

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 list 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 (301) 443-7978.

State Treatment and Needs Assessment Program Studies—New—Beginning in Fiscal Year 1999, SAMHSA's Center for Substance Abuse Treatment (CSAT), as part of its State Treatment Needs Assessment Program (STNAP), awards grants to States to conduct studies for the purpose of determining the need and demand for substance abuse treatment within each

State. In order to receive funds from the Substance Abuse Prevention and Treatment Block Grant, States must submit in their annual block grant applications an assessment of service needs Statewide, at the sub-state level, and for specified population groups (as required by Section 1929 of the Public Health Service Act).

Most States receiving these grants will conduct an adult telephone household survey to collect information on needed treatment for substance abuse/dependence. In addition, many States will conduct a variety of more focused studies which will collect data on treatment need in special populations, including adolescents, Temporary Assistance for Needy Families (TANF) recipients, transients, arrestees and other criminal justice populations. There are also two separate, yet related, criminal justice studies that focus on the need for treatment resources among arresters (implemented in conjunction with the National Institute of Justice Arrestee Drug Abuse Monitoring (ADAM) program) and among recently

incarcerated inmates. States are required to use core protocols comprised of basic study design, data collection methods, and a core set of questions for these data collections.

In addition, there are three protocols that do not require primary data collection. All States are required to implement the Administrative, Client-Level Treatment protocol, which involves use of a unique client identifier to enable linking substance abuse treatment client admissions and discharges and to identify multiple episodes for the same client. Under Section 1935 of the PHS Act, once a State receives funding under the STNAP program, it must continue to collect, analyze and report these client data to SAMHSA after grant funding ends. There are two other protocols that employ analytic techniques for existing secondary data. These are the Database Linkage Core Protocol and the Social Indicators Core Protocol.

The estimated annualized burden for the State needs assessment studies over the next three years is presented below.

Study	Number of respondents	Number of responses/respondent	Total responses	Hours per response	Total hour burden
Administrative Client—Level State data file ¹	14	1	14	6	84
Database Linkage—State data file ²	(6)	1	6	6	36
Social Indicators—State data file ³	(4)	1	4	6	24
STNAP Survey	13,200	1	13,200	0.30	3,960
STNAP Survey State data file ⁴	(6)	1	6	6	36
ADAM—CSAT Partner	4,350	1	4,350	0.51	2,240
ADAM—CSAT Partner State data file ⁵	(6)	1	6	6	36
Inmate Population (2 States)	900	1	900	0.50	450
Inmate Population State data file ⁶	(2)	1	2	6	12
Annualized burden	18,464		18,488		6,878

¹ Based on 7 new cooperative agreements per year. Each State must submit a file annually thereafter. 7+14+21=42 or an average 14 data files per year.

² Based on 6 States per year proposing a database linkage study and submitting a data file at the end of the study. The studies are to be conducted once in the three year cooperative agreement.

³ Based on 4 States per year proposing a social indicator study and submitting a data file at the end of the study. The studies are to be conducted once in the three year cooperative agreement.

⁴ Based on 6 States per year proposing a STNAP Survey study and submitting a data file at the end of the study. The studies are to be conducted once in the three year cooperative agreement.

⁵ Based on 2 States proposing a new ADAM—CSAT Partner site and submitting a data file annually for three years (2 data files in first year + 2 more in second year = 4 data files + 2 more in third year or 6 data files = 12 data files in three years); 3 States proposing an addenda to an existing ADAM site (collected twice a year) and submitting a data file at the end of the one-time study in three years; and 2 States proposing an ADAM outreach study conducted once in three years. (Total data files in three years of 12 (new sites) +3+2=17 in three years or an average of 6 data files per year.)

⁶ Based on 2 States per year proposing an Inmate Population study and submitting a data file at the end of the study. The studies will be conducted once in the three year cooperative agreement.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Lauren Wittenberg, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 15, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration****Agency Information Collection Activities Under Emergency Review by the Office of Management and Budget**

The Substance Abuse and Mental Health Services Administration

(SAMHSA) has submitted the following request (see below) for emergency OMB review under the Paperwork Reduction Act (44 U.S.C. chapter 35). OMB approval has been requested by May 1. A copy of the information collection plans may be obtained by calling the SAMHSA Reports Clearance Officer on (301) 443-7978.

