

Drive, Room 7W530, Bethesda, MD 20892–9750, 240–276–6442, ss537t@nih.gov.
(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: October 17, 2018.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2018–23069 Filed 10–22–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Frederick National Laboratory Advisory Committee to the National Cancer Institute, October 29, 2018, 09:30 a.m. to October 29, 2018, 04:30 p.m., National Cancer Institute Shady Grove, 9609 Medical Center Drive, TE406, Rockville, MD, 20850 which was published in the **Federal Register** on October 11, 2018, 83 FR 51468.

The meeting notice is amended to change the start and end time of the meeting from 9:30 a.m.–4:30 p.m. to 9:00 a.m.–4:00 p.m. on October 29, 2018. The meeting is open to the public.

Dated: October 17, 2018.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

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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

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: Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2020–2021 Plan and Report Guidance and Instructions (OMB No. 0930–0168)—Extension

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting approval from the Office of Management and Budget (OMB) for an extension of the 2018–19 Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) Plan and Report Guidance and Instructions.

Currently, the SABG and the MHBG differ on a number of their practices (e.g., data collection at individual or aggregate levels) and statutory authorities (e.g., method of calculating MOE, stakeholder input requirements for planning, set asides for specific populations or programs, etc.). Historically, the Centers within SAMHSA that administer these block grants have had different approaches to application requirements and reporting. To compound this variation, states have different structures for accepting, planning, and accounting for the block grants and the prevention set aside within the SABG. As a result, how these dollars are spent and what is known about the services and clients that receive these funds varies by block grant and by state.

SAMHSA has conveyed that block grant funds must be directed toward four purposes: (1) To fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not

covered by Medicaid, Medicare or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis.

To help states meet the challenges of 2020 and beyond, and to foster the implementation and management of an integrated physical health, mental health and addiction service system, SAMHSA has established standards and expectations that will lead to an improved system of care for individuals with or at risk of mental and substance use disorders. Therefore, this application package continues to fully exercise SAMHSA's existing authority regarding states', territories' and the Red Lake Band of the Chippewa Tribe's (subsequently referred to as "states") use of block grant funds as they fully integrate behavioral health services into the broader health care continuum.

Consistent with previous applications, the FY 2020–2021 application has sections that are required and other sections where additional information is requested. The FY 2020–2021 application requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, an executive summary, and funding agreements and certifications. In addition, SAMHSA is requesting information on key areas that are critical to the states success in addressing health care integration. Therefore, as part of this block grant planning process, SAMHSA is asking states to identify both their promising or effective strategies as well as their technical assistance needs to implement the strategies they identify in their plans for FYs 2020 and 2021.

To facilitate an efficient application process for states, SAMHSA utilized the questions and requests for clarification from representatives from SMHAs and SSAs to inform the proposed changes to the block grants. Based on these discussions with states, SAMHSA is proposing de minimis changes to the block grant program, consisting of updated dates and clarification to instructions.

While the statutory deadlines and block grant award periods remain unchanged, SAMHSA encourages states to turn in their application as early as

possible to allow for a full discussion and review by SAMHSA. Applications for the MHBG-only is due no later than September 3, 2019. The application for SABG-only is due no later than October 1, 2019. A single application for MHBG and SABG combined is due no later than September 3, 2019.

Estimates of Annualized Hour Burden
The estimated annualized burden for the uniform application remains unchanged at 33,374 hours. Burden estimates are broken out in the following tables showing burden separately for Year 1 and Year 2. Year

1 includes the estimates of burden for the uniform application and annual reporting. Year 2 includes the estimates of burden for the recordkeeping and annual reporting. The reporting burden remains constant for both years.

TABLE 1—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 1

	Authorizing legislation SABG	Authorizing legislation MHBG	Implementing regulation	Number of respondent	Number of responses per year	Number of hours per response	Total hours
Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants							
Reporting	Standard Form and Content. 42 U.S.C. § 300x-32(a).						
SABG	Annual Report ... 42 U.S.C. 300x-52(a).		45 CFR 96.122(f).	60	1		11,160
	42 U.S.C. 300x-30-b.			5	1		
	42 U.S.C. 300x-30(d)(2).		45 CFR 96.134(d).	60	1		
MHBG	Annual Report ...						10,974
		42 U.S.C. § 300x-6(a).		59	1		
		42 U.S.C. 300x-52(a).					
		42 U.S.C. 300x-4(b)(3)B.		59	1		
SABG elements	State Plan (Covers 2 years). 42 U.S.C. 300x-22(b).		45 CFR 96.124(c)(1).	60	1		
	42 U.S.C. 300x-23.		45 CFR 96.126(f).	60	1		
	42 U.S.C. 300x-27.		45 CFR 96.131(f).	60	1		
	42 U.S.C. 300x-32(b).		45 CFR 96.122(g).	60	1	120	7,200
MHBG elements		42 U.S.C. 300x-1(b).		59	1	120	7,080
		42 U.S.C. 300x-1(b)(2).		59	1		
		42 U.S.C. 300x-2(a).		59	1		
	Waivers						3,240
	42 U.S.C. 300x-24(b)(5)(B).			20	1		
	42 U.S.C. 300x-28(d).		45 CFR 96.132(d).	5	1		
	42 U.S.C. 300x-30(c).		45 CFR 96.134(b).	10	1		
	42 U.S.C. 300x-31(c).			1	1		
	42 U.S.C. 300x-32(c).			7	1		
	42 U.S.C. 300x-32(e).			10			
		42 U.S.C. 300x-2(a)(2).		10			
		42 U.S.C 300x-4(b)(3).		10			
		42 U.S.C 300x-6(b).		7			
Recordkeeping ..	42 U.S.C. 300x-23.	42 U.S.C. 300x-3.	45 CFR 96.126(c).	60/59	1	20	1,200
	42 U.S.C. 300x-25.		45 CFR 96.129(a)(13).	10	1	20	200

