

## 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 project or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (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.

#### Project: State Opioid Response (SOR)/ Tribal Opioid Response (TOR) Program Instrument (OMB No. 0930-0384)—Revision

SAMHSA is requesting approval to modify its existing CSAT SOR/TOR Program Instrument by (1) collapsing the original three questions into two questions for clarity and (2) adding ten questions, in order to collect information on Congressionally mandated and programmatic activities and comply with reporting requirements. The program-level information is collected quarterly and entered and stored in SAMHSA's Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse prevention and treatment and mental health services delivered in the United States. Continued approval of

this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act (GPRA) of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs.

The SOR/TOR programs were first authorized under Title II Division H of the Consolidated Appropriations Act, 2018, Public Law 115-141. SOR/TOR programs aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of Opioid Use Disorder (OUD), reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for OUD (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs).

SAMHSA is proposing to revise the SOR/TOR Program Instrument data collection instrument (OMB No. 0930-0384), in order to collect information on Congressionally mandated and programmatic activities and comply with reporting requirements.

SAMHSA developed the SOR/TOR Program Instrument to collect minimum data on naloxone purchase and distribution, but the SOR/TOR programs are unique in that they have prevention requirements. SOR/TOR grantees are required to engage in the following prevention activities: (1) Implement prevention and education services, including training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, (2) develop evidence-based community prevention efforts, including strategic messaging on the consequences of opioid misuse, and (3) purchase and distribute naloxone and train on its use. The revised tool will allow SAMHSA to collect data on the required education and prevention activities, and better assess grantee performance on these activities.

Based on a recent United States Government Accountability Office (GAO) Report to Congress GAO 21-96, "Drug Misuse: Agencies Have Not Fully Identified How Grants That Can Support Drug Prevention Education Programs Contribute to National Goals,"<sup>1</sup> GAO

<sup>1</sup> United States Government Accountability Office. (2020, November). Drug Misuse: Agencies

found that SAMHSA's performance measures for the SOR program partially reflect its core program activities, and that although SAMHSA reported three performance measures for the SOR program, all three measures focused on treatment or recovery services only. GAO recommended, and SAMHSA committed to, implementing the following: "The Secretary of Health and Human Services should determine how the State Opioid Response program contributes to the prevention goals of the National Drug Control Strategy and develop performance measures that relate to achieving those goals including the prevention education goal." Collection of the data in the revised tool will enable SAMHSA to implement the recommendations of GAO.

Finally, the revisions will assist SAMHSA in providing comprehensive data on the full range of required activities to inform Congressionally mandated reports for the SOR program.

In order to address these issues, SAMHSA is proposing to (1) collapse the three questions into two questions for clarity and (2) add ten questions, in order to collect information on Congressionally mandated and programmatic activities and comply with reporting requirements. A summary of the proposed changes includes:

- The revised question will provide CSAT with clarification on the purchase and distribution of naloxone kits.
- The ten additional questions will provide data on the following:
  - Reported overdose reversals;
  - Purchase and distribution of fentanyl test strips;
  - Training of first responders and key community sectors on recognizing an opioid overdose and the appropriate use of naloxone overdose reversal kits;
  - Educating individuals, including school-aged children, on the consequences of opioid and/or stimulant misuse using strategic messaging and prevention activities;
  - Training individuals to provide school-based prevention and education activities to school-aged children; and
  - Providing targeted prevention outreach activities to underserved and/or diverse populations.

Have Not Fully Identified How Grants That Can Support Drug Prevention Education Programs Contribute to National Goals. <https://www.gao.gov/assets/gao-21-96.pdf>.

TABLE 1—ESTIMATE OF ANNUALIZED HOUR BURDEN FOR SOR/TOR GRANTEES

SAMHSA data collection	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours	Hourly wage <sup>2</sup>	Total wage cost
Grantee-Level Instrument .....	159	4	636	.30	190.80	\$24.78	\$4,728.02
CSAT Total .....	159	4	636	.30	190.80	24.78	4,728.02

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–A, Rockville, Maryland 20857, OR email a copy to [Carlos.Graham@samhsa.hhs.gov](mailto:Carlos.Graham@samhsa.hhs.gov). Written comments should be received by October 1, 2021.

