

Dated: September 12, 2023.

Lauren K. Roth,

Associate Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Change in Federal Award Closeout Provisions

AGENCY: Office of the Assistant Secretary for Financial Resources (ASFR), Department of Health and Human Services (HHS or the Department).

ACTION: Notice.

SUMMARY: HHS will follow the Federal award Office of Management and Budget (OMB) closeout provisions modified the closeout provisions rather than the HHS-specific closeout provisions.

FOR FURTHER INFORMATION CONTACT: Johanna Nestor at *Johanna.Nestor@hhs.gov* or (202) 631–0420.

SUPPLEMENTARY INFORMATION:

Background: In 2014, HHS codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements (UAR) for HHS Awards at 45 CFR part 75. 79 FR 75889 (Dec. 19, 2014). This codification included HHS-specific language, including the adoption of the closeout provisions at 45 CFR 75.381. In 2020, the Office of Management and Budget modified the closeout provisions for Federal awards at 2 CFR 200.344. 85 FR 49506 (Aug. 13, 2020). These modifications:

- Increase the number of days for recipients to submit closeout reports and liquidate all financial obligations from 90 calendar days to 120 calendar days after the end of the period of performance.
- Require awarding agencies to complete closeout actions no later than one year after the end of the period of performance unless otherwise directed by authorizing statutes.
- Require awarding agencies to close out awards within one year of the end of the period of performance based on available information and report the recipient to the OMB-designated integrity and performance system (currently Federal Awardee Performance and Integrity Information System (FAPIIS)).

The HHS-specific closeout provisions at 45 CFR 75.381 are more restrictive than 2 CFR 200.344 as modified. This may lead to recipient confusion and inconsistencies in closeout timing

government-wide. Additionally, the different provisions may result in report submission delays, which can affect closeout task reconciliation and effective completion. Adhering to the 2 CFR 200.344 closeout provisions would provide more time for recipient compliance and conform with other Federal awarding agencies, thus promoting greater equity and fairness.

Action: For the reasons stated above, effective October 1, 2023, HHS will follow the 2 CFR 200.344 closeout provisions. This action will minimize the burden on the internal and external grants communities while ensuring the timely closeout of HHS awards.

William D. Bell IV,

Deputy Assistant Secretary for Grants.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities 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) 276–0361.

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.

Proposed Project: National Substance Use and Mental Health Services Survey (N–SUMHSS) (OMB No. 0930–0386)—Revision

Under section 505 of the Public Health Service Act (42 U.S.C. 290aa–4),

SAMHSA is required to conduct annual collection of data on substance use and mental health. Selected information collected from the N–SUMHSS is also published on SAMHSA's *FindTreatment.gov* for persons seeking treatment for mental and substance use disorders in the United States.

FindTreatment.gov is authorized by the 21st Century Cures Act (Pub. L. 114–255, section 9006; 42 U.S.C. 290bb–36d).

In 2021, SAMHSA combined the National Survey of Substance Abuse Treatment Services (N–SSATS) and the National Mental Health Services Survey (N–MHSS) into the N–SUMHSS to reduce the burden on facilities offering both substance use and mental health services, optimize government resources to collect data, and enhance the quality of data collected on the treatment facilities.

The N–SUMHSS is the most comprehensive national source of data on substance use and mental health treatment facilities. On an annual basis, the N–SUMHSS collects information on the facility location, characteristics, and utilization of substance use and mental health treatment services. The survey also collects client counts on individuals receiving services at these facilities. There is an increasing need to collect and maintain data on current and accurate numbers of clients in treatment at the local level for communities to assess capacity and estimate resource requirements. This information on substance use and mental health services has assisted with communities to better respond to life changing events, (*i.e.*, hurricane) and plan for service demands in the event of a natural disaster (*i.e.*, earthquakes).

SAMHSA also maintains the Inventory of Substance Use and Mental Health Treatment Facilities (I–TF) (previously known as the Inventory of Behavioral Health Services [I–BHS]). The I–TF is a master list of all known substance use and mental health treatment facilities in the United States. It also serves as the universe population for the N–SUMHSS.

SAMHSA is requesting OMB approval of revisions to the N–SUMHSS and I–TF related data collections, to include changes to the following instruments:

N–SUMHSS Questionnaire

- *Q1a:* added to clarify if facilities reported providing mental health treatment services in Q1 also provide substance use treatment services, to help respondents understand how to respond accurately and ensure appropriate survey module(s) are completed.

