

approval of the information collection listed below.

*Proposed Collection:* Collection of Customer Service, Demographic, and Smoking/Tobacco use Information from the National Cancer Institute’s Contact Center (CC) Clients, 0925–0208 Expiration Date 04/30/2019, REVISION, National Cancer Institute (NCI), National Institutes of Health (NIH).

*Need and Use of Information Collection:* The National Cancer Institute (NCI) currently collects: (1) Customer service and demographic

information from clients of the Contact Center (CC) in order to properly plan, implement, and evaluate cancer education efforts, including assessing the extent by which the CC reaches and impacts underserved populations; (2) smoking/tobacco use behavior of individuals seeking NCI’s smoking cessation assistance through the CC in order to provide smoking cessation services tailored to the individual client’s needs and track their smoking behavior at follow up. This is a request for OMB to approve a revised

submission for an additional three years to provide ongoing customer service collection of demographic information, and collection of brief customer satisfaction questions from NCI Contact Center Clients for the purpose of program planning and evaluation.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,875.

**Estimated Annualized Burden Hours**

TABLE A. 12–1—ESTIMATE OF ANNUAL BURDEN HOURS

Type of respondents	Survey instrument	Number of respondents	Frequency of responses	Average time per response (minutes/hour)	Annual burden hours
Telephone Clients (Appendix 1A) .....	Customer Service .....	31,562	1	1/60	526
	Demographic & Customer Satisfaction Questions.	13,100	1	2/60	437
Smoking Cessation Clients .....	Smoking Cessation “Intake” Questions (Appendix 1C).	3,380	1	6/60	338
	Customer Satisfaction Questions (Appendix 9).	676	1	2/60	23
VA Smoking Cessation Clients .....	Call Backs (Appendix 1D) .....	1,560	1	4/60	104
VA Follow Up Calls .....	Call Backs (Appendix 1E) .....	936	1	4/60	62
LiveHelp Clients .....	Demographic & Customer Satisfaction Questions (Appendix 1B).	6,236	1	2/60	208
Email Clients .....	Email Intake Form (Appendix 2) .....	1,002	1	10/60	167
Total .....	.....	58,452	58,452	.....	1,875

Dated: July 16, 2018.

**Karla C. Bailey,**

*Project Clearance Liaison, National Cancer Institute, National Institutes of Health.*

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**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) 276–1243.

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: Testing of Electronic Health Records Questions for the National Survey of Substance Abuse Treatment Services (N–SSATS) and the National Mental Health Services Survey (N–MHSS)—NEW**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), is requesting approval for conducting cognitive testing on the use of electronic health records (EHRs) by substance abuse and mental health treatment facilities in the United States. The final goal of this cognitive testing is to incorporate questions on electronic health records to SAMHSA’s National

Survey of Substance Abuse Treatment Services (N–SSATS) and the National Mental Health Services Survey (N–MHSS).

Currently, there is a lack of national level data that exists on behavioral health care providers’ progress toward interoperability. The National Council for Behavioral Health in 2011/2012 conducted a survey to determine health information technology (IT) readiness. This data focused only on the membership of the National Council for Behavioral Health and does not provide national baseline data on the four domains of interoperability that are outlined in the Interoperability Roadmap (finding, sending, receiving and integrating data into EHRs) for behavioral health care providers. Currently, these providers are not eligible to participate in interoperability driving efforts such as the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) initiative. However, some behavioral health providers may be eligible in the future to participate in value-based payment initiatives such as the Merit-Based Incentive Payment System (MIPS). Measuring and reporting the state of interoperability will help to determine the type of support these providers need and their readiness to

participate in delivery system reform efforts in the future.

Collaboration between the Office of the National Coordinator for Health Information Technology (ONC) and SAMHSA on this data collection effort will provide an efficient manner to track trends in health IT adoption, use, and interoperability among behavioral health care providers. In addition, this collaboration will contribute to the development of strategic efforts to leverage health IT in behavioral health care settings to provide cost effective, high quality and patient-centered care. Results from this testing will allow ONC and SAMHSA to work together to quantitatively assess health IT adoption and interoperability among behavioral

health care providers using SAMHSA's current national surveys, the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS).

The information obtained from these efforts will be used to develop a new set of questions on the use and implementation of EHRs in behavioral health facilities for the N-SSATS and the N-MHSS surveys. Specifically, the information from the testing will be used to reduce respondent burden while simultaneously improving the quality of the data collected in these surveys.

Data from this testing will be collected mostly via telephone interviews, and few cases conducted

with in-person interviews. Results of this test will not be disseminated or used to inform policy, program, or budget decisions. Findings will be shared between ONC and SAMHSA staff to decide how the tested questions will be incorporated in the surveys.

It is estimated that the total burden for this project is 40 hours, based on a maximum of 80 interviews with an average of 30 minutes per interview.

The request for OMB seeks approval to conduct this testing of EHR questions during the Fall of 2018 for possible implementation starting in 2020.

The total estimated burden for this study is 39.2 hours for the period from September through December 2018.

Survey	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Interviews .....	80	1	80	.50	40

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, MD 20857 OR email a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by September 25, 2018.

**Summer King,**  
Statistician.

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**Proposed Project: National Survey of Substance Abuse Treatment Services (N-SSATS) (OMB No. 0930-0106)—Revision**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting a revision of the National Survey of Substance Abuse Treatment (N-SSATS) data collection (OMB No. 0930-0106), which expires on December 31, 2018. N-SSATS provides both national and state-level data on the numbers and types of patients treated and the characteristics of facilities providing substance abuse treatment services. It is conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) to meet the specific mandates for annual information about public and private substance abuse treatment providers and the clients they serve.

This request includes:

- Collection of N-SSATS, which is an annual survey of substance abuse treatment facilities; and
- Updating of the Inventory of Behavioral Health Services (I-BHS) which is the facility universe for the N-SSATS as well as the annual survey of

mental health treatment facilities, the National Mental Health Services Survey (N-MHSS). The I-BHS includes all substance abuse treatment and mental health treatment facilities known to SAMHSA. (The N-MHSS data collection is covered under OMB No. 0930-0119.)

The information in I-BHS and N-SSATS is needed to assess the nature and extent of these resources, to identify gaps in services, and to provide a database for treatment referrals. Both I-BHS and N-SSATS are components of the Behavioral Health Services Information System (BHSIS).

The request for OMB approval will include a request to update the I-BHS facility listing on a continuous basis and to conduct the N-SSATS and the between cycle N-SSATS (N-SSATS BC) in 2019, 2020, and 2021. The N-SSATS BC is a procedure for collecting services data from newly identified facilities between main cycles of the survey and will be used to improve the listing of treatment facilities in the online Behavioral Health Treatment Services Locator.

**Planned Changes**

I-BHS: Only minor form changes corresponding with updated technology are planned.

N-SSATS: The N-SSATS with client counts will continue to be conducted in alternate years, as in the past, and the Treatment Locator will be updated monthly.