Reports Clearance Officer at (240) 276–0166.

**Proposed Project: Government Performance and Results Act (GPRA) Client/Participant Outcomes Measure—(OMB No. 0930–0208)—Revision**

SAMHSA is requesting approval for a revision of the CSAT Client-level GPRA instrument to collect performance and program monitoring data of its substance use services grant programs. Currently, the information collected from this instrument is entered and stored in SAMSHA's Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on the substance abuse 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 of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs, which are consistent with OMB guidance.

SAMHSA will use the data for annual reporting required by GPRA and comparing baseline with follow-up and discharge data. The additional information collected through this process will allow SAMHSA to: (1) report results of these performance outcomes; (2) maintain consistency with SAMHSA-specific performance domains, and (3) assess the accountability and performance of its discretionary grant programs including a focus on health equity.

Currently, there are 379,037 total burden hours in the OMB-approved CSAT Client-level GPRA instrument. SAMHSA is now requesting an increase to 631,682 burden hours. The increase of 252,645 burden hours is due to the following:

- Additional time allocated for interviews, but also improved estimates of the number of clients who would likely consent to complete the interview; and
- Additional time allocated for administrative collection of data by grantees, including the information that is collected for all clients regardless of whether they completed the client-portion of the interview or not.

The estimated time to complete the baseline, follow-up, and discharge interviews is 45 (0.75) minutes each. This includes the completion of the administrative sections of the tool for all clients including those who decline an interview. The estimated time to complete the SBIRT program-specific measures was increased from 12 (0.2) minutes to 15 minutes (0.25).

TABLE 1—ESTIMATES OF ANNUALIZED HOUR BURDEN

| SAMHSA tool | Number of respondents | Responses per respondent | Total number of responses | Burden hours per response | Total burden hours | Hourly wage [1] | Total hour cost |
|---|---|---|---|---|---|---|---|
| Baseline Interview Includes SBIRT Brief TX, Referral to TX, and Program-specific questions | 337,857 | 1 | 337,857 | 0.75 | 253,393 | $28.89 | $7,320,523 |
| Follow-Up Interview with Program-specific questions [2] | 270,286 | 1 | 270,286 | 0.75 | 202,715 | 28.89 | 5,856,436 |
| Discharge Interview with Program-specific questions [3] | 175,686 | 1 | 175,686 | 0.75 | 131,765 | 28.89 | 3,806,431 |
| SBIRT Program—Screening Only | 150,296 | 1 | 150,296 | 0.17 | 25,550 | 28.89 | 738,140 |
| SBIRT Program—Brief Intervention Only Baseline | 31,481 | 1 | 31,481 | 0.25 | 7,870 | 28.89 | 227,364 |
| SBIRT Program—Brief Intervention Only Follow-Up [2] | 25,184 | 1 | 25,184 | 0.25 | 6,296 | 28.89 | 181,891 |
| SBIRT Program—Brief Intervention Only Discharge [3] | 16,370 | 1 | 16,370 | 0.25 | 4,093 | 28.89 | 118,247 |
| CSAT Total | 1,007,160 | | 1,007,160 | | 631,682 | | 18,249,032 |

[1] The hourly wage estimate is $28.89 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 21–1011 Substance Abuse and Behavioral Disorder Counselors = $28.89/hr. as of May 11, 2023. (*http://www.bls.gov/oes/current/oes211011.htm.* Accessed on June 20, 2024.)

[2] It is estimated that 80% of baseline clients will complete this interview.

[3] It is estimated that 52% of baseline clients will complete this interview. Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21–06–02–002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.

Note: Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

Send comments to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E45, Rockville, Maryland 20857, *OR* email a copy to *samhsapra@samhsa.hhs.gov.* Written comments should be received by November 12, 2024.

**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

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 on (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: Zero Suicide in Health Systems Evaluation—New Package**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting clearance for the new data collection associated with the Evaluation of the SAMHSA Zero

Suicide in Health Systems (Zero Suicide Evaluation). Per the Public Health Services Act (42 U.S.C. 290bb–43), SAMHSA is required to evaluate the Zero Suicide grant, specifically (1) ''evaluate the activities supported by grants awarded, disseminate, as appropriate, the findings from the evaluation; and (2) provide appropriate information, training, and technical assistance, as appropriate, to eligible entities that receive a grant under this section, in order to help such entities to meet the requirements of this section, including assistance with selection and implementation of evidence.''

The goal of the Zero Suicide program is reduction of suicide and suicide attempts across America, focusing on individuals who are 25 years and older. The purpose of this program is to implement the Zero Suicide intervention and prevention model for adults throughout a health system or systems. The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health. To accomplish this critical, lifesaving work, it is essential that the effectiveness of these programs be evaluated on an ongoing basis, with implementation of suicide prevention programs continually informed by high-quality evaluation results. SAMHSA will use this data to reduce suicide ideation, suicide attempts, and deaths due to suicide.

