

Medical Education (OCRTE) at the NIH Clinical Center and the extent to which this training promotes (a) patient safety; (b) research productivity and independence; and (c) future career development within clinical, translational, and academic research settings. The information received from respondents is presented to, evaluated

by, and incorporated into the ongoing operational improvement efforts of the Director of the Office of Clinical Research Training and Education, and the Chief Executive Officer of the NIH Clinical Center. This information will enable the ongoing operational improvement efforts of the OCRTE and its commitment to providing

clinical research training and medical education of the highest quality to each trainee.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours 537.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Clinical Research Training Program/Medical Research Scholars Program Alumni Survey	Physicians	800	1	20/60	267
Graduate Medical Education Graduate Survey	Physicians	350	1	20/60	117
Clinical Electives Program 1 Year Alumni Survey	Physicians	100	1	20/60	33
Continuing Medical Education Evaluation Survey	Physicians	720	1	10/60	120
Total	1,970	1,970	537

Frederick D. Vorck, Jr.,

Project Clearance Liaison, NIH Clinical Center, National Institutes of Health.

[FR Doc. 2024-17191 Filed 8-2-24; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Statement of Organization, Functions, and Delegations of Authority

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA).

ACTION: Organization, functions, and delegations of authority.

SUMMARY: SAMHSA has modified its organizational structure.

SUPPLEMENTARY INFORMATION: Part M of the Substance Abuse and Mental Health Services Administration (SAMHSA) Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services at 71 FR 19740-19741, April 17, 2006, is amended to reflect changes of the functional statements for the Center for Substance Abuse Treatment (CSAT). This amendment reflects the addition of one new division and two branches. CSAT has taken the lead in addressing the substance use disorder (SUD) treatment needs of Americans, focusing primarily on opioid treatment, developing a crisis continuum, improving adult and adolescent substance use treatment, and increasing access to and the quality of SUD treatment and recovery services. CSAT

is dedicated to collaborating with grantees and stakeholders to enhance the accessibility of innovative services and evidence-based treatment modalities through grants and technical assistance.

In order to enhance administrative and operational efficiencies, CSAT proposes that each supervisor within the center should have a staff to supervisor ratio of 1 supervisor to 10 staff person or less. There is currently a twelve to one staff to supervisor ratio in the Division of Services Improvement (DSI)—with one branch having 17 staff. Managing 10 or more employees can be challenging for a first-line supervisor, who must effectively handle employee management and oversee grants and contracts. By adding the Division of Health Systems Improvement (DHSI) and two branches, Integrated Care Branch (ICB) and Opioid Treatment Branch (OTB) the staff to supervisor ratio would decrease to eight to one. Moreover, streamlined and smaller divisions/branches, with specific focus areas, will provide additional oversight and management by the second-level supervisor for these important Federal grants and contracts.

Center for Substance Abuse Treatment Division of Health Systems Improvement

The proposed DHSI will focus on equity, medications for opioid use disorder (MOUD), and the continuum of care consistent with and necessary for the achievement of goals outlined in the President's Unity Agenda and the Office of National Drug Control Policy's National Drug Control Strategy. Refining the alignment of grant portfolios by the

scope and span of grants and function, subject matter areas, age group focus (adolescents versus adults), and geographic focus (community versus state) will allow for improved efficiencies and service. The two branches in DHSI will be ICB and OTB. The new division will allow for dedicated leadership focusing on opioid treatment, developing a crisis continuum, improving adult and adolescent substance use treatment, and increasing access to and the quality of SUD treatment and recovery services. The proposed new division and two new branches are better aligned based on content and goal; the major grant programs impacted by this change are described below.

ICB will primarily focus on increasing access to and improving the quality of services of comprehensive, coordinated, patient-centered care across the continuum. The branch will manage the Minority AIDS Initiative (MAI) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs both of which are authorized under the Public Health Service Act (PHSA), title V, section 509. MAI seeks to increase engagement in care for racial and ethnic underrepresented individuals with SUD and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS and receive HIV/AIDS services/treatment. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- OTB will primarily focus on providing evidence-based

