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Dated: May 24, 2019.

Carlos Castillo,

Committee Management Officer.

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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) 276-1112.

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: Regulations To Implement SAMHSA's Charitable Choice Statutory Provisions—42 CFR Parts 54 and 54a

(OMB No. 0930-0242)—Extension

Section 1955 of the Public Health Service Act (42 U.S.C. 300x-65), as amended by the Children's Health Act of 2000 (Pub. L. 106-310) and Sections 581-584 of the Public Health Service Act (42 U.S.C. 290kk *et seq.*, as added by the Consolidated Appropriations Act (Pub. L. 106-554)), set forth various provisions which aim to ensure that religious organizations are able to compete on an equal footing for federal funds to provide substance abuse services. These provisions allow

religious organizations to offer substance abuse services to individuals without impairing the religious character of the organizations or the religious freedom of the individuals who receive the services. The provisions apply to the Substance Abuse Prevention and Treatment Block Grant (SABG), to the Projects for Assistance in Transition from Homelessness (PATH) formula grant program, and to certain Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant programs (programs that pay for substance abuse treatment and prevention services, not for certain infrastructure and technical assistance activities). Every effort has been made to assure that the reporting, recordkeeping and disclosure requirements of the proposed regulations allow maximum flexibility in implementation and impose minimum burden.

No changes are being made to the regulations or the burden hours.

Information on how states comply with the requirements of 42 CFR part 54 was approved by the Office of Management and Budget (OMB) as part of the Substance Abuse Prevention and Treatment Block Grant FY 2019-2021 annual application and reporting requirements approved under OMB control number 0930-0168.

42 CFR citation and purpose	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hours
Part 54—States Receiving SA Block Grants and/or Projects for Assistance in Transition From Homelessness (PATH)					
Reporting:					
96.122(f)(5) Annual report of activities the state undertook to comply 42 CFR part 54 (SABG).	60	1	60	1	60
54.8(c)(4) Total number of referrals to alternative service providers reported by program participants to States (respondents):					
SABG	6	23 (avg.)	135	1	135
PATH	10	5	50	1	50
54.8(e) Annual report by PATH grantees on activities undertaken to comply with 42 CFR part 54.	56	1	56	1	56
Disclosure:					
54.8(b) State requires program participants to provide notice to program beneficiaries of their right to referral to an alternative service provider:					
SABG	60	1	60	.05	3
PATH	56	1	56	.05	3
Recordkeeping:					
54.6(b) Documentation must be maintained to demonstrate significant burden for program participants under 42 U.S.C. 300x-57 or 42 U.S.C. 290cc-33(a)(2) and under 42 U.S.C. 290cc-21 to 290cc-35.	60	1	60	1	60
Part 54—Subtotal	115	.....	477	.....	367

Part 54a—States, Local Governments and Religious Organizations Receiving Funding Under Title V of the PHS Act for Substance Abuse Prevention and Treatment Services

Reporting:					
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42 CFR citation and purpose	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hours
54a.8(c)(1)(iv) Total number of referrals to alternative service providers reported by program participants to states when they are the responsible unit of government.	25	4	100	.083	8
54a(8)(d) Total number of referrals reported to SAMHSA when it is the responsible unit of government. (NOTE: This notification will occur during the course of the regular reports that may be required under the terms of the funding award.)	20	2	40	.25	10
Disclosure: 54a.8(b) Program participant notice to program beneficiaries of rights to referral to an alternative service provider.	1,460	1	1,460	1	1,460
Part 54a—Subtotal	1,505	.....	1,600	.....	1,478
Total	1,620	.....	2,077	.....	1,845

Send comments to Janet Heekin, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E21-B, Rockville, Maryland 20857, OR email a copy to janet.heekin@samhsa.hhs.gov. Written comments should be received by July 29, 2019.

Dated: May 24, 2019.

Carlos Castillo,

Committee Management Officer.

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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: SAMHSA Application for Peer Grant Reviewers (OMB No. 0930-0255)—Revision

Section 501(h) of the Public Health Service (PHS) Act (42 U.S.C. 290aa) directs the Assistant Secretary of the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish such peer review groups as are needed to carry out the requirements of Title V of the PHS Act. SAMHSA administers a large discretionary grants program under authorization of Title V, and, for many years, SAMHSA has funded grants to provide prevention and treatment services related to substance abuse and mental health.

In support of its grant peer review efforts, SAMHSA desires to continue to expand the number and types of reviewers it uses on these grant review committees. To accomplish that end, SAMHSA has determined that it is important to proactively seek the inclusion of new and qualified representatives on its peer review groups. Accordingly, SAMHSA has developed an application form for use by individuals who wish to apply to serve as peer reviewers.

The application form has been developed to capture the essential information about the individual applicants. The most consistent method to accomplish this is through completion of a standard form by all interested persons which captures information about knowledge, education, and experience in a consistent manner from all interested applicants. SAMHSA will use the

information provided on the applications to identify appropriate peer grant reviewers. Depending on their experience and qualifications, applicants may be invited to serve as grant reviewers.

The following changes are proposed in the form:

- Added the collection of License # and Expiration Date to meet 21st Century CURES Act requirements.
- Deleted the collection of experienced federal reviewer or non-federal reviewer information.
- Under No SAMHSA Experience section, added collection of whether or not the potential reviewer had completed SAMHSA reviewer training with the date.

Under the Target Population Section

—Added the following distinctions: Tribes or Tribal Organizations
Minorities (African American, Hispanic/Latino, etc)

Under the Substance Abuse and Clinical Issues Section

—Added the following distinctions: Medication Assisted Treatment
Emergency Treatment
Opioid Use Disorders
—Deleted the following distinctions: Depression/Manic Depression
Ecstasy
Fetal Alcohol Syndrome
Obsessive Compulsive Disorder
Personality Disorders

Under the Other Expertise Section

—Added the following distinctions: Recovery Support Services
Behavioral Healthcare
Rural Communities
—Deleted the following distinctions: Faith Based Community Approaches
Violence Prevention Programs
Drug Courts

The following table shows the annual response burden estimate.