

*Contact Person:* David Landsman, Ph.D., Branch Chief, National Library of Medicine, National Institutes of Health, 8600 Rockville Pike, Bethesda, MD 20894, 301-435-5981, [landsman@mail.nih.gov](mailto:landsman@mail.nih.gov).

Any member of the public may submit written comments no later than 15 days in advance of the meeting. Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Open sessions will be videocast and can be accessed from the NIH Videocasting and Podcasting website (<http://videocast.nih.gov/>) on April 30, 2025. Please direct any questions to the Contact Person listed on this notice.

(Catalogue of Federal Domestic Assistance Program No. 93.879, Medical Library Assistance, National Institutes of Health, HHS)

Dated: December 11, 2024.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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## 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: Treatment Episode Data Set (TEDS) (OMB No. 0930-0335)—Revision

The Center for Behavioral Health Statistics and Quality (CBHSQ) at the Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting an extension with changes to the combined data collection of the Treatment Episode Data Set (TEDS), the Mental Health Client Level Data (MH-CLD), and the Mental Health Treatment Episode Data Set (MH-TEDS) (OMB No. 0930-0335), which expires on December 31, 2024.

TEDS collects episode-level data on clients aged 12 and older receiving substance use treatment services from

publicly funded facilities. MH-CLD collects demographic, clinical, and National Outcome Measures data on clients receiving mental health and support services funded or operated by the State Mental Health Agencies (SMHAs). MH-TEDS is an alternative reporting method to MH-CLD. It collects episode-level data on clients receiving mental health treatment services from publicly funded facilities. MH-TEDS data can be converted to MH-CLD format.

Under section 505 of the Public Health Service Act (42 U.S.C. 290aa-4), CBHSQ is authorized to collect annual data on the national incidence and prevalence of the various forms of mental illness and substance abuse. CBHSQ is also authorized to collect data on the number and variety of public and nonprofit private mental health and substance use treatment programs and the number and demographic characteristics of individuals receiving treatment through such programs. In addition, States, receiving fundings from SAMHSA's Community Mental Health Services Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) (formally known as the Substance Abuse Prevention and Treatment Block Grant [SABG]), utilize TEDS and MH-CLD/MH-TEDS data to meet the block grant reporting mandate and requirement.

SAMHSA is requesting OMB approval of revisions to the TEDS/MH-CLD/MH-TEDS data collections, to include changes to the following instruments:

#### Proposed Changes to TEDS/MH-TEDS

- Add a combined TEDS/MH-TEDS State Crosswalk to map the data elements, codes, and categories in the state system to the appropriate TEDS/MH-TEDS data elements, codes, and categories; to obtain contextual information, including state data collection protocol and reporting capabilities and data footnotes; and to collect information on the state TEDS/MH-TEDS reporting characteristics, framework, and scope.
- Add Fentanyl and Xylazine in the list of Detailed Drug Code to improve the comprehensiveness and greater details of the substance recorded.
- Remove the term "Crack" from the existing option of "Cocaine/Crack" under the "Substance Use" data field.
- Revise existing "Gender" data field to "Sex" and add "Sexual Orientation" and "Gender Identity" (SOGI) as optional data fields to provide inclusive measures. These revisions align with both SAMHSA's efforts in enhancing behavioral health equities among

diverse populations and the BG Reporting requirement (OMB No. 0930-0168). All SUPTRS BG tables which collect/report SOGI information have been updated.

- Revise terms with negative connotations to non-stigmatizing terms. Examples include changing the word "abuse" to "use," "detoxification" to "withdrawal management," and "Medication-Assisted Opioid Therapy" to "Medications for Opioid Use Disorder." These revisions align with the current edition of The Diagnostic and Statistical Manual of Mental Disorders (5th ed., American Psychiatric Association, 2013), and the White House Office of National Drug Control Policy 2017 Memo on "Changing Federal Terminology regarding Substance Use and Substance Use Disorders."

- Original "TEDS and MH-TEDS/MH-CLD Admission and Update/Discharge Data Elements" form with combined TEDS/MH-TEDS and MH-CLD data elements is separated into two documents to be more user friendly and improve clarity. Data elements are reorganized in the order of the code number to facilitate clearer mapping. Other minor modifications are made to enhance language consistency and clarity. For example, all "SABG" are updated to "SUPTRS BG."

#### Proposed Changes to MH-CLD

- Add the MH-CLD State Crosswalk to map the data elements, codes, and categories in the state system to the appropriate MH-CLD data elements, codes, and categories; to obtain contextual information, including state data collection protocol and reporting capabilities, and data footnotes; and to collect information the state MH-CLD reporting characteristics, framework, and scope.

- Revise existing "Gender" data field to "Sex" and add SOGI as optional reporting data fields to provide inclusive measures. These revisions align with both SAMHSA's efforts in enhancing behavioral health equities among diverse populations and the BG Reporting requirement (OMB No. 0930-0168). All MHBG tables and related URS tables which collect/report SOGI information have been updated.

