

effectiveness of the SPF Rx program. This tool is completed by grantees and sub-recipient community project directors and provides process data related to funding use and effectiveness, organizational capacity, collaboration with community partners, data infrastructure, planned intervention targets, evaluation, contextual factors, and sustainability.

*Grantee-and Community-Level Outcomes Modules*—These modules collect data on key SPF Rx program outcomes, including opioid prescribing patterns and provider use of PDMP. Grantees will provide outcomes data at the grantee level for their state, tribal area, or jurisdiction, as well as at the community level for each of their sub-recipient communities.

*Grantee-Level Interview*—This qualitative interview will be administered annually to obtain information from the grantee project directors on their programs, staffing, populations of focus, infrastructure, capacity, lessons learned, and collaboration.

#### AVERAGE ANNUALIZED DATA COLLECTION BURDEN FOR THE PEPC DATA COLLECTION<sup>a</sup>

Instrument	Average number of respondents	Average number of responses per respondent	Average number of responses	Hours per response	Average burden hours	Hourly wage <sup>c,d</sup>	Annualized data collection burden
ART .....	<sup>b</sup> 107 <sup>c</sup> 21	1 1	107 21	1.5 1.5	161 31	\$30.56 50.85	\$4,920.16 1,576.35
Total Burden for ART .....	128 .....	1 .....	128 .....	.....	192 .....	.....	6,496.51
Grantee-Level PDMP Outcomes Module .....	<sup>c</sup> 21 .....	1 .....	21 .....	2.5 .....	52 .....	50.85 .....	2,627.25
Community-Level PDMP Outcomes Module .....	<sup>c</sup> 21 .....	5.2 .....	107 .....	1.25 .....	134.17 .....	50.85 .....	6,822.38
Grantee-Level Interview .....	<sup>c</sup> 21 .....	1 .....	21 .....	1.5 .....	31 .....	50.85 .....	1,576.35
Total Annualized Burden .....	191 .....	.....	277 .....	.....	409.17 .....	.....	17,522.49

<sup>a</sup> *Annualized Data Collection Burden* captures the average number of respondents and responses, burden hours, and respondent cost over the 3 years (FY 2026–FY 2028).

<sup>b</sup> Community subrecipient respondent.

<sup>c</sup> Grantee respondent.

<sup>d</sup> *Grantee Project Director or Evaluator hourly wage* is based on the mean hourly wage for state government managers, as reported in the 2023 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at [https://www.bls.gov/oes/current/naics4\\_999200.htm#11-00000](https://www.bls.gov/oes/current/naics4_999200.htm#11-00000).

<sup>e</sup> *Subrecipient Staff hourly wage* is based on the mean hourly wage for local government counselors, social workers, and other community and social service specialists, as reported in the 2023 OES by the BLS found at [https://www.bls.gov/oes/current/naics4\\_999300.htm](https://www.bls.gov/oes/current/naics4_999300.htm).

Send comments to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland 20857, OR email a copy to [samhsapra@samhsa.hhs.gov](mailto:samhsapra@samhsa.hhs.gov). Written comments should be received by January 20, 2026.

**Alicia Broadus,**  
Public Health Advisor.

[FR Doc. 2025–20394 Filed 11–19–25; 8:45 am]

**BILLING CODE 4162–20–P**

#### 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, email the SAMHSA Reports Clearance Officer at [samhsapra@samhsa.hhs.gov](mailto:samhsapra@samhsa.hhs.gov).

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: SAMHSA Unified Performance Reporting Tool (SUPRT)—Project (P)—(OMB No. 0930–NEW)

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA is seeking approval for the new SAMHSA Unified Performance Reporting Tool (SUPRT)—Project (P). This tool will replace the Center for

Mental Health Services' (CMHS) Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators (included in #0930–0285) and will serve as a single tool to collect grant-level aggregate data on target goals, actual performance, and client demographic characteristics from CMHS, Center for Substance Abuse Treatment (CSAT), and Behavioral Health Coordinating Office (988) grantees. This notice informs the public of SAMHSA's intent to develop and implement the new streamlined performance tool that will allow SAMHSA to continue to meet reporting requirements mandated by the Government Performance Results Act Modernization Act (GPRMA) of 2010, reduce grantee reporting burden, and is projected to enhance the accuracy of the collected performance data from CMHS, CSAT, and 988 grantees.