- *A1a*: add the word “health” to clarify and improve survey item accuracy.
- *A8a. and QA9*: add “for opioid use disorder” and “for alcohol use disorder” in the existing question to clarify clients using MAT for specific substance use disorder and to improve survey item accuracy.
- *B7a*: add the following new survey response options to the existing question to improve survey response option comprehensiveness:
 - Add “Prochlorperazine” to the existing list of first-generation antipsychotics.
 - Add “Inhalation” and “Don’t Know” to the existing route of administration options for first-generation antipsychotics.
 - Add new response options of “Sublingual,” “Transdermal,” and “Don’t Know” to the existing route of administration options for second-generation antipsychotics.
 - Add “Other first-generation antipsychotic #1 Specify, #2 Specify, and #3 Specify” and “Other second-generation antipsychotic #1 Specify, #2 Specify, and #3 Specify” to the existing list of first-generation and second-generation antipsychotics.
- *B11*: add the word “currently” to the question to improve survey item accuracy. Change the word “persons” to “clients” to increase survey item consistency between survey modules.
- *B19*: update the full title and add the acronyms “CSBG” and “MHBG” of the two existing Federal grants to improve survey item accuracy. Add “other” to clarify and help respondents better comprehend what is being asked.
- *C6a., C7a., C8., C8a*: Update the locator reference from the “Behavioral Health Treatment Services Locator” to *FindTreatment.gov* and the reference years associated with reporting client count data.

N-SUMHSS Between Cycle Questionnaire

Since the Mini N-SUMHSS is a subset of the N-SUMHSS, all proposed changes to the N-SUMHSS (listed above) apply to the Mini N-SUMHSS.

N-SUMHSS VA Supplement

SAMHSA proposes a new N-SUMHSS VA Supplement to collect information annually on suicide-related services, standardized suicide screening and evaluation tools, clients at high risk of suicide, referrals and follow-ups from VA substance use and mental health facilities. VA facilities providing only substance use treatment service will answer 7 questions (Attachment C). VA facilities providing only mental health treatment service will answer 12 questions (Attachment D). VA facilities providing both substance use and mental health treatment services will answer 19 questions.

N-SUMHSS EHR Supplement

SAMHSA proposes a new N-SUMHSS EHR Supplement to collect information once from facilities providing substance use and/or mental health treatment services on health IT adoption, use, and interoperability. There are 15 questions in the proposed new N-SUMHSS EHR Supplement.

I-TF Facility Registration Application Form

- Update the locator reference to “*FindTreatment.gov*,” and the reference years associated with reporting client count data.
- Replace existing “substance abuse” term with a clinically accurate, non-stigmatizing language for “substance use,” throughout the form, to help reduce stigma and support treatment for substance use disorders. This revision aligns with the current edition of *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed., American Psychiatric Association, 2013), where “abuse” has been replaced by “use.”

This revision also aligns with the White House Office of National Drug Control Policy 2017 Memo on “Changing Federal Terminology regarding Substance Use and Substance Use Disorders.”

Augmentation Screener Questionnaire

- Replace existing “substance abuse” term with “substance use.”
- Update the locator reference to “*FindTreatment.gov*.”
- Update the reference of “Mental Health Survey” and “Substance Abuse Survey” to “N-SUMHSS” to improve accuracy.
- Revise the statute citation to be more specific on the level of protection of the information collected from the Augmentation Screener Questionnaire.
- Update the OMB number.

I-TF Online State Add/Update Form

- Update the reference of I-BHS to I-TF throughout the form.
- Update the new SAMHSA logo design throughout the form.
- Replace existing “substance abuse” term with “substance use.”
- Add “Intake 1a and Intake 2a” fields to the “Facility Information” section and add “Director’s Email” field to the “Director Information” section, to capture more comprehensive information about the new facilities and facility directors.
- Move existing data fields “State Approved,” “State Reviewed,” “National Directory Eligible,” and “Facility Surveys” to create a new section “Directory/Locator Eligibility” and add a new “Date Reviewed” field to improve response efficiency and accuracy.
- Move existing “Old-ITF ID” and add “Parent I-TF ID” to the “Other Facilities Details” section to improve response efficiency.