- Add a new "School attendance status at admission or start of the reporting period" as a required data field to assess the changes and outcomes of clients receiving mental health treatment and support services through SMHAs.

- Add optional reporting tables for Type of Funding Support, Mental

Health Block Grant-Funded Services, and Veteran Status.

- Replace existing data elements “Substance Use Problem” and “Substance Abuse Diagnosis” with non-stigmatizing terms of “Substance Use Disorder” and “Substance Use Diagnosis” to help reduce stigma and support treatment for substance use disorders. These revisions align 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.” These revisions also align with the White House Office of National Drug Control Policy 2017 Memo on “Changing Federal Terminology regarding Substance Use and Substance Use Disorders.”

- Data Elements are reorganized in the order of the code number to facilitate clearer mapping. Make minor modifications to MH–CLD data elements to enhance language consistency and clarity.

The estimated annual burden for the TEDS/MH–CLD/MH–TEDS activities is as follows:

Type of activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours	Wage rate	Total hour cost
TEDS Admission Data .....	52	4	208	55	11,440	\$30.28	\$346,403
TEDS Discharge/Update Data .....	52	4	208	55	11,440	30.28	346,403
TEDS State Data Crosswalk .....	52	1	52	12	624	53.21	33,203
MH–CLD BCI Data .....	35	1	35	105	3,675	30.28	111,279
MH–CLD SHR Data .....	34	1	34	35	1,190	30.28	36,033
MH–CLD State Data Crosswalk .....	35	1	35	24	840	53.21	44,696
MH–TEDS Admissions Data .....	19	4	76	55	4,180	30.28	126,570
MH–TEDS Discharge/Update Data .....	19	4	76	55	4,180	30.28	126,570
MH–TEDS State Data Crosswalk .....	19	1	19	40	760	53.21	40,440
State Total .....					38,329		1,211,597

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](http://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.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 2024 Notice of Reissued Funding Opportunity**

**AGENCY:** Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

**ACTION:** Notice of intent to reissue the Women’s Behavioral Health Technical Assistance Center Notice of Funding Opportunity (NOFO).

**SUMMARY:** This notice is to inform the public that the Substance Abuse and Mental Health Service Administration plans to withdraw the previously announced notice of funding opportunity (NOFO) for the Women’s Behavioral Health Technical Assistance Center SM–24–012 and reissue the NOFO as the National Women’s Behavioral Health Technical Assistance

Center SM–25–014. The revised NOFO includes updates to the required activities and application evaluation criteria. The cancellation of NOFO SM–24–012 does not represent an assessment of the technical merits of any applications submitted. SAMHSA will notify organizations that submitted an application.

**FOR FURTHER INFORMATION CONTACT:** Nima Sheth, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857; telephone: 240–276–0513; email: [Nima.sheth@samhsa.hhs.gov](mailto:Nima.sheth@samhsa.hhs.gov).

**SUPPLEMENTARY INFORMATION:**  
*Funding Opportunity Title:* FY 2024 Women’s Behavioral Health Technical Assistance Center, SM–24–012.  
*Assistance Listing Number:* 94.243.  
*Authority:* Section 2702 of the American Rescue Plan Act.

*Justification:* Changes to the required activities and application evaluation criteria are needed to: ensure appropriate programmatic capacity of applicants to carry out the required activities; ensure that applicants are knowledgeable about best practices and standards in women’s mental health and substance use care; clarify the recipients of training and technical assistance (TTA); clarify the intended program impacts; clarify the expectations for the Consultative Meeting Board meeting frequency and format; ensure that applicants can demonstrate the capacity for and experience with TTA activities that have a national reach; clarify expectations on use of data to monitor and enhance program performance; clarify that the program goals and

objectives span all five years of the grant program.

Dated: December 10, 2024.

**Ann Ferrero,**  
Public Health Analyst.

[FR Doc. 2024–29467 Filed 12–13–24; 8:45 am]  
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**DEPARTMENT OF HOMELAND SECURITY**

[Docket No. CISA–2024–0037]

**Request for Comment on the National Cyber Incident Response Plan Update**

**AGENCY:** Cybersecurity and Infrastructure Security Agency (CISA), Department of Homeland Security (DHS).

**ACTION:** Notice of availability; request for comments.

**SUMMARY:** CISA has released a draft of the National Cyber Incident Response Plan (NCIRP) Update for public comment. CISA invites cybersecurity and incident response stakeholders from across public and private sectors or other interested parties to review the draft update document and provide comments, relevant information, and feedback.

**DATES:** Written comments are requested on or before January 15, 2025. Submissions received after the deadline for receiving comments may not be considered.

**ADDRESSES:** You may submit comments, identified by docket number CISA–2024–0037, by clicking on the “Submit a Public Comment” button above or by