DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; 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 on Aging Initial Review Group; Career Development Facilitating The Transition to Independence Study Section.

Date: June 9–10, 2022.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging Gateway Building 7201 Wisconsin Avenue Bethesda, MD 20892 (Virtual Meeting).

Contact Person: NIJAGUNA PRASAD, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute on Aging, 7201 Wisconsin Avenue, Gateway Bldg, Suite 2W200, Bethesda, MD 20892, (301) 496–9667, *prasadnb@nia.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: March 22, 2022.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–06372 Filed 3–25–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney 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 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 Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; Digestive Diseases Research Core Centers (P30).

Date: July 14–15, 2022.

Time: 10:00 a.m. to 6:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, NIDDK, 6707 Democracy Blvd., Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Jian Yang, Ph.D., Scientific Review Officer, Review Branch, Division of Extramural Activities, NIDDK, National Institutes of Health, Room 7011, 6707 Democracy Boulevard, Bethesda, MD 20892–5452, (301) 594–7799 *yangj@extra.niddk.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: March 22, 2022.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–06376 Filed 3–25–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Refugee Resettlement

Extending Refugee Cash Assistance and Refugee Medical Assistance From 8 Months to 12 Months

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of change of eligibility period.

SUMMARY: In accordance with ORR regulations, the Director of ORR is announcing the expansion of the Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) eligibility period from 8 months to 12 months of assistance for participants whose date of eligibility for ORR benefits is on or after October 1, 2021. Through the Refugee Act of 1980, Congress authorized cash and medical assistance up to 36 months, yet by fiscal year (FY) 1992, mainly due to insufficient appropriations, ORR had reduced the RCA and RMA eligibility periods to 8 months. For 30 years, ORR has not increased the RCA or RMA eligibility period. Extending the RCA and RMA eligibility period will lead to more effective resettlement, by providing refugee and other ORR-eligible populations with additional time to become self-sufficient.

DATES: The changes described in this **Federal Register** notice are effective as of the date of publication.

FOR FURTHER INFORMATION CONTACT: Colleen Mahar-Piersma, Refugee Policy Unit, Division of Policy and Procedures, Office of the Director, Office of Refugee Resettlement, Administration for Children and Families, by phone at (202) 260–5493, and email at *refugeepolicy@acf.hhs.gov*.

SUPPLEMENTARY INFORMATION: The 1980 Refugee Act (8 U.S.C. 1522(e)(1)) authorized the Director of ORR (hereinafter ''the Director'') to provide RCA and RMA during the first 36 months after a refugee's arrival in the United States or, for other ORR-eligible populations, after they became eligible for ORR benefits and services. (ORR-eligible populations, hereinafter referred to as ''refugees,'' are outlined within ORR Policy Letter (PL) 16–01, *Documentation Requirements for the Refugee Resettlement Program* and ORR PL 22–02, *Additional ORR-Eligible Statuses and Categories and Acceptable Documentation Requirements for Afghan Nationals.)*

ORR regulations (45 CFR 400.211(a)) authorize the Director to determine the time-eligibility period for RCA and RMA each year based on the appropriated funds available for the fiscal year. After Congress passed the Refugee Act of 1980, ORR provided refugees with RCA and RMA for the first 36 months after a refugee's arrival. However, due to reduced appropriations, ORR had to decrease this assistance from 36 months to 18 months, then to 12 months, and finally, in FY 1992, to 8 months.

The proposed expansion of the RCA and RMA eligibility period would positively impact refugees who are not eligible for Temporary Assistance for Needy Families or Medicaid. Increasing the RCA and RMA eligibility period enables refugees to address any medical and mental health issues that would impede their ability to become self-sufficient. Additionally, an expanded eligibility period allows refugees to focus on the Congressional priorities for assistance, as outlined in the Refugee Act, of acquiring English, receiving employment training, and securing employment, with the increase in

English skills and professional development potentially facilitating employment at higher wagers, a benefit not only for their families but for every community where they reside.

Refugees whose date of eligibility for ORR benefits is in FY 2022 (on or after October 1, 2021) are eligible for the expanded RCA and RMA eligibility period.

(Authority: 45 CFR 400.211)

Dated: March 22, 2022.

Cindy Huang,

Director of the Office of Refugee Resettlement.

[FR Doc. 2022–06356 Filed 3–25–22; 8:45 am]

BILLING CODE 4120–27–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 at (240) 276–0361.