SAMHSA has awarded new grants and continued funding to 25 grantees, Cohort 5 (15 grantees) with project period of Sept 30, 2023, to Sept 29, 2028; and Cohort 4 (10 grantees; includes one tribal organization) with project period of March 31, 2021, to March 30, 2026. SAMHSA has requested funding for 11 grantees to be funded as Cohort 6 in the President's fiscal year 2025 budget.

The Zero Suicide Evaluation is designed to evaluate the implementation, effectiveness, and overall impact of the Zero Suicide program upon grantees in the United States. The evaluation will assess Zero Suicide program activities implemented by grantees and ultimately provide SAMHSA with the information needed to understand and document program effectiveness on reducing suicide morbidity and mortality, specifically among those who encounter the healthcare system. While acknowledging the lack of evidence for cultural adaptations to evidence-based and empirically supported treatments and interventions, and that research has not been conducted with historically marginalized and underserved communities (*e.g.,* Black, Asian, Autistic, Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex plus (LGBTQI+), and others), Zero Suicide pushes systems to ensure that clients' cultural contexts are considered and honored in what treatments are offered and how those treatments are adapted. Thus, with behavioral health equity as a central component woven throughout the Zero Suicide Framework, the proposed evaluation will ensure that each study includes specific behavioral health equity tenets to ensure a culturally specific understanding of Zero Suicide implementation, outcomes, and impacts.

The Zero Suicide Evaluation includes four studies: Systems Change, Workforce, Consumer Experience, and Impact. The Systems Change Study is designed to understand how grantees are implementing the Zero Suicide Program in accordance with the Zero Suicide Framework, the core activities accomplished, and indicators of sustainable systems change (*i.e.,* policy and practice changes, infrastructure changes, organizational culture). The Systems Change Study will leverage two surveys: the Prevention Strategies Inventory (PSI), and the Behavioral Health Provider Survey (BHPS). Additionally, the Systems Change Study will be informed through Case Studies and Cost Sub-Studies, using Key Informant Interviews to gather information.

The purpose of the Workforce Study is to document staff awareness and perceptions associated with the Zero Suicide activities implemented by Zero Suicide-participating Healthcare Organizations (HCOs). This study also seeks to understand the utilization, outcomes, and sustainment of training programs intended to increase the knowledge, confidence, and skills among staff to address suicide, both in the short and long-term. The Workforce Study will be informed by several surveys: the Workforce Survey (WS), the Training Activity Summary Page (TASP), and the Training Utilization and Preservation Survey (TUPS).

The Consumer Experience Study will assess the relationship between Zero Suicide activities and key clinical outcomes (*i.e.,* suicide risk, depression), along with consumer perceptions of care, access to care, services received, and treatment adherence. The Consumer Experience Study will be informed by the BHPS, Consumer Experience Survey (CES), Clinical Outcomes Form (COF), and Grantee Performance Data. The CES and the COF target and follow those receiving services through a Zero Suicide grantee from the point when they enroll in services to when they discharge from services.

The Impact Study will use secondary data and quasi-experimental designs to develop a control group and estimate the causal impact of the Zero Suicide Program on suicide morbidity and mortality.

Ultimately, the purpose of the Zero Suicide Evaluation is to build the program's knowledge base of effectiveness by thoroughly describing the implementation, outcomes, and impact of a program meant to reduce deaths by suicide.

The total annualized burden is an estimated 15,504 respondents for the Zero Suicide instruments, with a combined hourly estimate to be 4,902 hours. Burden estimates are based on the data collection requirements and the number of respondents. The estimated response burden to collect this information associated with the Zero Suicide Evaluation annualized over the requested 3-year clearance period is presented below:

TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS

| Type of respondent | Form | Number of respondents per year | Responses per respondent | Total number of responses | Burden per response (hours) | Annual burden (hours) | Hourly wage rate | Total cost |
|---|---|---|---|---|---|---|---|---|
| Project Evaluator 1 .. | PSI ..... | 40 | 4 | 160 | 1 | 160 | $61.53 | $9,845 |
| Grantee/HCO administrator 2. | BHPS ..... | 47 | 1 | 47 | 0.5 | 24 | 61.53 | 1,477 |
| Grantee/HCO administrator 2. | KII-Case Studies ..... | 7 | 1 | 7 | 1 | 7 | 61.53 | 431 |
| HCO Staff 3 ..... | KII-Case Studies ..... | 27 | 1 | 27 | 1 | 27 | 26.81 | 724 |
| Grantee/HCO administrator 2. | KII-Cost Sub studies | 2 | 1 | 2 | 1 | 2 | 61.53 | 123 |
| HCO Staff 3 ..... | WFS ..... | 9,400 | 1 | 9,400 | 0.25 | 2,350 | 26.81 | 63,004 |
| Project Evaluator1 ... | TASP ..... | 40 | 10 | 400 | 0.25 | 100 | 36.67 | 3,667 |

