Additional Information for the FY 2016-2017 Uniform Application
1Substance Abuse Prevention and Treatment Block Grant (SABG) Behavioral Health Assessment and Plan

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting an approval from the Office of Management and Budget (OMB) for an amendment to the FY 2016-2017 Uniform Application, Section III. Behavioral Health Assessment and Plan, C. Environmental Factors and Plan (Tab A). The intent of this amendment is to gather information regarding the states' and jurisdictions' plans to implement elements of a syringe services program at 1 or more community-based organizations that receive amounts from the grant to provide substance use disorder treatment and recovery services to persons who inject drugs. In response to the emergence of prescription drug and heroin overdoses and associated deaths in many states and jurisdictions, SAMHSA issued guidance on April 2, 2014, to the states and jurisdictions regarding the use of SABG funds for prevention education and training regarding overdoses and the purchase of naloxone (Narcan®) and related materials to assemble overdose prevention kits (Tab B).

Respondents are the 50 states and the jurisdictions (District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands, Republic of Palau, and the Red Lake Band of Chippewa Indians of Minnesota).

The Consolidated Appropriations Act of 2016 (Pub. L. 114-113) authorized the use of federal funds for the purpose of syringe services programs (SSP).

> *"Sec. 521 Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."*

The U.S. Department of Health and Human Services (HHS), Office of HIV/AIDS and Infectious Disease Policy (OHIDP), issued guidance on March 29 to state, local, tribal and territorial health departments that will allow such departments to request permission from the Centers for Disease Control and Prevention to obligate and expend federal funds to support SSPs (Tab B). Any SABG recipient, i.e., the respondents identified above, will be required to comply with the March 29 guidance issued by OHIDP, if a SABG recipient chooses to amend its FY 2016-2017

SABG Behavioral Health Assessment and Plan that was prepared and submitted to SAMHSA on or before October 1, 2015.

Three of the HHS operational divisions, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration have disseminated or plan to disseminate guidance to their respective grantees regarding the implementation of the March 29 guidance from the OHIDP and its applicability to their respective discretionary and/or formula grant programs involved.

2. Purpose and Use of Information

Section 1923 of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-23) and 45 CFR § 96.126(b)(e) require states and jurisdictions to make SABG funds available to programs designed to serve persons who inject drugs.

> *"Section 1923(a)(2) Provision of Treatment.—A funding agreement for a grant under section 1921 is that a the state involved will, with respect to to notifications under paragraph ((1), ensure that each individual who request and is in need of treatment for intravenous drug use is admitted to program of such treatment not later than—*
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> *(A) 14 days after making the request for admission to such a program, or*
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> (B) *120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services are made available to the individual not later than 48 hours after such request."*
>
> *"Section 1923(b) Outreach Regarding Intravenous Substance Abuse.—A funding agreement for a grant under section 1921 is that the state involved, in providing amounts from the grant to any entity for treatment services for intravenous drug abuse, will require the entity to carry out activities to encourage individuals in need of such treatment to undergo such treatment."*

Section 1924(a) and 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)(b) and 45 CFR § 96.127 and 45 CFR § 96.128 require states and jurisdictions to routinely make available tuberculosis services and for "designated states" to make available early intervention services for HIV.

> *"Section 1924(a) Tuberculosis.—*
>
> *(1) In General.—A funding agreement for a grant under section 1921 is that the state involved will require that any entity receiving amounts from the grant for operating a program of treatment for substance abuse—*
>
> *(A) will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services to each individual receiving treatment for such abuse; and*
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> (B) *in the case of an individual in need of such treatment who is denied admission to the program oin the basis of the lack of capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services."*

"Section 1924(b) Human Immunodeficiency Virus.—

(1) Requirement for Certain States.—In the case of a state described in paragraph (2), a funding agreement for a grant under section 1921 is that—

(A) With respect to individuals undergoing treatment for substance abuse, the state will, subject to paragraph (3), carry out 1 or more projects to make available to the individuals early intervention services for HIV disease at the sites at which the individuals are undergoing such treatment;

(B) For the purpose of providing such early intervention services through such projects, the state will make available from the grant the percentage that s applicable for the state under paragraph (4); and

(C) The state will, subject to paragraph (5), carry out such projects only in geographic areas of the state that have the greatest need for such projects.

(2) *Designated States.--. For the purposes of this subsection. A state described in this paragraph is any state whose rate of cases of acquired immune deficiency syndrome is 10 or more such cases per 100,000 individuals (as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which such data are available).*"

The SABG recipients, i.e., states and jurisdictions, and their respective SABG sub-recipients, i.e., intermediaries and community-based organizations, have established relationships with state and local health departments due to the performance requirements described above. The purpose of this information is for SAMHSA to collect information on states' and jurisdictions' efforts to address the needs of persons who inject drug including, but not limited to, access to SUD treatment and recovery services and access to health promotion and disease prevention services such as SSPs and screening for Hepatitis, HIV, and TB. The states and jurisdictions cannot re-purpose SABG set-aside funds for primary prevention and early intervention services for SSPs because such funds must be obligated and expended for the explicit purposes described in the authorizing legislation and implementing regulation governing the SABG.