Title: Notification of Intent to Use Schedule III, IV, or V Opioid Drugs for the Maintenance and Detoxification Treatment of Opiate Addiction Under 21 U.S.C. 823(g)(2)

OMB Number: 0930-New.

Frequency: On-occasion.

Affected public: Business or other for-profit.

The Drug Addiction Treatment Act of 2000 ("DATA," Pub. L. 106-310) amended the Controlled Substances Act (21 U.S.C. 823(g)(2)) to permit practitioners (physicians) to seek and obtain waivers to prescribe certain approved narcotic treatment drugs for the treatment of opiate addiction. The legislation sets eligibility requirements and certification requirements as well as an interagency notification review process for physicians who seek waivers.

To implement these new provisions, SAMHSA has developed a notification form (SMA 167) that will facilitate the submission and review of notifications. The form will provide the information necessary to determine whether practitioners (i.e., independent physicians and physicians in group practices (as defined under section 1877(h)(4) of the Social Security Act)) meet the qualifications for waivers set forth under the new law. Use of this

form will enable physicians to know they have provided all information needed to determine whether practitioners are eligible for a waiver. However, there is no prohibition on use of other means to provide requisite information. The Secretary will convey notification information and determinations to the Drug Enforcement Administration (DEA), which will assign an identification number to qualifying practitioners; this number will be included in the practitioner's registration under 21 U.S.C. 823(f). Practitioners will also use this notification form to renew their waivers at the time they renew their DEA practitioner registration-every three years.

Practitioners will use the form for three types of notification: (a) New, (b) immediate, and (c) renewal. Under "new" notifications, practitioners will make their initial waiver requests to SAMHSA. "Immediate" notifications will inform SAMHSA and the Attorney General of a practitioner's intent to prescribe immediately to facilitate the treatment of an individual (one) patient under 21 U.S.C. 823(g)(2)(E)(ii). "Renewal" notifications will be submitted to HHS to initiate review of an existing waiver.

The form will collect data on the following items: Practitioner name; state medical license number and DEA registration number; address of primary location, telephone and fax numbers; e-mail address; name and address of group practice; group practice employer identification number; names and DEA registration numbers of group

practitioners; purpose of notification new, immediate, or renewal); certification of qualifying criteria for treatment and management of opiate-dependent patients; certification of capacity to refer patients for appropriate counseling and other appropriate ancillary services; certification of maximum patient load, certification to use only those drug products that meet the criteria in the law. The form will also notify practitioners of Privacy Act considerations, and permit practitioners to expressly consent to disclose limited information to the SAMHSA Substance Abuse Treatment Facility Locator.

At present, there are no narcotic drugs or combinations for use under notifications; however, SAMHSA believes that it is appropriate to develop a notification system to implement DATA in anticipation of narcotic treatment medications becoming available in the very near future. Therefore, SAMHSA is requesting emergency OMB approval of form SMA 167 so that physicians will have it available to use if they wish to be assured that all required information is provided on their waiver submission and so that the review of submissions may be facilitated by use of a standard format for provision of the required information. Respondents will be able to submit the form electronically, through a dedicated Web page that SAMHSA will establish for the purpose, as well as via U.S. mail.

The following table summarizes the estimated annual burden for the use of this form.

Purpose of Submission	Number of respondents	Responses per respondent	Burden per response (Hr.)	Total burden (Hrs.)
Initial Application for Waiver	1,200	1	.083	100
Notification to Prescribe Immediately	33	1	.083	3
Application for Renewal	1,200	1	.083	100
Total	1,200			203

Written comments and recommendations concerning the proposed information collection should be sent by April 30, 2002 to: Lauren Wittenberg, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 4, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2002 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, DHHS.

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) announces the

availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA), including Part I, Competing Continuation for the Cooperative Agreement for a Violence Prevention Coordinating Center, and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.