TOTAL AND ANNUALIZED AVERAGES: RESPONDENTS, RESPONSES AND HOURS—Continued

| Type of respondent | Form | Number of respondents per year | Responses per respondent | Total number of responses | Burden per response (hours) | Annual burden (hours) | Hourly wage rate | Total cost |
|---|---|---|---|---|---|---|---|---|
| HCO Staff 3 | TUPS-Baseline | 3,334 | 1 | 3,334 | 0.25 | 834 | 26.81 | 22,360 |
| HCO Staff 3 | TUPS-6 month | 252 | 1 | 252 | 0.5 | 126 | 26.81 | 3,378 |
| HCO Staff 3 | TUPS-12 month | 189 | 1 | 189 | 0.5 | 95 | 26.81 | 2,547 |
| Clinicians | C-SIF | 180 | 8.3 | 1,494 | 0.25 | 374 | 57.21 | 21,397 |
| Consumer | CES-Baseline | 1,128 | 1 | 1,128 | 0.4 | 451 | 7.25 | 3,270 |
| Consumer | CES-6-month | 843 | 1 | 843 | 0.4 | 337 | 7.25 | 2,443 |
| Consumer | C-KII | 15 | 1 | 15 | 1 | 15 | 7.25 | 109 |
| Total | | 15,504 | | 17,298 | | 4,902 | | 134,773 |

Abbreviation: HCO=Healthcare Organization

[1] BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates average annual salary for Survey Researchers (code 19–3022); *https://www.bls.gov/oes/cuSeetrrent/naics5_541720.htm*

[2] BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates average annual salary for Medical and Health Services Managers (code 11–9111); *https://www.bls.gov/oes/current/oes119111.htm*

[3] BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates average annual salary for Community and Social Service Occupations (code 29–1000); *https://www.bls.gov/oes/current/oes210000.htm*

[4] BLS OES May 2022 National Industry-Specific Occupation Employment and Wage Estimates average annual salary for Health Diagnosing and Treating Practitioners (code 29–1000); *https://www.bls.gov/oes/current/oes_nat.htm#29-0000*

[5] BLS OES May 2022 Characteristics of minimum wage workers, 2022; *https://www.bls.gov/opub/reports/minimum-wage/2022/home.htm#:~:text=In%202022%2C%2078.7%20million%20workers,wage%20of%20%247.25%20per%20hour.*

Send comments to SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E45, Rockville, MD 20852 *OR* email him a copy at *samhsapra@samhsa.hhs.gov.* Written comments should be received by November 12, 2024.

**Alicia Broadus,**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

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**Proposed Project: PEERS Harm Reduction Evaluation: Point-in-Time Harm Reduction (PiT HR) Survey**

Funded in FY 2022, the Harm Reduction (HR) Grant Program aims to support community-based overdose prevention programs, syringe services programs, and other harm reduction services. Funding is used to enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing substance use disorders (SUD), support distribution of FDA-approved overdose reversal medication to individuals at risk of overdose, build connections for individuals at risk for, or with, a SUD to overdose education, counseling, and health education, refer individuals to treatment for infectious diseases such as HIV, sexually transmitted infections (STIs), and viral hepatitis, and encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. As part of the Harm Reduction grant program evaluation, conducted through the Program Evaluation, Effectiveness, and Review Services (PEERS) contract, SAMHSA's Center for Substance Abuse Prevention (CSAP) is requesting approval from the Office of Management and Budget (OMB) to administer a Point-In-Time Harm Reduction (PiT HR) survey to better understand the program.

The PiT HR survey will elicit information from participants of the Harm Reduction Grant Program grantees to assess the extent to which grantees have achieved CSAP's goals of strengthening harm reduction programs. Data from the survey will help CSAP better understand: (1) the socio-demographic and drug use characteristics of participants who receive HR services and supplies across the country; (2) the HR services and supplies participants received and unmet needs; and (3) the social-cultural and structural barriers to receiving HR services and supplies. This anonymous survey will allow for an assessment of whether HR programs are reaching high-risk and underserved populations and populations experiencing behavioral health disparities and will help guide improvements to the HR Grant Program. The data will be aggregated across grantee programs to provide CSAP with a national picture of the population receiving HR services and supplies, the services and supplies they access, and perceived barriers to ensure the HR Grant Program meets its goals. Grantees will be provided with brief grantee-level reports providing actionable information to inform and strengthen their services. The grantee reports will provide insight into the populations they serve, the extent to which their services reach the populations they've identified as priority populations, whether the program meets the needs of their participants, and what barriers remain to service access. These reports will inform the implementation of their programs and help them address gaps in service delivery. HR Program Grantees do not collect survey data from their