**Carlos Graham,**

*Social Science Analyst.*

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**BILLING CODE 4162–20–P**

**DEPARTMENT OF HOMELAND SECURITY**

**Federal Emergency Management Agency**

[Docket ID FEMA–2021–0002]

**Changes in Flood Hazard Determinations**

**AGENCY:** Federal Emergency Management Agency, Department of Homeland Security.

**ACTION:** Notice.

**SUMMARY:** New or modified Base (1-percent annual chance) Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, and/or regulatory floodways (hereinafter referred to as flood hazard determinations) as shown on the indicated Letter of Map Revision (LOMR) for each of the communities listed in the table below are finalized. Each LOMR revises the Flood Insurance Rate Maps (FIRMs), and in some cases the Flood Insurance Study (FIS) reports, currently in effect for the listed communities. The flood hazard determinations modified by each LOMR will be used to calculate flood insurance

premium rates for new buildings and their contents.

**DATES:** Each LOMR was finalized as in the table below.

**ADDRESSES:** Each LOMR is available for inspection at both the respective Community Map Repository address listed in the table below and online through the FEMA Map Service Center at <https://msc.fema.gov>.

**FOR FURTHER INFORMATION CONTACT:** Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) [patrick.sacbibit@fema.dhs.gov](mailto:patrick.sacbibit@fema.dhs.gov); or visit the FEMA Mapping and Insurance eXchange (FMIX) online at [https://www.floodmaps.fema.gov/fhm/fmx\\_main.html](https://www.floodmaps.fema.gov/fhm/fmx_main.html).

**SUPPLEMENTARY INFORMATION:** The Federal Emergency Management Agency (FEMA) makes the final flood hazard determinations as shown in the LOMRs for each community listed in the table below. Notice of these modified flood hazard determinations has been published in newspapers of local circulation and 90 days have elapsed since that publication. The Deputy Associate Administrator for Insurance and Mitigation has resolved any appeals resulting from this notification.

The modified flood hazard determinations are made pursuant to section 206 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The new or modified flood hazard information is the basis for the floodplain management measures that the community is required either to adopt or to show evidence of being already in effect in order to remain qualified for participation in the National Flood Insurance Program (NFIP).

This new or modified flood hazard information, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own or pursuant to policies established by other Federal, State, or regional entities.

This new or modified flood hazard determinations are used to meet the floodplain management requirements of the NFIP and are used to calculate the appropriate flood insurance premium rates for new buildings, and for the contents in those buildings. The changes in flood hazard determinations are in accordance with 44 CFR 65.4.

Interested lessees and owners of real property are encouraged to review the final flood hazard information available at the address cited below for each community or online through the FEMA Map Service Center at <https://msc.fema.gov>.

(Catalog of Federal Domestic Assistance No. 97.022, “Flood Insurance.”)

**Michael M. Grimm,**

*Assistant Administrator for Risk Management, Department of Homeland Security, Federal Emergency Management Agency.*

State and county	Location and case No.	Chief executive officer of community	Community map repository	Date of modification	Community No.
Florida: Alachua (FEMA Docket No.: B–2125).	Unincorporated areas of Alachua County (20–04–2956P).	Ms. Michele L. Lieberman, Alachua County Manager, 12 Southeast 1st Street, Gainesville, FL 32601.	Alachua County Public Works Department, 5620 Northwest 120th Lane, Gainesville, FL 32653.	July 6, 2021 .....	120001

<sup>2</sup> The hourly wage estimate is \$24.78 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 21–1018 Substance Abuse,

Behavioral Disorder, and Mental Health Counselors = \$24.78/hr. as of May 2020 (<https://www.bls.gov/>

[oes/current/oes211018.htm](https://www.bls.gov/oes/current/oes211018.htm) Accessed on May 4, 2021.)