TABLE 1—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 1—Continued

	Authorizing legislation SABG	Authorizing legislation MHBG	Implementing regulation	Number of respondent	Number of responses per year	Number of hours per response	Total hours
	42 U.S.C 300x-65.	.....	42 CFR Part 54	60	1	20	1,200
Combined Burden.	.....	.....	.....	.....	.....	.....	42,254

Report	42 U.S.C. 300x-1(b)—Criteria for Plan	300x-31(c)—Restrictions on Expenditure of Grant—Waiver Regarding Construction of Facilities
300x-52(a)—Requirement of Reports and Audits by States—Report	42 U.S.C. 300x-1(b)(2)—State Plan for Comprehensive Community Mental Health Services for Certain Individuals—Criteria for Plan—Mental Health System Data and Epidemiology	300x-32(c)—Certain Territories
300x-30(b)—Maintenance of Effort Regarding State Expenditures—Exclusion of Certain Funds (SABG)	42 U.S.C. 300x-2(a)—Certain Agreements—Allocations for Systems Integrated Services for Children	300x-32(e)—Waiver amendment for 1922, 1923, 1924 and 1927
300x-30(d)(2)—Maintenance of Effort—Noncompliance—Submission of Information to Secretary (SABG)	Waivers—SABG	Waivers—MHBG
State Plan—SABG	300x-24(b)(5)(B)—Human Immunodeficiency Virus—Requirement regarding Rural Areas	300x-2(a)(2)—Allocations for Systems Integrated Services for Children
300x-22(b)—Allocations for Women	300x-28(d)—Additional Agreements	300x-6(b)—Waiver for Certain Territories
300x-23—Intravenous Substance Abuse	300x-30(c)—Maintenance of Effort	Recordkeeping
300x-27—Priority in Admissions to Treatment		300x-23—Waiting list
300x-29—Statewide Assessment of Need		300x-25—Group Homes for Persons in Recovery from Substance Use Disorders
300x-32(b)—State Plan		300x-65—Charitable Choice
State Plan—MHBG		

TABLE 2—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 2

	Number of respondent	Number of responses per year	Number of hours per response	Total hours
Reporting: .....	.....	.....	.....	.....
SABG	60	1	186	11,160
MHBG	59	1	186	10,974
Recordkeeping	60/59	1	40	2,360
Combined Burden .....	.....	.....	.....	24,494

The total annualized burden for the application and reporting is 33,374 hours (42,254 + 24,494 = 66,748/2 years = 33,374).

Link for the application: <http://www.samhsa.gov/grants/block-grants>

Send all comments via email to blockgrants@samhsa.hhs.gov. Comments should be received by December 24, 2018.

Summer King, Statistician.

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DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG-2018-0878]

Commercial Fishing Safety Advisory Committee

AGENCY: U.S. Coast Guard, Department of Homeland Security.

ACTION: Notice of Federal Advisory Committee Meeting.

SUMMARY: The Commercial Fishing Safety Advisory Committee will meet in Seattle, Washington to discuss various issues relating to safety in the commercial fishing industry. All meetings will be open to the public.

DATES:

Meetings: The Committee will meet on Thursday, November 15 from 10 a.m.

to 5 p.m., and on Friday, November 16, 2018 from 8 a.m. to 5 p.m. The meeting may close early if all business is finished.

Comments and supporting documentation: To ensure your comments are reviewed by Committee members before the meetings, submit your written comments no later than November 7, 2018.

ADDRESSES: The Committee will meet at the United States Federal Center South at 4735 East Marginal Way South, Seattle, Washington, 98134.

If you are planning to attend the meeting, you will be required to pass through a security checkpoint. You will be required to show valid government identification. Please arrive at least 30 minutes before the planned start of the meeting in order to pass through security.