Specifically states and jurisdictions are being asked to discuss their efforts to integrate SSPs into the continuum of services, e.g., pre-treatment engagement, assessment, admission, treatment (outpatient, intensive outpatient, short- and long-term residential), discharge and recovery support services, designed for persons who inject drugs. and needs in the following areas:

3. Use of Information Technology

States are provided with a user identification and password to access the Web-Block Grant Application System (Web-BGAS) application for their respective State.

4. Efforts to Identify Duplication

There is not a duplication of this information. It is specific to the applications for the use of SAMHSA.

5. Involvement of Small Entities

This does not directly affect small entities. The states will prepare and submit their responses to the information request on a voluntary basis.

6. Consequences if Information Collected Less Frequently

This is a one-time data collection. However, if the language contained in Section 521 is included in a Labor-HHS-ED and Related Agencies appropriation bill or an omnibus bill, the data collection will be applicable to FY 2017 SABG funds.

7. Consistency With the Guidelines in 5 C.F.R. 1320.5(d)(2)

This information collection fully complies with 5 C.F.R. §1320.5(d)(2).

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on September 19, 2016 (81 FR 64183). SAMHSA received no comments.

SAMHSA contacted the National Association of State Alcohol and Drug Abuse Directors to discuss the proposed amendment. SAMHSA disseminated its SSP guidance to the states and jurisdictions as well as the SSP guidance released by HHS' Office of HIV/AIDS and Infectious Disease Policy.

9. Payment to Respondents

The respondents do not receive payments.

10. Assurance of Confidentiality

No assurance of confidentiality will be provided to respondents. There is no client-level personal identifier information being reported to SAMHSA. Once received by the contractor, the data is protected in a file server that is password protected.

11. Questions of a Sensitive Nature

The SABG reporting requirements do not solicit information of a sensitive nature.

12. Estimates of Annualized Hour Burden

The following reporting burden is based on estimates developed considering the State substance abuse and mental health authorities responsible for these activities and represents the average total hours to assemble, format, and produce the requested information.

Respondents	Number of Respondents	Response per Respondent	Total Responses	Total Burden	Hourly Wage Cost	Total Hour Cost
States and Jurisdictions	60	1	60	40 hours per State (2,400 hours)	$45.00	$1800 per state/jurisdiction ($108,000 Total)

13. Estimates of Annualized Cost Burden to Respondents

There is no capital or start up costs associated with this data collection.

14. Estimates of Annualized Cost to the Government

SAMHSA estimates staff time to address inquiries from the States and to compile and analyze information at:

OPPI – (1) GS 15/5 ($145,162) x .05 = $7259
OPPI – (1) GS 14/5 ($123,406) x .05 = $6171

Subtotal $13,430

CSAT - (1) GS 15/9 ($160,300) x .05 = $8015
CSAT - (1) GS 14/1 ($108,887) x .05 = $5445
CSAT – (1) CC 06 ($184,818) x .05 = $9241

Subtotal $22,701

Total $36,131

15. Changes in Burden

This is a new data collection.

16. Time Schedule, Publication and Analysis Plans

SAMHSA is requesting each state and jurisdiction to prepare and submit an amendment to their respective FY 2016-2017 Uniform Application submitted to SAMHSA on or before October 1,

2015. States and jurisdictions are encourage, but not required, to consider amending their respective Behavioral Health Assessments and Plans, to include SSP to its continuum of care for persons who inject drugs.

The Web Block Grant Application System (BGAS) will be revised to include this addendum for states and jurisdictions to submit electronically. The amendment will be due not later than 45 days after the date of the Notification of Action received by SAMHSA. a new section will be developed and will be open for submissions of the addendums until the November 1 deadline. Grant awards will not be affected by this new data request. The following activities and timelines are anticipated:

Activity	Timeframe

- Submit to OMB for Clearance
- Publish sixty (60) day notice in Federal Register
- Compile responses from states and jurisdictions
- Submit to OMB for Clearance
- Publish thirty (30) day notice in Federal Register
- Receive Notice of Action (NOA)
- Notification letter to states and jurisdictions regarding NOA
- Provide access to amendment via Web BGAS

Data from the States' and Jurisdictions' responses to the addendum will be accessed by the Federal Government to generate routine and ad hoc administrative reports to describe State efforts to participate in State implementation of health reform. Further, States' and Jurisdictions' data may be used for a wide variety of other oversight, administrative, and statistical purposes of the Federal Government, State governments, and Congress (e.g., budget preparation, performance analysis). Data will be tabulated and analyzed using standard descriptive and statistical analytic techniques and may be published through the mechanisms noted above, as well as through the publication of special analytic studies.

17. Display of Expiration Date

The expiration date for the OMB approval will be displayed.

18. Exceptions to the Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act submissions.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

There are no statistical methods being employed for this data collection.

LIST OF ATTACHMENTS

Tab A - FY 2016-2017 Uniform Application Amendment
Tab B - April 2, 2014, SAMHSA guidance to states and jurisdictions regarding naloxone
Tab C - March 29, 2016, OHIDP guidance states and jurisdictions regarding SSP