

organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Dated: August 13, 2013.

Melanie Gray,

Program Analyst, Office of Federal Advisory Committee Policy.

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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 (5 U.S.C. App.), 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; NIAID Peer Review Meeting.

Date: September 13, 2013.

Time: 12:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: National Institutes of Health, Rockledge 6700, 6700B Rockledge Drive, Bethesda, MD 20817, (Telephone Conference Call).

Contact Person: Dharmendar Rathore, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institutes of Health/ NIAID, 6700B Rockledge Drive, MSC 7616, Rm 3134, Bethesda, MD 20892, 301-435-2766, rathored@mail.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: August 13, 2013.

Melanie Gray,

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: 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: Evaluation of Programs To Provide Services to Persons Who Are Homeless With Mental and/or Substance Use Disorders (Homeless Programs)—New

SAMHSA is conducting a cross-program evaluation of Projects for Assistance in Transition from Homelessness (PATH); Services in Supportive Housing (SSH); and Grants for the Benefit of Homeless Individuals (GBHI), which includes grantee tracks focused on SSH, General GBHI grantees, and Cooperative Agreements to Benefit Homeless Individuals (CABHI). The SAMHSA Homeless Programs aim to support local capacity to provide services for homeless individuals with substance abuse and/or mental health problems. The Homeless Programs national evaluation broadly aims to address the contexts in which projects operate; whether a project is successfully implemented and provides appropriate services to the intended target population; and whether the target population demonstrates improved outcomes.

Data collection efforts for the evaluation will include a *Document Review: Project Director Telephone Follow-up, Site Visits, Evidence-Based Practice (EBP) Self-Assessment, Parts 1 and 2* and *Permanent Supportive Housing (PSH) Self-Assessment* which collect grantee project characteristics, process information such as client flow and project logic models, barriers and facilitators to implementation, and data on the types of treatment and housing services provided.

The *Document Review: Project Director Telephone Follow-up* is a telephone interview that covers the following topics: Grantee Agency and Project Characteristics, Target Population, Stakeholders/Partners, Services, EBPs/Best Practices, Housing, Project Organization and Implementation, Sustainability, Local Evaluation, Technical Assistance and Lessons Learned. Grantee project directors from the GBHI 2010, CABHI 2011-2012, and SSH 2009-2010 cohorts and PATH state contacts (n=158) will be contacted to collect grantee project information which will be used to better understand how grantees develop their grant projects.

Site Visit Guides consist of semi-structured discussions with grantee project directors, evaluators, financial staff, clinical treatment staff, case managers, housing supports staff, key stakeholders and consumers/client participants. This approach allows information to be collected from multiple perspectives giving a fuller picture of the grant project. Seventy-five site visits will be conducted during the evaluation (25 per year for 3 years)—60 for GBHI, CABHI and SSH grantees and 15 for PATH grantees. Over the course of multiple discussions the following major topics will be covered: client level process data (client experience with project services and client flow through the project), project components and activities, costs, project services alignment with client need, program outputs and outcomes, training and quality assurance, and relationships with primary partners and stakeholders.

The *EBP Self-Assessment* will provide data needed to assess and aggregate for analyses the resources and processes required for practice implementation, whether the EBP services are being delivered in accordance with their evidence-based components and how the practices are adapted for the projects' target populations, if relevant. The EBP Self-Assessment includes two parts. The first part is a general overview of EBP implementation and will be administered to all GBHI, CABHI, and SSH grantees (n=127). The second part is an in-depth assessment for grantees who are implementing one or more of the following EBPs: Assertive Community Treatment (ACT), Integrated Dual Disorders Treatment (IDDT), Illness Management and Recovery (IMR), Supported Employment (SE) and Critical Time Intervention (CTI). The estimated number of grantees who will complete Part Two of the EBP Assessment is 87.

The *PSH Self-Assessment* targets the subset of grantees implementing PSH