Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Simone Chebabo Weiner, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 1011K, Bethesda, MD 20892, 301–594–3694, *weinersc@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: June 23, 2026.

Rosalind M. Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–12877 Filed 6–25–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for Office of Management and Budget Review (OMB); Comment Request

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

ACTION: Notice.

Proposed Project: Evaluation of the Projects for Assistance in Transition from Homelessness (PATH) Program (OMB No. 0930–0381)—Reinstatement

Periodically, 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, email the SAMHSA Reports Clearance Officer at: *samhsapra@samhsa.hhs.gov.*

SAMHSA is conducting the federally mandated Evaluation of the PATH program. The PATH grant program, created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, is administered by SAMHSA's Center for Mental Health Services' Division of State and Community Systems Development. The PATH program is authorized under Section 521 *et seq.* of the Public Health Service (PHS) Act, as amended. The SAMHSA PATH program funds each fiscal year the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The PATH grantees make grants to local, public and non-profit organizations to provide PATH-allowable services.

The SAMHSA Assistant Secretary is required under Section 528 of the PHS Act to evaluate the expenditures of PATH grantees at least once every 3 years to ensure they are consistent with legislative requirements and to recommend changes to the program design or operations.

The primary task of the PATH evaluation is to meet the mandates of Section 528 of the PHS Act. The second task of the PATH evaluation is to conduct additional data collection and analysis to further investigate the sources of variation in key program output and outcome measures that are important for program management and policy development. The PATH evaluation builds on the previous evaluation which was finalized in 2016 and was conducted as part of the National Evaluation of SAMHSA Homeless Programs. Previously, the data collections activities also included PATH Intermediary Web Survey, a PATH Provider Web Survey, and a PATH Telephone Interview Guide. The current PATH evaluation will be limited to the State PATH Contact (SPC) Web Survey and PATH Site Visit Discussion Guides to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level. The current PATH evaluation will use web surveys and site visits to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level. Data regarding the outputs and outcomes of the PATH program will be obtained from grantee applications, providers' intended use plans and from PATH annual report data, which is also required by Section 528 of the PHS Act and is approved under OMB No. 0930–0205.

Web Surveys will be conducted with all SPCs. The Web Surveys will capture detailed and structured information in the following topics: selection, monitoring, and oversight of PATH providers; populations served; the PATH services provided; provision of training and technical assistance; implementation of Evidence Based Practices and innovative practices including the Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery program; data reporting, use of data and the Homeless Management Information System; and collaboration, coordination and involvement with Continuums of Care and other organizations. The SPCs for all grantees (56) will be contacted to complete the web surveys. The Web Surveys will be administered once per triennial evaluation cycle.

Site Visits will be conducted with a purposive sample of PATH grantees and providers to collect more nuanced information than will be possible with the web survey. Semi-structured discussions will take place with the SPCs, grantee staff, PATH provider staff, outreach workers, case managers and other clinical treatment staff, and consumers. Five grantees will be selected for Site Visits and visited within each grantee will be one to two PATH providers. The Site Visits will be utilized to collect information on: provider and state characteristics; practices and priorities; context within which the grantees and providers operate; and services available within the areas the providers operate. The successes, barriers, and strategies faced by PATH grantees and providers will also be discussed. Focus groups will be held with current or former consumers of the PATH program to obtain consumer perspectives regarding the impact of the programs. The Site Visits will be conducted once per triennial evaluation cycle.

The estimated burden for the reporting requirements for the PATH evaluation is summarized in the table below.

ANNUAL BURDEN TABLE

Instrument/activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Hourly wage rate ($)	Total hour cost ($)
Web Surveys:	.....	.....	.....	.....	.....	.....	.....
SPC Web Survey ..	56	1	56	1	56	$37.61	$2,106.16
Site Visit Interviews:							

ANNUAL BURDEN TABLE—Continued

Instrument/activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Hourly wage rate ($)	Total hour cost ($)
Opening Session with SPC Staff ...	25	1	25	2	50	37.61	1,880.50
SPC Session	5	1	5	2	10	37.61	376.10
State Stakeholder Session	25	1	25	1.5	37.5	37.61	1,410.38
Provider Stakeholder Session ..	50	1	50	1.5	75	37.61	2,820.75
Provider Leadership Staff	50	1	50	2	100	37.61	3,761.00
PATH Provider Direct Care Staff Session	50	1	50	2	100	24.54	2,454.00
Consumer Focus Groups	100	1	100	1.5	150	7.25	1,087.50
Total	361	.....	361	.....	578.5	.....	15,896.39

[1] 1 respondent * 56 SPCs = 56 respondents
[2] 5 respondents * 5 site visits = 25 respondents
[3] 1 respondent * 5 site visits = 5 respondents
[4] 5 respondents * 5 site visits = 25 respondents
[5] 5 respondents * 10 site visits (2 providers per state) = 50 respondents
[6] 5 respondents * 10 site visits (2 providers per state) = 50 respondents
[7] 1 respondent * 10 site visits (2 providers per state) = 10 respondents
[8] 5 respondents * 10 site visits (2 providers per state) = 50 respondents
[9] 10 respondents * 10 site visits (10 Consumers per provider (2 providers per state) = 100 respondents

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to: *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2026–12975 Filed 6–25–26; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Solicitation for Public Comments on the Development of an Independent Accreditation System for Certified Community Behavioral Health Clinic Expansion (CCBHC–E) Grant Recipients

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

ACTION: Request for information.

SUMMARY: SAMHSA is seeking public comment to inform the development, implementation, and oversight of an independent accreditation system for Certified Community Behavioral Health Clinic Expansion (CCBHC–E) grant recipients. SAMHSA intends to establish a process for evaluating and approving accrediting bodies, transition certain CCBHC–E grant recipients to independent accreditation, develop a federal oversight framework, and provide technical assistance to states, providers, and accrediting organizations. Input received through this request for information will help SAMHSA design an accreditation system that promotes quality, reduces administrative burden, and supports consistent national standards.

DATES: Written comments will be accepted through 11:59PM EST on July 27, 2026.

ADDRESSES: Comments can be submitted in the following ways:

- Electronic submissions can be filed online at *http://www.regulations.gov* by following the ''*Instructions for Public Comments*'' section below. Comments submitted electronically, including attachments, will be posted to the docket unchanged. Evidence and information supporting your comment can be submitted as attachments. Please provide your contact information or organization name on the web-based form for follow up.
- Written comments can be emailed to: *CCBHCAccreditation@samhsa.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: *CCBHCAccreditation@samhsa.hhs.gov* or 771–245–4179

SUPPLEMENTARY INFORMATION: In the Joint Explanatory Statement accompanying the fiscal year 2026 Labor, HHS, Education Appropriations Bill,[1] Congress directed SAMHSA to ''examine and approve accreditation products that certify CCBHCs in having met requirements as established by SAMHSA. CCBHC grantees should receive independent accreditation from an approved entity as part of participation under this program. Funding included under this program is permitted for grantees' use to obtain any such required independent accreditation in lieu of self-attestation for meeting the CCBHC requirements as a part of reducing paperwork and administrative burden, and SAMHSA shall consider the costs of accreditation when establishing funding levels for clinics under this grant. The Committee further permits SAMHSA to use funds under this program to establish the accreditation process and expand the audiences eligible to receive training and technical assistance, to include (but not limited to) demonstration CCBHCs and CCBHCs participating in a State-led implementation effort under a Medicaid State Plan Amendment, waiver, or other Medicaid authority.''

[1] Through reference to Senate Report 119–55 (*https://www.congress.gov/committee-report/119th-congress/senate-report/55/1?outputFormat=pdf.*)