

(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) 276-1243.

**Project: 2011 National Survey on Drug Use and Health (OMB No. 0930-0110)—Revision**

The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA) is a survey of the civilian, non-institutionalized population of the United States 12 years old and older. The survey is used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The survey is also used to collect information on mental health problems and the utilization of substance abuse and mental health services. The results are used by SAMHSA, ONDCP, Federal Government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

The 2011 NSDUH will continue conducting a follow-up clinical interview with a subsample of approximately 1,500 respondents. The design of this study is based on the recommendations from a panel of expert consultants convened by SAMHSA's Center for Mental Health Services (CMHS), to discuss mental health surveillance data collection strategies.

The goal is to create a statistically sound measure that may be used to estimate the prevalence of Serious Mental Illness (SMI) among adults (age 18+).

For the 2011 NSDUH, no questionnaire changes are proposed.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2011 will be sufficient to permit prevalence estimates for each of the 50 States and the District of Columbia.

Because the NSDUH collects data on substance use, mental health and the utilization of substance abuse and mental health services, it is an appropriate and convenient vehicle to measure the impact of the Deepwater Horizon oil spill on residents of that region. Therefore, SAMHSA is planning to expand the NSDUH by oversampling the geographic region impacted by the oil spill. The current NSDUH sample design will be implemented and an oversampling method that results in an additional 2,000 completed interviews in the gulf coast region will be employed. The additional interviews will be concentrated in the coastal counties of Alabama, Florida, Louisiana, and Mississippi. All survey instruments and protocols will be identical for this additional sample. The total number of respondents for the 2011 NSDUH will be 69,500, or 2,000 cases more than the planned sample size for 2010.

Though there will be some increase in the sample for all four States involved in the Deepwater Horizon event (Alabama, Florida, Louisiana, and

Mississippi), specific counties in the gulf coast region were chosen for focused over sampling. These counties were chosen based on the following criteria:

- Claims activity to BP for economic and related health needs;
- County involvement with Department of Education and Administration for Children and Families programming; and
- State assessment of impacted counties based on consultation with SAMHSA during the preparation of aid applications.

**COUNTIES DESIGNATED AS THE MOST AFFECTED AREAS**

State name	County/Parish name
Alabama .....	Baldwin, Clarke, Escambia, Mobile, Monroe, and Washington.
Florida .....	Bay, Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, Wakulla, and Walton.
Louisiana .....	Iberia, Jefferson, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Martin, St. Mary, St. Tammany, Terrebonne, and Vermilion.
Mississippi .....	George, Hancock, Harrison, Jackson, Pearl River, and Stone.

The total annual burden estimate is shown below:

Instrument	No. of respondents	Responses per respondent	Hours per response	Total burden hours	Hourly wage rate	Annualized hourly costs
Household Screening .....	196,720	1	0.083	16,328	\$14.64	\$239,042
Interview .....	69,500	1	1.000	69,500	14.64	1,017,480
Clinical Follow-up Certification .....	90	1	1.000	90	14.64	1,318
Clinical Follow-up Interview .....	1,500	1	1.000	1,500	14.64	21,960
Screening Verification .....	5,560	1	0.067	373	14.64	5,461
Interview Verification .....	10,425	1	0.067	698	14.64	10,219
<b>TOTAL .....</b>	<b>196,810</b>			<b>88,489</b>		<b>\$1,295,480</b>

Written comments and recommendations concerning the proposed information collection should be sent by December 15, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-7285.

Dated: November 8, 2010.

**Elaine Parry,**

*Director, Office of Management, Technology and Operations.*

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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) 276-1243.

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: Emergency Response Grants Regulations—42 CFR Part 51—(OMB No. 0930-0229)—Extension**

This rule implements section 501(m) of the Public Health Service Act (42 U.S.C. 290aa), which authorizes the Secretary to make noncompetitive

grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities. The rule establishes criteria for determining that a substance abuse or mental health emergency exists, the minimum content for an application, and reporting requirements for recipients of such funding. SAMHSA will use the information in the applications to make a determination that the requisite need exists; that the mental health and/or substance abuse needs are a direct result of the precipitating event; that no other local, state, tribal or Federal funding sources are available to address the need; that there is an adequate plan of services; that the applicant has appropriate organizational capability; and, that the budget provides sufficient justification and is consistent with the documentation of need and the plan of services. Eligible applicants may apply to the Secretary for either of two types of substance abuse and mental health emergency response grants: Immediate awards and Intermediate awards. The former are designed to be funded up to \$50,000, or such greater amount as determined by the Secretary on a case-by-case basis, and are to be used over

the initial 90-day period commencing as soon as possible after the precipitating event; the latter awards require more documentation, including a needs assessment, other data and related budgetary detail. The Intermediate awards have no predefined budget limit. Typically, Intermediate awards would be used to meet systemic mental health and/or substance abuse needs during the recovery period following the Immediate award period. Such awards may be used for up to one year, with a possible second year supplement based on submission of additional required information and data. This program is an approved user of the PHS-5161 application form, approved by OMB under control number 0920-0428. The quarterly financial status reports in 51d.10(a)(2) and (b)(2) are as permitted by 45 CFR 92.41(b); the final program report, financial status report and final voucher in 51d.10(a)(3) and in 51d.10(b)(3-4) are in accordance with 45 CFR 92.50(b). Information collection requirements of 45 CFR part 92 are approved by OMB under control number 0990-0169. The following table presents annual burden estimates for the information collection requirements of this regulation.

42 CFR citation	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Immediate award application:				
51d.4(a) and 51d.6(a)(2) .....	3	1	3	* 9
51d.4(b) and 51d.6(a)(2) Immediate Awards .....	3	1	10	* 30
51d.10(a)(1)—Immediate awards—mid-program report if applicable .....	3	1	2	* 6
Final report content for both types of awards:				
51d.10(c) .....	6	1	3	18
Total .....	6			18

\* This burden is carried under OMB No. 0920-0428.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 AND e-mail her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: November 5, 2010.

**Elaine Parry,**

Director, Office of Management, Technology and Operations.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30-Day 11-0636]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington,

DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Centers for Disease Control and Prevention (CDC) Secure Communications Network (Epi-X) (OMB No. 0929-0636 exp. 12/31/2010 formerly State-Based Evaluation of the Alert Notification Component of CDC's Secure Communication Network (Epi-X))—Revision—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The classification of this Information Collection (IC) is a revision of the State-Based Evaluation of the Alert Notification Component of CDC's