DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; 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: National Survey on Drug Use and Health (OMB No. 0930–0110)

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older. The data are used to provide estimates of substance use and mental illness at the national, state, and substate levels. NSDUH data also help to identify the extent of substance use and mental illness among different subgroups, estimate trends over time, and determine the need for treatment services. The results are used by SAMHSA, the Office of National Drug Control Policy (ONDCP), Federal Government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

For the 2025 NSDUH, SAMHSA is proposing to change the name of the study to the National Household Survey on Behavioral Health (NHSBH) to emphasize the inclusion of the long-standing mental health-related survey elements and to clarify for key stakeholders the full content of the survey's questions and data. The proposed name change will facilitate participant, researcher, and public understanding that the NSDUH is focused on both drug use but also mental health. The current name of the survey does not specifically capture questionnaire items across substance use and mental health, both separately and as co-occurring conditions. In addition, the name change will better align the survey with SAMHSA's mission.

The survey's name is currently well recognized by those in the community, states, and academia, and this recognition comes from the quality of the established information provided. The continuing excellence of the information provided is anticipated to re-establish the recognition of the survey with the new name. It is anticipated that changing the name of the survey will highlight, in addition to substance, mental health components.

SAMHSA is committed to addressing any concerns with a name change that may lead to confusion and/or misperception among some stakeholders and the general public, which could affect participation in the survey, misinterpretation of changes with the survey's content or purpose, or difficulty locating the pertinent information about the study's results. Nonetheless, these potential stakeholder responses and challenges will be addressed by emphasizing the significance of a name that reflects the complete content of the survey. A new name may also facilitate discussions on substance use and co-occurring mental health disorders.

Efforts will be made to promote, market, and educate about the well-established quality and applicability of the survey results. These efforts may spark enhanced interest in the survey and the uptake of the results in publications and reports.

As with all NSDUH/NHSDA [1] surveys conducted since 1999, the sample size of the NSDUH main study for 2025 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. The total annual burden estimate for the NSDUH main study is shown below in Table 1.

TABLE 1—ANNUALIZED ESTIMATED BURDEN FOR 2025 NSDUH

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Household Screening	285,894	1	285,894	0.083	23,729
Interview	67,507	1	67,507	1.008	68,047
Screening Verification	6,004	1	6,004	0.067	402
Interview Verification	7,088	1	7,088	0.067	475
Total	366,493	.....	366,493	.....	92,653

Mental Illness Calibration Study

In addition, the Mental Illness Calibration Study (MICS) will continue to be embedded within the NSDUH main study for the remainder of 2024 to recalibrate the estimates of serious mental illness (SMI) for the NSDUH using the Diagnostic and Statistical Manual of Mental Disorders (DSM), fifth edition (DSM–5) criteria published by the American Psychiatric Association (APA). The 2023 and 2024 MICS will be sampled from the main study NSDUH using completed mental health items as screeners.

During MICS data collection from January 2023 through December 2024, approximately 17,180 NSDUH adult main study interview respondents (aged 18+) will be selected for a follow-up clinical interview at the end of the main study interview in order to produce a final sample size of at least 4,000 adult MICS follow-up clinical interviews (2,000 interviews per year). These follow-up clinical interviews will be conducted virtually via Zoom (video and/or phone) within four weeks following the NSDUH main study interview using the NetSCID, a computerized version of the Structured Clinical Interview for DSM–5 (SCID) that calculates skip logic in real-time based on responses.

Many of the procedures and protocols in the MICS are based upon those previously employed as part of the 2008–2012 NSDUH Mental Health Surveillance Study (approved as an add-on to NSDUH under OMB No. 0930–0110). The total annual burden for the 2023 and 2024 MICS was approved

[1] Prior to 2002, the NSDUH was referred to as the National Household Survey on Drug Abuse (NHSDA).

under previous NSDUH ICRs (OMB No. 0930–0110).

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2024–18250 Filed 8–14–24; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA)

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, 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 leveraging automated data collection techniques or other forms of information technology.

Proposed Project: Revision to the Community Mental Health Services Block Grant and Substance Use Prevention, Treatment, and Recovery Services Block Grant FY 2026–2027 Plan and Report Guide (OMB No. 0930–0168)

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for a revision of the 2026–2027 Community Mental Health Services Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS) Application Plan and Report Guide.

Currently, the SUPTRS BG and the MHBG differ on a number of their practices (*e.g.,* data collection at individual or aggregate levels) and statutory authorities (*e.g.,* method of calculating MOE, stakeholder input requirements for planning, set asides for specific populations or programs, etc.). Historically, the Centers within SAMHSA that administer these block grants have had different approaches to application requirements and reporting. To compound this variation, states have different structures for accepting, planning, and accounting for the block grants and the prevention set aside within the SUPTRS BG. As a result, how these dollars are spent and what is known about the services and clients that receive these funds varies by block grant and by State.

SAMHSA has conveyed that block grant funds must be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective and indicated prevention activities and services that align with SAMHSA's six prevention strategies; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis.

States will need help to meet future challenges associated with the implementation and management of an integrated physical health, mental health, and addiction service system. SAMHSA has established standards and expectations that will lead to an improved system of care for individuals with or at risk of mental and substance use disorders. Therefore, this application package continues to fully exercise SAMHSA's existing authority regarding states, U.S. territories, freely associated states, and the Red Lake Band of Chippewa Indians' (subsequently referred to as ''states'') use of block grant funds as they fully integrate behavioral health services into the broader health care continuum.

Consistent with previous applications, the FY 2026–2027 application has required sections and other sections where additional information is requested. The FY 2026–2027 application requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, an executive summary, and funding agreements and certifications. In addition, SAMHSA is requesting information on key areas that are critical to the states' success in addressing health care equity. Therefore, as part of this block grant planning process, states should identify promising or effective strategies as well as technical assistance needed to implement the strategies identified in their plans for FYs 2026 and 2027.

SAMHSA has made changes to the Block Grant Plan and Report requirements for FFY 2026 and 2027. These changes are necessary to ensure that funds are spent in an appropriate and timely manner. Adjustments were made to pre-existing tables in the plan and report.

Proposed revisions for substance use disorder treatment services in the FY 26–27 SUPTRS BG Plan and Report include revisions related to removal of stigmatizing language, with the deletion of the term *'abuse',* and replacement with the term 'use', per the Consolidated Appropriations Act, 2023. The Plan and Report also include the universal adoption of *'Recovery Support Services'* as a stand-alone category for SUPTRS BG Plan and Report tables. These changes affect Plan Tables 1, 2b, 4b, and 6b, and Report Tables 1, 2, 4, 6, 7.

Editorial and minor stylistic changes have been made to tables and language. Footnotes have been revised that define the COVID–19 and ARP Supplemental Funding expenditure periods, including the addition of explicit instructions on the second No Cost Extension (NCE) for the COVID–19 funding, and the expiration date for the ARP funding. Finally, the SUPTRS BG Report Table 11c has been revised to reflect the Number of Persons Admitted to Treatment by Sexual Orientation and Race/Ethnicity, in a reporting format that is compatible with the format and content of the comparable CMHS table for the MHBG.

Proposed revisions for prevention services in the FY 26–27 SUPTRS BG Plan include those revisions that are related to a more intentional use of language, with strengthened statements with the addition of statistics, and added language to reinforce the interrelatedness between mental health and substance use. There is also reinforcement of SUPTRS BG primary prevention set-aside funds to support