Authority: Section 520A of the Public Health Service Act, as amended.

Carlos Graham,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2022 Notice of Supplemental Funding Opportunity

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

ACTION: Notice of intent to award supplemental funding.

SUMMARY: This is a notice of intent to award supplemental funding to the 13 Mental Health Technology Transfer Center (MHTTC) Cooperative Agreement recipients funded in FY 2018 under Funding Opportunity Announcement SM–18–015. This is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting one-year administrative supplements up to $304,081 per recipient.

This supplement will provide continued direct technical assistance (TA) and training on the implementation and delivery of mental health services in schools and school systems, including training and TA provided to Project AWARE grantees. This will involve not only TA to the general field but provision of direct and tailored TA to grantees on school-based mental health services implementation. This is not a formal request for application. Assistance will only be provided to the Mental Health Technology Transfer Center Cooperative Agreement grant recipients based on receipt of a satisfactory application and associated budget. These recipients were funded in FY 2018 under the Mental Health Technology Transfer Center Cooperative Agreement Funding Opportunity Announcement SM–18–015 with a project end date of August 29, 2023.

SUPPLEMENTARY INFORMATION:

Funding Opportunity Title: FY 2018 Mental Health Technology Transfer Center Cooperative Agreements, SM–18–015.

Assistance Listing Number: 93.243.

Authority: Section 520A of the Public Health Service Act, as amended.

Justification: Eligibility for this supplemental funding is limited to the 13 Mental Health Technology Transfer Center Cooperative Agreement recipients that were funded in FY 2018 under the Mental Health Technology Transfer Center Cooperative Agreement (SM–18–015). The recipients have unique and special expertise in accelerating the adoption and implementation of mental health-related evidence-based practices; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of individuals with serious mental illness or serious emotional disturbance; fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services; and ensuring the availability of training and technical assistance to SAMHSA/Center for Mental Health Services grant recipients. The MHTTCs are uniquely positioned to coordinate and manage SAMHSA's national efforts to ensure that high quality, effective mental health treatment and recovery support services, and evidence-based practices are available for all individuals with mental disorders, especially those with serious mental illness or serious emotional disturbance.

Contact: Kimberly Reynolds, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, telephone (240) 276–2825; email: *Kimberly.reynolds@samhsa.hhs.gov*.

Carlos Graham,

Reports Clearance Officer.

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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.

Proposed Project: ''Notification of Intent To Use Schedule III, IV, or V Controlled Medications for the Treatment of Opioid Use Disorder'' Under 21 U.S.C. 823(g)(2) (OMB No. 0930–0234 and OMB No. 0930–0369)—Revision

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 qualifying practitioners to seek and obtain waivers to prescribe certain approved controlled medications for the treatment of opioid use disorder. The legislation set eligibility and certification requirements as well as an interagency notification review process for practitioners who seek waivers. To implement these provisions, SAMHSA developed Notification of Intent Forms that facilitate the submission and review of notifications.

On October 24, 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (Pub. L. 115–71) was signed into law. Sections 3201–3202 of the SUPPORT Act made several amendments to the Controlled Substances Act regarding office-based opioid use disorder treatment that affords practitioners greater flexibility in the provision of Medications for Opioid Use Disorder (MOUD).

The SUPPORT Act expands the definition of ''qualifying other practitioner'' enabling Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (CNSs, CRNAs, and CNMs) to apply for a Drug Addiction Treatment Act of 2000 (DATA) waiver. It also allows qualified practitioners (*i.e.,* MDs, DOs, NPs, PAs, CNSs, CRNAs, and CNMs) who are board certified in addiction medicine or addiction psychiatry, -or- practitioners who provide MOUD in a qualified practice setting, to start treating up to 100 patients in the first year of MOUD