Project: Mental and Substance Use Disorders Prevalence Study (MDPS) Grant Funded by SAMHSA, Grant Number H79FG000030

SAMHSA is requesting from the Office of Management and Budget (OMB) approval to conduct recruitment activities and clinical interviews with household respondents and non-household facilities and respondents as part of the Mental and Substance Use Disorders Prevalence Study (MDPS) pilot program. Activities conducted will include: A household rostering and mental health screening of household participants and a clinical interview of both household and non-household participants. The information gathered by the clinical interview will be used to determine prevalence estimates of schizophrenia or schizoaffective disorder; bipolar I disorder; major depressive disorder; generalized anxiety disorder; posttraumatic stress disorder (PTSD); obsessive-compulsive disorder; anorexia nervosa; and alcohol, benzodiazepine, opioid, stimulant, and cannabis use disorders among U.S. adults ages 18 to 65 years.

Household Rostering

The household rostering includes inquiries about all adults ages 18 and older residing in the household, to assess eligibility for inclusion in the study, and then selecting up to two adults for the household mental health screening. The total number of household members and numbers of adults and children are first asked, followed by the first name, age and sex of all adult household members, as well as whether any adult in the household has had a serious medical condition. The best time to be interviewed is collected as well. The computerized roster can be completed online, by phone, on paper, or in-person. The target population is adults ages 18–65 residing in U.S. households; it is estimated that 45,000 household rosters will be completed. The primary objective of the household roster is to select up to two age-eligible participants for the mental health screening interview.

Household Mental Health Screening

The household mental health screening interview utilizes the Computerized Adaptive Testing for Mental Health Disorders (CAT–MH) or the World Health Organization's Composite International Diagnostic Interview (CIDI) instruments to assess symptoms related to the mental health and substance use disorders of interest, including schizophrenia or schizoaffective disorder; bipolar I disorder; major depressive disorder; generalized anxiety disorder; posttraumatic stress disorder (PTSD); obsessive-compulsive disorder; anorexia nervosa; and alcohol, benzodiazepine, opioid, stimulant, and cannabis use. The screening instrument also includes questions on treatment, receipt of Social Security Disability Income (SSDI), military experience, and exposure to and impact of COVID–19. The computerized mental health screening can be completed online, by phone, on paper or in-person. The primary objectives of the household mental health screening interview are to assess the symptoms endorsed and determine eligibility and selection for the MDPS pilot program clinical interview.

Clinical Interview

The MDPS pilot program clinical interview includes questions that assess the mental health and substance use disorders using the NetSCID, a computerized version of the Structured Clinical Interview for DSM–V (SCID). This instrument includes questions on symptoms and their duration and frequency for the disorders of interest. Also collected from respondents is demographic information, including sex, gender, age, education and employment status. Hospitalization and treatment history are asked as well as questions to assess exposure to COVID–19 of self or other close family members and the impact on mental health. Up to two adults per household will be selected to complete the clinical interview. Participants from the prisons, jails, homeless shelters and state psychiatric hospitals will complete the clinical interview as well. The computer-assisted personal interview (CAPI) is administered by a trained clinical interviewer, and can be conducted by video conference, such as Zoom or WebEx, phone or in person. Approximately 7,200 clinical interviews will be conducted as part of the MDPS pilot program. The primary objective of the clinical interview is to estimate the prevalence of the disorders of interest, including schizophrenia or schizoaffective disorder; bipolar I disorder; major depressive disorder; generalized anxiety disorder; posttraumatic stress disorder (PTSD); obsessive-compulsive disorder; anorexia nervosa; and alcohol, benzodiazepine, opioid, stimulant, and cannabis use, as well as unmet treatment needs.

Jail Mental Health Screening

The jail mental health screening interview utilizes the CIDI screening instruments to assess symptoms related to the primary mental health and substance use disorders of interest including schizophrenia or schizoaffective disorder; bipolar I disorder; major depressive disorder; generalized anxiety disorder; posttraumatic stress disorder (PTSD); obsessive-compulsive disorder; anorexia nervosa; and alcohol, benzodiazepine, opioid, stimulant, and cannabis use. The screening instrument also includes questions on treatment, receipt of Social Security Disability Income (SSDI), military experience, and exposure to and impact of COVID–19. The computerized mental health screening will be completed in person or by phone. The target population is a convenience sample of incarcerated 18–65-year-old adults, in up to six jails identified by the MDPS co-investigator team. Up to 208 mental health screening interviews will be conducted among incarcerated respondents. Respondents will be provided with a card that includes contact information and asked to contact the project personnel when they are released for inclusion in the household clinical interview sample. The primary objective of the jail mental