SAMHSA will use the data collected through the SUPRT–P for annual reporting required by GPRMA, grantee monitoring, and continuous improvement of its discretionary grant programs. The SUPRT–P will also align with and strengthen SAMHSA's complementary evaluation activities of its discretionary grant programs

providing client services. The information collected through this process will allow SAMHSA to (1) monitor and report on implementation and overall performance of the associated grant programs; (2) advance SAMHSA's proposed performance goals; and (3) assess the accountability and performance of its discretionary grant programs, focused on efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery.

The new SUPRT-P reflects feedback SAMHSA obtained through multiple listening sessions conducted with key stakeholders, in addition to extensive deliberations conducted by different working groups within SAMHSA. Accordingly, the SUPRT-P retains some prior questions, adds new questions, and deletes other questions from the IPP indicators and client-level performance reporting tools currently in use. The SUPRT-P will reduce client reporting burden and is projected to enhance the accuracy of the collected performance data from CMHS, CSAT, and 988 grantees by streamlining questions; incorporating questions for mental health, substance use treatment, and 988 indicators in one tool; and including indicators to assess the accountability and performance of its discretionary grants. The SUPRT-P will track data associated with the following:

- Awareness
- Demographics
- Outreach
- Partnership/Collaboration
- Prevention and Education
- Representation
- Overdose Prevention
- Screening, Referral, and Access
- Brief Intervention and Services
- Viral Hepatitis Services
- Training and Workforce Development
- Outcomes

Grantees will self-administer the SUPRT-P to provide information quarterly and annually to address certain performance indicators but will not be required to collect data for the full tool. SAMHSA will provide guidance specifying for which indicators each grantee is expected to collect and report data. These indicators represent SAMHSA's focus on the factors that contribute to the success of mental health and treatment for substance use disorders.

Send comments to the SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E45, Rockville, Maryland 20857, OR email a copy to *samhsapra@samhsa.hhs.gov*.

The draft tool can be found at <https://www.samhsa.gov/grants/grants-management/performance-measures>. Written comments should be received by January 20, 2026.

**Alicia Broadus,**

*Public Health Advisor.*

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(FEMA) makes the final flood hazard determinations as shown in the LOMRs for each community listed in the table below. Notice of these modified flood hazard determinations has been published in newspapers of local circulation and 90 days have elapsed since that publication. The Deputy Associate Administrator for Insurance and Mitigation has resolved any appeals resulting from this notification.

The modified flood hazard determinations are made pursuant to section 206 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR part 65. The current effective community number is shown and must be used for all new policies and renewals.

The new or modified flood hazard information is the basis for the floodplain management measures that the community is required either to adopt or to show evidence of being already in effect in order to remain qualified for participation in the National Flood Insurance Program (NFIP).

This new or modified flood hazard information, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own or pursuant to policies established by other Federal, State, or regional entities.

This new or modified flood hazard determinations are used to meet the floodplain management requirements of the NFIP. The changes in flood hazard determinations are in accordance with 44 CFR 65.4.

Interested lessees and owners of real property are encouraged to review the final flood hazard information available at the address cited below for each community or online through the FEMA Map Service Center at <https://msc.fema.gov>.

(Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

**Jeffrey Jackson,**

*Deputy Assistant Administrator, Federal Insurance Directorate, Resilience, Federal Emergency Management Agency, Department of Homeland Security.*

## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

[Docket ID FEMA-2025-0002]

#### Changes in Flood Hazard Determinations

**AGENCY:** Federal Emergency Management Agency, Department of Homeland Security.

**ACTION:** Notice.

**SUMMARY:** New or modified Base (1-percent annual chance) Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, and/or regulatory floodways (hereinafter referred to as flood hazard determinations) as shown on the indicated Letter of Map Revision (LOMR) for each of the communities listed in the table below are finalized. Each LOMR revises the Flood Insurance Rate Maps (FIRMs), and in some cases the Flood Insurance Study (FIS) reports, currently in effect for the listed communities.

**DATES:** Each LOMR was finalized as in the table below.

**ADDRESSES:** Each LOMR is available for inspection at both the respective Community Map Repository address listed in the table below and online through the FEMA Map Service Center at <https://msc.fema.gov>.

**FOR FURTHER INFORMATION CONTACT:** David Bascom, Acting Director, Engineering and Modeling Division, Risk Analysis, Planning & Information Directorate, FEMA, 400 C Street SW, Washington, DC 20472, or (email) [david.bascom@fema.dhs.gov](mailto:david.bascom@fema.dhs.gov); or visit the FEMA Mapping and Insurance eXchange (FMIX) online at [https://www.floodmaps.fema.gov/fhm/fmx\\_main.html](https://www.floodmaps.fema.gov/fhm/fmx_main.html).

**SUPPLEMENTARY INFORMATION:** The Federal Emergency Management Agency