The estimated annual burden for the N-SUMHSS and I-TF activities is as follows:

Information collection title	Number of respondents	Responses per respondent	Total responses	Hours per response (in hours)	Total burden hours	Average hourly wage	Total annual cost
N-SUMHSS Questionnaire (either SU or MH)	32,000	1	32,000	0.83	26,560	\$48.72	\$1,294,003
N-SUMHSS Questionnaire (both SU and MH)	5,000	1	5,000	1.28	6,400	48.72	311,808
N-SUMHSS Between Cycle Questionnaire	1,500	1	1,500	0.75	1,125	48.72	54,810
N-SUMHSS VA Supplement	800	1	800	0.05	40	48.72	1,949
N-SUMHSS EHR Supplement*	37,000	1	37,000	0.12	4,440	48.72	216,317
I-TF Facility Registration Application Form	1,500	1	1,500	0.08	120	26.71	3,205

Information collection title	Number of respondents	Responses per respondent	Total responses	Hours per response (in hours)	Total burden hours	Average hourly wage	Total annual cost
Augmentation Screener Questionnaire	1,300	1	1,300	0.08	104	26.71	2,778
I-TF Online State Add Update Form	61	50	3,050	0.08	244	26.71	6,517
Totals			82,150		39,033		1,891,387

* The N-SUMHSS EHR Supplement will be administered one time during the three-year period.

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E57A Rockville, MD 20852 or email him a copy at Carlos.Graham@samhsa.hhs.gov. Written comments should be received by November 14, 2023.

Alicia Broadus,

Public Health Advisor.

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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

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Project: GLS State/Tribal Evaluation of the Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program—Reinstatement

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) is requesting clearance for the reinstatement of data collection associated with the previously approved evaluation of the Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Program (GLS Suicide Prevention Program). The GLS State/Tribal Evaluation is a proposed redesign of the currently approved evaluation (OMB No. 0930-0286; Expiration, March 31, 2019) that builds on prior published GLS evaluation proximal and distal outcomes and aggregate findings from program activities (e.g., Condrón, Godoy-Garraza, Walrath, McKeon, & Heilbron, 2014; Walrath, Godoy-Garraza, Reid, Goldston, & McKeon, 2015; Godoy-Garraza, Walrath, Kuiper, Goldston, & McKeon, 2018; Condrón, Godoy-Garraza, Kuiper, Sukumar, Walrath, & McKeon, 2018; Godoy-Garraza, Kuiper, Goldston, McKeon, & Walrath, 2019; Godoy-Garraza, Kuiper, Cross, Hicks, & Walrath, 2020; Goldston & Walrath, 2023). As a result of the vast body of information collected and analyzed through the previous cross-site evaluation SAMHSA has identified areas for additional investigation and the types of inquiry needed to move the evaluation into its next phase.

The purpose of the GLS Suicide Prevention Program is to facilitate a comprehensive public health approach to prevent suicide. Passed by Congress in 2004, the Garrett Lee Smith Memorial Act (GLSMA) was the first legislation to provide funding for States, Tribes, and institutions of higher education to develop, improve, and evaluate early intervention and suicide prevention programs. GLSMA mandates that the effectiveness of the GLS Suicide Prevention Program be evaluated through both cross-site and local evaluation and reported to Congress.

The GLS State/Tribal Evaluation is designed to gather detailed outcome and impact data to provide SAMHSA with the data and information needed to understand what works, why it works, and under what conditions, relative to program activities.

The purpose of the GLS State/Tribal Evaluation is to build the program’s knowledge base by expanding on information gathered through the prior evaluation related to the process, products, context, and impacts of the GLS State/Tribal Program.

The GLS State/Tribal Evaluation incorporates three areas of evaluation to provide a robust understanding of the implementation, outcomes, and impacts of the GLS State/Tribal Program. A behavioral health equity and cultural equity lens will be applied to each area of evaluation to ensure a culturally specific understanding of intervention implementation, outcomes, and impacts.

The Implementation Evaluation inventories the array of strategies and services implemented by grantees and answers questions about the extent to which grantees are implementing required and allowed prevention strategies and services, including related settings, populations, and degree of fidelity to their work plan.

The Outcome Evaluation includes three studies related to trainings, youths’ experience of services, and the continuity of care for at-risk youths—i.e., the Training Outcomes Study; Youth Experience, Outcomes, and Resiliency Study (Youth Study); and Continuity of Care Study. These studies will provide a deeper examination of the effectiveness of these strategies as they relate to the long-term gains in trainee skills to identify and manage youths at risk for suicide; youths’ perspectives, including an assessment of how youths experience services, supports and facets that encourage building resilience, stress tolerance, and self-management skills; and the effectiveness of a continuum of care that connects youths to treatment services and supports, and post-discharge follow-up.