correspondence received in the course of standard immigration benefit application processes. This SORN also does not cover the underlying records associated with a response to correspondence.

This system allows DHS to collect and maintain incoming information and responses to inquiries, comments, or complaints made to the Department. Categories of individuals, categories of records, and routine uses of this system of records notice have been updated to better reflect the Department's correspondence record systems. This system modification will expand the categories of individuals to cover third parties whose information is submitted by the sender or recipient through an inquiry, comment, or complaint. DHS may collect and respond to this information from a third party. However, any investigations or awards initiated as a consequence of a third party's correspondence would not be covered under this SORN. DHS is also expanding the categories of records to permit the collection of an individual's phone number, call and customer service center records, receipt number,

and case or account number associated or referenced in the correspondence. DHS is modifying routine use (E) and adding routine use (F) to conform to Office of Management and Budget (OMB) Memorandum M-17-12, "Preparing for and Responding to a Breach of Personally Identifiable Information" (Jan. 3, 2017). All following routine uses are being re-lettered to account for the additional routine use. Non-substantive language changes have been made to additional routine uses to clarify disclosure policies that are standard across DHS and to align with previously published DHS SORNs. This modified system will be included in DHS's inventory of record systems.

##### II. Privacy Act

The Privacy Act embodies fair information practice principles in a statutory framework governing the means by which Federal Government agencies collect, maintain, use, and disseminate individuals' records. The Privacy Act applies to information that is maintained in a "system of records." A "system of records" is a group of any records under the control of an agency from which information is retrieved by the name of an individual or by some identifying number, symbol, or other identifying particular assigned to the individual. In the Privacy Act, an individual is defined to encompass U.S. citizens and lawful permanent residents. Additionally, the Judicial Redress Act (JRA) provides a statutory right to covered persons to make requests for access and amendment to covered records, as defined by the JRA, along with judicial review for denials of such requests. In addition, the JRA prohibits disclosures of covered records, except as otherwise permitted by the Privacy Act.

In accordance with 5 U.S.C. 552a(r), DHS has provided a report of this system of records to OMB and to Congress.

#### SYSTEM NAME AND NUMBER:

Department of Homeland Security (DHS)/ALL-016 Department of Homeland Security Correspondence Records System of Records.

#### SECURITY CLASSIFICATION:

Unclassified.

#### SYSTEM LOCATION:

Records are maintained at several Headquarters locations and in component offices of the Department of Homeland Security, in both Washington, DC and field locations.