

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Heart, Lung, and Blood Institute; 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:* Heart, Lung, and Blood Initial Review Group; NHLBI Single-Site and Pilot Clinical Trials Study Section.

*Date:* February 22–23, 2023.

*Time:* 9:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6705 Rockledge Drive, Bethesda, MD 20817 (Virtual Meeting).

*Contact Person:* YingYing Li-Smerin, MD, Ph.D., Scientific Review Officer, Office of Scientific Review/DERA, National Heart, Lung, and Blood Institute, 6705 Rockledge Drive Room 207–P, Bethesda, MD 20892–7924, 301–827–7942, [lismerein@nhlbi.nih.gov](mailto:lismerein@nhlbi.nih.gov).

(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: January 4, 2023.

**David W. Freeman,**

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

[FR Doc. 2023–00216 Filed 1–9–23; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Heart, Lung, and Blood Institute; 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:* Heart, Lung, and Blood Initial Review Group; NHLBI Mentored Clinical and Basic Science Study Section.

*Date:* February 23–24, 2023.

*Time:* 10:30 a.m. to 6:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6705 Rockledge Drive, Bethesda, MD 20817 (Virtual Meeting).

*Contact Person:* Rajiv Kumar, Ph.D., Chief, Office of Scientific Review/DERA, National Heart, Lung, and Blood Institute, 6705 Rockledge Drive, Bethesda, MD 20892, (301) 827–4612, [rajiv.kumar@nih.gov](mailto:rajiv.kumar@nih.gov).

(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: January 4, 2023.

**David W. Freeman,**

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

[FR Doc. 2023–00215 Filed 1–9–23; 8:45 a.m.]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; 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 contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel; HHS–NIH–CDC–SBIR PHS 2021–1 Phase II: Improving Technologies To

Make Large-scale High Titer Phage Preps (Topic 95).

*Date:* February 3, 2023.

*Time:* 11:00 a.m. to 2:00 p.m.

*Agenda:* To review and evaluate contract proposals.

*Place:* National Institute of Allergy and Infectious Diseases, National Institutes of Health, 903 South 4th Street, Hamilton, MT 59840 (Virtual Meeting).

*Contact Person:* Dylan P. Flather, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 903 South 4th Street, Hamilton, MT 59840, (406) 802–6209, [dylan.flather@nih.gov](mailto:dylan.flather@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: January 4, 2023.

**Tyeshia M. Roberson-Curtis,**

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

[FR Doc. 2023–00247 Filed 1–9–23; 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) 276–0361.

*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: Evaluation of the Projects for Assistance in Transition From Homelessness (PATH) Program—Reinstatement**

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 CMHS’ 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 the PATH allowable services.

The SAMHSA Administrator is required under Section 528 of the PHS Act to evaluate the expenditures of PATH grantees at least once every three 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 SPC Web Survey was shortened from 82 to 49 questions. Data regarding the outputs and outcomes of the PATH program will be obtained from grantee applications, providers’ intended use plans (IUPs) and 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 State PATH Contacts (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 allowable or eligible services provided; sources for match funds; provision of training and technical assistance; implementation of Evidence Based Practices (EBPs) and innovative practices including the SSI/SSDI 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 (n=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 including the Project Director and other key management staffs, 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
<b>Web Surveys</b>					
SPC Web Survey .....	1 56	1	56	1	56
<b>Site Visit Interviews</b>					
Opening Session with State Staff .....	<sup>2</sup> 25	1	25	2	50
SPC Session .....	<sup>3</sup> 5	1	5	2	10
State Stakeholder Session .....	<sup>4</sup> 25	1	25	1.5	37.5
Provider Stakeholder Session .....	<sup>5</sup> 50	1	50	1.5	75
Opening Session with PATH Provider Leadership Staff .....	<sup>6</sup> 50	1	50	2	100
PATH Provider Project Director Session .....	<sup>7</sup> 10	1	10	2	20
PATH Direct Care Provider Session .....	<sup>8</sup> 50	1	50	2	100
Consumer Focus Groups .....	<sup>9</sup> 100	1	100	1.5	150
<b>Total .....</b>	<b>371</b>	<b>.....</b>	<b>371</b>	<b>.....</b>	<b>598.5</b>

1 1 respondent \* 56 SPCs = 56 respondents.  
<sup>2</sup> 5 respondents \* 5 site visits = 25 respondents.  
<sup>3</sup> 1 respondent \* 5 site visits = 5 respondents.  
<sup>4</sup> 5 respondents \* 5 site visits = 25 respondents.  
<sup>5</sup> 5 respondents \* 10 site visits (2 providers per state) = 50 respondents.  
<sup>6</sup> 5 respondents \* 10 site visits (2 providers per state) = 50 respondents.  
<sup>7</sup> 1 respondent \* 10 site visits (2 providers per state) = 10 respondents.

<sup>8</sup> 5 respondents \* 10 site visits (2 providers per state) = 50 respondents.

<sup>9</sup> 10 respondents \* 10 site visits (10 Consumers per provider (2 providers per state) = 100 respondents.

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, via email to [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@samhsa.hhs.gov). Written comments should be received by March 13, 2023.

**Alicia Broadus,**

Public Health Advisor.

[FR Doc. 2023-00208 Filed 1-9-23; 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**

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 at (240) 276-0548.

Comments are invited on: (a) whether the proposed collection of information is 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: Projects for Assistance in Transition From Homelessness (PATH) Program Annual Report (OMB No. 0930-0205)—Revision**

SAMHSA awards grants each fiscal year to each state, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (hereafter referred to as "states"), 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 (Pub. L. 114-255), hereafter referred to as "the Act"]. Section 522 of the Act, specifies that states must expend their payments solely for making grants to political subdivisions of the state, and to non-profit 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 the revision to the approved PATH Annual Report Manual. Section 528 of the Act specifies, not later than January 31 of each fiscal year, a funded entity will "prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines to be necessary for: (1) securing a record and a 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 (2) determining whether such amounts were expended in accordance with the provisions of this part."

The proposed revision to the PATH 2023 Annual Report Manual are as follows:

**Homeless Management Information System (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.

In July 2022, HUD released updated HMIS programming specifications (Version 3.6) for the PATH Annual Report, which changed the instructions for counting contacts in questions 12a and 12b. HMIS vendors received these programming updates and HUD encouraged them to implement the changes by October 1, 2022. When providers run their PATH Annual Report in HMIS, it should reflect Version 3.6, including these most recent programming changes. In October 2022, SAMHSA launched a new PDX website for State Path Contacts (SPCs) and providers, who will use the site to enter provider-level data for their PATH Annual Report and progress reports. User guides were created to describe the features and functions of the new PDX site and provides guidance for reviewing and submitting PATH Annual Reports, setting up and reviewing progress reports, and accessing PATH resources. The requested revisions will not increase the overall burden.

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	15	840
Local provider agencies .....	437	1	15	6,555
Total .....	493	.....	.....	7,395