comprehensive care to individuals with opioid use disorder (OUD), reduce harm, and effectively address the opioid crisis through service grants primarily to community-based organizations. This includes service grants that support the provision of MOUD such as methadone, buprenorphine and naltrexone which allow patients to receive treatment while maintaining their daily responsibilities and lives. Work in this branch will include engaging in community outreach and education efforts to raise awareness about the opioid epidemic, prevention strategies, and available treatment options. This is different from the work done in our state-based funding programs (State Opioid Response and Substance Use Prevention, Treatment, and Recovery Services Block Grants) which are housed in the Division of State and Community Systems (DSCS) and separate from the focus of the Division of Pharmacologic Therapies (DPT) which works with Opioid Treatment Programs to provide regulatory and provider support and does not fund opioid treatment. There is no overlap in the work of the existing divisions, DSCS and DPT, and the proposed OTB within the proposed DHSI. The OTB will manage the Medication-Assisted Treatment—Prescription Drug and Opioid Addiction (MAT–PDOA) and Targeted Capacity Expansion: Special Projects (TCE–SP) programs, both of which are authorized under section 509 of the PHSA, as amended. The purpose of MAT–PDOA is to provide resources to help expand and enhance access to MOUD. It is expected that this program will help to (1) increase access to MOUD for individuals with OUD, including individuals from diverse racial, ethnic, sexual and gender minority communities; and (2) decrease illicit opioid use and prescription opioid misuse. The purpose of TCE–SP is to implement targeted strategies for the provision of SUD or COD harm reduction, treatment, and/or recovery support services to support an under-resourced population or unmet need identified by the community.

Delegations of Authority

All delegations and redelegations of authority to officers and employees of SAMHSA which were in effect immediately prior to the effective date of this reorganization shall continue to be in effect.

Authority: 44 U.S.C. 3101.

Xavier Becerra,

Secretary of Health and Human Services.

[FR Doc. 2024–17131 Filed 8–2–24; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities 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 on (240) 276–0361.

Proposed Project: Drug and Alcohol Warning Network (DAWN) (OMB No. 0930–0078)—Reinstatement With Change

Under the Public Health Service Act (42 U.S.C. 290aa–4), SAMHSA is authorized to collect data on the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs. DAWN is a nationwide public health surveillance system to improve hospital emergency department (ED) monitoring of substance use-related visits. It captures data on ED visits related to recent substance use and misuse directly from the electronic health records (EHR) of participating hospitals. The new DAWN helps SAMHSA and public health professionals, clinicians, and policymakers respond effectively to the opioid and substance misuse crisis in the United States.

SAMHSA is requesting OMB approval of reinstatement with change of the DAWN data collections, to include following changes:

- Revise the data collection title to “Drug and Alcohol Warning Network”, replacing existing ‘abuse’ term and including ‘alcohol’ in the title.
- Remove drug-related death investigation records review component administered by state medical examiners (MEs) and individual medical examiners/coroners (ME/Cs).
- Revise data collection procedures where participating hospitals can choose the direct chart review option (at the contractor’s operation center, home-based abstraction or on site at the hospital). Hospitals will also have the opportunity to select the machine learning with natural language processing (ML with NLP) option. The option for hospitals to use their own staff to abstract DAWN data as they did in the legacy DAWN is no longer offered.
- Revise the hospital selection design of the ED component to a hybrid system

that combines sentinel hospitals and probability-based selection of hospitals from high priority suburban/rural areas and from the remaining areas in the United States.

- Change the reporting and publication schedule to further increase the timeliness of the new DAWN data availability and delivery to SAMHSA. The new DAWN data are collected on an ongoing basis and could be available to SAMHSA on demand. The new DAWN data are delivered to SAMHSA and available for analysis at a more frequent intervals than the legacy DAWN.

- Propose following changes to the ED Case Report Form:

- Add “Center for Behavioral Health Statistics and Quality” to specify the center responsible for DAWN data collection.
- Revise the data collection title to “Drug and Alcohol Warning Network” from “Drug Abuse Warning Network.”
- Replace prior “Facility” data field title with “Hospital Emergency Department ID” to provide more precise description and ID number of the DAWN participating hospitals.
- Q3 “Age”: replace prior option of “less than 1 year” with two detailed options of “4 weeks (28 days) or younger” and “Between 4 weeks and one year old (>4 weeks, <1 year)” to enable new identification of neonatal substance issues.
- Q4 “County of Residence”: revise data field title from prior “patient’s home zip code” and add more accurate description on what data to be collected and clarify the purpose of data collection. Add new “Unable to determine county” option to improve data accuracy and account for geographical variation.
- Q6 “Gender Identity” and Q7 “Sexual Orientation”: added to provide inclusive measures and to align with SAMHSA’s efforts in enhancing behavioral health equities among diverse populations.
- Q8 “Ethnicity” and Q9 “Race”: revise prior data field “Race/Ethnicity” to align with OMB 1997 Standards for Maintaining, Collecting, And Presenting Federal Data on Race and Ethnicity (Statistical Policy Directive No. 15) and to improve data accuracy and comprehensiveness.
- Q10 “Case Description”: replace the word “drug(s)” with “substance(s)” to clarify that the DAWN collects data on all substances including alcohol. Add new instruction language of “Do not include information that could identify the patient or hospital” to provide clear instruction and specify the